



Administrative Policies and Procedures: 20.12

Subject:	Dental Services
Authority:	TCA 37-5-106
Standards:	ACA: 4-JCF-4C-15; 4-JCF-4-C-20; COA: PA-AS 2.03, PA-FC 10.05, PA-KC 10.04.
Application:	All Department of Children's Services 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 private provider agencies	<p>1. Initial Dental Examination</p> <ul style="list-style-type: none"> a) All children/youth in DCS custody who are 12 months of age or older will 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 6 months. b) Each child/youth in DCS custody who is 12 months of age or older must receive a dental examination and cleaning every six (6) months or as recommended by a dentist. c) Young children, age six months to 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) will request information from the parent/guardian to determine if the child has had a dental examination within the last 6 months. <ul style="list-style-type: none"> ◆ 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 exam, the name of the dentist, and the results of the service will be

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.
- g) A dental examination does not include a dental cleaning. A dental cleaning may require another appointment.

2. 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, preventive services, restorative procedures, extractions, and specialty care as medically necessary.
- b) 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 preventive dental examination.

3. Emergency Dental Care

If a child has a cracked or chipped tooth, a tooth is 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 Well-Being Unit.

4. Appointment Guidelines

- a) It is the responsibility of the FSW to ensure necessary dental services are received. The FSW will work with the Parent/Guardian, Resource Parent, or Private 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 Well-Being Unit for assistance, which may include filing an appeal.
 - ◆ The TennCare MCO Dental Provider must provide an appointment within 21 days of requesting the appointment. If an appointment is not provided within 21 days, consult with the Regional Well-Being Unit for assistance in filing an appeal.
- d) The FSW, Parent/Guardian, Resource Parent, or Private 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 & History**. Refer to DCS policy [20.7, TENNder CARE Early Periodic Screening, Diagnosis and Treatment Standards \(EPSDT\)](#) for more information.

	<p style="text-align: center;">◆ CS-0689, Health Services Confirmation and Follow Up Notification.</p> <p>5. Referrals</p> <p>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 Well-Being Unit for assistance.</p> <p>6. Payment for Services</p> <p>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 dental 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 access flex funds or contact the Regional Fiscal team for assistance.</p> <p>b) If the private insurance plan does not cover dental related expenses and the child is covered by TennCare, TennCare may be accessed. Contact the Regional Well-Being Unit for further assistance.</p> <p>c) TennCare covers all medically necessary services including a dental examination and cleaning every six (6) months.</p> <p>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.</p>
<p>B. Youth Placed in a Youth Development Center (YDC)</p>	<p>1. Initial Dental Examination</p> <p>a) An initial dental examination on each youth must be completed within seven (7) days of admission.</p> <p>b) A dental cleaning must be performed within fourteen (14) days of admission. The dental staff is to provide education in the use of dental hygiene supplies</p> <p>c) Based on the findings of the dental examination, the youth will receive a specific appointment date or be placed on a waiting list according to the priority of the dental needs.</p> <p>d) Youth will receive a dental exam and cleaning every six (6) months or as recommended by the dentist.</p> <p>2. Routine Dental Care</p> <p>a) Routine dental exams often indicate the need for additional dental treatment and require follow-up appointments. Dental treatment may include diagnostic services, preventive services, restorative procedures, extractions, and specialty care as medically necessary.</p> <p>b) Non-emergency dental complaints are to be presented at the regularly scheduled sick call. The nurse will refer such complaints to the facility</p>

	<p>dentist who will triage the complaints and provide for treatment according to established clinical priorities.</p> <p>3. Emergency Dental Care</p> <p>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., will be treated by the most effective method.</p> <p>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.</p> <p>c) The progress notes in the dental record will reflect that the youth presented to the clinic with an emergency condition and the diagnosis and treatment performed will be described in detail.</p> <p>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 will arrange referral to other appropriate dental treatment sources.</p> <p>4. Orthodontics</p> <p>Orthodontic services are not routinely covered in YDCs. Youth who have orthodontia in place upon entry to the YDC will receive orthodontic maintenance services.</p> <p>5. Cosmetic and Elective Oral Surgery</p> <p>a) Cosmetic and elective oral surgery are not routinely provided in YDCs 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.</p> <p>b) The superintendent will make the final decision.</p>
<p>C. Documentation</p>	<p>1. Resource Homes and Private Provider Agencies</p> <p>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.</p> <p>b) This completed form or information should be provided to the Regional Well-Being Coordinator, who will ensure that the information is input into TFACTS and provided to the FSW. The form may be used to provide contract agencies, DCS staff, resource parents, and the PCP about the services received by children in their care.</p> <p>c) TFACTS reports on identified services will be used by the FSW and regional leadership to ensure the child/youth receives the designated services.</p> <p>2. Youth Development Centers</p> <p>a) The results of dental services provided in the YDC are recorded on form CS-</p>

	<p>0120, Dental Record.</p> <p>b) Information about dental services for youth in YDCs will be communicated to the child and family team and entered in TFACTS.</p>
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Forms:	<p><u>CS-0543, Well-Being Information and History</u></p> <p><u>CS-0689, Health Services Confirmation and Follow Up Notification</u></p> <p><u>CS-0120, Dental Record</u></p>
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Collateral documents:	None
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