

October 14, 2025



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Supporting Timely Dental Assessments for Children in ODHS Custody

Agenda

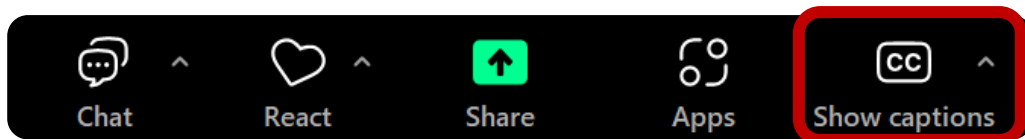
1. Welcome and Meeting Overview
2. Healthy Mouths, Brighter Futures: The Critical Need for Oral Health Evaluation in Oregon's Foster Children
3. CCO/Provider Partnership Spotlight: Cascade Health Alliance and Konnect Dental Kare
4. Changes to Metric Specifications for 2026
5. Q&A

Welcome!

- Thank you for joining us today!
- Please introduce yourself in the chat:
 - Name
 - Organization
 - Where you are joining from (county or region)
- We will save time for Q&A at the end of the hour.
- This session is being recorded and slides will be shared with those who are registered.

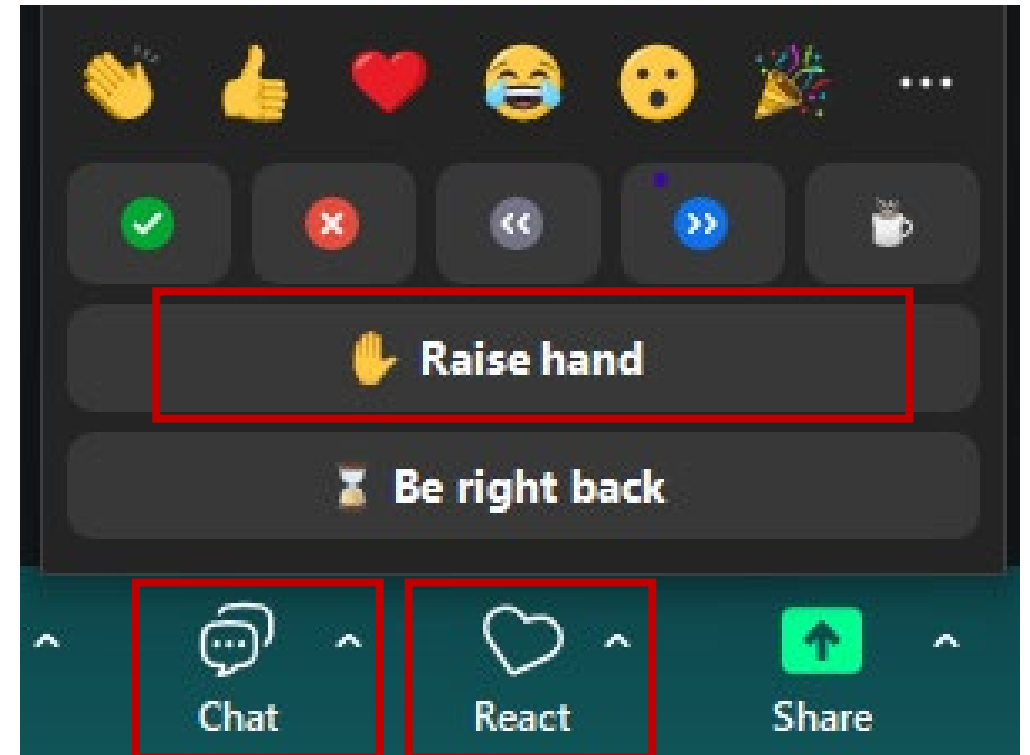
Zoom Meeting Instructions

- At the bottom middle of your screen, you should see a menu of options. If you can't see the menu, hover your mouse over the bottom middle of the screen.
- Click on the “CC” icon and a separate window with captions will appear.



Zoom Meeting Tip: Asking Questions

- Click on the “chat” icon in your tool bar.
- The chat window will open on the right-hand side of the Zoom window.
- Type your question into the text box and press “Enter” to send.
- To raise your hand, click “React” and then “Raise hand.”



Team Introductions

- **Dr. Ahmed Farag, DDS, DHSc, MBA, FACHE** – Oral Health & Dental Director, OHA
- **David Elliott** – Quality Analyst, Cascade Health Alliance
- **Brenna Chavarin** – President and Dental Hygienist, Konnect Dental Kare
- **Frank Wu, MS, MPA** – Research Analyst, OHA Quality Metrics Team
- **Karolyn Campbell, PhD** – Transformation Analyst, OHA Transformation Center
- **Heidi Beaubriand, RN, BSN** – Nurse Administrator, ODHS Child Welfare



Healthy Mouths, Brighter Futures: The Critical Need for Oral Health Evaluation in Oregon's Foster Children

Ahmed Farag, DDS, DHSc, MBA, FACHE

Oral Health & Dental Director, Oregon Health Authority



The Reality

- According to [HHS Children's Bureau](#) there were 570,000 children in foster care in FY 2022.
- The vast majority of children in the foster care system have medical and dental coverage through Medicaid under the Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) benefit.
- Youth with a history of foster care reported more oral health problems and less access to care compared to their peers with no experience of foster care.
- Children in foster care had more dental needs, higher caries prevalence, and required more dental treatments than other Medicaid-enrolled children.

