

NUMBER

#19-68-03

DATE

January 11, 2019

OF INTEREST TO

County Directors
Social Services Supervisors and
Staff

ACTION/DUE DATE

Please read and prepare for
implementation

EXPIRATION DATE

January 11, 2021

Routine preventive health and dental care visits for children in foster care

TOPIC

The recommended schedule for routine preventative medical and dental care for children in foster care.

PURPOSE

To ensure local agency staff are aware of the Child and Teen Checkups screening schedule for well child visits, and revised guidelines by the American Academy of Pediatric Dentistry specifically related to the age at which children should start receiving dental care.

CONTACT

Mailinda Kue, Northstar quality assurance program representative
dhs.csp.fostercare@state.mn

SIGNED

NIKKI FARAGO
Assistant Commissioner

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language

I. Preventive health visits for children in foster care

All Minnesota children who enter foster care are eligible for Medical Assistance (Medicaid). The federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, known as Child and Teen Checkups (C&TC), is a required Medicaid service. C&TC provides comprehensive health monitoring for children and teens, birth through age 20, enrolled in Medical Assistance. The preventive aspect of C&TC helps to ensure that health problems are identified and treated early, before problems become more complex and treatments more costly.

For children in foster care, it is the responsibility of the local social service agency to ensure that foster children are provided with preventive health care, early diagnosis, and treatment of health conditions. The local social service agency engages birth parents of foster children, when possible, in routine care and treatment decisions for their child. County and tribal caseworkers and foster parents are active participants in decisions and activities regarding a child’s health care needs while in foster care.

If a child does not have a designated primary care clinic, the county or tribal C&TC coordinator can help find an appropriate clinic for a C&TC visit, or a dentist for a preventive dental visit; refer to the C&TC coordinator list for contact information.

A. State law requirements for frequency of physical examinations

Minnesota Statutes require that, at a minimum, when a county or tribal social service agency accepts a child for foster care placement, it must determine whether the child had a physical examination by a licensed physician within the 12 months prior to when they came into an agency’s care. If there is documentation that a child had an examination within the past 12 months, the agency is responsible for seeing that the child have another physical examination within one year, and annually after that. If an agency determines that a child has not had a physical examination within the 12 months preceding placement, it must ensure they have an examination within 30 days of coming into the agency’s care, and annually in subsequent years. [[Minnesota Statutes, section 260C.219 \(d\)](#)]

B. Recommendations of the Child and Teen Checkup program for frequency of preventive health visits by age

For all Medicaid-eligible children birth through 20 years of age, the C&TC program recommends a C&TC visit at:

Birth-1 month	12 months	3 years
2 months	15 months	Once per year
4 months	18 months	thereafter
6 months	24 months	
9 months	30 months	

The C&TC program may provide health care services to children in foster care on a more frequent schedule, based on a child’s health needs, according to the American Academy of Pediatrics recommendations for children in foster care. These more frequent screening services are reimbursable by Medicaid.

II. Preventive dental visits for children in foster care

The American Academy of Pediatric Dentistry (AAPD) updated its guidelines in 2013, regarding preventive dental health interventions for infants, children and adolescents. Consequently, the C&TC program requires a verbal referral to a dental provider at eruption of first tooth, or no later than child's first birthday. In addition, fluoride varnish application is now required at every C&TC visit for infants beginning at eruption of first tooth through age 5. For children 6 and older, fluoride varnish may be applied based on risk factors for dental caries.

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