Subject: Dental Services

Authority: TCA 37-5-106

Standards: COA: PA-AS 2.03, PA-FC 10.05, PA-KC 10.04.

Application: All Department of Children’s Services and Contract Agency Employees

Policy Statement:

All children/youth in DCS custody shall be provided routine and emergency dental care as part of an overall health care program. Regular dental care, including prevention, diagnosis, and treatment, is important and necessary to restore and maintain the oral health of our children and youth.

Purpose:

Regular dental care and proper oral hygiene is a basic and essential part of a child/youth’s overall health and well-being, so it is critical that DCS ensure that children/youth in its care receive routine dental exams and as needed follow-up treatment.

Procedures:

A. Dental Services for children placed in resource homes or with contract provider agencies

1. Initial Dental Examination
   a) All children/youth in DCs custody who are twelve (120 months of age or older receive an initial dental examination by a dentist within 30 days of coming into custody unless the child/youth has had a dental exam within the past six (6) months.
   b) Each child/youth in DCS custody who is twelve (12) months of age or older must receive a dental examination every six (6) months or as recommended by a dentist.
   c) Young children, age six (6) months to twelve (12) months of age, can be seen by a dentist if they need an oral health assessment or if an oral health problem is suspected.
   d) When a child/youth comes into custody, the Family Service Worker (FSW)/ Juvenile Service Worker (JSW) requests information from the parent/guardian to determine if the child has had a dental examination within the last six (6) months.

   ♦ If the child was covered by TennCare prior to entering custody, the TennCare MCO/Dental Provider can provide the name of the dentist and date of the last exam.
e) If the most recent dental exam has been within the last six (6) months, the date of the exam, the name of the dentist, and the results of the service are obtained for entry into TFACTS,

f) If the most recent dental exam has been six (6) months or more, an appointment must be set with a dentist.

2. **Children with Developmental Disabilities and or Special Needs**

   Children/youth with special needs that require sedation for a dental exam and treatment may receive an EPSDT Dental exam once a year rather than every six (6) months.

3. **Routine Dental Care**

   a) Dental examinations often indicate the need for additional dental treatment and require follow-up appointments. Dental treatment may include diagnostic services, preventative services, restorative procedures, extractions, and specialty care as medically necessary.

   b) A dental cleaning should be completed every six (6) months or as determined by a dentist.

   c) If a child has a cavity, toothache, or other dental related problem, an appointment should be made to assess that particular problem as needed. This type of appointment is different than a preventative dental examination.

4. **Emergency Dental Care**

   If a child has a cracked or chipped tooth, a tooth knocked out, the child has severe tooth pain or an abscess, etc., call the dentist and request an emergency appointment. If unable to get a timely appointment, contact the Regional Health Unit or the TennCare Dental Contractor (DentaQuest customer service 855-418-1622).

5. **Appointment Guidelines**

   a) It is the responsibility of the FSW/JSW to ensure necessary dental services are received. The FSW/JSW works with the parent/guardian, foster parent, or contract provider agency staff to schedule appointments, to transport children to appointments, and to obtain documentation of the service (form **CS-0689, Health Service Confirmation and Follow Up Notification**).

   b) Private insurance and TennCare require the use of their network providers. Check with the insurance company for a list of participating providers before scheduling an appointment.

   c) If there are any access issues with obtaining dental services, contact the Regional Health Unit for assistance, or call the TennCare Dental Contractor (DentaQuest customer service 855-418-1622).

   ♦ The TennCare MCO Dental Provider must provide an appointment within 21 days of requesting the appointment. If an appointment is
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not provided with 21 days, consult with the Regional Health Unit for assistance in filing an appeal.

d) The FSW/JSW, parent/caretaker, foster parent, or contract provider agency staff **must** accompany the child/youth to the appointment.

e) The following information must be taken to the initial dental appointment:

- Proof of insurance- TennCare card, private insurance card, or other proof of insurance coverage. If the child does not have insurance coverage, contact the Regional Fiscal Team for reimbursement information.

- **CS-0543, Well-Being Information and History.** Refer to DCS Policy **20.7, Early Periodic Screening, Diagnosis and Treatment Standards (EPSDT)** for more information.

