

STATE OF VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF CORRECTIONS

Directive: 352

Subject: Dental Policy
Effective Date: October 20, 1982 **Review and Re-Issue Date:**
Supersedes: 03/30/1982 **APA Rule Number:**

Recommended for approval by:		Authorized By:	
_____	_____	_____	_____
Signature	Date	Signature	Date

1. Authority:

1.1 Proper dental health of inmates committed to custody of the Commissioner of Corrections of the State of Vermont should be viewed not only as a basic right, but also as an integral component of any correctional program. Thus, a clear mandate to provide adequate dental services is essential to the success and overall well-being of incarcerated individuals.

2. Purpose:

2.1 It is the purpose of this Policy and Operating Procedure to provide guidance and methodology for implementation of a program of dental health for inmates of Vermont Correctional Facilities.

3. Applicability/Accessibility

3.1.

4. POLICY

4.1 The Department of Corrections and the Department of Health will coordinate the delivery of dental services for inmates. These Dental Health Services will fall into one of four general categories.

4.1.1 Dental Inspection: The purpose is to determine the need and extent of services. A dental inspection will be administered as soon as practical, but no later than 60 days after sentenced admission, excluding weekends and holidays. Each facility shall provide a clean and private place for the dental inspection. All inmates who are in continuous custody of the Department of Corrections will have an opportunity to receive a dental inspection each year.

4.1.2 Examination: Assessment by the treating dentist to determine the details of services required.

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4.1.3 Treatment: Provision of dental services required to maintain dental health.

4.1.4 Emergency: The purpose of this is to relieve pain, dangerous infection, and other symptoms harmful to the health of the incarcerated offender. The dental services provided by the Department of Corrections shall consist of those basic services for the control of dental disease and maintenance of oral health. It is not the intent of the Department's dental program to provide elective or minor cosmetic services not essential to the maintenance of oral health. Departure from the essential basic dental services may be authorized by the Dental Division when the Division determines the necessity to protect or preserve dental function.

4.2 In all cases, however, the final criterion for decision making will be the greatest long-term health benefit to the individual.

4.3 Provisions for emergency care services inside the facility, to include notification process, shall be conspicuously posted so that it may be easily referred to by staff. Each facility will ensure that all inmates have unrestricted access to the scheduled sick call, subject to security and discipline of the facility. Each inmate will be informed of the procedures for dental services.

4.4 FREEDOM OF CHOICE

4.4.1 If an inmate is not satisfied with the treatment provided by the dental staff, (s) he may contact a dentist of choice at their own expense.

4.4.2 However, each facility will ensure that only medication and/or dental treatment authorized by a dentist employed or contracted by the Department of Corrections is administered to any inmate. Treatments and the locales for their delivery shall not prejudice security, custody, or safety considerations.

4.4.3 A consulting dentist not employed or contracted by the Department may recommend medication or medical treatment for inmates to the facility physician or dentist, but such recommendations are not binding. The cost of any services recommended by an alternative dentist will be the responsibility of the inmate.

4.5 Procedure for Check-Up

RESPONSIBILITY

Consulting or Dental Division Dentist

ACTION

1. Visits each facility on a regularly scheduled basis.

2. Performs basic dental inspection.

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3. Identifies inmates who may require dental services.

4. Notifies appropriate staff of findings.

4.6 Procedure For Examination And/Or Treatment

RESPONSIBILITY

ACTION

Superintendent or Designee

1. Obtains consent of treatment from inmate.

2. Arranges appointment with treating dentist.

3. Ensures that treating dentist is aware it is a Corrections' client and the schedule of reimbursement.

4. Arranges transport and security.

5. Ensures that an AUTHORIZATION REQUEST Form is provided.

Treating Dentist

1. Performs examination.

2. Recommends dental services.

3. Submits properly filled out AUTHORIZATION REQUEST to the Dental Division, Vermont Department of Health.

Dental Division Personnel

1. Reviews AUTHORIZATION REQUEST.

2. Approves or disapproves treatment plan (or segments).

3. Determines fees according to State schedule.

4. Returns Request Form to treating Facility Nurse after initialing) "AUTHORIZATION BY" section of the Request Form.

Facility Nurse

1. Notifies Superintendent or. Designee of receipt of reviewed treatment plan.

2. Schedules appointment(s) as appropriate.

Superintendent or Designee

1. Makes arrangement for appointment to be fulfilled (to include transport and security).

Treating Dentist

1. Completes approved segments of the treatment plan.

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2. Upon completion resubmits approved treatment plan form to Vermont Department of Health, Dental Division, to initiate payment process.

Dental Division

1. Processes form and sends it to facility for issuance of payment through normal Department and State processes.

4.7 PROCEDURE FOR EMERGENCIES

4.7.1 Emergency treatment will be rendered on a case-by-case basis. These services do not require prior authorization, but are subject to the State dental fee schedule.

RESPONSIBILITY

ACTION

Facility Line Staff

1. Notifies supervisory and/or medical staff posted notification process.
2. Applies first aid as needed.

Supervisor and/or Medical Staff

1. Determines extent of emergency.
2. Contacts Dental Division for professional advice as needed in questionable cases.
3. If necessary, arranges transport, security, appointment, etc.

Treating Dentist

1. Provides emergency treatment.
2. Submits AUTHORIZATION REQUEST to Department of Health, Dental Division, thereby initialing payment process subject to the State fee schedule.

