State Regulations Pertaining to Dental Services

Note: This document is arranged alphabetically by State. To move easily from State to State, click the "Bookmark" tab on the Acrobat navigation column to the left of the PDF document. This will open a Table of Contents for the document. The relevant federal regulations are at the end of the PDF.

ALABAMA

420-5-10-.01 Definitions.
(1) Definitions - (a list of selected terms often used in connection with these rules):
   (k) "Dentist" - A person currently licensed to practice dentistry in Alabama under the
   provisions of current
   (w) "Medical Staff" - Licensed physicians, osteopaths and dentists who are privileged by
   agreement with the licensee to attend residents within the institution.

Author: Rick Harris Statutory Authority: Code of Alabama, 1975, 22-21-20, et seq. History:
May 25, 2005.

420-5-10-.09 Resident Assessment.
(4) (i) Dental condition;

Author: Patricia E. Ivie Statutory Authority: Code of Alabama, 1975, 22-21-20, et seq. History:

420-5-10-.15 Dental Services.
(1) The facility must assist residents in obtaining routine and 24-hour emergency dental care.
(a) Skilled nursing facilities. A facility:
   1. Must provide or obtain from outside resources, in accordance with Section 483.75(h) of Title 42
   Code of Federal Regulations revised 10/1/93, routine and emergency dental services to meet the
   needs of each resident;
   2. May charge a Medicare resident an additional amount for routine and emergency dental services;
   3. Must, if necessary, assist the resident:
      (i) In making appointments; and
      (ii) By arranging for transportation to and from the dentist’s office; and
   (b) Promptly refer residents with lost or damaged dentures to a dentist.
(b) Nursing Facilities. The facility:
   1. Must provide or obtain from an outside resource the following dental services to meet the needs
   of each resident:
   (i) Routine dental services (to the extent covered under the State plan); and
   (ii) Emergency dental services;
   2. Must, if necessary, assist the resident:
      (i) In making appointments; and
      (ii) By arranging for transportation to and from the dentist’s office; and
   (iv) By arranging for transportation to and from the dentist’s office;
(iii) Promptly refer residents with lost or damaged dentures to a dentist.

Author: Patricia E. Ivie
History: Original rules filed: July 19, 1996; effective August 23, 1996.

**ALASKA**

07 AAC 012.275. Nursing and Medical Services.
(e) A nursing facility must have a contract with a licensed dentist to provide consultation and necessary dental services to residents.
History -Eff. 11/19/83, Register 88; am 5/28/92, Register 122.
Authority:
AS 18.20.010
AS 18.20.060

**ARIZONA**

R9-10-101. Definitions
33. "Medical services" means the services pertaining to medical care that are performed at the direction of a physician on behalf of patients by physicians, dentists, nurses and other professional and technical personnel.

Historical Note
New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

R9-10-701. Definitions
The following definitions apply in this Article unless otherwise specified:
49. "Grooming" means combing or brushing hair, washing face and hands, shaving, caring for nails, oral hygiene including denture care, and menstrual care.
68. "Medical practitioner" means any physician, dentist, podiatrist, or other individual licensed and authorized by law to use and prescribe drugs and devices for the treatment of sick and injured human beings, or for the diagnosis or prevention of sickness in human beings in this state or any state, territory, or district of the United States.

Historical Note

Editor's Note: The following Section was repealed and a new Article adopted under an exemption from the provisions of the Administrative Procedure Act which means these rules
were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on these rules (Supp. 98-4).

R9-10-906. Nursing Services
A. An administrator shall ensure that:
   (B)(8);
7. The comprehensive assessment required in subsection (B)(6) is performed on a resident:
   e. Dental condition,

Historical Note
Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-910. Medical Services
B. A medical director shall ensure that:
6. A resident is assisted in obtaining, at the resident’s expense:
   c. Dental services;

Historical Note
Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-1701. Definitions
In this Article, unless the context otherwise requires:
5. "Medical staff" means physicians, podiatrists, dentists, and other practitioners licensed pursuant to A.R.S. Title 32 and who are privileged by agreement with the facility, as defined in the facility’s medical staff bylaws, to attend patients.

Historical Note
Adopted effective July 6, 1994 (Supp. 94-3).

ARKANSAS

305 EMERGENCY CALL DATA Names, addresses, and telephone numbers for emergency supplies, ambulance, minister, advisory dentist, Red Cross, and poison control center.

323 TRANSPORTATION OF RESIDENTS The facility shall establish a written policy regarding transportation of residents, when necessary, to the hospital, medical clinics, and dentist offices. The facility must assume responsibility for seeing that the patient's transportation needs are met.

327 ADVISORY DENTIST Facilities shall establish a written cooperative agreement with an advisory dentist or dental service. The agreement shall include provisions for a dentist or dental service. The agreement shall include provisions for a dentist to participate annually in the staff development program and to recommend oral hygiene policies and practices.

512 CHARGE NURSE
512.3 The charge nurse's duties shall include as a minimum:
Taking phone orders from physicians or dentists.

516 NURSING CARE REQUIREMENTS
516.2.5 Oral care shall be provided at least twice a day.

517 TREATMENT AND MEDICATIONS
517.1 No medication or treatment shall be given without the written order of the physician or dentist. Drugs shall be administered in accordance with orders. . . .
517.2 If it is necessary to take physician’s or dentist’s orders over the telephone or verbally, the order shall be immediately written on the physician’s order sheet in the medical record and signed by the nurse who took the order. Documentation shall include the name of the physician or dentist who gave the telephone or verbal order, the date, and the time of the order. The order shall be countersigned by the attending physician or dentist on his next regular visit or no more than seven (7) days from the time the telephone or verbal order was given. There shall be indication made by the nurse that the orders were transcribed (signature and time).
544.1 No medication shall be given without a written order by a Physician or dentist.
544.2 All medications shall be given by authorized nursing personnel. The administrator or his appointed assistant shall be responsible for ensuring that authorized nursing personnel administer all medications ordered by a physician or dentist.
544.3 Caution shall be observed in administering medication so that the exact dosage of the prescribed medication is given as is ordered by the doctor or dentist.
548.6 Each patient’s prescription medication shall be kept in the original container and shall be clearly and adequately labeled by the pharmacist. Label shall include:
   • Prescription number.
   • Patient’s name.
   • Name and strength of medicine.
   • Physician’s or dentist’s name.
   • Date of issue.
   • Name of pharmacy.
   • Appropriate, accessory and cautionary labels.
   • Expiration date of drug where applicable.
   • The quantity of tablets or capsules dispensed.
   • Directions for administration.
567.2 Therapeutic diets shall be served only to those patients for whom there is a physician’s or dentist’s written order.
602.1 Admission and Discharge Record
   • Record number
   • Date and time of Admission
   • Name
   • Last known address
   • Age
   • Date of Birth
   • Sex
   • Marital status
   • Name, address, and telephone numbers of attending physician and dentist.
   • Name, address, and telephone number of next of kin.
   • Date and time of discharge or death.
   • Admitting and final diagnosis.
s 72031. Dentist.
Dentist means a person licensed as such by the California Board of Dental Examiners.
Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276 and 1276.1, Health and Safety Code.