The Scope of the Crisis

- Most children entering foster care have unmet dental needs. The [American Academy of Pediatrics \(AAP\)](#) reports that 35% of children and teens enter foster care with significant dental and oral health problems. AAP also considers them to be children with special health care needs.
- Per the [Centers for Disease Control \(CDC\)](#), dental caries is the single most common chronic childhood disease—5 times more common than asthma.
- Children in foster care are less likely to have had a timely dental evaluation in the last years.

The Domino Effect: When a Toothache is Never Just a Toothache

Poor oral health creates a cascade of negative impacts:

- ✓ Physical Health
- ✓ Education & Development
- ✓ Mental & Emotional Well-being
- ✓ Long-Term Stability



Domino 1: The Impact on Physical Health

- Pain and Infection: Untreated cavities lead to abscesses, which can spread and become systemic.
- Poor Nutrition: Painful chewing leads to avoidance of nutrient-rich foods, impacting growth.
- Inadequate Sleep: Chronic dental pain disrupts sleep, essential for healing, regulation, and learning.

Domino 2: The Impact on Education and Development

- Missed School Days: Dental problems account for over 51 million lost school hours annually.
- Difficulty Concentrating: A child in constant pain cannot focus on a lesson or learn to read.
- Speech Development: Healthy teeth are crucial for proper speech articulation.

Domino 3: The Impact on Mental and Emotional Well-being

- Low Self-Esteem: Visible decay can lead to shame, embarrassment, and social withdrawal.
- Social Stigma and Bullying: A child's appearance can make them a target, compounding existing trauma.
- Link to Adverse Childhood Experiences (ACEs): Poor oral health is both a result of neglect and a contributor to a child's trauma burden.

Determinants of dental care for children in foster care

- (1) Linguistic and cultural barriers;
- (2) Lack of dentists willing to accept children's Medicaid dental insurance;
- (3) Lack of resources available to case workers
- (4) Lack of federal funding for specialized dental care;
- (5) Lack of systematic health record-keeping;
- (6) Child transience, leading to the lack of a dental home;
- (7) Foster parents' competing needs;
- (8) Child behavior problems; and
- (9) Lack of dental "buy in" from adolescents.

Our Mandate and Our Opportunity: A Call to Action

The initial
dental exam
within 30 days
of entering
custody.

Establishing a
dental home for
consistent,
long-term care.

Integrated,
trauma-
informed care
coordinated
with medical
and behavioral
health services.

A Foundation for Healing



- “By prioritizing oral health, we are not just treating cavities. We are alleviating pain, restoring self-confidence, improving overall health, and giving children a foundational tool for healing and success.”
- Let’s give every child a healthy smile and a reason to use it.

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Thank You!

Questions?



CCO/Provider Partnership Spotlight

Cascade Health Alliance and Konnect Dental Kare

How Cascade Health Alliance Manages DHS Overall

- Step 1 – DHS Local Office Communication and Evaluation Scheduling
 - The DHS Office books each eval as soon as the child enters custody. Scheduling details are sent to CHA weekly via email.
- Step 2 – Confirm and Update Schedules With Providers
 - CHA uses weekly notification files and the DHS schedule to communicate with evaluation partners and confirm or update schedules.
- Step 3 – Verify Appointment Was Attended
- Step 4 – Confirm Claim Was Received

Cascade Health Alliance's DHS Dental Strategy

- CHA's expanded practice dental hygienist (EPDH) performs all dental evaluations at the DHS office during regular visits with denominator children.
- This eliminates the challenges of availability to perform a timely evaluation at the assigned dental clinic for the child.
- One single point of contact for all Dental DHS communications.
- The EPDH has flexibility to perform the evaluations in non-traditional settings when needed, like home visits.

Benefits of Utilizing an EPDH

- Managing the DHS dental evals does not require all of the EPDH's time for a small CCO like CHA. An EPDH can be used for other work like gap chasing Preventive Dental or Oral Eval for Diabetics.
- Mobility and Flexibility – With a properly equipped van, an EPDH can do house calls, public health events, or partner with primary care.
- Less reliance on busy dental office schedules, particularly for overtaxed healthcare networks.



