

Fact Sheet: The Untapped Potential of Oral Health Risk Assessments

- **Children’s risk of Early Childhood Caries (ECC) varies widely.** Tooth decay is the [most common](#) chronic disease of childhood. Nearly [1 in 5 children](#) has experienced tooth decay by the time she or he enters kindergarten. Although caries — the disease that leads to tooth decay — occurs in all racial, ethnic and income groups, a children’s risk for cavities can vary widely based on various factors.
- **It’s time to move from a “one size fits all” approach to risk-based care.** Dental coverage and dental practices often do not reflect the clinical evidence that preventing and managing ECC requires individually-tailored care that goes beyond the traditional twice-per-year cleanings. This “one size fits all” approach is out of step with American Academy of Pediatrics [guidelines](#), which encourage pediatricians to consider applying up to four yearly treatments of fluoride varnish for children at high risk of ECC. The standard twice-a-year dental visit is also out of sync with the American Academy of Pediatric Dentistry’s (AAPD) [guidelines](#), which call for the periodicity of professional oral health services to be “based on a patient’s individual needs and risk indicators.”
- **Federal Medicaid officials have offered new guidance to states.** The Centers for Medicare & Medicaid Services (CMS) has issued a bulletin clarifying that:
 - Medicaid-enrolled children should be receiving individualized oral health care
 - Clinical guidelines from dental and medical organizations call for care to be based on a risk assessment

CMS’s bulletin reaffirms a core Medicaid principle that a child should get the health care they need, when they need it, and in the appropriate setting. This CMS document, coauthored by the Children’s Dental Health Project, identifies [specific steps](#) states can take to incentivize care based on a child’s level of risk for tooth decay.

- **Increasing the number of children receiving an oral health risk assessment can help put them on a path of good oral health.** Assessments play a crucial role because they can help medical/dental providers align preventive care with a child’s individual needs:
 - The AAPD [explains](#) that oral health risk assessments help dental professionals make decisions about treatment “based upon caries risk.” This assessment can be conducted by various health professionals, and it uses a series of questions to gauge a child’s individual risk for ECC.
 - Growing evidence suggests that risk assessments can improve oral health, including this [California study](#). Various [risk assessment tools](#) have been created for this purpose. Experts [recommend](#) conducting risk assessments for children and their parents before age 1 to identify patients who need additional care.
 - According to the Dental Quality Alliance, assessments not only guide patient care, but also [positively impact](#) “quality improvement, benefit design and payment.”
 - CMS’s Child Core Set includes a measure of dental sealants based on risk level and becomes mandatory in 2024—all the more reason for states to incorporate risk assessment as a standard component of care.