



Connecticut Dental Health Partnership PROVIDER PARTNER NEWSLETTER

Adult Benefit Change New \$1000 Annual Maximum Effective 1/1/2018

There has been a change to the Adult Dental Benefit. Effective 1/1/2018 Adult Clients on the HUSKY plan will be subject to a \$1000 annual benefit maximum.

How will this work? Every time a client receives a dental service, like cleanings, exams, fillings or any other service, the amount that was paid for the service will be added to the client's total. A client will soon be able to check their total by going to the website: www.ctdhp.com. A client's dentist will also be able to look up a client's total on a website soon. When a client's total reaches \$1,000 we will stop paying for dental services. After that time we will only pay for dental emergencies and medically necessary services. Medically necessary services must be approved in advance using the prior authorization process. Informed consent should always be used when charging a client for non-covered services. If a client turns 21 during the year, a client's total will begin on the day He/She turns 21 and the balance total will accumulate until the year ends. At the end of the year a client's balance total resets to zero and starts over again.

For more information please refer to our website
www.CTDHP.com

PROVIDER SURVEYS

The CTDHP is currently conducting our annual survey. Please take the time to fill out the survey and send it back to us so we have the best information available to refer clients to your office. Our clients, your patients count on us every day to provide them with accurate up to date information regarding where to get care that best fits their needs.

Need to refer someone to a specialist? We are here for you from 8 am-5 pm, Monday through Friday. You can reach us at www.CTDHP.com or 1-855-283-3682.

About Us

The State of Connecticut's publicly funded dental care programs, HUSKY A, HUSKY B, HUSKY C and HUSKY D now have been combined into one dental plan with a new name: the Connecticut Dental Health Partnership the Dental Plan for HUSKY Health (CTDHP). CTDHP oversees the dental plan for the Department of Social Services (DSS) HUSKY Health program which covers more than 780,000 residents in Connecticut.

CTDHP Website

The Connecticut Dental Health Partnership, the Dental Plan for HUSKY Health has a useful and informative website. Please go to www.CTDHP.com to access provider resources, to upload prior authorizations, verify client history, download educational materials and much more!





PANDA/ACEs Initiative

What is considered Dental Neglect in Children?

A Review of Dental Neglect, its Consequences and the Role of the Dental Provider Part 3

Dental neglect, as defined by the American Academy of Pediatric Dentistry, is “the willful failure of parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection.” Dental caries, periodontal diseases, and other oral conditions, if left untreated, can lead to pain, infection, and loss of function. These undesirable outcomes can adversely affect learning, communication, nutrition, and other activities necessary for normal growth and development.⁴

Distinguishing dental caries from dental neglect is difficult and there is also no certain criterion

for dental caries observed in neglect. Careful attention should be paid that a diagnosis of dental caries may reflect the possibility of neglect but not necessarily a neglectful attitude. Other than direct observation, history of improper dietary habits and poor dental hygiene practices may assist with diagnosis.³

Failure to seek or obtain proper dental care may result from factors such as family isolation, lack of finances, parental ignorance, or lack of perceived value of oral health. The point at which to consider a parent negligent and to begin intervention occurs after the parent has been properly alerted by a health care professional about the

nature and extent of the child's condition, the specific treatment needed, and the mechanism of accessing that treatment.⁴

The dentist should be certain that the caregivers understand the explanation of the disease and its implications and, when barriers to the needed care exist, attempt to assist the families in finding financial aid, transportation, or public facilities for needed services. Parents should be reassured that appropriate analgesic and anesthetic procedures will be used to assure the child's comfort during dental procedures. If, despite these efforts the parents fail to obtain therapy, the case should be reported to appropriate child protective services.⁴

Consequences of Child Dental Neglect

Children have a right to oral health, which forms an integral part of their general health. When assessing a child with dental disease, it is important to assess the impact of the disease on the individual. Severe untreated dental disease can cause:

- Toothache
- Disturbed sleep
- Difficulty eating or change in food preferences
- Absence from school and interference with play and socialization.

Severe untreated dental disease may put a child at risk of:

- Being teased because of poor dental appearance
- Needing repeated antibiotics
- Repeated exposure to the morbidity associated with general anesthesia
- Chronic localized infection which may affect underlying developing teeth
- Severe acute infection which can cause life-threatening systemic illness.