s 72301. Required Services.
(d) Written arrangements shall be made for obtaining all necessary diagnostic and therapeutic services prescribed by the attending physician, podiatrist, dentist, or clinical psychologist subject to the scope of licensure and the policies of the facility. If the service cannot be brought into the facility, the facility shall assist the patient in arranging for transportation to and from the service location.
(e) Arrangements shall be made for an advisory dentist to participate at least annually in the staff development program for all patient care personnel and to approve oral hygiene policies and practices for the care of patients.
Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1252, 1276, 1315, 1316 and 1316.5, Health and Safety Code.
HISTORY: Amendment filed 2-8-83; designated effective 3-2-83 (Register 83, No. 7).

s 72315. Nursing Service - Patient Care.
(d) Each patient shall be provided care which shows evidence of good personal hygiene, including care of the skin, shampooing and grooming of hair, oral hygiene, shaving or beard trimming, cleaning and cutting of fingernails and toenails. The patient shall be free of offensive odors.

s 72525. Required Committees.
(1) Patient care policy committee.
(A) A patient care policy committee shall establish policies governing the following services: Physician, dental, nursing, dietetic, pharmaceutical, health records, housekeeping, activity programs and such additional services as are provided by the facility.

72545. Admission Records.
(8) Name, address and telephone number of attending physician and the name, address and telephone number of the podiatrist, dentist or clinical psychologist if such practitioner is primarily responsible for the treatment of the patient.

COLORADO

Part 2. ADMINISTRATION
2.3 POLICIES. In consultation with the Medical Advisor and one or more registered nurses and other related health care professionals, the administrator shall develop and at least annually review written resident care policies and procedures that govern resident care in the following areas: nursing, housekeeping, maintenance sanitation, medical, dental, dietary, diagnostic, emergency, and
pharmaceutical care; social services; activities; rehabilitation; physical, occupational, and speech therapy; resident admission, transfer, and discharge; notification of physician and family or other responsible party of resident's incidents, accidents and changes of status; disasters; and health records and any other policies the department determines the facility needs based on its characteristics of its resident population.

**Part 4. PERSONNEL**

4.3.3 The facility shall provide annual inservice education for staff in at least the following areas: infection control, fire prevention and safety, accident prevention, confidentiality of resident information, rehabilitative nursing, resident rights, dietary, pharmacy, dental, behavior management, disaster preparedness, and, if it has developmentally disabled residents, developmental disabilities, residents with Alzheimer's conditions, those conditions, or mentally ill residents, mental illness.

**Part 5. RESIDENT CARE**

5.1.8 WEIGHT CHANGES. The facility shall:

(6) provide assistance in eating or adaptive eating devices and assist residents in obtaining dentures, or dental care, as appropriate to the individual resident;

5.1.9 GROOMING

(3) For residents with poor oral hygiene, the facility shall meet the requirements of Part 10.

**Part 6. MEDICAL CARE SERVICES**

6.1.3 The facility shall take all necessary steps to assure that telephone orders are received by a physician, licensed nurse or other appropriate disciplines as authorized by their professional licensure and are countersigned by the attending physician or dentist and entered in the record within 2 weeks.

6.1.5 The facility shall take all necessary steps to assure that a licensed dentist authenticates dental examinations and dental histories completed by other authorized personnel and signs dental treatment records.

**Part 10. DENTAL SERVICES**

10.1 DENTAL EXAMINATION. Upon admission, each resident of a facility upon his/her consent or upon the consent of a responsible person, shall have an oral examination by a licensed dentist or an initial oral inspection by a licensed dental hygienist designated by a dentist.

10.1.1 The facility shall take all necessary steps to assure that the dental examination is conducted according to current dental practice.

10.1.2 The facility is not responsible to pay for such services.

10.1.3 If the local dental society provides a list of dentists who are willing to participate, the facility shall make the list available to the residents.

10.1.4 In lieu of the admission examination, the resident may present written results, for entry into his/her medical record, of an oral examination administered during a period not to exceed six months prior to admission.

10.2 DENTAL RECORDS

The dentist or the designated dental hygienist is responsible for the dental record. For residents agreeing to participate in the program, the facility shall take all necessary steps to assure that there are complete, accurate dental records that include the following:

10.2.1 Results of all current dental examinations and plans for treatment.

10.2.2 One of the following to document provision of planned treatment:

(1) Record of treatment provided pursuant to a plan for treatment.

(2) A document signed by each resident of a nursing care facility or responsible party that states that the resident or responsible party is aware of any and all specific oral pathology identified
during an oral examination of the resident, but elects not to obtain treatment because of cost or other reasons.

(3) In the event that the resident or responsible party elects not to obtain the initial oral examination, a signed statement to that effect in the resident’s permanent medical record, which substitutes for the dental record requirement.

10.3 ORAL APPLIANCES. Upon consent, all residents’ removable oral appliance and personal hygiene appliances (including without limitation, full dentures, partial dentures, and toothbrushes) shall be clearly identified and marked in a permanent manner with the user’s name, as recommended by the dentist designated as advisory dentist to the facility.

10.4 DENTAL HYGIENE. Each facility shall implement policies for an oral hygiene for its residents, in consultation with the advisory dentist or the designated dental hygienist.

10.4.1 Direct care staff from each facility shall have at least annual inservice training course in preventive dentistry and oral hygiene, conducted by a dentist, dental hygienist, or preventive dental aide.

Part 14. FACILITY RECORDS

14.1.1 Only physicians, dentists or persons operating under their supervision shall write or dictate medical histories and physical examinations in the medical record, and only dentists shall write dental histories.

