



**Medicaid and State Health
Insurance Coverage:
Oral Health Care for
Individuals with Disabilities**



Presented by the
Consumer Caucus
of the
New York State
Developmental Disabilities Planning Council

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This pamphlet is one in a series on the oral health needs of individuals with disabilities. It is intended to help individuals with disabilities learn about Medicaid and other health insurance so that they may get the dental care they need. It was developed for all individuals with disabilities, their caregivers, dental professionals, and medical professionals associated with good oral health care.

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What is Oral Health Care?

Oral health care means taking care of your mouth, including your teeth, gums, and jaws.

To have a healthy mouth means brushing 2 or 3 times a day, flossing once a day, and visiting a dentist every 3 to 4 months.

It is easier to get good oral health care if you have dental insurance.

This pamphlet will tell you some important things about insurance coverage to help you get the oral health care you and your child needs.

What public insurance plans are available for my children?

There are two public health insurance plans for children.

One plan is called **Children's Medicaid**.
The other plan is called **Child Health Plus**.

How much does Children's Medicaid cost?



You do not have to pay monthly fees for Children's Medicaid.

Children under the age of 6 may be eligible for Medicaid if their family's income is at a certain level (approximately \$2,444 a month for a family of 4).

Children aged 6 to 18 years may be eligible for Medicaid if their family's income level is lower (approximately \$1,838 a month for a family of 4).



You DO NOT have to pay for doctor and dentist visits.

Who is covered by Children's Medicaid?

Children under the age of 19.

Under Children's Medicaid, when can my child go to the dentist?



At least every 6 months for check-ups (or more often if needed).



When he or she has pain or an infection, or cavities in the teeth.



If your child lives in a residential program, 3 visits are allowed.

The dentist can send your child to another dentist if he or she has special dental needs.

What dental services might Children's Medicaid cover?



Dental visits for babies and children to check for cavities and other problems.

Other services include:



Dental x-rays.



Fluoride treatments and sealants
(a substance that covers and protects your
teeth).



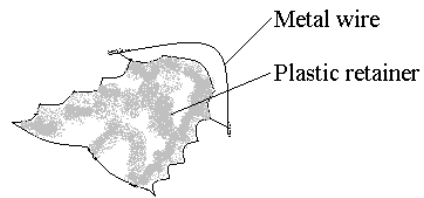
Root canals (with prior approval).



Resin and metal fillings and
stainless steel crowns.



Scaling for teeth
(cleaning the teeth and gums to treat gum disease).



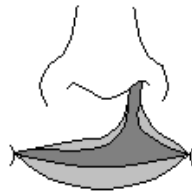
Fixed and removable space maintainers
(with prior approval).



Removable partial and complete dentures.



Braces and retainers.



Dental/facial problems that a child is born with (for example, cleft lip/palate).



Improper bite and overbite

**What other services might
Children's Medicaid provide?**



Help with making appointments.



Transportation to and from the dentist.



A translator to talk to your dentist if you
need one.

What emergency services might Children's Medicaid provide?



If your child suddenly has tooth pain,
swelling, or bleeding,
Medicaid covers the cost of emergency
treatment.

If your child is injured and teeth are
broken,
Medicaid covers the cost of fixing these
teeth.

What do I need to know about the other public health insurance plan?

The other public health insurance plan is
the New York State plan for children
called **Child Health Plus**.

Who is eligible for Child Health Plus?

Your children may be eligible if:



You or your family earns too much money to be eligible for Medicaid. For example, if you make approximately \$2,939 per month for a family of 4, your child may be eligible for Child Health Plus.

Your children are not covered by other health insurance (for example, insurance from work).



They are under the age of 19.



They live in New York State.



They are new to the United States.

How much does Child Health Plus cost?

The monthly cost for you depends on
your income.



For example, a family of four, 2 parents
and 2 children, who have an income of
approximately \$2,939 per month, may be
able to get
Child Health Plus for free.

A family of 4 with an income of approximately \$4,080 per month may have to pay just \$9.00 per month for each child.

A family of 4 with an income of approximately \$4,594 per month may have to pay \$15.00 per month for each child.



You do not have to pay a co-payment to visit a dentist or doctor.

You can get more information about income levels and payment by calling your local Department of Social Services.

What dental services might Child Health Plus cover?

Child Health Plus covers all of the same services provided by Children's Medicaid except:



Child Health Plus does NOT cover the cost of braces or retainers.

How can I find a dentist who accepts Children's Medicaid or Child Health Plus?

If your child is eligible for Children's Medicaid, you can find dentist's who accept Medicaid payment by contacting your local Department of Social Services.

You can also get help finding a dentist in New York State by calling the statewide office of Parent to Parent at 518-381-4350 or 1-800-305-8817.

Staff there will help you find a dentist in your area of the state.

You can also ask other parents about the dentists they visit.



If your child is eligible for Child Health Plus, when you join, you will get a list of dentists in your area.



There may be one dentist in a private office.



The office might have several dentists in a larger practice.



You dentist may be located in a health center or hospital with many other dentists.

