Jackson Care Connect™

Part of the CareOregon Family

Pediatric Oral Health Program

Oral Health Integration Toolkit

CareOregon

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Part of the CareOregon Family

Pediatric Oral Health Program

Oral health services for children in physical health settings

Updated as of April 2025

Contents

Chapter 1 Program Background

Summary

According to the American Academy of Pediatrics, oral health is an integral part of the overall health and well-being of children. Primary care providers have a unique opportunity to provide oral health services and refer children and their families to dental providers.

Social determinants of health can lead to higher risk of dental disease. 2017 Oregon Smile Survey findings indicate that children from lower income homes have nearly twice the decay rates as children from higher income homes. The findings also indicate health disparities and higher rates of dental decay, untreated decay, and rampant decay for Hispanic/Latinx children. Left untreated, dental disease leads to pain and infection, potentially affecting social and emotional wellbeing, eating habits and missed school or work hours.

All members of the care team from before birth through adolescence play a crucial role in oral health education, dental navigation, and providing prevention services where possible. CareOregon values the provision of oral health services and additional access points for patients outside of traditional dental settings.

To help guide integration efforts, we have compiled an Oral Health Integration Checklist. This Checklist summarizes the steps and material outlined in the toolkit. Our team provides direct support to partners for all checklist components, including a portfolio of provider and patient tools and resource materials.

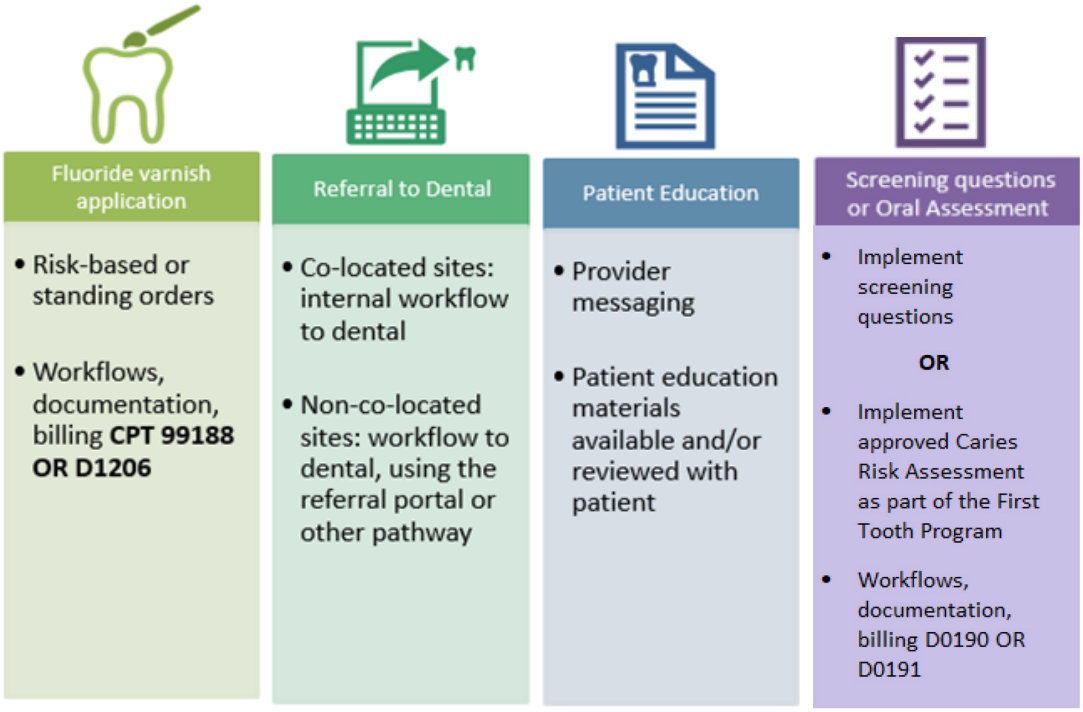
Oral Health Integration Checklist for Primary Care

- ✓ **Site readiness assessment:**
  - Leadership buy-in/support
  - Understanding of services/codes/documentation requirements
  - Identified team roles that support this work
  - Oral health champions
  - Data review
    - *Oral health integration readiness assessment tool* 
- ✓ **Implementation checklist:**
  - Workflow build out, including screening or caries risk assessment questions, fluoride varnish application and oral health messaging
  - Billing/coding systems prepared for dental codes
  - Referral pathways developed
  - Fluoride varnish and patient materials available
  - Staff have received adequate training/upskilling
    - *Program implementation checklist tool* 
- ✓ **Post-Implementation sustainability:**
  - Data reports/review to understand and support integration efforts

- ✓ **Available resources:**
  - CareOregon's portfolio of resources includes provider tools for anticipatory guidance/oral health messaging, dental referral mechanisms, staff trainings
  - Patient resources include dental benefit, navigation and oral health printed and virtual materials

Chapter 2 Oral Health Services Available in Primary Care

How can primary care providers help? Add preventive oral health services to routine well child/adolescent visits. Below are services within the primary care scope:



1. Fluoride varnish application
   - *Fluoride varnish application steps – OrOHC*

2. Referral to dental home
3. Patient Education on the importance of oral health, anticipatory guidance on oral hygiene instructions and nutritional counseling
4. Oral health screening questions or approved Caries Risk Assessment
   - *Oral health screening tool sample*

Chapter 3 Oregon Administrative Rules (OARs)

Summary

OARs allow four reimbursable dental codes for Primary Care settings through Medicaid. **Enhanced Oral Health Services in Primary Care Settings** OAR 410-123-1260 (3) includes the following guidance for service delivery and reimbursement of the following codes:

- **CPT 99188 or CDT D1206 fluoride varnish application**
  - If a medical provider delegates this procedure to a staff member, the staff member shall be trained on the application of fluoride varnish.
- **D0191 oral assessment**
  - For reimbursement in a medical setting, the performing provider shall meet all the criteria outlined in the OARs. This is discussed in Chapter 4 First Tooth Curriculum on page 5.
- **D0190 oral screening**
  - In November 2021, the Health Evidence Review Commission (HERC) voted to include the oral screening service under the physical health benefit. In 2022, this additional CDT screening code was added to the OARs under the physical health benefit, however the benefit language does not reflect the intention of the HERC and is duplicative of the narrow scope of the D0191 oral assessment code. While OHA is aware of this issue, CareOregon has enhanced the D0190 Oral Screening code beyond the OAR requirements for non-dental providers.

Billing and Coding

CDT D1206 or CPT 99188 Fluoride Varnish

- Fluoride varnish has separate medical and dental reimbursable codes and only one is required for the encounter.
- Fluoride varnish for children under the age of 21 is covered based on risk up to four treatments per year. Treatments from both medical and dental providers count towards the maximum.

D0191 Oral Assessment

- A caries risk assessment using an endorsed standardized tool is required for reimbursement of D0191 oral assessment in medical settings. To meet EPSDT (Early and Periodic Screening, Diagnostic and Treatment) requirements, children under 21 years of age may receive this service a maximum of twice every 12 months. For adults aged 21 and older, a maximum of once every 12 months.

D0190 Oral Screening

- CareOregon has enhanced the D0190 Oral Screening code beyond the OAR requirements for non-dental providers. We allow reimbursement for completing oral health screenings for members of any age without the use of an endorsed risk assessment tool. Our intention is to expand the population of members who are eligible for this screening service.

CareOregon has removed frequency limitations for fluoride varnish (D1206, 99188), oral assessment (D0191), and oral screening (D0190) for any member under the age of 21. Oral assessments and screenings are covered once every 12 months for members 21+.