14.1.2 Telephone orders shall be taken by licensed nurses or members of other appropriate disciplines as authorized by their professional licensure and as approved in facility policy. They shall be countersigned by the physician or dentist and entered into the record within two weeks.

14.1.3 All orders for diagnostic procedures, treatments, and medications shall be entered into the health record and authenticated and signed by the physician, except that orders for dental procedures shall be authenticated and signed by a dentist. All reports of x-ray, laboratory, EKG, and other diagnostic tests shall be authenticated by the person submitting them and incorporated into the health record within two weeks after receipt by the facility.

14.1.5 A completed health record shall be maintained on every resident from the time of admission through the time of discharge. All health records shall contain:

(g) dental reports, if any,

(h) treatment and progress notes written and signed by the attending physician at the time of each visit,

Part 17. DIAGNOSTIC SERVICES

17.2 PHYSICIAN ORDERS. Diagnostic services shall be provided only on the order of the attending physician or dentist.

19-13-D8t. Chronic and convalescent nursing homes and rest homes with nursing supervision

(i) Medical staff.

(1) responsibilities. The letter of appointment shall be signed by the medical director and the applicant.

(2) Requirements for active organized medical staff members.

(A) Members shall meet at least once every ninety (90) days. Minutes shall be maintained for all such meetings. The regular business of the medical staff meetings shall include, but not be limited
to, the hearing and consideration of reports and other communications from physicians, the
director of nurses and other health professionals on:
(i) patient care topics, including all deaths, accidents, complications, infections;
(ii) medical quality of care evaluations; and
(iii) interdisciplinary care issues, including nursing, physical therapy, therapeutic recreation, social
work, pharmacy, podiatry, or dentistry.

(n) Medical and professional services.
(4) The following tests and procedures shall be performed and results recorded in the patient’s
medical record within thirty (30) days after the patient’s admission:
   (A) unless performed within one (1) year prior to admission;
   (iii) dental examination and evaluation;
(1) Professional services provided to each patient by the facility shall include, but not necessarily
be limited to, the following:
   (B) yearly:
   (v) dental examination and evaluation;
19-13-D8v. Pharmaceutical services in chronic and convalescent nursing homes and rest homes
with nursing supervision
(a) Definitions For the purposes of these regulations:
"Practitioner" means a physician, dentist or other person authorized to prescribe drugs in the
course of professional service in the State of Connecticut.

DELAWARE

6.3 Nursing Administration
6.3.3 Within 14 days of admission, the facility shall make a comprehensive assessment of each
resident’s needs. This assessment shall include, at a minimum, the following information:
6.3.3.11 Dental and nutritional status
7.7 Nurse Aide Training Program Curriculum
7.7.6.3.6 Administer oral hygiene for the unconscious resident.
9.0 Records and Reports
9.1.11 Special service notes, e.g., social services, activities, specialty consultations, physical therapy,
dental,

DISTRICT OF COLUMBIA

3211. NURSING PERSONNEL
3211.1 Sufficient nursing time shall be given to each resident to ensure that the resident receives
the following:
(i) Assistance, if needed, with daily hygiene, including oral care; and

3231 MEDICAL RECORDS
3231.12 Each medical record shall include the following information:
(b) Full names, addresses and telephone numbers of the personal physician, dentist and interested family member or sponsor;
(n) A record of the resident's assessment and ongoing reports of physical therapy, occupational therapy, speech therapy, podiatry, dental, therapeutic recreation, dietary, and social services;

3299. DEFINITIONS
Nurse practitioner - a person licensed as an advanced registered nurse under the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986, D.C. Law 6-99, D.C. Official Code § 3-1201.01 et seq. to perform medical diagnosis, treatment, prescription and other functions authorized by the Act and in collaboration with a physician, osteopath or dentist who shall be responsible for the overall medical direction of the health-care team. A nurse practitioner may also be known as an Advanced Registered Nurse.

FLORIDA

59A-4.106 Facility Policies
(4) Each facility shall maintain policies and procedures in the following areas:
(e) Dental services;

59A-4.1288 Exception. Nursing homes that participate in Title XVIII or XIX must follow certification rules and regulations found in 42 C.F.R. 483, Requirements for Long Term Care Facilities, September 26, 1991, which is incorporated by reference. Non-certified facilities must follow the contents of this rule and the standards contained in the Conditions of Participation found in 42 C.F.R. 483, Requirements for Long Term Care Facilities, September 26, 1991, which is incorporated by reference with respect to social services, dental services, infection control, dietary and the therapies.

GEORGIA

290-5-8-.01 Definitions.
Unless a different meaning is required by the context, the following terms as used in these rules and regulations shall have the meaning hereafter respectively ascribed to them; except, however, same do not apply to nursing homes owned or operated by the Federal Government:
(a) A "Nursing Home" is a facility which admits patients on medical referral only and for whom arrangements have been made for continuous medical supervision; it maintains the services and facilities for skilled nursing care, rehabilitative nursing care, and has a satisfactory agreement with a physician and dentist who will be available for any medical and/or dental emergency and who will be responsible for the general medical and dental supervision of the home; it otherwise complies with these rules and regulations;

(i) "Dentist" means any person who is licensed to practice in this State under the provisions of the Dentists and Dental Hygienists Act;

290-5-8-.05 Professional Service.

(1) There shall be an organized professional staff, with one physician designated as chief of staff. The professional staff shall consist of at least one physician, one dentist and one registered nurse. Other professional personnel such as the dietitian, social worker, physical therapist, pharmacist, etc. may be included on the professional staff. This organization shall function under appropriate bylaws and shall meet at regularly scheduled intervals not less than semiannually. It shall be the responsibility of this staff to develop and review patient care policies and to advise administration on matters pertaining to patient care. The minutes of the meetings of this staff shall be available for inspection by the Department.


290-5-8-.06 Dietary Service.

(5) Modified diets shall be provided in accordance with written orders of a physician or dentist. An approved diet manual shall be readily available to food service personnel.

290-5-8-.10 Medical, Dental and Nursing Care.

(3) Each home shall have an adequate arrangement for medical and dental emergencies.


290-5-8-.12 Equipment.

(6) Each patient shall be provided adequate supplies and equipment for proper oral hygiene including a toothbrush or a denture brush and denture receptacle when needed.

290-5-8-.23 New Construction.

