



Illinois Department of Corrections

Administrative Directive

Number: 04.03.102	Title: Dental Care for Offenders	Effective: 1/1/2020
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Authorized by:	<i>[Original Authorized Copy on File]</i> Rob Jeffreys Acting Director
Supersedes:	04.03.102 effective 5/1/2019

Authority: 730 ILCS 5/3-2-2, 5/3-7-2, 5/3-8-2 and 5/3-10-2 20 IAC 415	Referenced Policies:	Referenced Forms: DOC 0083 – Medical Services Refusal DOC 0278 – Therapeutic Diet Order DOC 0296 – Offender Authorization for Payment DOC 0422 – Dental Record
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I. POLICY

The Department shall have each offender examined by a dentist upon admission to a reception and classification center or a facility designated by the Director to accept offenders with disabilities as a reception and classification center and shall provide each offender with clinically indicated treatment throughout the term of his or her incarceration.

II. PROCEDURE

A. Purpose

The purpose of this directive is to establish a uniform written procedure for the provision of dental services to offenders.

B. Applicability

This directive is applicable to all facilities, excluding Transitional Security Level facilities, within the Department.

C. Facility Reviews

A facility review of this directive shall be conducted at least semi-annually.

D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. General Provisions

All dental documentation shall be filed in the dental section of the offender's Medical Record.

F. Requirements

The Chief Administrative Officer (CAO) shall ensure that dental examinations of offenders are conducted in accordance with the provisions of this directive.

1. Direction

The dental services program shall be directed by an Illinois licensed dentist whose responsibilities are detailed in a written agreement, contract or job description.

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2. Initial Examination

Within ten working days after admission to a reception and classification center or to a facility designated by the Director to accept offenders with disabilities as a reception and classification center, each offender shall receive a complete dental examination by a dentist. The examination shall include the following and be documented on the offender's Dental Record, DOC 0422:

- a. Charting of the oral cavity and categorization of status or treatment needs in accordance with the American Public Health Association's priorities as delineated in Attachment A.
- b. A full-mouth dental panorex x-ray that shall remain in the Medical Record. The panorex x-ray shall be reviewed by the dentist at the reception and classification center or, if time does not permit, at the final destination.

3. Routine Examinations

- a. Dentists shall conduct routine dental examinations every two years regardless of age. The examinations shall be documented on the DOC 0422.
- b. Routine examinations shall be scheduled for completion by the end of the offender's birth month which is **at least** two years from the last dental examination conducted by the Department. First time implementation of this scheduling procedure may result in exceeding the required frequency by less than a year.

EXAMPLE: Offender Jones was born in June and his last dental examination was conducted in August 2001. His next dental exam must be completed by June 2004. The examination is **not** due in June 2003 because less than two years would have elapsed since the last dental examination.

- c. When an examination is conducted in conjunction with ongoing dental therapy at some point prior to the biennial examination deadline, the biennial examination shall be identified and documented.

4. Offender Refusals

An offender's refusal of any examination or any component of the examination shall be documented and included on the DOC 0422.

- a. An offender's refusal to be examined shall be documented on the Medical Services Refusal, DOC 0083, or on a copy of an approved call pass and placed in the Medical Record. If the offender refuses to sign the documentation, a witness shall sign and date the documentation indicating the offender refuses to be examined and to sign the refusal form.
- b. If during an examination the offender refuses any component of the examination, the person conducting the examination shall document any such refusals in the Service Rendered area of the DOC 0422.

5. Dental Requests

- a. When an offender requests a specific routine or non-emergency service, the offender may be scheduled for an appointment without a dental examination. The service shall be scheduled, but need not be performed, within 14 days of such request.

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- b. An offender requesting other dental care shall be examined by dental personnel within 14 days of such request, unless the offender is already scheduled for treatment or service regarding the same complaint or service.

6. Dental Prosthetics

- a. Removable dental prosthetics shall be provided on a case-by-case basis as determined clinically necessary by the dentist.
 - (1) If an anterior tooth is extracted during incarceration or prosthetics that were made before incarceration become nonfunctional, appropriate dental prosthetic devices shall be provided.
 - (2) If a posterior tooth is extracted during incarceration, a prosthetic device may be fabricated but is not mandated unless three or more of the missing teeth are required for mastication.
- b. Offenders who have lost or broken a dental prosthetic through negligence shall be required to pay the dental laboratory fee for replacement. The offender shall be required to sign an Offender Authorization for Payment, DOC 0296, authorizing the deduction of the payment from present or future funds in his or her trust fund account. The time frame for replacement shall be according to priority and availability as determined by the dentist.