Associated diagnostic ICD-10 Z codes representing reasons for encounters are required for claims approval. Commonly used ICD-10 Z codes: Z29.3 Encounter for prophylactic fluoride administration and Z13.84 Encounter for screening for Dental Disorders.

Per the OARs, the FQHC encounter rate is inclusive of these services when performed during the medical visit. Current DMAP rates as of January 2024:

- D0191 Oral Assessment: $13.01
- D0190 Oral Screening: $13.01
- D1206 Fluoride Varnish: $14.27
- CPT 99188 Fluoride Varnish: $12.97

Chapter 4 Optional First Tooth Curriculum

Summary

The First Tooth program is designed around the D0191 oral assessment which includes clinical findings and required caries risk documentation. Providers could opt to use an oral health screening tool based on verbal questions only, however this is not considered First Tooth. If providing a screening instead of full assessment, we still recommend incorporating oral health messaging/anticipatory guidance, fluoride varnish application and dental referral mechanism. This section outlines required components for the full First Tooth program.

The Oregon Oral Health Unit, in collaboration with the Oregon Oral Health Coalition's (OrOHC) Early Childhood Cavities Prevention Committee, developed the First Tooth curriculum with input from the Oregon Academy of Pediatrics. It follows the evidence-based practice for early childhood caries prevention. First Tooth training topics include the prevalence and impact of oral disease; how to conduct an oral health risk assessment; how to provide culturally appropriate anticipatory guidance fluoride varnish application; and implementation, workflow tips, and access to dental care. This curriculum consists of a training slide deck and other materials for both providers and patients.

Oregon’s First Tooth (FT) program was originally developed to reduce Early Childhood Caries (ECC) in infants and children up to age six through preventative oral health services provided in the Primary Care setting. To increase the number of children able to receive services, CareOregon extended the benefit age to include all children through adolescent and teenage years. FT specifically supports Medicaid eligible patients as income status is a risk factor for ECC, and is a State of Oregon recognized evidence-based practice that includes:

- Clinical risk assessment
- Anticipatory guidance
- Clinical intervention (fluoride varnish application)
- Referral to a dental home

First Tooth includes two reimbursable dental codes for Primary Care settings through Medicaid: D0191 oral assessment and D1206 fluoride varnish application. CPT 99188 is also an available fluoride varnish code.

D0191 Oral Assessment of a Patient:

- If *all four components* of service (risk assessment, anticipatory guidance, clinical intervention, and referral to a dental home) are provided, you may bill under code D0191.
- Billable provider types include
    - Medical Doctor (MD)
    - Doctor of Osteopathy (DO)
    - Nurse Practitioner (NP)
    - Physician Assistant (PA)
    - Doctor of Naturopathy (ND) - CareOregon extended the provider types to include ND

As a module for medical and dental integration, FT supports Primary Care in providing oral healthcare, especially during a Well Child Visit. Additionally, the referral component aids in creating a dental home for the patient and allows for collaboration between the medical home and the dental home.

Approved Caries Risk Assessments

Double-click the images below to access the four state-approved Caries Risk Assessments.

American Academy of Pediatrics

American Academy of Pediatric Dentistry

American Dental Association

Oregon Oral Health Coalition

Bright Futures Smiles for Life

OARs also allow provider certification for D0191 oral assessment reimbursement through the completion of the online Smiles for Life course. We recommend the First Tooth training and technical assistance for initial implementation and the Smiles for Life curriculum for recertification and/or onboarding new providers for sites with an already established FT program. Caries Risk Assessment, Fluoride Varnish and Counseling

Chapter 5 Resources

Provider and Patient Oral Health Resources

CareOregon developed materials to address site or CCO specific processes to aid in implementation. Our method includes direct support pre, during, and post implementation. CareOregon provides printed and virtual resources for both providers and patients, including a training starter pack of 50 fluoride varnish applications and pediatric toothbrushes. Patient-facing materials are available in translated languages.

Double-click the images below to open:

Pediatric oral health provider brochure

Patient-facing dental benefit navigation brochure

Pediatric oral health patient brochure

Patient-facing dental benefits overview

Additional resources regarding pediatric oral health, fluoride use, and current recommendations

American Academy of Pediatrics

- Maintaining and Improving the Oral Health of Young Children | Pediatrics | American Academy of Pediatrics (aap.org)
- Fluoride Use in Caries Prevention in the Primary Care Setting | Pediatrics | American Academy of Pediatrics (aap.org)

U.S. Preventive Services Task Force

- Recommendation: Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions | United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)

Center for Disease Control

- Oral Health Tips for Children | Oral Health | CDC
- Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States (cdc.gov)

American Academy of Pediatric Dentistry

- Policy on Early Childhood Caries (ECC): Consequences and Preventive Strategies

American Dental Association

- Fluoride: Topical and Systemic Supplements | American Dental Association (ada.org)
- Fluoride - From MouthHealthy.org

The Oregon Oral Health Coalition (OrOHC) Board of Directors decided to dissolve the organization; however oral health partners across the state regularly convene to carry on the extraordinary work. The website with printable oral health materials can be found here: First Tooth — Oregon Oral Health Coalition (orohc.org)

Technical Assistance and Support

CareOregon's Oral Health Innovation Team (OHIT) includes state certified First Tooth trainers, and is available for technical assistance pre, during, and post implementation. This support includes, and is not limited to:

- Workflow development
- Sharing of best practices and lessons learned
- Certified trainers to provide the First Tooth training or training on screening/fluoride varnish
- Dental referral pathway development and care coordination support
- Provider portal dental care request training
- Claims and dental care request data analysis

OHIT's post-training and implementation support aims to ensure program sustainability. We are available for additional trainings due to workforce issues and staffing changes. Our team is knowledgeable and readily accessible for partners.

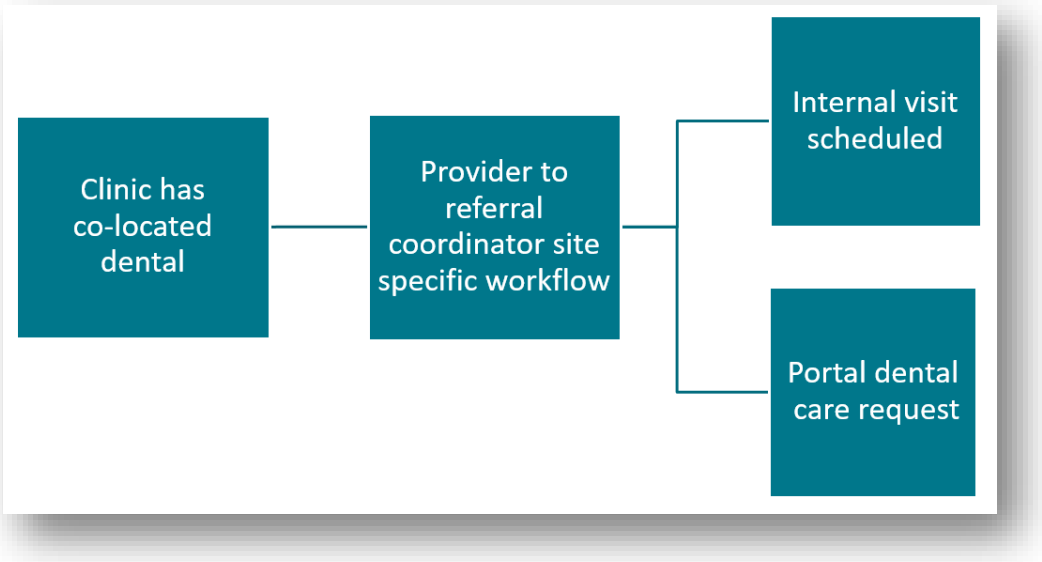
If you would like support or further information, please contact oralhealth@careoregon.org.