(1) General Requirements:

(a) A program narrative and all plans and specifications for construction, including additions, alterations and renovations, shall be approved by the Department prior to commencing work on the building;

(b) The program narrative shall be submitted prior to or along with the schematic or initial plans for construction. The program narrative should include the following:

5. Arrangements for medical and dental care, e.g., physicians on contract and agreements with hospital for patient referral;
§11-94-2 Definitions. As used in this chapter:
"Dentist" means any person holding a valid license to practice dentistry in the State of Hawaii, pursuant to chapter §11-94-9 Dental services.
(a) Emergency and restorative dental services shall be available to the patient.
(b) The patient or patient's guardian shall select the dentist of their choice.
(c) The facility shall assist each patient to obtain the necessary dental care
(d) Nursing staff shall receive inservice training in oral hygiene and denture care at least annually.

IDAHO

153. DENTAL SERVICES. The facility shall develop and implement written policies and procedures which reflect the satisfactory arrangement for assisting patients/residents to maintain good oral health and hygiene. (1-1-88)
01. Advisory Dentist. The facility shall identify, in writing, the dentist(s) utilized to provide advice and guidance to the facility regarding policies and procedures, training of staff in dental and oral care and who is available for emergencies. (1-1-88)
02. Accessing Dental Services. The facility shall assist the patient/resident in accessing dental services on a routine or emergency basis by arranging for transportation to and from the dentist's office, by identifying needs and if the patient/resident has not identified a personal preference for a dentist, providing the patient/resident with a list of licensed dentists practicing within reasonable travel distance of the facility. (1-1-88)
03. Oral Care and Hygiene. The facility shall ensure that patients/residents receive care in the facility which promotes a healthy mouth through: (1-1-88)
a. Regular oral care. (1-1-88)
b. Identification of malfunctioning or ill-fitting dentures with subsequent actions to correct the problem. (1-1-88)
c. In-service training for staff regarding oral hygiene. (1-1-88)
d. Provision of diet consistent with individual dental/oral limitations. (1-1-88)
04. Records. The patient's/resident's medical record shall reflect: (1-1-88)
a. The identification of dental/oral problems, where applicable, and actions taken to resolve the problems. (1-1-88)
b. Dates of visits to the dentist or visits by the dentist or dental hygienist to the patient/resident. (1-1-88)
c. Orders or notes regarding the care of the patient/resident which are issued by the dentist. (1-1-88)
05. Provision of Dental Services Not Required. Nothing in the provisions of this section shall require a facility to provide at facility expense direct dental or dental services for its patients/residents. (1-1-88)
Section 300.1050 Dental Standards
a) Each long-term care facility shall have a dental program which will provide for in-service education to residents and staff under direction of dental personnel including at a minimum the following: (B)
1) Information regarding nutrition and diet control measures which are dental health oriented.
2) Instruction in proper oral hygiene methods.
3) Instruction concerning the importance of maintenance of proper oral hygiene and where appropriate including family members (as in the case of residents leaving the long-term care facility).
b) The direct care staff shall receive in-service education annually. This will be provided by a dentist or a dental hygienist. (B)
1) Direct care staff shall be educated in ultrasonic and/or manual denture and partial denture cleaning techniques.
2) Direct care staff shall be educated in proper brushing and oral health care for residents who are unable to care for their own health.
3) Direct care staff shall be educated in examining the mouth in order to recognize abnormal conditions for necessary referral.
4) Direct care staff shall be educated regarding nutrition and diet control measures and the effect on dental health.
5) Supplemental dental training films shall be included with any other health training films seen on a rotating basis.
c) The long-term care facility's dental program shall provide for each resident having proper daily personal dental hygiene attention, with the nursing staff responsible for continuity of care which includes, but is not limited to, the following: (B)
1) Assistance in cleaning mouth with electric or hand brush if resident is unable to do so.
2) Weekly ultrasonic cleaning of dentures and partials is strongly recommended.
d) There shall be comprehensive treatment services for all residents which include, but are not limited to, the following: (B)
1) Provision for dental treatment
2) Provision for emergency treatment by a qualified dentist
e) Each facility shall have a denture and dental prosthesis marking system which takes into account the identification marking system contained in Section 40 of the Illinois Dental Practice Act (Ill. Rev. Stat. 1987, ch. 111, par. 2349). Policies and Procedures shall be written and contained in the facility’s Policies and Procedure Manual. It shall include, at a minimum, provisions for: (B)
1) Marking individual dentures or dental protheses, if not marked prior to admission to the facility, within ten days of admittance; and
2) individually marked denture cups for denture storage at night.
(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)
410 IAC 16.2-3.1-24 Dental services
Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1
Sec. 24.(a) The facility must assist residents in obtaining routine and twenty-four (24) hour emergency dental care. The facility must provide, or obtain from an outside resource, the following dental services to meet the needs of each resident:
   (1) Routine dental services (to the extent covered under the state plan).
   (2) Emergency dental services.
   (3) Prompt referral of residents with lost or damaged dentures to a dentist.
(b) The facility must assist the resident, if needed, in making appointments and transportation arrangements to and from the source of the services.
(c) For purposes of IC 16-28-5-1, a breach of:
   (1) subsection (a) is a deficiency; and
   (2) subsection (b) is a noncompliance.
(Indiana State Department of Health; 410 IAC 16.2-3.1-24; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1548, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

58.23(1) Dental services.
   a. The nursing facility personnel shall assist residents to obtain regular and emergency dental services. (III)
   b. Transportation arrangements shall be made when necessary for the resident to be transported to the dentist’s office. (III)
   c. Dental services shall be performed only on the request of the resident, responsible relative, or legal representative. The resident’s physician shall be advised of the resident’s dental problems. (III)
   d. All dental reports or progress notes shall be included in the clinical record. (III)
   e. Nursing personnel shall assist the resident in carrying out dentist’s recommendations. (III)
   f. Dentists shall be asked to participate in the in-service program of the facility. (III)

No rules for Dental Services.
KENTUCKY

(7) Dental services. The facility shall assist patients to obtain regular and emergency dental care. Provision for dental care: patients shall be assisted to obtain regular and emergency dental care. An advisory dentist shall provide consultation, participate in in-service education, recommend policies concerning oral hygiene, and shall be available in case of emergency. The facility, when necessary, shall arrange for the patient to be transported to the dentist’s office. Nursing personnel shall assist the patient to carry out the dentist’s recommendations.

