MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS E-06.5 DENTAL PROSTHETIC SERVICES**
Effective Date:	09/25/1998 Page 1 of 5
Revision Date(s):	01/06/2024; 06/30/2026
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I. PURPOSE

Make dental prosthetic devices available for inmates with extended time of sentence when deemed necessary for the proper consumption of food or physical well-being of the inmate.

Provide guidelines for determining inmate eligibility, as well as the process for inmates to receive dental prosthetic devices. With the availability of nutritionally adequate soft diets, the lack of a dental prosthesis rarely causes deterioration of the inmate's general health. Therefore, in most cases a prosthesis is not a medically necessary or required dental service.

II. DEFINITIONS (see Glossary)

III. REQUIREMENTS

A. Access

1. Inmates may request an evaluation to receive a complete denture, partial denture, or repair or adjustment to an existing dental prosthetic devise or occlusal (night guard) splint through:
   a. Comprehensive Oral Examination or Periodic Oral Examination appointments; and/or
   b. Request for Medical Services – Health Care Request (HCR); the inmate can request to be evaluated about the need for new dental prosthetic devices or reline, repair, or adjustment to existing dental prosthetic devices.

B. Treatment – New Dental Prosthetic Devices

1. Inmate will be evaluated for need and eligibility to receive a new dental prosthetic device.
2. If eligible, the inmate will be placed on the appropriate dental treatment list.
3. The request will be prioritized depending on the number of functional teeth the inmate has per dental arch and medical necessity.
4. The inmate's dental prosthetic devices will be started when the inmate is in the top range of the treatment list.
5. Inmates transferred to a Department regional secure facility will continue to be tracked on the treatment list.
   a. Once the inmate comes to the top of the treatment list, arrangements should be made to have the dental prosthetic device constructed and delivered.
6. Once the dental prosthetic devices have been delivered, access to follow-up care must be provided.

C. Qualifications for Complete Dentures and Partial Dentures and Relines

1. For inmates who have teeth extracted at a Department secure facility, the new denture or partial should not be started for at least 6 months after extractions and after a total of 12 months after arriving at a Department secure facility.

2. For inmates who did not have extractions while currently at a Department secure facility and presented without complete or partial dentures, the new denture or partial should not be started prior to a minimum of 12 months after arriving at a Department secure facility.

3. For inmates with ill-fitting dentures or partials, if relining the dentures or partials will rectify the deficiencies, the inmate should be placed on the appropriate dental prosthetic list.
   a. Relines normally will not be started prior to a minimum of 12 months after arriving at MSP or another Department secure facility, unless approved through the Dental Services Review process.
   b. If dentures and/or partials need replacement, the patient will be prioritized as if they did not have a denture or partial.

4. Additional Qualifications for Partial Dentures
   a. If the inmate has 9 or fewer functional teeth on a given dental arch, the inmate is classified as a Denture Priority A.
   b. If the inmate has 10 or more functional teeth, the inmate is classified as a Priority B.
      1) Currently, the Department is not authorizing partials classified as Priority B without written approval through the Dental Services Review process.
   c. Partial dentures are not authorized:
      1) when mastication would not be significantly improved (such as molars where no opposing teeth exist);
      2) for partials or replacement dentures for mainly esthetic considerations; or
      3) for minor repairs such as adding a missing posterior tooth in a denture.
   d. Acrylic temporary partials can be constructed, where significant esthetics issues can be corrected, for long-term inmates.
      1) These are normally for replacement of one or two anterior maxillary teeth.
      2) The minimum 12-month wait time applies for these temporary partials.

5. Inmates with teeth scheduled to be removed prior to placement of a complete or partial denture can have their name placed on the appropriate dental prosthetic list during the treatment planning session.
   a. However, the start of construction of the denture should not occur until after the minimum healing period.

6. The wait time for complete dentures, partial dentures, and relines may be significantly longer than the minimum wait time listed above.

7. Partial denture patients should have a pre-prosthetic evaluation prior to commencing construction of the partial denture. This evaluation should include:
   a. evaluation of current radiographs;
   b. evaluation of planned restorative treatment;
   c. a periodontal evaluation; and
   d. overall evaluation of existing teeth to ensure the best long-term prognosis of the teeth and partial denture are considered.

8. Minor surgery such as minor ridge bone re-contouring or small root removal may allow for a shortened healing period.

9. Construction of a complete denture may precede that of the inmate’s partial denture.
   a. This could allow for delivery of the complete denture while the needed restorative, periodontal treatment, or surgery healing time is completed.
   b. This could also occur if the inmate marginally meets the requirements for a partial denture.

10. The inmate must be able to demonstrate ability and desire to maintain personal oral health.
    a. If a minimum oral hygiene standard is not met, the inmate should be referred for periodontal care and oral hygiene re-evaluation.
    b. Once the inmate has demonstrated an acceptable level of personal oral hygiene, the partial denture construction should continue.

11. To ensure that no significant delays occur in the inmate receiving the prosthesis, necessary restorative care can be prioritized for teeth that should be restored prior to the construction of a partial denture, when the inmate:
    a. has passed the minimum wait time; and
    b. is at, or near the top, of the Denture / Partial List.