You will have to choose one dentist for your child.

How do I sign up for Medicaid or Child Health Plus?

You have to fill out an application, either the “Growing Up Healthy Application ” or “the Access NY Healthcare Application” for your child.

There are people to help you fill out the form.

They are called **Facilitated Enrollers**.



They are from many different cultures
and speak over 60 languages.



Often, they can help you in the evening or
on weekends.

These Facilitated Enrollers can be found
in many community organizations.



You can check the
Child Health Plus website for their
location: [www.health.state.ny.us/nysdoh/
chplus/where-to-i-apply.htm](http://www.health.state.ny.us/nysdoh/chplus/where-to-i-apply.htm)

This website has the phone numbers of local Department of Social Services, too. It also lists the participating Child Health Plus insurers, such as Blue Cross Blue Shield and Fidelis Care New York, in your county.



To get help filling out the form, you can call these numbers:
1-800-698-4Kids (1-800-698-4543)
(TTY number: 1-877-898-5849)

What if I need oral health insurance but am over the age of 18?

There are two public health insurance plans that offer dental coverage for single adults, couples, and parents.

One is **Medicaid**.

The other is called **Family Health Plus (FHPlus)**.

Who is eligible to be covered by Medicaid?

You may be eligible if:



You are over the age of 18.



You do not have other health insurance from work.

Your income is below a specified level.

Medicaid levels can be found at:
www.health.state.ny.us/health_care/medicaid/#qualify/htm

You can apply at your county Department of Social Services (DSS) Office.

You can find your local DSS on the website below:

http://www.health.state.ny.us/health_care/medicaid/ldss.htm

What dental services may not be covered under Medicaid for adults?

In general, services for adults NOT covered by Medicaid include:

Dental implants,
fixed bridgework (except for individuals with cleft palate),
cosmetic dental work, sealants.

Who is eligible to be covered by Family Health Plus?

You may be eligible for Family Health Plus if:

You are between 19 and 64 years old.



You earn too much money to be eligible for Medicaid.

You do not have other health insurance from work.

For example, figure your monthly income and the amount of your resources.

Then call your local county Department of Social Services or check the website for more information at http://www.health.state.ny.us/health_care/

Couples with no children may be eligible if their monthly income and resources are at a certain level.

You may be eligible for Family Health Plus even if you have or can get health insurance from your work.

How much does Family Health Plus cost?



You do not have to pay to join Family Health Plus, but you may have to pay the dentist a co-payment.

How do I sign up for Family Health Plus?

To sign up for Family Health Plus, you must fill out the “Access NY Health Care” application.



You will have an interview and can get help filling out the form.



You can look at the website below to find
out where to apply:
[http://www.health.state.ny.us/nysdoh/
fhplus/where.htm](http://www.health.state.ny.us/nysdoh/fhplus/where.htm)



You can call 1-877-9FHPLUS
(1-877-934-7587)
to get the help you need.
(TTY number: 1-877-934-7587)

MVP, CDPHP, GHI, BCBS

You will pick out a health plan available in your area.

You will need to ask which health plans pay for dental services, because not all Family Health Plans do.

You will need to ask if all of your dental care is paid for or if you will have to pay co-payments for dental services.



You can find a list of health plans in your county at the website below:

[http://www.health.state.ny.us/nysdoh/
fhplus/
how_do_i_choose_a_health_plan.htm](http://www.health.state.ny.us/nysdoh/fhplus/how_do_i_choose_a_health_plan.htm)

You can also look on the following websites for information about how to apply:

[www.health.state.ny.us/nysdoh/fhplus/
how_can_i_apply.htm](http://www.health.state.ny.us/nysdoh/fhplus/how_can_i_apply.htm)

or

[www.health.state.ny.us/nysdoh/fhplus/
index.htm](http://www.health.state.ny.us/nysdoh/fhplus/index.htm)

IMPORTANT!

If you don't know which health insurance plan you are eligible for, your Facilitated Enroller will help you to figure that out.

You will only have to fill out one application.

Read your insurance policies and guidelines carefully.

Call your dentist and insurance company to make sure that your dental visits are covered.

If they say you do not have coverage, call your plan's representative or a Medicaid Service Coordinator.

Make an appeal to your health insurance plan.

Get documents from doctors and dentists about the importance of getting these dental procedures.

What else should I know about dental care?



When you enroll your children in pre-kindergarten, kindergarten, and first grade in a public elementary school in New York State, you may need to have a dental health certificate saying that your children have had a complete dental check-up.



You will have to have a medical health certificate for them, too.

Ask your children's schools for a list of dentists who will provide the check-up for free or at a reduced cost.

Is there other legislation that I should know about?



New York State is thinking about making a law that makes sure your health insurance plan will cover dental work done in a hospital.

If your health insurance plan covers other surgery, it will also cover this dental surgery.

It will cover the anesthesia used during dental surgery.

If you or your child has a serious medical condition or disability and you need dental care done in a hospital, this will be covered by your plan.

This dental surgery must be recommended by your dentist and your doctor.

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