LOUISIANA

No rules for Dental Services.

MAINE

No rules for Dental Services.

MARYLAND

10.07.02.17
.17 Dental Services.
A. Provision for Dental Care. Patients shall be assisted to obtain routine and emergency dental care. B. Advisory Dentist. There shall be an advisory dentist, licensed to practice in the State, who shall:
(1) Recommend oral hygiene policies and practices for the care of the patients and for arrangements for emergency treatment;
(2) Assist in the formulation of dental health policies;
(3) Provide direction for in-service training to give the nursing staff an understanding of patients' dental problems.
C. Assistance by Nursing Personnel. Nursing personnel shall assist the patient in carrying out routine dental hygiene.
D. Arrangements for Dental Service. If dental services are not provided on the premises, there shall be a cooperative agreement with a dental service.
E. Transportation. Arrangements shall be made, when necessary, for the patient to be transported to the dentist’s office.
150.006: Other Professional Services and Diagnostic Services
(A) Each patient or resident or (if he is not competent) his next of kin or sponsor shall have the right to designate other licensed practitioners of their choice.
(B) Dental.
(1) All patients and residents shall be assisted to obtain proper dental care including prophylactic, therapeutic and emergency dental services. Such services shall be rendered with the knowledge of the attending physician or physician-physician assistant team or physician-nurse practitioner team. A SNCFC shall ensure each patient has a complete dental examination annually and periodic dental inspection every six months.
(2) All dental services shall be documented and recorded in the clinical record.
(3) A SNCFC shall appoint a consultant dentist with experience or training in developmental disabilities who shall participate in the development of patient care policies related to dental health, familiarize him/herself with the dental condition, needs and care of each patient, and as necessary, participate in periodic staff conferences. A SNCFC shall retain the services of a dental hygienist to work under the general supervision of the consultant dentist. The dental hygienist shall conduct periodic inspections of patients or residents and develop dental disease prevention programs within the facility.

MICHIGAN

No rules for Dental Services.

MINNESOTA

4658.0725 PROVIDING ROUTINE AND EMERGENCY ORAL HEALTH SERVICES.
Subpart 1. Routine dental services. A nursing home must provide, or obtain from an outside resource, routine dental services to meet the needs of each resident. Routine dental services include dental examinations and cleanings, fillings and crowns, root canals, periodontal care, oral surgery, bridges and removable dentures, orthodontic procedures, and adjunctive services that are provided for similar dental patients in the community at large, as limited by third party reimbursement policies.
Subp. 2. Annual dental visit.
A. Within 90 days after admission, a resident must be referred for an initial dental examination unless the resident has received a dental examination within the six months before admission.
B. After the initial dental examination, a nursing home must ask the resident if the resident wants to see a dentist and then provide any necessary help to make the appointment, on at least an annual basis. This opportunity for an annual dental checkup must be provided within one year from the
date of the initial dental examination or within one year from the date of the examination done
within the six months before admission.
Subp. 3. Emergency dental services.
A. A nursing home must provide, or obtain from an outside resource, emergency dental services to
meet the needs of each resident. Emergency dental services include services needed to treat: an
episode of acute pain in teeth, gums, or palate; broken or otherwise damaged teeth; or any other
problem of the oral cavity, appropriately treated by a dentist, that requires immediate attention.
B. When emergency dental problems arise, a nursing home must contact a dentist within 24 hours,
describe the dental problem, and document and implement the dentist's plans and orders.
Subp. 4. Dental records. For each dental visit, the clinical record must include the name of the
dentist or dental hygienist, date of the service, specific dental services provided, medications
administered, medical or dental consultations, and follow-up orders.
STAT AUTH: MS s 144A.04; 144A.08; 256B.431
HIST: 20 SR 303
Current as of 01/19/05
4658.0730 NURSING HOME REQUIREMENTS.
Subpart 1. Training. Nursing home staff providing daily oral care must be trained and competent
to provide daily oral care for residents.
Subp. 2. Written agreement. A nursing home must maintain a written dental provider agreement
with at least one dentist, licensed by the Board of Dentistry, who agrees to provide:
A. routine and emergency dental care for the nursing home's residents;
B. consultation on the nursing home's oral health policies and procedures; and
C. oral health training for nursing home staff.
Subp. 3. Making appointments. A nursing home must assist residents in making dental
appointments and arranging for transportation to and from the dentist's office.
Subp. 4. On-site services. A nursing home must arrange for on-site dental services for residents
who cannot travel, if those services are available in the community.
Subp. 5. List of dentists. A nursing home must maintain a list of dentists in the service area willing
and able to provide routine or emergency dental services for the nursing home's residents. Copies
of the list must be readily accessible to nursing personnel.
STAT AUTH: MS s 144A.04; 144A.08; 256B.431
HIST: 20 SR 303
Current as of 01/19/05

MISSISSIPPI

101.07 Dentist. The term "dentist" shall mean a person currently licensed to practice dentistry in
Mississippi by the State Board of Dental Examiners.

MISSOURI

No rules for Dental Services.
52-3-811. Reports.  
(1) When the professionals and other persons listed in subsection (3) know or have reasonable cause to suspect that an older person or a person with a developmental disability known to them in their professional or official capacities has been subjected to abuse, sexual abuse, neglect, or exploitation, they shall:
(a) if the person is not a resident of a long-term care facility, report the matter to:
(i) the department or its local affiliate; or
(ii) the county attorney of the county in which the person resides or in which the acts that are the subject of the report occurred;
(b) if the person is a resident of a long-term care facility, report the matter to the long-term care ombudsman appointed under the provisions of 42 U.S.C. 3027(a)(12) and to the department. The department shall investigate the matter pursuant to its authority in 50-5-204 and, if it finds any allegations of abuse, sexual abuse, neglect, or exploitation contained in the report to be substantially true, forward a copy of the report to the county attorney as provided in subsection (1)(a)(ii).
(2) If the report required in subsection (1) involves an act or omission of the department that may be construed as abuse, sexual abuse, neglect, or exploitation, a copy of the report may not be sent to the department but must be sent instead to the county attorney of the county in which the older person or the person with a developmental disability resides or in which the acts that are the subject of the report occurred.
(3) Professionals and other persons required to report are:
(b) an osteopath, dentist, denturist, chiropractor, optometrist, podiatrist, medical examiner, coroner, or any other health or mental health professional;
37.40.305 NURSING FACILITY SERVICES: REIMBURSABLE SERVICES  
(1) Nursing facility services include but are not limited to the following or any similar items:
(e) items routinely provided to residents including but not limited to:
(iii) denture cups;
(H) tooth and denture care items and services, including but not limited to toothpaste, toothbrush, floss, denture cleaner and adhesive;