Chapter 6 Dental Referral/Navigation to Dental

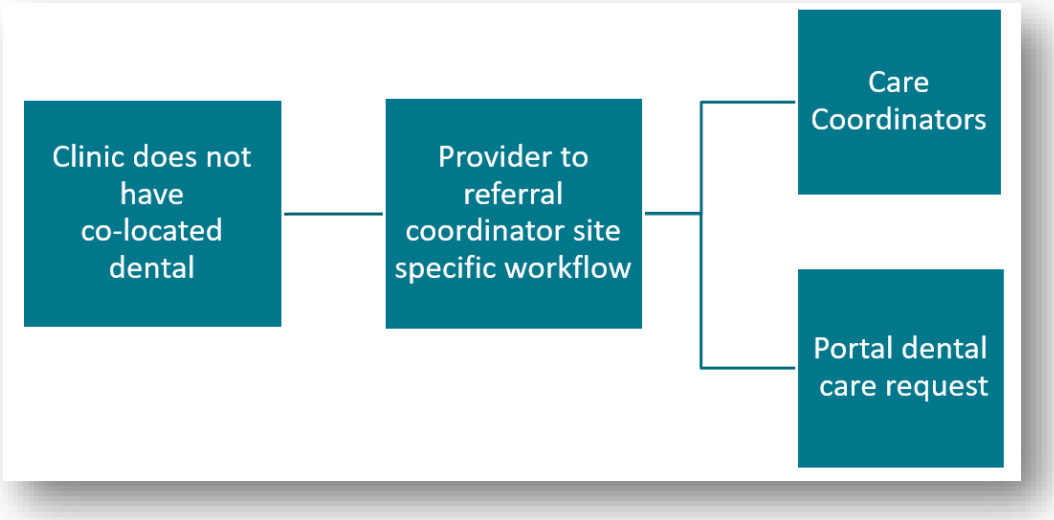
Summary

Navigating the healthcare system can be confusing for both patients and providers. CareOregon provides technical assistance for dental referral pathways and care coordination to simplify connecting a patient to their dental plan for scheduling. Our team can help develop site specific dental referral workflows based on the clinic's structure.

Pathways for co-located sites



Pathways for non-co-located sites

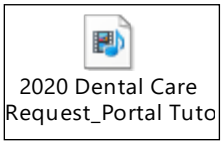


Dental Navigation Tools and Technical Assistance

CareOregon offers a dental care request mechanism accessible via either the OneHealthPort or Connect Provider Portals. We offer a 30-minute site specific training on the use of the portal and the following tools:

- Dental Care Request Easy Guide: how to connect members quickly and efficiently to dental services via the provider portal. Click image to view.

- Dental Care Request Tutorial: video (under 2 minutes) demonstrating how to access and complete the request form. Click image to open website. Then click "Dental Care Request Form" to view.



Chapter 7 Data

Overview of available data reports

The following bi-monthly reports by provider are available:

- Oral health service codes in physical health claims (D0190, D0191, D1206, CPT 99188)
  - Currently includes CPCCO, JCC, CareOregon
- Dental care requests (CareOregon dental referral mechanism) received via the provider portal
  - Includes CPCCO, JCC, and Health Share members.

Oral Health Integration Readiness Assessment

Culture re: Oral Health			
Do staff have an awareness of oral health? • Are there oral health prompts during visits? • Any oral health programs already implemented? • How is oral health already integrated into visits?	None	Some ○ It's listed as part of the visit ○ There is structure present for oral health	Definitely ○ It's a routine part of the visit for all providers
Do staff support oral health integration? • Are staff comfortable with talking about dental? • Do staff see a need for more oral health?	Not at all	Some ○ Staff feel it's important, but have concerns ○ Not all are on-board	Definitely
Is there an oral health champion? • Is there a person excited about oral health or about integration? • Is there a person or team assigned to oral health integration?	No	Yes, but not an influencer ○ Is this person on a leadership team? ○ Is this person assigned to this task?	Yes, in a position of influence
How would you describe the general culture regarding oral health?	No awareness/support	Some awareness/support	A lot of awareness/support

Workforce Capacity			
Do staff perceive capacity to integrate? • Staff do not believe they can add another task • Change fatigue	No	Some ○ Some staff require buy-in, others are onboard	Yes ○ Staff are engaged & motivated
Is there support of leadership for all-staff involvement? • Will all members of the team be involved with oral health or First Tooth? • Does leadership want this to be a focus of certain positions in the clinic?	No	Potentially ○ Unsure of roles	Absolutely ○ Team effort
Is the site generally on schedule? • Do visits end-on time or do visits generally run over? • Do patients routinely arrive late for appts or generally are on –time?	Always behind ○ Relaxed culture	Generally ○ Occasionally runs behind ○ Follows templates	Always ○ Strict guidelines
Does the clinic currently utilize data driven reports? • Does the clinic track data? • Is there a system in place to pull data for reports?	No ○ Difficulty with tracking data or creating reports	Some ○ Frequency of reports	Yes ○ Dashboards
Current workflows			
Is there an oral health assessment, screening tool or set of questions reviewed with the patient?	No ○ No tool or questions about oral health asked/ documented	Unsure ○ Some providers may be doing this ○ Not a standard workflow	Yes ○ Standard workflow with tool or questions reviewed with patient and documentation

For children: Is there a workflow for fluoride varnish application?	No ○ There's no established workflow ○ It's not being done or isn't documented	Unsure ○ Not a uniform process Ask what the workflow looks like	Yes ○ Established workflow in place for all teams
If applying fluoride varnish, is there a dedicated staff member for ordering supplies?	No	Unsure ○ Shared responsibility	Yes
Are member education resources available and provided? ○ Examples include printed materials or added to AVS	No	Unsure ○ Up to provider's discretion	Yes ○ Endorsed materials are given out
Does the site use OneHealthPort or Connect and are able to utilize the Dental Care Request form?	No ○ They do not use either portal ○ Are the able to get access?	Unsure ○ Not sure which portal they use or who has access	Yes ○ They know which portal is used/ roles with access ○ They can access the request form
Is there a workflow in place for the dental referral process? • Do you currently refer patients to the dental office? • How do you coordinate care for a child who needs to see a dentist?	No	Unsure or multiple workflows ○ We know it happens, not sure how	Yes ○ There's an established workflow
Is there a dedicated care coordinator for referrals? • How do dental referrals get processed? • Is there one person who is in charge of referrals?	No	Unsure ○ Shared responsibility between staff	Yes

Is there a process in place to determine the member's DCO assignment? • Does the clinic know how to look up a pt's DCO assignment? • Are staff, or the person in charge of referrals, comfortable with looking up the DCO?	No	Unsure ○ "Someone" knows how to do that	Yes ○ There's an established workflow
Does there need to be buy in from a Board or leadership team? • How does oral health integration fit into the clinic's strategic plan? • Is there anything that leadership wants to evaluate prior to implementation?	No ○ Leadership directs the integration	Unsure ○ Need to talk with others first	Yes ○ Review specific measures before implementation
What is the desired clinic timeline for implementation?	None	Unsure ○ Dependent on other factors ○ Dependent on Readiness Assessment findings	Yes ○ Discuss the desired timeline for training and implementation

Oral health services in primary care

Implementation Checklist

Date:
Clinic Site:
Contact/s:

Components	Current State/Workflows	Recommendations/Next Steps
Oral Assessment*: *a limited clinical inspection requiring an approved caries risk assessment tool.* **Oral assessment for pediatric population only, must be completed by provider (DO, MD, NP, PA, CO/CPC/JCC enhanced benefit to include Naturopathic Doctors) and requires certification training for providers.* **Oral Screening:** *series of questions to determine an individual's need to be seen by a dentist for diagnosis. May be performed by any trained clinic staff.*		• **Design and document workflows for pediatric screening or oral assessment** ○ Decide on Assessment or Screening ○ Determine what intervals service will be provided (*i.e.: Start at 9 or 12mo visit, yearly or standard for every WCC*)
Patient Education: *skills, information, and/or tools to discuss the importance of oral health with patients and provide guidance as needed.*		• **Design and document process for pediatric oral health education workflow.** ○ Oral health materials from CareOregon or professionally endorsed organization.
Referral pathway: *Design and document referral pathway(s) to dental services for patients*		• **Pathway for Medicaid/OHP kiddos?** ○ Can use Dental Care Request for all HSO/CareOregon, CPCCO or JCC OHP members. • **Pathway for Commercial/non-OHP kiddos?** *List of pediatric dentists in area (CareOregon can provide).*

Fluoride Varnish: *Reimbursed up to age 19 by CareOregon/CPCCO/JCC*	.	• **Fl- varnish be ordered/re-stocked.** *Generally, clinic's current medical supply companies have fluoride varnish.* • **Who will apply the varnish?** *Provider, MA?* • **How will fluoride education/homecare instructions be provided?** ○ CareOregon can provide information/examples

Coding and billing: *Order entry workflows and confirmation of ability to submit claims***.**
 	
Choose Fluoride varnish code to be used – *determined by clinic*. CPT 99188 more commonly used in practices with commercial plan patients.
 	
CareOregon has removed frequency limitations for fluoride varnish (D1206, 99188), oral assessment (D0191), and oral screening (D0190) for any member under the age of 21. Oral assessments and screenings are covered once every 12 months for members 21+.
		• **D0191 Oral Assessment**
		  ○ DMAP rate: $13.01
		  ○ Commonly used ICD 10: Z13.84, Encounter for screening for dental disorders
		  ○ DMAP - children under 19 years of age, a maximum of twice every 12 months. For adults aged 19 and older, a maximum of once every 12 months.
		• **D0191 Oral Screening**
		  ○ CareOregon has enhanced the D0190 Oral Screening code beyond the OAR requirements for non-dental providers. We allow reimbursement for completing oral health screenings for members of **any age** without the use of an endorsed risk assessment tool. Our intention is to expand the population of members who are eligible for this screening service.
		• **Fluoride Varnish codes**
		  ○ Commonly used ICD 10: Z29.3, Encounter for prophylactic fluoride administration
		  ○ Both codes reimbursed for OHP members up to age 21 and up to 4 x per year based on risk. *This is total applications between both dental and medical settings.*
		  – **D1206 fluoride varnish**
		  ▪ DMAP rate: $14.27
		  – **CPT 99188 Fluoride Varnish**
		  ▪ DMAP rate: $12.97

Other Information		
Clinics currently, or wanting to, participate in the First Tooth program: *Additional components necessary to implement and meet billing requirements for the Oral Assessment:* • **Caries Risk Assessment** (CRA) • **Anticipatory Guidance** (patient oral hygiene and nutrition information)		• **Which of the 4 approved Caries Risk Assessments will be used:** OrOHC, APP, ADA, APPD. Documents of all to be provided. • **Anticipatory Guidance:** Needs to include oral health messaging, nutritional counseling, and oral hygiene instruction. Can be included with fluoride varnish post-op instruction in the AVS. Examples can be provided. Trainings are currently held virtually via Microsoft Teams and take 1 hour. Covers state specific information and we also include snapshots and information from your clinics developed workflows. Only billable providers (MD, DO, PA, NP) must be present and certified but any clinic staff is welcome to attend.

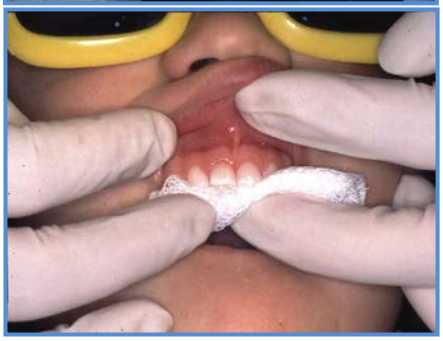
OREGON ORAL HEALTH COALITION

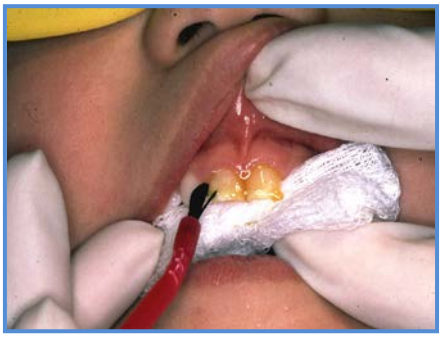
FLUORIDE VARNISH APPLICATION

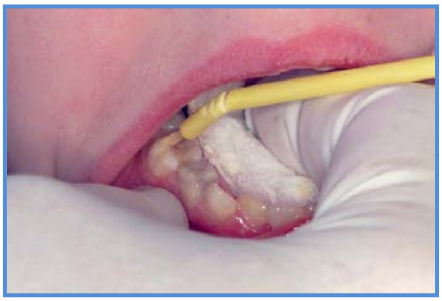
- **Apply to children at-risk of tooth decay, beginning with the first tooth.**
- **Apply 2-4 times/year for maximum benefit. Many providers apply varnish on the same schedule as childhood immunizations.**

Supplies needed:

- Cotton gauze (2x2)
- Fluoride varnish and applicator
- Latex/vinyl gloves







Step 1: Position the child—knee-to-knee

- For an infant or toddler, place the child on the parent's lap with the head on their knees and the legs around the waist. Position yourself knee-to-knee with the parent and treat the child from above the head.
- Or, place the young child on an exam table and work from above the head.

Step 2: Apply the fluoride varnish

- Open the child's mouth.
- Dry the teeth with gauze.
- Apply a thin layer of the fluoride varnish to all surfaces of the teeth.
- Once it is applied, the fluoride varnish sets quickly with contact of the saliva.
- Repeat the fluoride varnish application every 3 – 6 months as necessary.

Step 3: Follow-up info for parent

- Teeth may be yellow from the varnish.
- Child should eat a soft, non-abrasive diet for the rest of the day.
- Do not brush or floss until the next morning.
- Give the parent the information sheet "Fluoride Varnish."

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Oral health screening tool

1. Have you seen a dentist during the past 12 months?
    a. If you are pregnant, did you have a visit during pregnancy?
    b. When was your last dental visit?

2. Do you have a dentist?
    a. If no, would you like help with finding a dentist and scheduling an appointment?

3. Do you have any dental concerns?
   (for example: tooth pain, mouth swelling, broken teeth, bleeding gums, no teeth and no dentures)

4. Are you interested in receiving dental care?
    a. What would help you complete your dental visit?
       (dental phobia, transportation needs, interpreter services, new location or dentist, etc)

American Academy of Pediatrics
Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. Since a validated caries risk assessment tool does not currently exist, this tool includes factors known to be related to childhood caries. The form provides a framework to assist the pediatric clinician to identify risk as well as modifiable behaviors to optimize patient oral health.

Instructions for Use

Use this form in conjunction with the **AAP Oral Health Intake Form**, to collect information from parents/caregivers on home care and habits that contribute to both protective and risk factors. That information will help inform the **Action Plan** and the family's **Self-Management Goals**.

