

## **Illinois Department of Healthcare and Family Services**

### **Dental Periodicity Schedule**

*(Effective July 1, 2014)*

The Illinois Department of HealthCare and Family Services (HFS) has based the Dental Health Periodicity Schedule on the American Academy of Pediatric Dentistry Periodicity Schedule oral health recommendations and consultation with the medical and dental communities. This schedule is designed for the care of children who have no contributing medical conditions and should be modified for children with special health care needs or in the event of trauma or disease results in variations from the norm.

As part of the well child visit, the Primary Care Provider (PCP) (medical home) performs an oral health screening, HFS recommends following the American Academy of Pediatrics guidelines, and as detailed in the guidance provided by the HFS Handbook for Providers of Healthy Kids Services in accordance with Bright Futures. An oral screening is part of the well child physical examination but does not replace referral to a dentist. Children should receive an oral health risk screening from their PCP by six months of age that includes: (1) assessing the child's risk factors for developing oral disease; providing education on the importance of oral health; and evaluating and optimizing fluoride exposure. Anticipatory guidance related to oral health provided to the parent, guardian and child should be age appropriate and follow the Bright Futures in Practice: ORAL HEALTH Pocket Guide.

At age one, or earlier as needed, PCP's should refer children to a dentist for routine and periodic preventive dental care. For children under age one, the PCP should perform the oral health screening to identify children who require evaluation by a dentist, and to provide evidence based/informed preventive oral health services, including anticipatory guidance.

A dentist will perform a thorough exam that will include X-rays. The dental hygienist will perform prophylaxis, fluoride and oral health education.

Illinois Department of HealthCare and Family Services  
Dental Periodicity Schedule  
**Birth to Age 21**

<b>SERVICE</b>	<b>Birth – 12 Months</b>	<b>12-24 Months</b>	<b>24 Months to 3 years</b>	<b>3-6 Years</b>	<b>6-12 Years</b>	<b>12 Years &amp; Older</b>
Anticipatory Guidance/Counseling <sup>1</sup>	•	•	•	•	•	•
Oral Health Screening by PCP (at physical exam)	•	•	•	•	•	•
Clinical Oral Examination <sup>2</sup>			•	•	•	•
Assess oral growth and development <sup>3</sup>	•	•	•	•	•	•
Caries-risk assessment <sup>3</sup>	•	•	•	•	•	•
Fluoride Supplementation/ Topical Fluoride Varnish	•	•	•	•	•	•
Referral to a Dental Home by the PCP <sup>4</sup>			•	•	•	•
Radiographic Assessment			•	•	•	•
Pit & Fissure Sealants <sup>5</sup>				•	•	•
Assessment and possible removal of 3 <sup>rd</sup> molars						•

**Note:** While some services are not noted in a certain age category (e.g., birth to 12 months), those services are available, as medically necessary, to those children.

<sup>1</sup> Appropriate discussion and counseling is a part of each visit for care and includes age appropriate topics, such as oral hygiene, including brushing and flossing; fluoride, diet and nutrition; early childhood caries prevention; injury prevention; speech/language development; piercing; substance abuse (e.g., smoking).

<sup>2</sup> Every six months in an office setting. Includes assessment of pathology and injuries.

<sup>3</sup> Occurs at the PCP and Dentist visits.

<sup>4</sup> Referral to a dentist is recommended routinely by age 1, or earlier as medically necessary.

<sup>5</sup> For caries susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.

## Illinois EPSDT Periodicity Schedule

It is recommended that health screenings be provided to children on the periodicity schedule recommended by the American Academy of Pediatrics' (AAP) *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition (Bright Futures, 3rd Ed.)*. The following schedule is a minimum guideline and is consistent with *Bright Futures, 3<sup>rd</sup> Ed.* Illinois adopted these guidelines beginning in CY2015 with the publication of the [Handbook for Providers of Healthy Kids Services](#).

- Under age one:
  - Within 24 hours of birth in hospital
  - 3-5 days of life and within 48-72 hours after discharge
  - 1 month
  - 2 months
  - 4 months
  - 6 months
  - 9 months
- One to three years:
  - 12 months
  - 15 months
  - 18 months
  - 24 months
  - 30 months
- Three to twenty-one years:
  - Annually

The Department of Children and Family Services requires that children in its legal custody between the ages of two years and 21 years receive, at a minimum, annual health screenings.

### **Vision\*:**

Ages Three through Six: Annually

Ages 8, 10, 12, 15 and 18

### **Hearing\*:**

Newborn (at birth)