7. Dental Emergencies

Any offender in a correctional facility experiencing a dental emergency as defined by the facility dentist shall receive a dental examination no later than the next working day after the emergency occurs.

8. Specialized Dental Services

- a. Consultation and referral capability to recognized specialties of dentistry, such as oral surgery, shall be available and utilized as clinically indicated and subject to utilization review.
- b. Services or procedures such as endodontics, periodontics or the continuation of orthodontic care initiated prior to incarceration may be available as determined clinically necessary by the facility dentist or Dental Director, if applicable. Factors to be considered in making the determination to approve such procedures or services shall include, but not be limited to, the priority of dental need and the availability of staff, time and equipment.
- c. Any dispute regarding the level of service shall be resolved between the facility dentist and the Agency Medical Director.

9. On-Site Dental Services

Where dental services are provided on site, dental hours available to the offender population shall be provided in the following approximate minimum weekly ratios.

- a. Maximum Security facilities— 1 hour on-site dental coverage for each 40 offenders.
- b. Medium Security facilities— 1 hour on-site dental coverage for each 50 offenders.
- c. Minimum Security facilities— 1 hour on-site dental coverage for each 60 offenders.

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10. **Completion of Necessary Dental Treatment**

All major dental treatment that in the evaluation of the dentist has the potential to require acute priority dental intervention shall be completed prior to transfer to a Transitional Security facility, unless treatment is waived in writing by the offender for the following conditions:

- a. Missing upper or lower anterior teeth.
- b. Non-painful cavities, localized gingival involvement or Class II, III or IV fractured anterior teeth (see Attachment A).
- c. All conditions in Categories IV, V and VI (see Attachment A).

11. **Dental Diets**

Upon a direct order from the dentist noted on the Therapeutic Diet, DOC 0278, the facility shall offer special or mechanical soft diets to offenders undergoing prolonged dental procedures. The dentist shall review and re-order these diets at least every 30 days.

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ATTACHMENT A
American Public Health Association
Based Categorization of Dental Patients (APHA)

Dentists and dental hygienists shall use the following APHA-based categorization of dental patients as a guide to providing dental care and for the establishment of priorities to identify and treat oral conditions.

1. Category I - Emergency Treatment

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| a. Bleeding and pain. | d. Vincents infection. | g. Fracture of teeth (also see 3.c.). |
| b. Acute periapical abscess. | e. Acute gingivitis. | h. Fracture of jaw or jaws. |
| c. Acute periodontitis. | f. Acute stomatitis. | i. Gaping wounds of lips and cheeks. |

2. Category II

- a. An oral condition that, if left untreated, would cause bleeding or pain in the immediate future.
- b. An oral infection of an oral condition which, if left untreated, would become acutely infected.
- c. An oral condition such as edentulousness or missing upper or lower anterior teeth which presents a physical problem with mastication or a psychosocial problem with the offender's sense of well-being, confidence, and adjustment.
- d. An undiagnosed or suspected oral condition such as ulcerative lesion or growth of tissue.

3. Category III

- a. The presence of medium to large non-painful carious lesions.
- b. A localized gingival involvement.
- c. Class II, Class III, or Class IV fracture anterior tooth or teeth.
- d. The presence of temporary, sedative, or intermediate restorations which have deteriorated extensively.
- e. Broken or ill-fitting prosthetic appliance.

4. Category IV

- a. Small carious lesions which radiographically present no imminent danger to the pulp.
- b. The need for dental restorative procedures with significant laboratory costs involved, such as cast partial dentures.
- c. Severe non-functional bite and malocclusion which involves psychosocial factors in the offender's appearance and his or her potential for adjustment (not involving orthodontic treatment).

5. Category V

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| a. Radiographical absence of carious lesions. | b. Lack of clinically visible gingival irritation. |
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6. Category VI

No symptoms or apparent need for dental treatment related to the type of assessment or inspection performed.