In addition, there is a growing body of evidence indicating that untreated caries in preschool children is associated with lower body weight, growth, and quality of life. A relationship with medical services and educating medical colleagues to the signs of decay, the etiology of this totally preventable disease and the need for treatment is a critical part of the dental profession's role.⁵

The Role of Dentists and Other Health Professionals

Dentists and dental hygienists must be familiar with the signs of dental neglect, not only as a concern in itself, but also as it may be an alert of general neglect. They can improve family knowledge about child dental neglect by different routes. For example, pamphlets regarding the consequences of this issue are helpful and must be displayed in the office. This source should also give valuable information about how to maintain good oral health for children, as an integral part of optimal general health; via proper diet, adequate daily oral hygiene, fluoride and regular dental visits. Please visit www.ctdhp.com to download patient information that may be helpful to you.^{2,3,4}

Some medical providers may receive less education pertaining to oral health and dental injury and disease and may not detect the mouth and gum findings that are related to abuse or neglect as readily as they detect those involving other areas of the body. Therefore, pediatric care providers and dental providers are encouraged to collaborate to increase the prevention, detection, and treatment of these conditions in children.^{2,4}

In the State of Connecticut, licensed health care providers are legislatively mandated reporters of suspected abuse, neglect or exploitation of certain groups of people. Pursuant to Section 17a-101 of the Connecticut General Statutes, certain health professionals (including dentists and registered dental hygienists) are regulated by the Department of Public Health are mandated to report suspected child abuse or neglect to the Department of Children and Families' (DCF) Child Abuse and Neglect Careline or a law enforcement agency.⁶

Reports must be made within twelve hours of the moment the practitioner suspects the abuse/neglect has occurred. Suspected child maltreatment of any kind, regardless of the identity of the alleged perpetrator must be reported. The Careline can answer questions regarding these laws.⁶

**To make a report, call
1-800-842-2288**

- When making a report, a reporter is required to provide the following information, if known:
- Names and addresses of the child and his parents or responsible caregiver(s)
- Child's age and gender
- Nature and extent of injury, maltreatment or neglect
- Approximate date and time the injury, maltreatment or neglect occurred
- The circumstances in which the injuries, maltreatment or neglect became known to the reporter
- Previous injury, maltreatment or neglect of the child or siblings
- Name of the person suspected to have caused the injury, maltreatment or neglect
- Any action taken to treat or help the child
- Any other information the reporter believes would be helpful

Mandated reporters are required to report or cause a report to be made when, in the ordinary course of their employment or profession, they have reasonable cause to suspect or believe that a child under the age of 18 has been abused, neglected or is placed in imminent risk of serious harm. (Connecticut General Statutes §17a-101a)

It is important that health care practitioners become familiar with Connecticut's reporting laws as failure to meet reporting responsibilities may subject the practitioner to criminal prosecution and possible action against the practitioner's license or certificate. More information can be found on Connecticut's Official State Website at www.ct.gov.

Conclusion

Child dental neglect is a terrible tragedy with a high prevalence. Dealing with this issue is important regarding psychological and physical health guidelines. Child dental neglect has many long-term impacts. The consequences of child dental neglect may extend to older ages and have major impacts on wellbeing. It is now clear that some adulthood diseases originate from developmental problems occurring during the childhood years. There is clear evidence that child dental neglect impacts adulthood health regarding the elevated risk of disorders such as malnutrition. Dental professionals should always communicate with medical and children's services colleagues if there is any doubt about the care of a child. It is the responsibility of all professionals to act in the best interests of a child.

The Connecticut Dental Health Partnership will continue to provide education, resources and support on abuse prevention and neglect. If you have questions regarding this project please email Leigh-Lynn Vitukinas, RDH, MSDH, Outreach Coordinator at leigh.vitukinas@ctdhp.com



References

- ¹ Costacurta M, Benavoli D, Arcudi G, Docimo R. *Oral and dental signs of child abuse and neglect*. Oral Implantol. 2015 Apr-Sept; 8(2-3): 68-73.
- ² Fisher-Owens S, Lukefahr, J, Rao Tate A, *Oral and Dental Aspects of Child Abuse and Neglect*. Pediatrics. Aug 2017; Vol 140/Issue 2.
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- ⁴ Ref Manual. *Guideline on Oral and Dental Aspects of Child Abuse and Neglect*. American Academy of Pediatrics v37 No6 15-16.
- ⁵ Welbury, Richard. *Dental neglect, child maltreatment, and the role of the dental profession*. Contemp Clin Dent. 2016 Jul-Sept: 7(3): 285.286. [NCBI]
- ⁶ www.ct.gov



Considerations for the Dental Treatment of Pregnant Women

A Resource for Connecticut Dentists

Oral health care is an essential component of overall health.

Therefore, it is important to maintain good oral health during pregnancy because it has the potential to reduce the transmission of pathogenic bacteria from mothers to their children.¹

Dental care is safe for the pregnant patient and can prevent long term health problems for both mother and child. Despite this, an overwhelming number of women in Connecticut and around the country do not seek dental care during pregnancy. This issue is compounded by the possibility that obstetric providers do not routinely incorporate oral health discussions into their clinical practices,² and that some Connecticut dentists avoid treating pregnant women because of confusion or misconceptions about the safety and importance of dental treatment during pregnancy.

The purpose of this document is to provide a concise resource to assist dentists and other health care practitioners in understanding the importance of providing oral health services to pregnant women, and making appropriate decisions about their care.

Is it safe to provide dental treatment during pregnancy?

