



Administrative Policies and Procedures: 20.12

Subject:	Dental Services
Authority:	TCA 37-5-105 (3), 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 custodial children.	
Purpose:	
Regular dental care and proper oral hygiene are basic and essential parts of a child/youth's overall health and well-being, so it is important that DCS ensure that children/youth in its care receive routine dental exams and any recommended follow-up treatment.	
Procedures:	
A. Dental Services for Children Placed in Foster Homes or with Contract Provider Agencies	<p>1. Initial Dental Examination</p> <p>a) All children/youth in DCS custody who are twelve (12) months of age or older receive an initial dental examination by a dentist within thirty (30) days of coming into custody unless the child/youth has had a dental exam within the past six (6) months.</p> <p>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, plus a 30 day grace period, or as recommended by a dentist.</p> <p>c) Infants under twelve (12) months of age can be seen by a dentist an oral health problem is suspected.</p> <p>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/youth has had a dental examination within the last six (6) months.</p> <ul style="list-style-type: none"> ◆ If the child/youth 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. Components of a Dental Exam by Age Group
- a) Children/Youth
 - ◆ Medical/health history
 - ◆ Oral hygiene and periodontal health exam
 - ◆ Diagnosis of oral health needs
 - ◆ Plan of treatment

Based on visual examination, the dentist may employ additional diagnostic aids (e.g., x-rays, photographs, laboratory tests, study casts).

An oral examination does not include a dental cleaning. A dental cleaning may require another appointment.
 - b) Infants
 - ◆ Medical/health history
 - ◆ Oral examination
 - ◆ Parental counseling
 - ◆ Preventive health education
 - ◆ Determination of appropriate periodic re-evaluation
3. **Children with Developmental Disabilities and or Special Needs**
- Children/youth with special needs who require sedation for a dental exam and treatment may undergo their dental exam every twelve (12) months rather than every six (6) months.
4. **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.

5. Emergency Dental Care

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

6. 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, transport children to appointments, and 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 in-network providers. Before scheduling an appointment, the insurance company should be checked for a list of participating providers .
- c) If there are any access issues with obtaining dental services, the Regional Health Unit or the TennCare Dental Contractor (DentaQuest customer service 855-418-1622) should be contacted.
 - ◆ The TennCare MCO Dental Provider must provide an appointment within 21 days of a request. If an appointment is not provided with twenty-one (21) days, the Regional Health Unit should be contacted 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/youth does not have insurance coverage, see Section 8 Payment for Services.
 - ◆ **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**.

7. 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. The Regional Health Unit should be contacted for assistance.

	<p>8. Payment for Services</p> <ul style="list-style-type: none"> a) Some children/youth 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, specific information from the parent/guardian regarding the insurance company and coverage must be obtained. After obtaining a copy of the insurance card, the private insurance plan should be contacted for a list of accepting dental providers in the child/youth’s area. Once an appointment is scheduled, the parent/guardian must be told that co-pays are the responsibility of the parent/guardian (holder of the policy). If a co-pay cannot be obtained from the parent/guardian, the Regional Fiscal Team should be contacted 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, the Regional Fiscal Team should be contacted for reimbursement information.
<p>B. Youth Placed in a Youth Development Center (YDC)</p>	<ul style="list-style-type: none"> 1. Initial Dental Examination <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 YDC nurse refers such complaints to the facility dentist who triages the complaints and provides for treatment according to established clinical priorities.

	<p>3. Emergency Dental Care</p> <ul style="list-style-type: none"> a) The YDC Health Administrator or designee 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., are treated by the most appropriate and 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 must reflect that the youth presented to the clinic with an emergency condition and the diagnosis and treatment performed must be described in detail. d) Emergency dental conditions are to be treated according to 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. <p>4. Orthodontics</p> <p>Orthodontic services are not routinely covered in a YDC. Youth who have orthodontia in place upon entry to YDC receive orthodontic maintenance services.</p> <p>5. Cosmetic and Elective Oral Surgery</p> <ul style="list-style-type: none"> a) Cosmetic and elective oral surgery are not covered by TennCare and 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 b) The decision for DCS to cover a cosmetic or elective procedure should be in consultation with the treatment team for YDC youth; and the Regional Nurse and Regional Psychologist for other children. c) For YDC youth, the final decision to provide this service is up to the Deputy Commissioner of Juvenile Justice, after obtaining input from the YDC Superintendent and the Deputy Commissioner of Child Health or designee. For other youth the decision to provide this service is up to the Deputy Commissioner of Child Health or designee.
<p>C. Documentation</p>	<p>1. Foster Homes and Contract Provider Agencies</p> <ul style="list-style-type: none"> a) Whenever a child/youth 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) The completed form or information is sent to the Regional Health Unit who then enters it into TFACTS. c) If a completed form is not obtained during or within two (2) weeks after the dental service, verbal verification of the service may be obtained by the regional nurse, Health Advocacy Representative (HAR), or Service

	<p>and Appeals Tracker (SAT) via phone call to the dental practice. Documentation of this verbal information must be entered on form CS-0689 with the date and time of the call and the signature of the DCS staff member who obtained the information.</p> <p>d) The FSW/JSW is responsible for providing a copy of the dental exam form to the child/youth’s caregiver and for coordinating follow-up care if assistance is needed.</p> <p>2. Youth Development Center</p> <p>The results of the dental exam are recorded on form CS-0120, Dental Record, entered into TFACTS, and a copy is sent to the FSW/JSW.</p>
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Forms:	<p><u>CS-0120, Dental Record YDC</u></p> <p><u>CS-0543, Well-Being Information and History</u></p> <p><u>CS-0689, Health Services Confirmation and Follow Up Notification</u></p>
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Collateral documents:	<p><u>20.7, Early Periodic Screening, Diagnosis and Treatment Standards (EPSDT)</u></p>
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Glossary:	
Term	Definition
	None