The child is at high risk for caries if any of the risk factors below are reported or found in the physical exam. In the presence of multiple risk factors or severe clinical findings, the clinician may determine the child should be seen by a dentist as soon as possible.

Patient Name:_____ Date of Birth: _____ Date: _____

Visit: ☐ 6 month ☐ 9 month ☐ 12 month ☐ 15 month ☐ 18 month ☐ 24 month ☐ 30 month ☐ 3 year ☐ 4 year ☐ 5 year ☐ 6 year ☐ Other

RISK FACTORS

Mother or primary caregiver had active decay in the past 12 months
☐ Yes ☐ No

Frequent snacking on sugary and/or sticky snacks
☐ Yes ☐ No

Medicaid eligible
☐ Yes ☐ No

Does not have an established dental home
☐ Yes ☐ No

Has not received fluoride varnish in the last 6 months
☐ Yes ☐ No

Special health care needs
☐ Yes ☐ No

Continual bottle/sippy cup use with beverage other than water
☐ Yes ☐ No

Does not have teeth brushed twice daily
☐ Yes ☐ No

Does not drink fluoridated water or take fluoride supplements
☐ Yes ☐ No

Does not use fluoride toothpaste
☐ Yes ☐ No

PHYSICAL FINDINGS

Obvious decay
☐ Yes ☐ No

White spots or decalcifications
☐ Yes ☐ No

Visible plaque
☐ Yes ☐ No

Restorations present (Fillings or Silver Diamine Fluoride Present)
☐ Yes ☐ No

Swollen or bleeding gums (gingivitis)
☐ Yes ☐ No

Oral Health Risk Determination: If YES to any of the above, this patient is considered HIGH risk for dental disease. Determine ☐ HIGH / ☐ LOW risk; follow **Action Plan** below.

ACTION PLAN

	High Risk	Low Risk
Apply fluoride varnish	☐ Every 3 months	☐ Every 6 months
Refer to a dental home	☐ Yes	☐ Yes

	High Risk	Low Risk
Set self-management goals with caregiver	☐ Yes	☐ Yes

SELF-MANAGEMENT GOALS

Reviewed

- ☐ Brush twice daily with fluoride toothpaste.
- ☐ Regular dental visits for child and caregiver(s).
- ☐ Wean off bottle and use only water in sippy cup
- ☐ Less/no juice. No soda.
- ☐ Drink fluoridated water.
- ☐ Less/no junk food or candy. Replace with healthy snacks.
- ☐ Have teeth treated with fluoride varnish every 3-6 months.

COMPLETED ACTIONS

	Yes	No
Oral health risk assessment	☐	☐
Visual exam of the mouth	☐	☐
Fluoride varnish application	☐	☐
Anticipatory guidance	☐	☐
Referral to a dentist	☐	☐

MANAGEMENT OF HIGH RISK CHILDREN

High-risk children should receive professionally applied fluoride varnish. Caregivers should be counseled to brush teeth twice daily with an age-appropriate amount of fluoridated toothpaste. Referral to a pediatric dentist or a dentist comfortable caring for children should be made with follow-up to ensure that the child is being cared for in the dental home.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Bright Futures™
prevention and health promotion for infants, children, adolescents, and their families™

NIIOH National Interprofessional Initiative on Oral Health

Oral Health Risk Assessment Tool Guidance

Timing of Risk Assessment

The Bright Futures/AAP "Recommendations for Preventive Pediatric Health Care," (i.e. Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. View the Bright Futures/AAP Periodicity Schedule: https://brightfutures.aap.org/clinical-practice/Pages/default.aspx.

Major Risk Factors

Maternal Oral Health

Studies have shown that children with mothers or primary caregivers who have had active decay in the past 12 months are at greater risk to develop caries.

Continual Bottle/Sippy Cup Use

Children who drink juice, soda, and other liquids that are not water, from a bottle or sippy cup continually throughout the day or at night are at an increased risk of carries. The frequent intake of sugar does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor should be counseled on how to reduce the frequency of sugar-containing beverages in the child's diet.

Frequent Snacking

Children who snack frequently are at an increased risk of caries. The frequent intake of sugar/refined carbohydrates does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor should be counseled on how to reduce frequent snacking and choose healthy snacks such as cheese, vegetables, and fruit. The family's ability to access healthy food should be discussed and addressed, if needed.

Special Health Care Needs

Children with special health care needs are at an increased risk for caries due to their diet, xerostomia (dryness of the mouth, sometimes due to asthma or allergy medication use), difficulty performing oral hygiene, seizures, gastroesophageal reflux disease and vomiting, attention deficit hyperactivity disorder, and gingival hyperplasia or overcrowding of the teeth. Premature babies also may experience enamel hypoplasia. These children should be referred to a pediatric dentist for skilled care in addressing these complex issues.

Protective Factors

Dental Home

According to the American Academy of Pediatric Dentistry (AAPD), the dental home is oral health care for the child that is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist. The AAP and the AAPD recommend that a dental home be established by age 1. Communication between the dental and medical homes should be ongoing to appropriately coordinate care for the child. If a dental home is not available, the pediatrician should continue to do oral health risk assessment at every well-child visit.

Fluoride Varnish in the Last 6 Months

Applying fluoride varnish provides a child with highly concentrated fluoride to protect against caries. Fluoride varnish may be professionally applied. For online fluoride varnish training, access the Caries Risk Assessment, Fluoride Varnish, and Counseling Module in the Smiles for Life National Oral Health Curriculum. https://www.smilesforlifeoralhealth.org/courses/caries-risk-assessment-fluoride-varnish-and-counseling

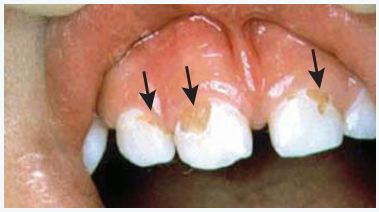
Fluoridated Water/Supplements

Drinking fluoridated water provides a child with systemic and topical fluoride exposure, a proven caries reduction intervention. Fluoride supplements may be prescribed by the pediatrician or dentist if needed. View fluoride resources on the AAP Campaign for Dental Health website. https://ilikemyteeth.org/health-professionals

Toothbrushing and Oral Hygiene

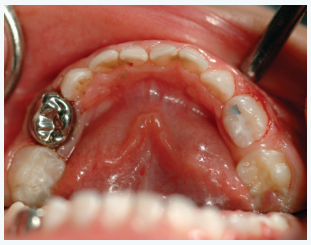
Pediatricians can reinforce good oral hygiene by teaching parents and children simple practices. Infants should have their mouths cleaned after feedings with a wet soft washcloth. Once teeth erupt it is recommended that children have their teeth brushed twice a day with fluoride toothpaste. The child's teeth should be brushed twice a day as soon as the teeth erupt with a smear or a grain-of-rice-sized amount of fluoridated toothpaste. After the third birthday, a pea-sized amount of fluoridated toothpaste should be used.

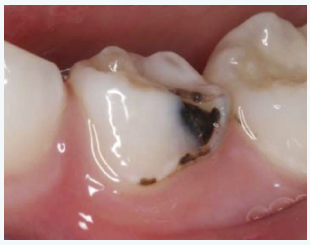
Physical Findings



Obvious Decay

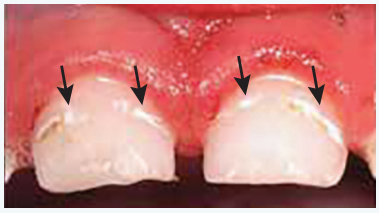
Tooth decay is the decomposition of the tooth structure due to acid caused by bacteria and can appear on any surface of the tooth. Decay can range in color from yellow to black. When obvious decay is present, the child should be considered high risk and referred for immediate dental care.





