

Port Gamble S'Klallam Tribal Health

Policy and Procedure – Health Services/Purchased and Referred Care

SUBJECT: Orthodontic Specialty Care

PURPOSE: To define policy and coverage for Orthodontic specialty care. PGST recognizes the positive impact on physical growth and development, social factors, and self-esteem, and the shorter duration of treatment at this stage for orthodontia treatment.

POLICY: This program component is **dependent upon fund availability**.

As program funding allows, Dental providers identify potential candidates for orthodontic services. Candidates must be a current PRC member - usually under the age of 21 years. Youth between the age of 10-14 years are of the highest priority for corrective orthodontic treatment. Other PRC members outside of above criteria are eligible for limited financial assistance to obtain orthodontic care limited to an **allowed annual** amount.

Indications and determination for Orthodontics candidates are reviewed and recommended by the Dental Director. Critical factors include:

- Parents, legal guardians, and patient must strongly desire orthodontic treatment.
- Patient and family must continue to reside in Kitsap County for the duration of orthodontic care.
- Potential candidates must demonstrate high motivation to complete this treatment through excellent preventive hygiene, compliance with dental clinic visits, compliance with keeping frequent appointments over an extended period of time.
- PRC is not liable for any damaged or lost orthodontic equipment.
- All routine dental care must be completed before orthodontic care is initiated.
- Parents or guardians are responsible for transportation to appointments.

The only fees that parents will be responsible to pay are broken orthodontic appointments.

Health Advisory Committee Approved 5/21/19

[HIST: Approved by motion by Tribal Council on 6/24/2019]

PROCEDURES:

After examination by PGST dental provider and care plan is developed, all potential candidates are prioritized for orthodontic referral. The actual number of patients referred is dependent upon funds available.

ADDITIONAL INFORMATION: If patients **are not selected** as candidates and parents elect to begin orthodontic care, they may inquire of PRC staff at year end about possible availability of reimbursement funds for their out of pocket expenses for orthodontic care. If funding is available, PGST may elect to reimburse an allowed amount toward candidates who were not prioritized for this program.

Approval:	_____	_____	_____	_____
	Title	Date	Title	Date
Effective Date:	_____		Reviewed by:	_____
Related Policies:	_____		Reviewed by:	_____
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