

Table 101.2 PERIODICITY SCHEDULE FOR DENTAL REFERRAL BY AGE**Child Health and Disability Prevention (CHDP) Program**

Age (Years)	<3	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Interval to Next Referral	**	1 Yr.																	
Annual Dental Referral		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

**** Note:** A dental screening/assessment is a required procedure in every CHDP health assessment regardless of age. Children **under** age three (3) shall be referred to a dentist if a problem is detected or suspected or found, **and** for maintenance of dental health. Children on Medi-Cal may be given the California Denti-Cal Beneficiary Services telephone number 1-800-322-6384 for assistance in finding a dentist.

Reference: California Code of Regulations, Title 17, Subchapter 13, CHDP, Section 6843
Code of Federal Regulations, Title 42, Section 440.40 (b), Part 441, Subpart B

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