- **Healthy women with uncomplicated pregnancies can safely receive oral health services throughout pregnancy without a consultation from their obstetric provider.**
- Prevention, diagnosis and treatment of oral diseases, including necessary dental radiographs, fluoride and use of local anesthesia, are beneficial and can be undertaken with no additional fetal or maternal risk when compared to the risk of not providing care.¹
- **Consultation** with an obstetric provider is prudent prior to providing dental treatment **when a co-morbid condition exists.**¹
- Communication between the obstetric provider and dentist may be helpful when proposed dental treatment is extensive or complicated.

Are x-rays safe during pregnancy?

- X-ray imaging of the mouth is not contraindicated in pregnancy and should be utilized as required to complete a full examination, diagnosis and treatment plan.³
- Diagnostic x-rays should be performed utilizing the lowest amount of reasonably achievable radiation as outlined in the dental radiographic guidelines published by the ADA.⁴
- Use of lead shielding including an apron and thyroid collar is recommended.

What procedures are safe to perform during pregnancy?

- Dental treatment for the management of disease and restoration of function can be provided throughout pregnancy.
- Emergency or acute care can be provided at any time during pregnancy as indicated by the oral condition.^{1,3,5}
- Elective procedures, such as cosmetic dental procedures and the initiation of orthodontic treatment can be deferred until after delivery.⁵

Should I defer treatment of my pregnant patient?

- Dental treatment for a pregnant woman who has oral pain, an emergency oral condition or infection **should not be delayed**. The consequences of not treating an active infection during pregnancy outweigh the possible risks presented.¹
- A dentist may be more liable for refusing to treat a patient because of her pregnancy than for providing care to that patient during pregnancy.²

What pharmaceuticals are safe?

- Appropriate pharmacotherapeutic treatment of pain and infection is important; however it should not be a substitute for appropriate and timely dental procedures.³
- Criteria for prescribing antibiotics to prevent infective endocarditis are the same for pregnant women as they are for all individuals.³
- Recommendations for some commonly used drugs are summarized to the right in Table 1.

What if the patient requires sedation due to anxiety?

- Consultation with the obstetric provider is recommended when considering nitrous oxide, intravenous sedation or general anesthesia to complete the dental procedure.³



Table 1: Pharmacological Considerations for Pregnant Women⁵

Pharmaceutical Agent	Indications, Contraindications, and Special Considerations
Analgesics	
Acetaminophen	May be used during pregnancy.
Acetaminophen with Codeine, Hydrocodone, or Oxycodone	
Codeine	
Merperidine	
Morphine	
Aspirin	May be used in short duration during pregnancy; 48 to 72 hours. Avoid in 1st and 3rd trimesters.
Ibuprofen	
Naproxen	
Antibiotics	
Amoxicillin	May be used during pregnancy.
Cephalosporins	
Clindamycin	
Metronidazole	
Penicillin	
Ciprofloxacin	Avoid during pregnancy.
Clarithromycin	
Levofloxacin	
Moxifloxacin	
Tetracycline	Never use during pregnancy.
Anesthetics	Consult with a prenatal care health professional prior to using intravenous sedation or general anesthesia.
Local anesthetics with epinephrine (e.g., Bupivacaine, Lidocaine, Mepivacaine)	May be used during pregnancy.
Nitrous Oxide (30%)	May be used during pregnancy when topical or local anesthetics are inadequate. Pregnant women require lower levels of nitrous oxide to achieve sedation; consult with prenatal care health professional.
Over-the-Counter Antimicrobials	Use alcohol-free products during pregnancy.
Cetylpyridinium chloride mouth rinse	May be used during pregnancy.
Chlorhexidine mouth rinse	
Xylitol	

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RESOURCES:

- ¹ *Oral Health During Pregnancy & Early Childhood: Evidence-Based Guidelines for Health Professionals*. 2010. California Dental Association Foundation.
- ² *Access to Oral Health Care During the Perinatal Period: A Policy Brief*. 2008. National Maternal and Child Oral Health Resource Center.
- ³ *Oral Health Care During Pregnancy and Early Childhood: Practice Guidelines*. 2006. New York State Department of Public Health.
- ⁴ *Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure*. 2012. American Dental Association.
http://www.ada.org/sections/professionalResources/pdfs/Dental_Radiographic_Examinations_2012.pdf
- ⁵ Oral Health Care During Pregnancy Expert Workgroup. 2012. *Oral Health Care During Pregnancy: A National Consensus Statement – Summary of an Expert Workgroup Meeting*. Washington, DC: National maternal and Child Oral Health Resource Center.

Visit CSDA.com to download a printable version of this document.

For more information...

This document provides answers to basic questions related to providing dental treatment for pregnant women. For more comprehensive information regarding oral health care during pregnancy for both oral health and obstetric providers, please review *Oral Health Care During Pregnancy: A National Consensus Statement – Summary of an Expert Workgroup Meeting* (2012) from the National Maternal and Child Oral Health Resource Center, available at <http://www.mchoralhealth.org/pdfs/oralhealthpregnancyconsensus.pdf>.

Because these treatment considerations do not represent a static standard of community practice and are established based on current scientific evidence, the recommendations in this document should be reviewed regularly by medical and dental experts in light of scientific advances and improvement in available technology, approaches or products.