Ages 9, 18, 24 and 30 months

**\*May be more frequent, as medically necessary**

**FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT**



State Code IL	Fiscal Year								
	2018	Totals	Age Group <1	Age Group 1-2	Age Group 3-5	Age Group 6-9	Age Group 10-14	Age Group 15-18	Age Group 19-20
1a. Total individuals eligible for EPSDT	CN:	1,473,139	76,082	160,552	224,318	293,109	364,350	253,553	101,175
	MN:	0	0	0	0	0	0	0	0
	Total:	1,473,139	76,082	160,552	224,318	293,109	364,350	253,553	101,175
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	1,418,760	56,637	155,902	218,868	286,871	357,103	248,038	95,341
	MN:	0	0	0	0	0	0	0	0
	Total:	1,418,760	56,637	155,902	218,868	286,871	357,103	248,038	95,341
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	87,920	0	9	56	24,949	36,271	25,567	1,068
	MN:	0	0	0	0	0	0	0	0
	Total:	87,920	0	9	56	24,949	36,271	25,567	1,068
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	15,751,918	419,700	1,749,844	2,481,417	3,267,324	4,075,512	2,805,937	952,185
	MN:	0	0	0	0	0	0	0	0
	Total:	15,751,918	419,700	1,749,844	2,481,417	3,267,324	4,075,512	2,805,937	952,185
3b. Average Period of Eligibility	CN:	0.93	0.62	0.94	0.94	0.95	0.95	0.94	0.83
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.93	0.62	0.94	0.94	0.95	0.95	0.94	0.83
4. Expected Number of Screenings per Eligible	CN:		3.72	2.35	0.94	0.95	0.95	0.94	0.83
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		3.72	2.35	0.94	0.95	0.95	0.94	0.83
5. Expected Number of Screenings	CN:	1,706,860	210,690	366,370	205,736	272,527	339,248	233,156	79,133
	MN:	0	0	0	0	0	0	0	0
	Total:	1,706,860	210,690	366,370	205,736	272,527	339,248	233,156	79,133
6. Total Screens Received	CN:	1,092,757	215,322	285,073	163,644	116,749	186,066	103,041	22,862
	MN:	0	0	0	0	0	0	0	0
	Total:	1,092,757	215,322	285,073	163,644	116,749	186,066	103,041	22,862
7. SCREENING RATIO	CN:	0.64	1.00	0.78	0.80	0.43	0.55	0.44	0.29
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.64	1.00	0.78	0.80	0.43	0.55	0.44	0.29
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	1,342,339	56,637	155,902	205,736	272,527	339,248	233,156	79,133
	MN:	0	0	0	0	0	0	0	0
	Total:	1,342,339	56,637	155,902	205,736	272,527	339,248	233,156	79,133

\* Includes 12-month visit

Note: "CN" = Categorically Needy, "MN"= Medically Needy

**FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT**



State Code IL	Fiscal Year								
	2018	Totals	Age Group <1	Age Group 1-2	Age Group 3-5	Age Group 6-9	Age Group 10-14	Age Group 15-18	Age Group 19-20
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	688,548	50,694	121,469	134,824	106,281	164,642	90,832	19,806
	MN:	0	0	0	0	0	0	0	0
	Total:	688,548	50,694	121,469	134,824	106,281	164,642	90,832	19,806
10. PARTICIPANT RATIO	CN:	0.51	0.90	0.78	0.66	0.39	0.49	0.39	0.25
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.51	0.90	0.78	0.66	0.39	0.49	0.39	0.25
11. Total Eligibles Referred for Corrective Treatment	CN:	481,161	48,354	104,519	91,345	63,310	98,133	59,191	16,309
	MN:	0	0	0	0	0	0	0	0
	Total:	481,161	48,354	104,519	91,345	63,310	98,133	59,191	16,309
12a. Total Eligibles Receiving Any Dental Services	CN:	654,836	362	29,135	110,591	178,317	203,986	107,993	24,452
	MN:	0	0	0	0	0	0	0	0
	Total:	654,836	362	29,135	110,591	178,317	203,986	107,993	24,452
12b. Total Eligibles Receiving Preventive Dental Services	CN:	607,092	243	27,082	104,778	169,903	191,779	94,192	19,115
	MN:	0	0	0	0	0	0	0	0
	Total:	607,092	243	27,082	104,778	169,903	191,779	94,192	19,115
12c. Total Eligibles Receiving Dental Treatment Services	CN:	232,266	21	1,200	23,265	63,471	78,644	52,911	12,754
	MN:	0	0	0	0	0	0	0	0
	Total:	232,266	21	1,200	23,265	63,471	78,644	52,911	12,754
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	128,427				63,040	65,387		
	MN:	0				0	0		
	Total:	128,427				63,040	65,387		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	633,482	359	28,894	109,230	175,441	197,404	99,820	22,334
	MN:	0	0	0	0	0	0	0	0
	Total:	633,482	359	28,894	109,230	175,441	197,404	99,820	22,334
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	18,315	622	14,344	2,996	141	127	67	18
	MN:	0	0	0	0	0	0	0	0
	Total:	18,315	622	14,344	2,996	141	127	67	18
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	668,813	973	40,757	112,242	178,353	204,019	108,011	24,458
	MN:	0	0	0	0	0	0	0	0
	Total:	668,813	973	40,757	112,242	178,353	204,019	108,011	24,458
13. Total Eligibles Enrolled in Managed Care	CN:	1,259,243	50,176	147,078	201,057	258,019	313,721	210,602	78,590
	MN:	0	0	0	0	0	0	0	0
	Total:	1,259,243	50,176	147,078	201,057	258,019	313,721	210,602	78,590
14a. Total Number of Screening Blood Lead Tests	CN:	182,510	5,232	96,415	80,863				
	MN:	0	0	0	0				
	Total:	182,510	5,232	96,415	80,863				

\* Includes 12-month visit

Note: "CN" = Categorically Needy, "MN" = Medically Needy