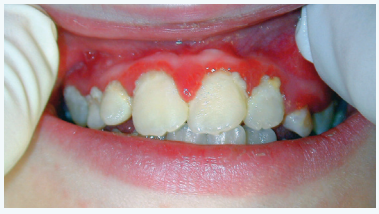
Restorations Present (Fillings or Silver Diamine Fluoride Present

Restorations indicate that decay occurred and was treated. Restorations can present as materials such as silver diamine fluoride, metal, alloy, plastic, glass ionomer, or porcelain. A child who has been treated for decay is at continued risk and should be under the regular care and supervision of a dental professional.



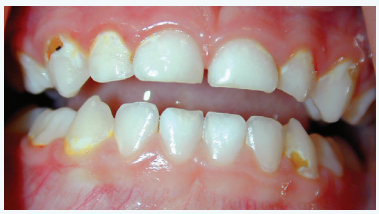
White Spots / Decalcifications

Decalcification is an early sign of tooth decay, takes the form of white spots on the teeth, and commonly presents along the gum line. Remineralization can be achieved with fluoride, in particular application of fluoride varnish. When calcifications are present, the child should be considered high risk and referred for immediate dental care.



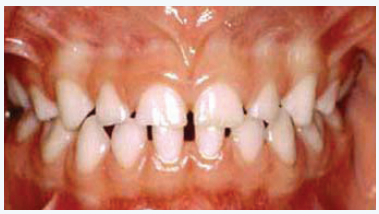
Swollen or Bleeding Gums (Gingivitis)

Gingivitis is the inflammation of the gums. Pediatricians can teach patients and their families good oral hygiene skills to reduce inflammation.



Visible Plaque

Plaque is the soft and sticky substance that accumulates on the teeth from food debris and bacteria. Pediatricians can teach parents to remove plaque from the child's teeth by brushing and flossing.



Healthy Teeth

Children with healthy teeth have no signs of early childhood caries and no other clinical findings. They are also experiencing normal tooth and mouth development and spacing. Apply fluoride varnish if child has not received treatment in prior six months.

For more information about the AAP's oral health activities and resources, email oralhealth@aap.org or visit www.aap.org/oralhealth.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Bright Futures™
prevention and health promotion for infants, children, adolescents, and their families™

NIIOH National Interprofessional Initiative on Oral Health

Table 1. Caries-risk Assessment Form for 0-3 Year Olds[59,60]

(For Physicians and Other Non-Dental Health Care Providers)

Factors	High Risk	Low Risk
Biological		
Mother/primary caregiver has active cavities	Yes	
Parent/caregiver has low socioeconomic status	Yes	
Child has >3 between meal sugar-containing snacks or beverages per day	Yes	
Child is put to bed with a bottle containing natural or added sugar	Yes	
Child has special health care needs	Yes	
Child is a recent immigrant	Yes	
Protective		
Child receives optimally-fluoridated drinking water or fluoride supplements		Yes
Child has teeth brushed daily with fluoridated toothpaste		Yes
Child receives topical fluoride from health professional		Yes
Child has dental home/regular dental care		Yes
Clinical Findings		
Child has white spot lesions or enamel defects	Yes	
Child has visible cavities or fillings	Yes	
Child has plaque on teeth	Yes	

Circling those conditions that apply to a specific patient helps the health care worker and parent understand the factors that contribute to or protect from caries. Risk assessment categorization of low or high is based on preponderance of factors for the individual. However, clinical judgment may justify the use of one factor (e.g., frequent exposure to sugar containing snacks or beverages, visible cavities) in determining overall risk.

Overall assessment of the child's dental caries risk: High ❒ Low ❒

ADA American Dental Association®
America's leading advocate for oral health

Caries Risk Assessment Form (Age 0-6)

Patient Name:				
Birth Date:			**Date:**	
Age:			**Initials:**	
		Low Risk	**Moderate Risk**	**High Risk**
Contributing Conditions		**Check or Circle the conditions that apply**		
I.	**Fluoride Exposure** (through drinking water, supplements, professional applications, toothpaste)	☐ Yes	☐ No	
II.	**Sugary Foods or Drinks** (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes ☐	Frequent or prolonged between meal exposures/day ☐	Bottle or sippy cup with anything other than water at bed time ☐
III.	**Eligible for Government Programs** (WIC, Head Start, Medicaid or SCHIP)	☐ No		☐ Yes
IV.	**Caries Experience of Mother, Caregiver and/or other Siblings**	No carious lesions in last 24 months ☐	Carious lesions in last 7-23 months ☐	Carious lesions in last 6 months ☐
V.	**Dental Home**: established patient of record in a dental office	☐ Yes	☐ No	
General Health Conditions		**Check or Circle the conditions that apply**		
I.	**Special Health Care Needs** (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	☐ No		☐ Yes
Clinical Conditions		**Check or Circle the conditions that apply**		
I.	**Visual or Radiographically Evident Restorations/ Cavitated Carious Lesions**	No new carious lesions or restorations in last 24 months ☐		Carious lesions or restorations in last 24 months ☐
II.	**Non-cavitated** (incipient) **Carious Lesions**	No new lesions in last 24 months ☐		New lesions in last 24 months ☐
III.	**Teeth Missing Due to Caries**	☐ No		☐ Yes
IV.	**Visible Plaque**	☐ No	☐ Yes	
V.	**Dental/Orthodontic Appliances Present** (fixed or removable)	☐ No	☐ Yes	
VI.	**Salivary Flow**	Visually adequate ☐		Visually inadequate ☐

Overall assessment of dental caries risk: ☐ Low ☐ Moderate ☐ High

Instructions for Caregiver:

Oregon Oral Health Coalition Caries Risk Assessment <6

Lifestyle Assessment

	YES	NO
Does the child's mother/primary caregiver have active decay?		
Does the child consume carbohydrates between meals?		
Does the child receive inadequate systemic fluoride? (fluoridated water, supplements)		
Does the child use fluoride toothpaste less than twice daily?		
Does the child receive fluoride varnish less than twice a year?		
Does the child need a dental home?		
Is the child receiving any services from WIC, Head Start or Medicaid?		
Does the child have any special healthcare needs? (physical limitations, medications)		

Visual Assessment

	YES	NO
Are there visible white spot lesions or decay on the child's teeth?		
Has the child experienced previous caries? (both treated or untreated)		
Does the child have plaque?		

The child is at **high** risk if there are two or more YES responses.

Risk: _____ Low _____ High

Pediatric oral health

Every member of the care team, from birth to adolescence, plays a vital role in promoting oral health.

Jackson Care Connect™

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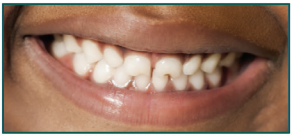
Oral health begins before the first tooth and lasts a lifetime

According to the American Academy of Pediatrics, oral health is an integral part of a child's well-being. Primary care providers have a unique opportunity to provide oral health services and refer children and their families to dental providers. A dental visit is recommended for children by 1 year of age.

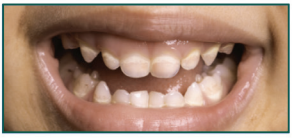
Early childhood cavities (caries)

Social determinants of health can lead to a higher risk of dental disease. Left untreated, dental disease leads to pain and infection and can potentially affect social and emotional well-being, eating habits and missed school or work hours.