- **CS-0689 Health Services Confirmation and Follow Up Notification.**

6. **Referrals**

Specialty dental services must be prescribed. Some dental services require prior authorization and must be coordinated with the TennCare Dental MCO or private insurance company. Contact the Regional Health Unit for assistance.

7. **Payment for Services**

a) Some children in custody remain eligible for private insurance under their legal parent/guardian’s health care plan. Private insurance is primary to TennCare coverage. If the child/youth is covered by private insurance, obtain specific information from the parent/guardian regarding the insurance company and coverage. Obtain a copy of the insurance card. Contact the private insurance plan for a list of accepting dental providers in your area. Call and schedule an appointment. Co-pays are the responsibilities of the parent/guardian (holder of the policy). If you cannot obtain a co-pay from the parent/guardian, you may contact the Regional Fiscal Team for assistance.

b) If the private insurance plan does not cover dental related expenses and the child is covered by TennCare, TennCare may be accessed.

c) TennCare covers all medical necessary services including a dental examination and cleaning every six (6) months.

d) If the child/youth is not covered by private insurance and is not eligible for TennCare, contact the Regional Fiscal Team for reimbursement information.

B. Youth Placed in a Youth Development Center (YDC)

1. **Initial Dental Examination**

a) An initial dental examination on each youth must be completed within seven (7) days of admission.

b) A dental cleaning must be performed within fourteen (14) days of admission.
c) Based on the findings of the dental examination, the youth receives a specific appointment date or is placed on a waiting list according to priority of dental needs.

d) Youth receive a dental exam and cleaning every six (6) months or as recommended by the dentist.

2. **Routine Dental Care**

a) Routine dental examinations often indicate the need for additional dental treatment and follow-up appointment. Dental treatment may include diagnostic services, preventative services, restorative procedures, extractions, and specialty care as medically necessary.

b) Non-emergency dental complaints are to be presented at the regularly scheduled sick call. The nurse refers such complaints to the facility dentist who triages the complaints and provides for treatment according to established clinical priorities.

3. **Emergency Dental Care**

a) The Health Administrator must ensure that evaluation and treatment of dental emergencies are available to youth on a 24-hour basis. Youth presenting with a dental emergency such as pain, infection, trauma, etc., is treated by the most effective method.

b) If the tooth is restorable and restorative procedures cannot be accomplished at the time of the emergency appointment, treatment to relieve pain, if needed, is rendered and the youth scheduled for additional treatment.

c) The progress notes in the dental record reflect that the youth presented to the clinic with an emergency condition and the diagnosis and treatment performed is described in detail.

d) Emergency dental conditions are to be treated according acceptable dental practice and by the most appropriate method. If the emergency is complex and is beyond the ability of the dentist or outside the facility’s scope of treatment, the dentist arranges a referral or other appropriate dental treatment sources.

4. **Orthodontics**

Orthodontic services are not routinely covered in a YDC. Youth who have orthodontia in place upon entry to YDC receive orthodontic maintenance services.

5. **Cosmetic and Elective Oral Surgery**

a) Cosmetic and elective oral surgery are not routinely provided in a YDC unless determined to be for the long-term well-being of the youth and recommended by an oral surgeon in consultation with the treatment team, as necessary, and Health Administrator.

b) The Superintendent makes the final decision in consultation with the Deputy Commissioner of Juvenile Justice or designee.
C. Documentation

1. Foster Homes and Contract Provider Agencies
   a) Whenever a child receives any type of dental service, form CS-0689, Health Services Confirmation and Follow-Up Notification should be given to the dentist, with a request that the form be completed or the information provided.
   b) This completed form or information is sent to the Regional Health Unit who then enters it into TFACTS.
   c) The FSW/JSW is responsible for providing a copy of the EPSDT dental exam to the child’s caregiver and coordinating follow-up care if assistance is needed.

2. Youth Development Center
   The results of the EPSDT dental exam are recorded on form CS-0120, Dental Record, entered into TFACTS and a copy sent to the FSW/JSW.

Forms:
- CS-0120, Dental Record YDC
- CS-0543, Well-Being Information and History
- CS-0689, Health Services Confirmation and Follow Up Notification

Collateral documents:
- 20.7, Early Periodic Screening, Diagnosis and Treatment Standards (EPSDT)

Glossary:

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