12.006.14 Dental Services: The facility must assist residents in obtaining routine and 24-hour dental care to meet the needs of each resident. The facility must, if necessary, assist the resident in:
1. Making appointments;
2. Arranging transportation to and from the dentist’s office; and
3. Referring residents with lost or damaged dentures, chewing difficulties, oral ulcerations, or oral pain to a medical practitioner.
NEVADA

NAC 449.74529  Dental services. (NRS 449.037) A facility for skilled nursing shall:
1. Provide or obtain from qualified outside sources pursuant to NAC 449.74521, routine and emergency dental services required to meet the needs of each patient in the facility;
2. Assist patients in the facility with obtaining routine and emergency dental care by:
   (a) Making appointments; and
   (b) Arranging for transportation to and from a dentist's office; and
3. Promptly refer a patient with lost or damaged dentures to a dentist.
(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99).

NEW HAMPSHIRE

No rules for Dental Services.

NEW JERSEY

SUBCHAPTER 15. MANDATORY DENTAL SERVICES
8:39-15.1 Mandatory resident dental services
(a) The facility shall provide or arrange emergency dental care to relieve pain and infection.
(b) The facility shall assist interested residents in making arrangements to receive dental examinations, routine prophylaxis, and care.
(c) The facility shall ensure that arrangements are made to transport residents for routine and emergency dental care.
(d) All resident dentures shall be labeled.
SUBCHAPTER 16. ADVISORY DENTAL SERVICES
8:39-16.1 Advisory resident dental services
(a) The facility provides in-house dental services, including treatment and prophylactic care.
(b) The facility follows established protocols for providing all residents with regularly scheduled routine prophylactic dental services and treatments when indicated, delivered by a dentist or a dental hygienist, except for residents whose medical records contain an explanation of why such services would not benefit the resident.

NEW MEXICO

7.9.2.60 DENTAL SERVICES:
A. ADVISORY DENTIST: The facility shall retain an advisory dentist to participate in the staff development program for nursing and other appropriate personnel to recommend oral hygiene policies and practices for the care of residents.
B. ATTENDING DENTISTS:
(1) Arrangements for dental care: The facility shall make arrangements for dental care for residents who do not have a private dentist.
(2) Transportation: The facility shall assist the resident, if necessary, in arranging for transportation to and from the dentist’s office.
C. DENTAL EXAMINATION OF RESIDENTS: Dental health care shall be provided or arranged for the resident as needed.
D. EMERGENCY DENTAL CARE: The facility shall arrange for emergency dental care when a resident’s attending dentist is unavailable.
[7-1-60, 5-2-89; 7.9.2.60 NMAC – Rn, 7 NMAC 9.2.60, 8-31-00]
accepted standards of dental and dental hygiene care and services shall be established, or updated, and carried out for each resident. If treatment by a dentist is needed, such treatment shall begin within 30 days of the examination. This shall include arrangements for transportation when the services of a provider outside the facility are required.

(d) Records. The admission dental record and records of all subsequent dental care shall be maintained as part of the resident clinical record.

**NORTH CAROLINA**

10A NCAC 13D .2307  DENTAL CARE AND SERVICES

(a) The facility shall ensure that routine and emergency dental services are available for all patients.

(b) The facility shall, if necessary, assist the patient in making appointments and obtaining transportation to the dentist's office.

History Note: Authority G.S. 131E-104; Eff. January 1, 1996.

**NORTH DAKOTA**

No rules for Dental Services.

**OHIO**

No rules for Dental Services.

**OKLAHOMA**

310:675-9-2.1. Dental and oral hygiene services

(a) A dental history shall be obtained as part of the medical history on admission. The dental history shall include past dental problems, description of any prosthetic appliance used, current assessment and the resident’s current dentist.

(b) The facility shall have all dental prosthetic appliances such as dentures and partial dentures, marked and identified as belonging to that resident at the time of admission. A resident shall be promptly referred to a dentist when prosthetics are lost or damaged.

(c) The facility shall arrange for one or more dentists to be available in an emergency and to act in an advisory capacity to the facility. The dentist notified for any emergency shall be recorded in the clinical record. If unable to contact the resident’s dentist, the emergency physician or dentist shall be notified.

(d) The facility shall maintain a list of referral dentists.
(e) The facility shall assist the resident with, or make arrangements for the resident’s transportation to and from the dentist’s office.

(f) All residents shall have oral hygiene procedures provided at least daily, and as needed. Oral hygiene procedures shall include, but not be limited to, the resident’s teeth being brushed and dentures and partial dentures being cleaned. Any exception shall be ordered by the resident’s dentist or physician.

(g) Oral hygiene supplies and equipment shall be available in sufficient quantities to meet the residents needs including but not limited to, toothbrushes, toothpaste, dental floss, lemon glycerin swabs or equivalent products, denture cleaners, denture adhesives, and containers for dental prosthetic appliances, such as dentures and partial dentures.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

OREGON

411-086-0210 Dental Services
(Effective 10/01/1990)

(1) CONSULTING DENTIST. The facility shall have a consulting dentist who shall:
(a) Participate in the development of written policies and procedures for routine dental care, dental emergencies, and oral hygiene (OAR 411-085-0210);
(b) Be available in case of a dental emergency or arrange for another dentist to be available;
(c) Recommend procedures for oral health in-service training. This training shall be provided to appropriate staff at least annually; and
(d) Instruct or arrange for a dental hygienist to instruct registered nurses on the facility staff in how to perform oral screenings.

(2) PHYSICIAN PARTICIPATION. The dentist’s written treatment orders shall be followed upon documented verbal approval of the attending physician.

(3) DENTURES MARKED. The facility shall cause the resident’s dentures to be marked for identification.

(4) DOCUMENTATION. Oral and dental care services shall be documented in the resident’s clinical record.

Stat. Auth: ORS 410 & 441
Stats. Implemented: ORS 441.055 & 441.615

PENNSYLVANIA

§ 211.15. Dental services.
(a) The facility shall assist residents in obtaining routine and 24-hour emergency dental care.
(b) The facility shall make provisions to assure that resident dentures are retained by the resident. Dentures shall be marked for each resident.