D. Repairs, Adjustments, and Relines

1. The request for a repair, adjustment, or reline to an existing denture should be evaluated for urgency and medical necessity.

2. Normally, a request for reline will be placed on the same treatment list for new dentures, with the minimum 12-month wait list.
    a. If, however, the denture or partial is causing significant discomfort or resulting in an inability to utilize the prosthesis, the treatment request may be:
        1) placed on the Priority 1b (P1b) list; or
        2) taken care of immediately.

3. At the discretion of the dentist, a temporary reline may be placed to aid in improving function or act as a tissue conditioner until the permanent reline or new denture can be made.

4. Adjustments to new complete or partial dentures should be made in a timely manner.
    a. If necessary, an improperly fitting new denture can be re-made or relined.

5. In situations with significant discomfort or an inability to utilize the dental prosthesis, repair or adjustment appointments should be made as soon as time is available.

E. Lost Dentures

1. If a denture is lost, the inmate may be placed on the appropriate treatment list.
    a. Prioritization of the replacement will be made only if it can be verified that the facility is responsible for the lost dental prosthetic device.
    b. If an inmate has lost multiple dental prosthetic devices, additional delays in constructing the replacement may be warranted, not to exceed 5 years.

F. Prosthetic Devices in an Outside Location

1. If an inmate has a dental prosthetic device outside the correctional facility, it may be mailed to MSP Dental utilizing signed-receipt documentation to enable the dental prosthetic device to be delivered to the inmate.
    a. This will ensure the mailed prosthetic device can be tracked.

G. Occlusal Splints / Night Guards

1. Inmates may be provided occlusal splints (night guards) if medically necessary to minimize signs and symptoms of significant TMJ disorders.

2. All necessary, restorative treatment of the dental arch in which the occlusal splint is to be placed should be completed prior to placement of the device.

3. In cases of severe TMJ disorders, the construction of the occlusal splint can be prioritized.

H. Rehabilitation Considerations Prior to Inmate Release

1. As part of the Department's vision to provide inmates an opportunity for rehabilitation, Dental Services may provide dental prosthetic devices prior to release. This effort can improve the inmate's ability to secure employment and function within society.
   a. Qualifications
      1) For complete and partial dentures, the inmate is required to have been in the secure facility for a minimum of 12 months beyond arriving at a Department secure facility and 6 months after extraction of required teeth.
      2) Temporary acrylic partials are permitted for replacement of anterior maxillary teeth, and select cases with mandibular teeth, extracted while at a Department secure facility.
         a) A temporary acrylic partial may be constructed to replace the extracted anterior teeth with a minimum healing period, in most cases, 6 months.
   b. The inmate must kite MSP Dental Services as soon as the inmate receives documented confirmation of impending release, parole, or transfer to a community corrections facility.
   c. An effort will be made, as time allows, to provide the inmate the treatment-planned complete dentures, partial dentures, or acrylic temporary partials prior to release.
   d. The emphasis for these cases is providing esthetics as well as function.
      1) An increase in the inmate's confidence and ability to smile may be a contributing factor in the inmate's ability to function in society, secure meaningful employment, and may even reduce recidivism rates for these inmates.
   e. If necessary, with the inmate's cooperation a Dental Hold may need to be placed on the inmate to ensure the dental prosthetic devices are delivered prior to the inmate's release or transfer.
   f. The Department will not be held responsible if it is not possible to deliver the dental prosthetic device prior to the inmate's release.

I. Sending Dentures to Outside Facilities

1. If a denture, partial denture, or night guard is completed and the inmate is released prior to when the prosthesis can be delivered, the prosthesis can be shipped to a civilian, or other government, dental clinic.

2. The appliance will need to be evaluated, fitted, and adjusted by a dentist prior to delivery to the offender. Therefore, the prosthesis should **never** be sent directly to the offender.

3. The prosthesis can be shipped to another Department secure facility if it has an on-site dental clinic.

4. If the offender was transferred to a Department community corrections facility:
   a. it may be possible to have the facility's corrections staff bring the patient to MSP or another Department secure facility. Security staff coordination must be made prior to the patient coming to the secure facility.
   b. An MSP dentist may be able to travel to the community corrections facility to provide on-site prosthesis care.

J. Returning Inmates

1. If an inmate is released from a Department secure facility or is transferred to a Department community corrections facility, the inmate should be placed on the prosthesis treatment list the day of their Intake Oral Examination.
   a. The inmate will then have a minimum 12-month wait period.
      1) If the inmate was away from a secure facility for less than a few weeks, consideration can be made for waiving the 12-month waiting period.
      2) If the inmate's dental prosthesis was under construction, consideration can be made to continuing the prosthesis appointments without delay.

IV. CLOSING

Questions about this procedure should be directed to the Medical Health Services Manager.

V. REFERENCES

A. *NCCHC Standard P-E-06*
B. *NCCHC Standards Appendix G*
C. *DOC 4.5.26 Offender Dental Services*