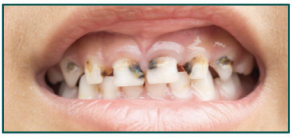


Normal healthy primary teeth

Brown spots



Chalky white spots



Severe decay

According to the CDC, 34 million school hours are lost each year because of emergency dental care among 5- to 17-year-old children.

How can primary care providers help?

Add preventive oral health services to routine well child/adolescent visits

- Oral health screening or assessment
- Guidance and education on the importance of oral health
- Fluoride varnish application
- Referral to primary dental home

Note: Some of these services may be reimbursable.

Jackson Care Connect oral health resources and provider support

We offer resources to support oral health management and connect patients to dental care:

- Educational curricula and training for provider teams
- Data and dashboard tools
- Dental navigation tools
- Technical assistance
- Support for workflow implementation and any questions

For support, please contact oralhealth@careoregon.org

Oregon Health Plan dental benefits

OHP members of all ages have a comprehensive dental benefit package, including:

- Exams, X-rays and cleanings
- Fluoride treatments
- Deep cleaning for gum disease
- Fillings
- Tooth removal
- Partial dentures, generally every five years
- Full dentures, generally every 10 years
- Crowns (limited)
- Root canals (limited)

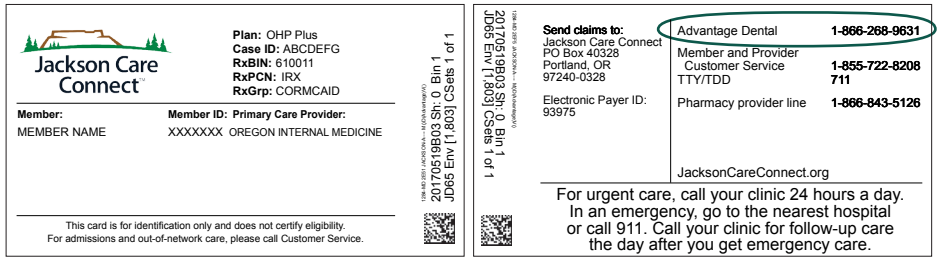
Jackson Care Connect
315 SW Fifth Ave
Portland, OR 97204
855-722-8208
jacksoncareconnect.org

Thank you for helping your pediatric patients get off to a strong start.

OHP-JCC-22372494-0810

Your Member ID card

You can choose a dental plan from one of our four plan partners. Your dental plan information is on the back of your Jackson Care Connect Member ID card.



When to call your dental plan

Call your dental plan with questions about benefits, or if you want help scheduling an appointment or finding a new dentist. The Customer Service number is listed below and on your Member ID card. You can also search dental providers on your dental plan's website.

Advantage Dental
From DentaQuest

Advantage Dental
Toll-free: 866-268-9631
advantagedental.com

Capitol Dental

Capitol Dental Care
Toll-free: 800-525-6800
capitoldentalcare.com

ODS

ODS
Toll-free: 800-342-0526
odscommunitydental.com/members

TTY: 711 (for all dental plans)
Jackson Care Connect: 855-722-8208

OHP-JCC-19-083

JCC-22484554-EN-1216

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Smile!

You've got dental coverage

jacksoncareconnect.org

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Good health includes healthy teeth and gums

Taking care of your teeth and gums is an important way to take care of your overall health. That's why your Jackson Care Connect and Oregon Health Plan (OHP) benefits include dental coverage.

Dental care for adults and children

Most of our dental benefits apply to members of all ages. Members who are age 0 to 20 years old, or pregnant, get *extra* benefits.

Need help getting to a dental appointment?

As a Jackson Care Connect member, you can get assistance with transportation to a dental appointment if you cannot get there on your own. Depending on your needs, you may get transit passes, be provided rides or get help paying for gas. Whatever the assistance, there's no cost to you.

This service is offered through a partner, TransLink.
Details: *jacksoncareconnect.org/for-members/transportation* or call 541-842-2060; toll-free 888-518-8160 or TTY 711

Emergency or urgent dental care

Don't wait until you have an emergency — make regular trips to a dentist before urgent issues arise. If you need emergency or urgent dental care, it's covered. Always try to call your dentist or dental health plan before going to the emergency room, even if it's at night or on the weekend. A health care provider will help you decide what to do.

Specialty dental care

At times, your dentist may decide you need specialty dental care. Often it is covered only if you get a dentist's referral and pre-approval from your dental plan. Your dental plan can help you with this.

Great dental health includes a yearly check-up

Even if you have no teeth, the dentist will:

- Look for signs of oral cancer
- Check your dentures' health, or discuss dentures

Your dental benefits

Exams, X-rays and cleanings
Sealants (protective coating for molars; members 15 years old and under)
Fluoride treatments
Deep cleaning for gum disease
Fillings
Crowns (limited)
Tooth removal
Partial dentures, generally every five years
Full dentures, generally every 10 years
Root canals (limited)

Note: Some benefits have limits or need pre-approval from your dental plan. Questions? Ask your dentist. Or contact your dental plan. The phone number is on your Member ID card and the back of this brochure.

Seeing your dentist once a year is a great way to take care of yourself

Dental check-ups and good at-home care (brushing and flossing) will help you avoid gum disease.

Gum disease is the most common cause of tooth loss in adults. We care about your teeth and gums!

Your toothbrush is a magic wand

Your dental benefits include annual cleanings, X-rays, fillings and more!

How does a tooth get a cavity?

Plaque plus sugar leads to acid

Acid plus healthy teeth leads to decay

Tooth decay is caused by bacteria in your mouth. These bacteria produce acid. The acid removes important minerals from the outer protective layer (enamel) of a tooth, causing a cavity. Frequent snacking — especially sugary snacks — or sugary drinks like soda and juice can lead to more of these acids.

Need help finding a dentist?

You can find a link to your dental plan's provider directory on our website. **Your dental plan is listed on the back of your Member ID card.** To learn more about children's dental health, visit ***jacksoncareconnect.org/for-members/dental-health-resources***

If you need help, a ride or an interpreter, call Jackson Care Connect Customer Service at 541-500-0567, toll-free 855-722-8208 or TTY 711.

You can get this in other languages, large print, braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 855-722-8208 or TTY 711. We accept relay calls.

jacksoncareconnect.org

OHP-JCC-22-3180

OHP-22372494-0805

Keep kids healthy with good oral health

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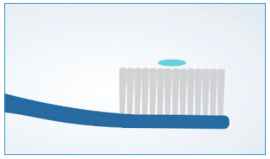
Healthy teeth are part of a healthy body!
No matter their age, you can help promote good oral health.

Practice healthy habits from the start

Newborns and toddlers:

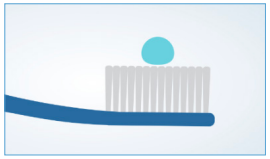
1. Use a soft cloth to clean baby's gums and mouth.
2. To avoid tooth decay, switch from bottles to cups for drinking milk or water at 12 months of age or earlier.
3. Complete an oral health check-up after baby's first tooth comes in or by their first birthday.
4. Brush with **a rice-sized amount** of fluoride toothpaste twice a day for kids under 3 years old.



As your child grows

Children:

1. Support children with their brushing and flossing until they're at least 8 years old.
2. Brush with a **pea-sized amount** of fluoride toothpaste twice a day for kids over age 3.



3. Limit sugary, cavity-causing drinks, like juice, soda or sports and energy drinks to mealtimes, or drink water or brush after having them.
4. Eat healthy snacks between meals, like fruit or vegetables with hummus or nut butters and healthy dairy options like sliced or string cheese and yogurt.