RHODE ISLAND

Section 29.0 Dental Services
29.1 Each facility shall provide or obtain from outside resources, dental services for routine and emergency care.
29.1.1 Each resident shall have the right to receive dental services from a dentist of his/her choice.
29.2 A list of community dentists shall be maintained and available to all residents.
29.3 When necessary, arrangements shall be made by facilities for the transportation of residents to and from the dental care office.

SOUTH CAROLINA

(4) Dental Services
(a) When a person is admitted to a nursing home, an oral assessment by a physician, dentist or registered nurse shall be conducted within two weeks to determine the consistency of diet which the resident can best manage and the condition of gums and teeth. A written report of this assessment shall be placed in the medical record.
(b) Each nursing home shall maintain names of dentists who can render emergency and other dental treatments. Residents shall be encouraged to utilize dental services of choice.
(c) Residents shall be assisted as necessary with daily dental care.

SOUTH DAKOTA

No rules for Dental Services.

TENNESSEE

1200-8-6-.06 BASIC SERVICES.
(2) Physician Services.
(a) Policies and procedures concerning services provided by the nursing home shall be available for the admitting physicians.
(b) Residents shall be aided in receiving dental care as deemed necessary.
(c) Each nursing home shall retain by written agreement a physician to serve as a Medical Director.
Dental Services

(a) The facility must assist residents in obtaining routine and 24-hour emergency dental care.

(1) At the time of admission, the facility must obtain the name of the resident’s preferred dentist and record the name in the clinical record.

(2) At least annually, the facility must ask each resident and/or responsible party if they desire a dental examination at the resident’s expense.

(3) The facility must make all reasonable efforts to arrange for a dental examination for each resident who desires one.

(4) The facility is not liable for the cost of the resident’s dental care.

(5) Licensed-only facilities must maintain a list of local dentists for residents who require one.

(b) Medicaid-certified facilities also must provide or obtain from an outside resource, in accordance with §19.1906 of this title (relating to Use of Outside Resources), the following dental services to meet the needs of each resident:

(1) emergency dental services, which are limited to procedures necessary to control bleeding, relieve pain, and eliminate acute infection; operative procedures which are required to prevent the imminent loss of teeth; treatment of injuries to the teeth or supporting structures.

(A) Covered emergency dental procedures include, but are not limited to:

(i) alleviation of extreme pain in oral cavity associated with serious infection or swelling;

(ii) repair of damage from loss of tooth due to trauma (acute care only, no restoration);

(iii) open or closed reduction of fracture of the maxilla or mandible;

(iv) repair of laceration in or around oral cavity;

(v) excision of neoplasms, including benign, malignant and premalignant lesions, tumors and cysts;

(vi) incision and drainage of cellulitis;

(vii) root canal therapy. Payment is subject to dental necessity review and pre- and post-operative x-rays are required; and

(viii) extractions: single tooth, permanent; single tooth, primary; supernumerary teeth; soft tissue impaction; partial bony impaction; complete bony impaction; surgical extraction of erupted tooth or residual root tip.

(B) Routine restorative procedures are not considered emergency procedures. Dental services not covered include, but are not limited to:

(i) cleaning;

(ii) filling teeth with amalgam composite, glass ionomer, or any other restorative material;

(iii) cast or preformed crowns (capping);
(iv) restoration of carious or noncarious permanent or primary teeth, including those requiring root canal therapy;  
(v) replacement or repositioning of teeth;  
(vi) services to the alveolar ridges or periodontium of the maxilla and the mandible, except for procedures covered under subparagraph (A) of this paragraph; and  
(vii) complete or partial dentures.  
(2) assistance to the resident, if necessary:  
(A) in making appointments; and  
(B) by arranging for transportation to and from the dentist's office.  
(3) prompt referral of residents with lost or damaged dentures to a dentist.  
(4) coordination of dental services for pediatric residents age 12 months to 21 years, in accordance with Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) guidelines.  
(c) Medicaid-certified facilities are not required to provide routine dental services.  
(d) Payment for services provided on the teeth, gums, alveolar ridges, and supporting structures are not a benefit of the Texas Medicaid Program; however, recipients with applied income may use incurred medical expenses to pay for routine dental services and appliances.  
Source Note: The provisions of this §19.1401 adopted to be effective May 1, 1995, 20 TexReg 2393.  
TITLE 40  
SOCIAL SERVICES AND ASSISTANCE  
PART 1  
DEPARTMENT OF AGING AND DISABILITY SERVICES  
CHAPTER 19  
NURSING FACILITY REQUIREMENTS FOR LICENSURE AND MEDICAID CERTIFICATION  
SUBCHAPTER O  
DENTAL SERVICES  
RULE §19.1402  
Medicaid-certified Nursing Facility Emergency Dental Services  
(a) Emergency dental services. The Texas Department of Human Services (DHS) will reimburse nursing facilities the cost of emergency dental services provided to eligible Medicaid residents residing in Medicaid-contracted facilities or distinct parts.  
(1) Recipients must be 21 years of age or older.  
(2) Dental care for recipients under the age of 21 is covered under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.  
(3) Services reimbursed are subject to the limitations specified in §19.1401(b) of this title (relating to Dental Services).  
(4) Emergency dental services may be provided only if the attending physician orders a dental consultation. See §19.1201 of this title (relating to Physician Services).  
(b) Dental providers. Emergency dental services must be provided by a dentist licensed by the Texas State Board of Dental Examiners who, if not employed by the facility, contracts with the facility according to the specifications outlined in §19.1906 of this title (relating to Use of Outside Resources).  
(c) Reimbursement for Emergency Dental Services. The cost of emergency dental services provided to eligible Medicaid residents residing in nursing facilities will be reimbursed to facilities, provided that the services are not reimbursable by the Medicaid claims processor or the EPSDT program.  
(d) Payment of Claims.
(1) The facility must accept payment by DHS as payment in full for services. Neither the dentist nor the facility may charge an additional fee to the recipient, his family, or his trust fund, except that the dentist may charge the recipient for services that:
(A) the recipient requests; and
(B) are not reimbursable by the Texas Medical Assistance Program.
(2) Payments for emergency dental services are the lower of the:
(A) dentist’s usual fee; or
(B) maximum fee as determined by the Texas Health and Human Services Commission (HHSC).
(3) DHS reimburses facilities for services properly rendered in accordance with applicable laws, regulations, and operational instructions. DHS may withhold or suspend payment for services that are not properly rendered.
(4) Nursing Facility Emergency Dental Services makes no payment for services that are available under any other Texas Medical Assistance Program.
(5) Complete and accurate claims for services must be received within 12 months from the date of service.
(6) Claims for services delivered before the effective date of this section must be submitted within 12 months of the effective date of this section.
(7) Adjustments to claims must be received by DHS’s claims processor during the applicable 12-month period. Claims and adjustments rejected or denied during the 12-month period through no fault of the dentist may be paid upon approval by DHS.
Source Note: The provisions of this §19.1402 adopted to be effective May 1, 1995, 20 TexReg 2393; amended to be effective November 1, 2002, 27 TexReg 9387

