

**CORRECTIONAL DENTAL ASSOCIATES**  
**192 West State Street**  
**Trenton, New Jersey 08608**  
**609-599-2800**

April 15, 2008

Karen J. Wells, Supervisor Administrative Rules Unit  
Office of the Commissioner  
New Jersey Department of Corrections  
P.O. Box 863  
Trenton, New Jersey 08625-0863

Dear Ms. Wells:

Correctional Dental Associates is recommending that this new Biennial Recall guideline, which we believe has no scientific basis, not be adopted and that written evaluations by reputable agencies in the New Jersey dental profession such as the: University of Medicine and Dentistry of New Jersey (UMDNJ), New Jersey Dental Association (NJDA), Health and Human Services and the State Medicaid Office be requested prior to the completion of this review period. We believe this Biennial Recall does not serve the interest of the NJDOC, its inmates or the tax payers, but is the result of lobbying efforts by the non compliant and subsequently terminated vendor, CMS. We have no issue with the other proposed changes.

The record shows that the overall productivity of the current dental service, which has already implemented the Biennial Recall, in violation of the N.J.A.C., is less than 50% of the required annual productivity established by the previous 2004 delivery. The 2004 delivery was consistently compliant with an Annual Recall. The cost of the current non compliant Biennial Recall CMS delivery, which has seen 30,534 patients in 2007 compared to 61,342 patients seen by CDA in 2004, is approximately 95.37% of the 2004 cost. The lack of productivity of the dental service is the cost benefit issue not the established Annual Recall Policy. Using a simple overall costs divided by patient visits formula, the Biennial Recall delivery is 91.5% more expensive per patient visit than the previous Annual Recall delivery. The per patient visit cost comparison is one of the only apples to apples comparisons available because the two deliveries have been held to entirely different performance standards under the same operational guidelines.

In our organization's 550 years of collective correctional experience and nine years of successful compliant NJDOC contract delivery, we can clearly demonstrate that an emphasis on preventive care and Annual Recalls reduced long term costs and was the appropriate level of care. This level of preventive care has been the NJDOC standard for over twenty years and is the New Jersey community standard. When given the opportunity to direct a change toward a Biennial Recall guideline in 2002, we refused with the enclosed letter. The medical literature indicates that reducing preventive care, in almost any setting, will increase pathology and long term costs. A two year guideline for routine preventive periodontal treatment is unethical, irresponsible and will be grounds for negligence and malpractice claims.

If there was a significant cost benefit to reducing preventive services the National Insurance Providers and the State Medicaid Office would have considered this change a long time ago. We can demonstrate with our experience that the cost of neglected care in terms of corrective procedures and the associated legal liabilities will be far greater than any minimal short term savings.

Regardless of the fact that we are providing dental care to inmates, the basic private community (6 months), academic (6 months), military (1 year) and Medicaid (1 year) minimum standard of care pertaining to dental examination and cleaning must be applied or all involved are guilty of providing substandard care. Based on the high risk profile of the inmate patient population, a one year Dental Exam, Cleaning and Oral Cancer Screening is the minimum standard, assuming we use common sense and sound professional judgment.

The other critical aspect of the Annual Dental Examination is the Oral Cancer Screening which is omitted from this proposed amendment. The national guidelines from the American Dental Association (ADA) and American Cancer Society (ACS) recommend at least annual oral cancer exams. Our organization recognizes the need for the Annual Oral Cancer Screening as recommended by the ADA and ACS and has maintained that policy.

We find it hard to believe that faced with the findings of the Inspector General concerning the deficient dental delivery and the deficient oversight how any reliable information supporting the cost benefit of reducing a preventive service could be gathered. This health care policy change first appeared in the 2004 RFP at a time when there was no NJDOC Director of Dental Services and when the Division of Purchase and Property employed no licensed dentists. It may be helpful to identify the author of this original 2004 RFP Biennial Recall Guideline, review his/her dental qualifications and evaluate the original clinical cost benefit information that was utilized to initiate this contract change in 2004, which has precipitated this after the fact proposed amendment to the N.J.A.C.

Respectfully,

Leslie A. Hayling, Jr., D.D.S.  
President  
Correctional Dental Associates