Protect their smiles for years to come

Older children and teens:

1. If your child plays sports, protect their teeth by having them use a mouthguard.
2. Be careful with mouth piercings since they can cause infections, chips or broken teeth.
3. Know the effects tobacco and vaping can have on oral health — including gum disease, tooth loss and oral cancer — and discuss these with your kids.
4. Talk to your child's provider about the HPV vaccine. HPV causes cancer in the back of the mouth and throat.

Schedule a dental checkup at least once a year!

Get to know **ALL** of your benefits

Focus: Dental care benefits

Taking care of your teeth and gums is an important way to take care of your overall health. That's why dental care is covered as part of your Jackson Care Connect benefits.

Your dental benefit package includes services such as:


Exams, X-rays and cleanings


Sealants for members 15 and under


Fluoride treatments


Deep cleaning for gum disease


Fillings


Tooth removal


Crowns (limited)


Root canals (limited)


Partial and full dentures (limited)

Restrictions may apply and/or preapproval may be required.

Finding a dentist

We partner with local dental plans so you can see the dentist with no cost to you. Your dental plan is listed on your Member ID card. They work with you to take care of your dental needs. Call them when you need dental care or have questions about oral health, before you seek emergency or urgent care.

Your dentist:

- Is your first contact when you need dental care, except in a life-threatening emergency like uncontrollable bleeding.
- Arranges for specialty dental care, if you need it.
- Keeps your dental records and knows your oral health best, so they can offer the best advice even in an emergency.

Who should see the dentist?

Everyone! But regular dental care is most important for people who are pregnant, have diabetes or other chronic conditions, and children.

Questions? If you need help finding a dentist or have questions about dental benefits, contact your dental plan. Their number is on your Member ID card. If you need to change your dental plan or need any other help, call **Jackson Care Connect Customer Service at 855-722-8208 or TTY 711,** or send us a secure message at ***jacksoncareconnect.org/portal***

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Get to know Jackson Care Connect

Dental benefits and services are covered by Jackson Care Connect, your Medicaid health plan. Learn more about us here.

When people talk about Medicaid in Oregon, you may hear them say a lot of different names or letters. That's because there are many organizations involved in making sure you get the care you deserve. How can you make sense of it all?

It helps to think of Medicaid in Oregon like a pyramid

Oregon Health Authority (OHA) runs the Medicaid program for the entire state of Oregon, which is called the Oregon Health Plan (OHP).

Jackson Care Connect is what's called a coordinated care organization (CCO). Oregon's CCOs exist to provide health insurance and much more. We look at the broad picture of your health and help with other services you wouldn't expect from a health care company. We also help coordinate oral health services for our members through our dental partners: Advantage Dental Services, Capitol Dental Care, ODS Community Dental and Willamette Dental Group.

Your dentist — or primary dental provider (PDP) — coordinates your oral health care with your dental plan and Jackson Care Connect. They also work with other medical team members like your primary care provider, pharmacists and others.

Jackson Care Connect provides services like these for Medicaid (OHP) members:

- Physical health care
- Mental health care
- Substance use treatment
- Dental care
- Medicare through CareOregon Advantage

You'll also be able to use important services like these:

- Care coordination
- Pharmacy
- Prenatal and infant care
- Transportation options
- Language interpreter services
- ER and urgent care

You can get this in other languages, large print, braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 855-722-8208 or TTY 711.

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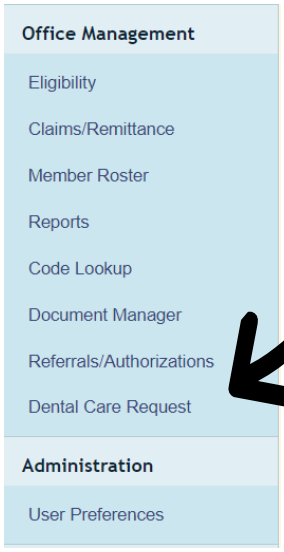
Provider Request for Dental Care

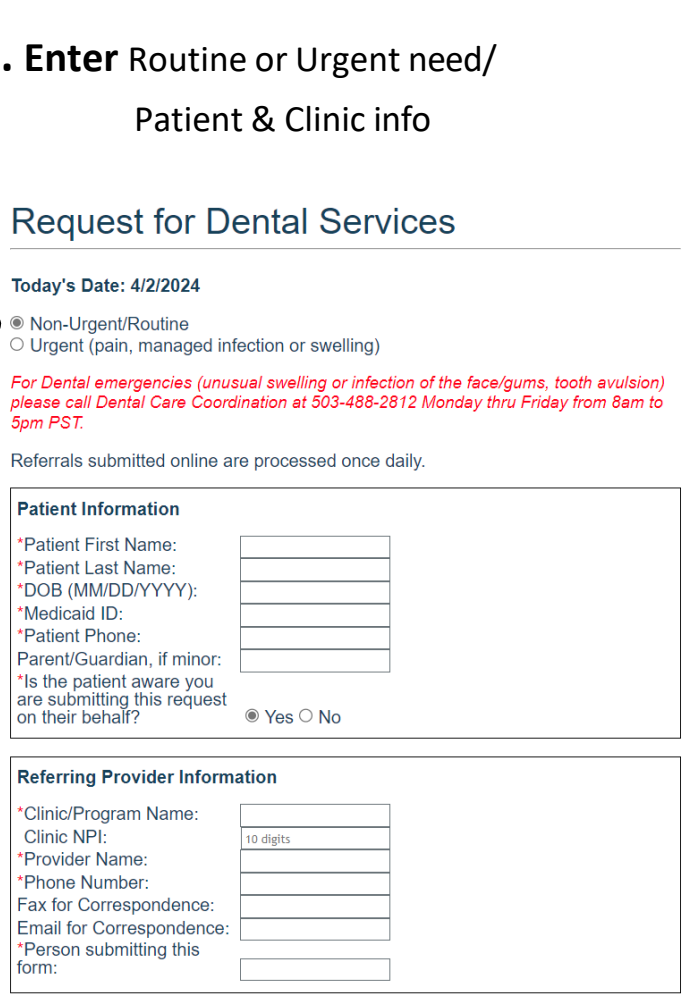
The quick, easy, and efficient way to connect your JCC patients to dental services.

From OneHealthPort or Connect Portal

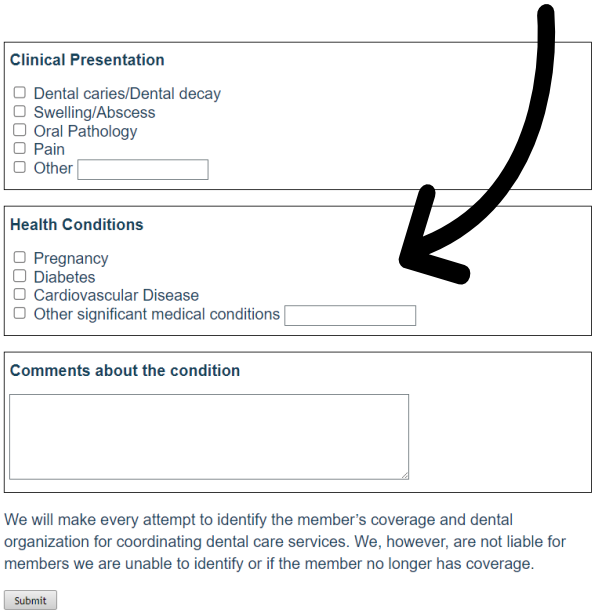


1. Click Dental Care Request

2. Enter Routine or Urgent need/ Patient & Clinic info



3. Enter if patient has diabetes, is pregnant or any pertinent clinical info & **Click** Submit



Easy **1-2-3** steps and we'll do the rest!

Patients can expect to hear from their dental plan for care coordination.