**UTAH**

**R432-150-23. Ancillary Health Services.**
(3) The facility must provide or arrange for regular and emergency dental care for residents.
(a) Dental care provisions shall include:
(b) development of oral hygiene policies and procedures with input from dentists;
(c) presentation of oral hygiene in-service programs by knowledgeable persons;
(d) development of referral service for those residents who do not have a personal dentist; and
(e) arrangement for transportation to and from the dentist’s office.

**VERMONT**

7.17 Dental Services
(a) The facility must assist residents in obtaining routine and 24 hour emergency dental care.
(b) The facility must provide or obtain from an outside resource (in accordance with subsection 11.2) the following dental services to meet the needs of each resident.
(1) routine dental services (to the extent covered under the State Medicaid Plan); and
(2) emergency dental services.
(c) The facility must, if necessary, assist the resident:
(1) in making appointments;
(2) by arranging for transportation to and from the dentist’s office; and
(3) must promptly refer residents with lost or damaged dentures to a dentist.

VIRGINIA

12VAC5-371-320. Dental services.  
A. Provisions shall be made to assist residents to obtain routine and emergency dental care. 
B. Each nursing facility shall make arrangements with a qualified dentist to provide consultation and recommend oral hygiene policies and practices for the care of residents. 
Statutory Authority §§ 32.1-12 and 32.1-127 of the Code of Virginia. 
Historical Notes 
Derived from Virginia Register Volume 13, Issue 17, eff. July 1, 1997.

12VAC5-371-390. Transportation.  
A. Provisions shall be made to obtain appropriate transportation in cases of emergency. 
B. The nursing facility shall assist in obtaining transportation when it is necessary to obtain medical, psychiatric, dental, diagnostic or other services outside the facility. Statutory Authority §§ 32.1-12 and 32.1-127 of the Code of Virginia. 
Historical Notes 
Derived from Virginia Register Volume 13, Issue 17, eff. July 1, 1997.

WASHINGTON

No rules for Dental Services.

WEST VIRGINIA

2.44. Routine Dental Service. -- A service consisting of an annual inspection of the oral cavity for signs of disease, diagnosis of dental disease, dental radiographs as needed, dental cleaning, fillings, minor dental plate adjustments, smoothing of broken teeth, and limited prosthodontic procedures such as impressions of dentures and fitting of dentures.

8.18. Dental Services.

8.18.a. A nursing home shall provide, or obtain from an outside resource in accordance with Subsection 11.4 of this rule, the following dental services to meet the needs of each resident:

8.18.a.1. Routine dental services (to the extent the resident is covered under the State Medicaid Plan); and
8.18.a.2. Emergency dental services twenty-four (24) hours a day.

8.18.b. A nursing home shall assist a resident in need of dental services by:

8.18.b.1. Making dental appointments;
8.18.b.2. Arranging for transportation to and from the dentist’s office; and
8.18.b.3. Referring residents with lost or damaged dentures to a dentist.
HFS 132.67 Dental services.
(1) ADVISORY DENTIST. The facility shall retain an advisory dentist to participate in the staff
development program for nursing and other appropriate personnel and to recommend oral hygiene
policies and practices for the care of residents.
(2) ATTENDING DENTISTS. (a) Arrangements for dental care. The facility shall make arrangements
for dental care for residents who do not have a private dentist.
(b) Transportation. The facility shall assist the resident, if necessary, in arranging for transportation
to and from the dentist’s office.
(3) DENTAL EXAMINATION OF RESIDENTS. Every resident shall have a dental examination by a
licensed dentist within 6 months after admission unless a dental examination has been performed
within 6 months before admission. Subsequent dental health care shall be provided or arranged for
the resident as needed.
(4) EMERGENCY DENTAL CARE. The facility shall arrange for emergency dental care when a
resident’s attending dentist is unavailable.

Note: For record requirements, see s. HFS 132.45; for dentists’ orders, see s. HFS 132.60 (5); for
staff development programs about dental practices, see s. HFS 132.44 (2).

History: Cr. Register, July, 1982, No. 319, eff. 8−1−82; am. (3), Register, January, 1987, No. 373, eff.
2−1−87.

WYOMING

Section 14. Dental Services.
(a) The facility shall have an advisory dentist who shall provide consultation, develop and
participate in inservice education, and recommend policies concerning oral hygiene. Records of in-
service education meetings shall be in writing.
(b) Nursing personnel shall assist the resident to carry out the dentist’s recommendations.
(c) All dental examinations and dental treatments shall be entered on a dental record and made a
part of the resident’s medical record.
(d) Oral hygiene shall be a part of each resident’s care daily.

FEDERAL REGULATIONS

§ 483.55 Dental services.
The facility must assist residents in obtaining routine and 24-hour emergency dental care.

Skilled nursing facilities. A facility (1) Must provide or obtain from an outside resource, in
accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs
of each resident;
May charge a Medicare resident an additional amount for routine and emergency dental
services;
Must if necessary, assist the resident—
In making appointments; and
By arranging for transportation to and from the dentist's office; and
Promptly refer residents with lost or damaged dentures to a dentist.

**Nursing facilities.** The facility (1) Must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, the following dental services to meet the needs of each resident:
- Routine dental services (to the extent covered under the State plan); and
- Emergency dental services;
- Must, if necessary, assist the resident—
  In making appointments; and
- By arranging for transportation to and from the dentist's office; and
- Must promptly refer residents with lost or damaged dentures to a dentist. [56 FR 48875, Sept. 26, 1991]