MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS E-06.6 OUTSIDE DENTAL CONSULTATION OR TREATMENT**
Effective Date:	11/01/2010 Page 1 of 3
Revision Date(s):	01/07/2024; 06/30/2026
Public Safety Chief Signature:	/s/ John Schaffer, Public Safety Chief
Medical Director Signature:	/s/ Dr. Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

I. PURPOSE

Provide an option to refer an inmate to a community practitioner, specialist, or facility when approved dental treatment, laboratory test, and/or diagnostic consultation services cannot be performed at an MSP dental clinic.

II. DEFINITIONS (see Glossary)

III. REQUIREMENTS

A. Request for Referral – Dental Conditions

1. Referral is for conditions involving primarily the oral, dental, or maxilla-facial region.
2. MSP dental staff submits an Off-Site/Consultation request within the Electronic Health Record (EHR).
3. The request is forwarded, along with documentation and radiographs, to the Chief Dental Officer and the Department Dental Services Supervisor.
   a. The request may be forwarded to the Dental Services Review Committee, if appropriate.
4. The Chief Dental Officer or the Dental Services Review Committee:
   a. determines whether:
      1) treatment, diagnostic consultation, or laboratory services are necessary; and
      2) the services could be accomplished by a member of the MSP dental staff, **or**
   b. approves the referral request to an outside practitioner or specialist.
5. Once the request is approved by the Chief Dental Officer, it will be slated for scheduling in the Utilization Management (UM) queue.
6. Notations about the referral are made in the EHR.

B. Request for Referral – Dental / Medical Conditions

1. For conditions with an overlap of medical and dental concerns, head and neck conditions (other than dental conditions, *see above*), or for complex conditions where involvement of dental and medical practitioners in the inmate's care are anticipated:
   a. MSP dental staff submits an Off-Site/Consult request to an outside practitioner or specialist utilizing the UM queue.
      1) The referral request in the UM queue is referred, along with documentation and radiographs, to the Chief Dental Officer and the Medical Director.
         a) Once the request is approved by the Medical Director, it will be slated for scheduling in the Utilization Management (UM) queue.

b. In an emergent situation, referral or direct consultation with a medical provider should be considered.
c. Notations about the referral are made in the EHR.

C. Results of the Referral

1. Documentation resulting from the referral is uploaded in the EHR and reviewed by the Chief Dental Officer, the referring dentist, and if appropriate, medical staff.

2. A determination is made about the need for further follow-up or post treatment evaluation or consultation.

3. In the EHR:
   a. all documentation about the referral should be uploaded into the inmate's record; and
   b. notations are made about recommended follow-up appointments and/or routine dental care.

4. After all treatment, follow-up appointments, or consultations are completed, the inmate is removed from the MSP Outside Appointment Tracker follow-up list.
   a. If additional follow-up care is recommended, such as a 6-month radiograph or evaluation, the inmate is left on this treatment list.

D. Community Practitioners or Specialists Treating Inmates at MSP

1. Security checks need to be completed on the practitioner or specialist and their staff members prior to entering the facility.
   a. An authorization form (available from the Warden's office) must be completed and delivered to Prison Base staff at least 48 hours prior to the visit to allow for a background security check.
   b. Subsequent visit authorization forms need to be delivered to Prison Base staff for authorization at least 24 hours prior to the visit.

2. To minimize scheduling conflicts, scheduling should be made in consultation with the MSP Medical Scheduling Coordinator, especially with inmates requiring a correction officer escort to the dental clinic.

3. To ensure the referral is necessary and that the treatment cannot be accomplished by MSP dental staff, all referred dental consultations or treatment should be reviewed by the Chief Dental Officer prior to the planned treatment date,.

4. Scheduling of inmates should be made to minimize non-productive time for the visiting practitioner.

5. MSP dental staff can assist the practitioner or specialist to a limited extent; however, the visiting practitioners or specialist should provide their own support staff, if needed.

6. The practitioner or specialist must document all consultations and treatment in the inmate's EHR in accordance with the *MT DOC Guide to the Electronic Dental Record.*
   a. The practitioner or specialist will have future access to the inmate's health record, if needed, for medical or legal requirements.

7. To ensure follow-up requirements are taken care of and health record documentation is complete, all dental records seen by the visiting practitioner or specialist should be reviewed by the Chief Dental Officer.

8. All requests for laboratory or referral to outside practitioners or facilities made by the community provider or specialist should follow the standard referral process (above).
   a. If immediate referral is necessary, approval by the Chief Dental Officer can be made after the fact.

E. Referred Inmate Tracking System

1. A system for tracking inmates referred to off-site providers for consultations or treatment needs to be maintained to ensure that:
   a. appointments are made;
   b. appointments are made in a timely manner;
   c. follow-up communication from the provider was received and reviewed;
   d. the inmate was consulted about the referral or laboratory report; and
   e. any appropriate follow-up care was made by MSP dental staff.

IV. CLOSING

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

V. REFERENCES

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

VI. FORM

MT DOC Dental Referral Request