Changes to Metric Specifications for 2026

Frank Wu, OHA Quality Metrics Team

ODHS Custody 2026 changes

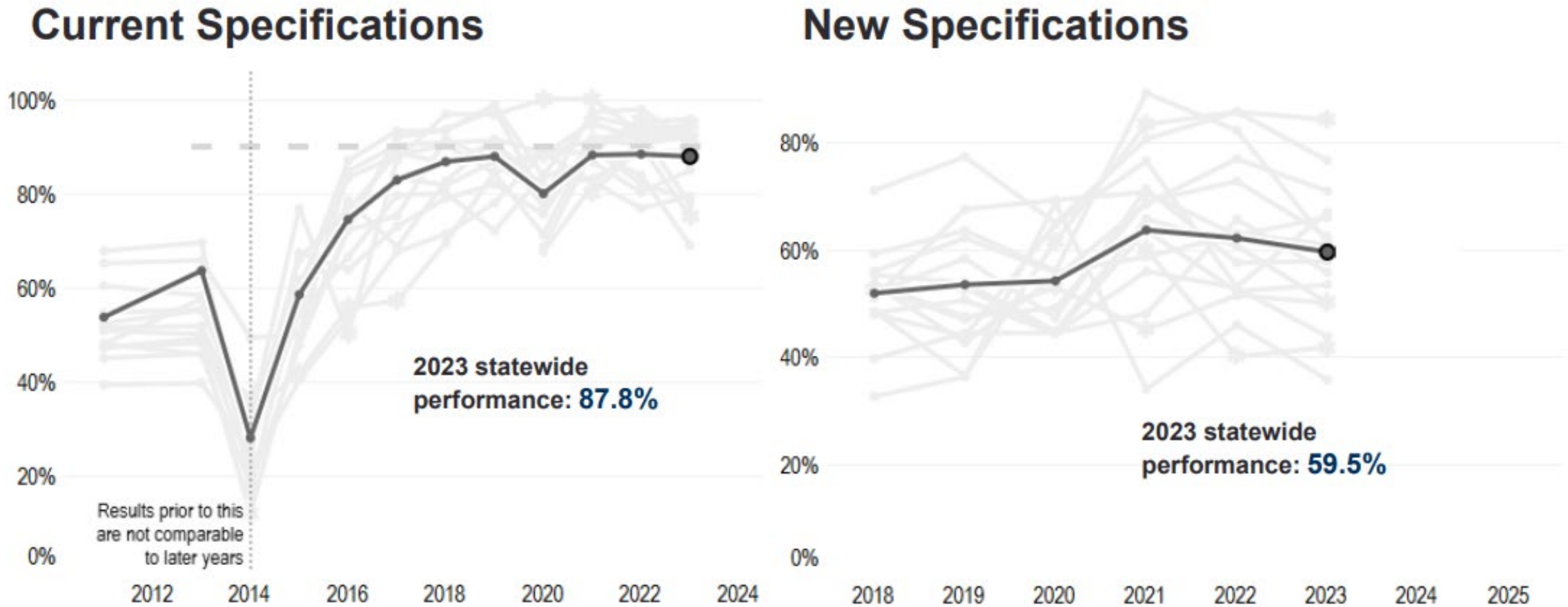
1. Shorten to 30-day assessment window for physical and dental health assessments (mental health remains 60 days)
2. Change continuous enrollment and custody from denominator inclusion criteria to denominator exception
3. Allow child refused assessments to be reviewed and count as numerator hits
4. Remove the requirement for numerator claims from the matching CCO

1. Shortened assessment window

Required assessments for children entering ODHS custody

Age on CCO Notification Date	Physical	Dental	Mental
Less than 1 year old	YES	NO	NO
1 to 2 years old	YES	YES	NO
3 to 17 years old	YES	YES	YES
Assessment window from the CCO notification date	-30 to +30 days	-30 to +30 days	-30 to +60 days

Statewide performance comparison



Completion rate by type of assessment

MY2023 CCO Total	60-day Rate	30-day Rate
Overall Completion	87.8%	59.5%
Physical	96.4%	84.8%
Dental	92.7%	62.3%
Mental	88.8%	

- Most physical assessments are already completed within 30 days.
- Lower percentage of dental assessments currently completed within 30 days.

2. Continuous enrollment and custody as denominator exception

- Current: Continuous enrollment and ODHS custody (60 days from notification) are required criteria for denominator inclusion.
 - If a child does not meet the enrollment and custody requirements, the case is excluded even if all assessments are completed within the timeline.
 - Denominator exception for late enrollment start up to 7 days.
- 2026 change: Continuous enrollment and ODHS custody becomes **denominator exception**.
 - If the numerator criteria are met, the case is kept in the measure denominator even if the enrollment or custody ended early.
 - Cases that are not numerator hits, and do not meet continuous enrollment/custody, are still excluded from the denominator.
 - The change will also cover the existing late enrollment start exception rule.

3. Children refused assessment

- If the child refused the assessment, the CCO can submit documentation from the ODHS case worker or the provider for numerator credit.
- Each type of assessment needs to be documented separately.

4. Remove requirement for matching CCO numerator claim

Existing: Numerator claims in the 60-day period (after CCO is notified) need to come from the same CCO; the intent is to confirm care coordination responsiveness.

However, enrollment uncertainty sometimes causes the provider to bill fee-for-service (FFS) and get paid, and not the CCO.

2026: All claims in the Medicaid Management Information System (MMIS) for the member during the assessment window will count, regardless of the payer organization.



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Questions & Answers

Thank you

We are planning a technical learning series on this topic that will launch in early 2026. It will be open to CCOs, DCOs, providers, and other community partners.

If you are interested in participating, please [register here](#) to receive updates as this group comes together.

Health Policy and Analytics

Transformation Center

<https://www.oregon.gov/oha/hpa/dsi-tc/pages/index.aspx>

