



Office of Children and Family Services

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Acting Commissioner

Administrative Directive

Transmittal:	17-OCFS-ADM-12
To:	Commissioners of Social Services Executive Directors of Voluntary Authorized Agencies
Issuing Division/Office:	Child Welfare and Community Services
Date:	September 14, 2017
Subject:	Provision of Dental Services for Children and Youth in Foster Care
Suggested Distribution:	Directors of Social Services Voluntary Agency Program Directors Foster Care Supervisors Staff Development Coordinators
Contact Person(s):	See Section V. (page 4)
Attachments:	N/A

Filing References

Previous ADMs/INFs	Releases Cancelled	NYS Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
08-OCFS-ADM-01, 90-OCFS-ADM-21		18 NYCRR §§ 428.3(b)(2)(ii) 441.7(a)(1), 441.22, and 466.3, 507.1			

I. Purpose

The purpose of this Administrative Directive (ADM) is to inform local departments of social services (LDSSs) and voluntary authorized agencies (VAs) of the regulatory requirements regarding the provision of regular oral and/or dental care screenings and referral for necessary dental care.¹

¹ 18 NYCRR § 507.1.

II. Background

Each child admitted into foster care must be given an initial medical examination within 30 days after admission, including comprehensive assessments of medical, mental, and dental health.² The initial medical examination includes a dental screening³ and generates a comprehensive needs/problem list and a plan of care that addresses all the child's/youth's health needs to include dental. When records are available to document that such an examination has been completed within 90 days prior to admission into care, and the authorized agency has obtained such records and determines that the child's health or oral/dental status does not warrant a second comprehensive examination within 30 days after admission into foster care, the LDSS may waive the initial medical examination required by this paragraph.⁴

III. Program Implications

All children up to age 3 must have their mouths examined at each periodic individualized medical examination,⁵ and where appropriate, be referred for dental care as required by regulation. All children 3 years of age or over must have a dental examination by a dentist annually and must be provided with any dental care as needed.⁶ The presence of any risk factors or abnormal findings requires referral to a pediatric oral health care professional or general practice dentist, regardless of the child's age.

Dental decay can be advanced by 3 years of age. Decay of primary teeth can affect a child's growth, lead to malocclusion, and result in significant pain and life-threatening swelling. From age 3 to age 6, annual clinical oral examinations continue per regulation or as indicated by the individual patient's risk status or likelihood of disease. From age 3 to age 12, the examinations are repeated as required by the dentist, with a minimum of one examination per year, providing there is no identification of needed treatment. Commensurate with age, anticipatory guidance increases relative to hygiene and protecting teeth. At age 12 and older, dental needs become more defined due to:

- a potentially higher cavity rate;
- increased risk for traumatic injury and periodontal disease;
- a tendency for poor nutritional habits;
- an increased appearance awareness;
- complexity of combined orthodontic and restorative care;
- dental phobia;
- potential use of tobacco, alcohol, and other drugs;
- eating disorders; and
- unique social and psychological needs.⁷

² 18 NYCRR § 441.22 (c)(1).

³ 18 NYCRR § 441.22(c)(2)(vii).

⁴ 18 NYCRR § 441.22(c)(1).

⁵ 18 NYCRR § 441.22 (f)(2)(viii).

⁶ Ibid.

⁷ American Academy of Pediatric Dentistry, *Adolescent Oral Health Care*. Pediatric, Dentistry 2012; V 34 (special issue): pp.137-44.

Each child discharged from care to another planned living arrangement with a permanency resource must have a comprehensive medical examination to include a dental screening prior to discharge, unless the child has undergone such an examination within one year prior to the date of discharge.⁸

IV. Required Action

Each child/youth in foster care must have complete periodic individualized medical examinations to include dental or oral screenings as applicable based on age. The results of which must be maintained in the child's uniform case record. Such examinations must be provided per the following schedule:

- for children aged 0-1 year: at 2-4 weeks; 2-3 months; 4-5 months; 6-7 months; 9-10 months;
- for children aged 1-6 years: at 12-13 months; 14-15 months; 16-19 months; 23-25 months; 3 years; 4 years; 5 years; and
- for children aged 6-21 years: at 6 years; 8-9 years; 10-11 years; 12-13 years; 14-15 years; 16-17 years; 18-19 years; and 20 years.⁹

When a condition indicated by medical examination requires follow-up care, as determined by the child's physician or dentist, the agency responsible for the child's care must provide or arrange for such follow-up care as recommended by the child's physician or dentist.¹⁰

Dental care is included in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) scope of services that are covered by the Child Health Plus A (Medicaid) program.

EPSDT dental services include:

- periodic oral evaluations;
- preventative services (including application of dental sealants or topical fluoride varnishes, gels, or foams);
- restorative (fillings, crowns, and bridges, implants);
- emergency dental care; and
- orthodontia (limited to the treatment of physically handicapping malocclusions).¹¹

The required schedule of examinations and the EPSDT scope of services allows the dentist to assess risk and recommend interventions. Follow-up care for all conditions identified in oral screenings/dental assessments are required.¹²

OCFS regulations require every LDSS and VA to maintain current case records for each child in their care, which must include medical histories of a child and his or her biological family, and a continuing medical record and dental history for each child.¹³ Required data on each child/youth in foster care must be entered in the Health Services Module in

⁸ 18 NYCRR § 441.22(n).

⁹ 18 NYCRR 441.22 (f)(1).

¹⁰ 18 NYCRR 441.22(g).

¹¹ *EPSDT/CTHP Provider Manual for Child Health Plus A (Medicaid)* (2005).

¹² 18 NYCRR § 441.22(g).

¹³ 18 NYCRR § § 428.3(b)(2)(ii) and 441.7(a)(1).

CONNECTIONS. A System Build Job Aid is available for users who will be responsible for recording health information in CONNECTIONS at:

[CONNECTIONS: A System Build Job Aid](#)¹⁴

The New York State Department of Health website offers a directory of dentists that accept Medicaid:

[Dental Providers that accept Medicaid/Medicare](#)¹⁵

V. Contacts

Any questions concerning this release should be directed to the appropriate regional office, Division of Child Welfare and Community Services:

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VI. Effective Date

This policy directive is effective immediately.

/s/ Laura M. Velez

Issued By:

Name: Laura M. Velez

Title: Deputy Commissioner

Division/Office: Child Welfare and Community Services

¹⁴ 18 NYCRR § 466.3, 08-OCFS-ADM-01,

<http://ocfs.ny.gov/connect/jobaides/Build%2018%209%201%20Health%20Services%20Job%20Aid%20final%20version%205%200.pdf>.

¹⁵

https://www.health.ny.gov/diseases/aids/general/resources/dental_resource_directory/medicaid_medicare.htm.