Dental Division

1. Processes form and sends it to facility for issuance of payment through normal Department and State processes.

4.8 DENTAL TREATMENT INITIATED PRIOR TO INCARCERATION

4.8.1 Dental treatment in process before the individual's commitment to the Commissioner of Corrections shall be continued by the Department of Corrections within the confines of services as established by this Policy and Procedure Directive.

4.9 GENERAL PROVISIONS

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- 4.9.1** A record of the examination will be kept at the Correctional Facility and at the Dental Division of the Department of Health. These records are subject to Policy 266 of the Vermont Department of Corrections.
- 4.9.2** In the event an inmate is transferred to another facility, the transferring facility will ensure that the inmate's medical file accompanies the general case records and the receiving facility shall ensure that there is no unnecessary delay in providing dental treatment previously initiated.
- 4.9.3** Scheduled visits of Dental Division personnel shall be prominently posted and as far in advance as possible.
- 4.9.4** Inmates with serious dental problems will be examined and advised of their conditions prior to release, or arrange for information to be forwarded to a designated dental practitioner.
- 4.9.5** Appointments with the treatment dentist will be kept. If an appointment is not kept due to Department of Corrections' error, payment for the scheduled time may still be required. If the failure to keep an appointment is the responsibility of the inmate due to disciplinary action, change of consent and the like, (s) he may be required to make the payment involved.
- 4.9.6** The Dental Division of the Health Department will be responsible for submitting a quarterly progress report to both the Agency of Human Services and the Commissioner of Corrections with a format useful to all parties.

4.10 CONDITIONS OF PARTICIPATION OF SERVICES PROVIDED

- 4.10.1** All services provided are subject to review for quality and appropriateness. In administering the Department of Corrections' dental service program, the point of contact between eligible persons or participating dentists and the program will be the Division of Dental Health, which will respond to inquiries, process requests for prior authorization, and requests for payment. Pre-Operative and post-operative review are an integral part of the process.

4.11 PAYMENT FOR SERVICES

- 4.11.1** Payment will be made only for services rendered by or under direct supervision of practitioners holding a D.D.S. or D.M.D. degree in accordance with the fee schedule established by the Agency of Human Services.
- 4.11.2** The practitioner will initiate the process for prior and payment authorization by submitting an AUTHORIZATION REQUEST Form.

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- 4.11.3** No payment will be made unless the signature or initials of the appropriate and designated persons of the Division of Dental Health are on the treatment AUTHORIZATION REQUEST Form.
- 4.11.4** The fees are established by the Agency of Human Services for the services itemized are to be accepted by the practitioner as the maximum allowable charge for each service rendered.
- 4.11.5** Since State funds are involved, there are definite limitations regarding their use. Occasionally, a reasonable deviation from the established fee schedule will be allowed in cases of unusual difficulty. Additional detailed information will be required to justify deviation.
- 4.11.6** The Department of Corrections' financial responsibility is secondary to that of any resources of the offender, insurances, or other benefits (example: Veterans Administration, Social Security, etc.) that an offender may have available to him or her. If the offender elects not to take advantage of insurances (to include participation in employer related programs) or other available benefits, (s) he becomes responsible for that part of the total bill.
- 4.11.7** Co-Case Managers will make efforts to assist the offender in accessing and/or signing up for benefits and insurances available. Claims payments should go directly to the treating dentist where possible. In all cases of benefits used for claims payment, a request should be mad~ to the benefit provider that the facility receive notice of payment.
- 4.11.8** Inmates on work release and/or earning at least the minimum wage will be responsible for a pro-rated amount of the bill after insurance and other benefits have been paid.
 - 4.11.8.1** To determine the percentage of the amount the inmate is directly responsible for:
Find the actual number of hours worked for four weeks prior to the date of billing.
The percentage figure derived by the number of hours worked by 160 possible work hours will determine the amount of the Department's incurred liability for which the inmate is responsible.

Example:	Number of Hours Actually Worked
First Week	25
Second Week	15
Third Week	20
Fourth Week	<u>20</u>
	80 hours

80 hours divided by 160 hours = 50%

Therefore, if the unpaid portion is \$300, the inmate is to reimburse the Department a total of \$150.00.

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4.11.8.2 To determine the actual amount to be extracted from the weekly pay:

4.11.8.2.1 If the offender has no current liability to the Department, 20% of his/her gross earnings will be paid to the Department until the dental debt is eliminated.

4.11.8.2.2 If other liability exists, 10% of the gross pay will be used to retire the debt.

4.11.8.3 Any deductions will be rounded to the nearest whole dollar.

4.11.8.4 Inmates will be required to use their savings accounts as a means of dental bill payment.

4.11.8.5 Inmates achieving parole or probation status will continue to be responsible for reimbursing the Department for their portion of the dental bill.

4.11.8.6 The comprehensive definition of diagnostic and treatment services are attached and will serve as the criteria and definition of services the Department of Corrections will provide for the maintenance of dental health for offenders in facility custody.

5. Training Method

5.1.

6. Quality Assurance Processes

6.1.

7. Financial Impact:

8. References

28 V.S.A., Sec. 101(1), (2)

Sec. 102(b),(c),(3)

28 V.S.A., Sec. 601(10)

Sec. 204(d)

9. Responsible Director and Draft Participants

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