

# WEST VIRGINIA EPSDT/HEALTHCHECK PROGRAM PERIODICITY SCHEDULE

AGE <sup>1</sup>	INFANCY							EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
	Newborn <sup>2</sup>	3-5 days <sup>3</sup>	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr	
<b>HISTORY</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>MEASUREMENTS</b>																															
Length/Height and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Head Circumference	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Weight for Length	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Body Mass Index	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Blood Pressure <sup>4</sup>	★	★	★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>SENSORY SCREENING</b>																															
Vision Screen <sup>5</sup>	★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	★	•	★	•	★	•	★	•	★	•	★	•	★	•	
Hearing Screen <sup>6,7</sup>	•	•	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	
<b>DEVELOPMENTAL/BEHAVIORAL ASSESSMENTS</b>																															
Maternal Depression Screening <sup>8</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Developmental and Autism Surveillance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Developmental Screening <sup>9</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Autism Screening <sup>10</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Psychosocial/Behavioral Screening <sup>11</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Depression Screening <sup>12</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Tobacco, Alcohol, or Drug Use Risk Assessment <sup>13</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>PHYSICAL EXAMINATION</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>PROCEDURES</b>																															
Newborn Metabolic Screen <sup>14</sup>	•	•	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	
Newborn Bilirubin Screen <sup>15</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Critical Congenital Heart Defect Screen <sup>16</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Immunizations <sup>17</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Anemia Risk Assessment <sup>18</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Hemoglobin or Hematocrit Screen <sup>19</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Lead Risk Assessment <sup>20</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Blood Lead Screen <sup>21</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Tuberculosis Risk Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Dyslipidemia Risk Assessment <sup>22</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Fasting Lipoprotein Profile <sup>23</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Sexually Transmitted Infections (STI) Risk Assessment <sup>24</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
HIV Risk Assessment <sup>25</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
HIV Screen <sup>25</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>ORAL HEALTH</b> <sup>26</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Fluoride Varnish <sup>27</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Fluoride Supplementation Assessment <sup>28</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>ANTICIPATORY GUIDANCE</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	

**KEY:** • = to be performed    ★ = risk assessment to be performed with appropriate action to follow, if positive    ← • → = range during which a service may be provided

The HealthCheck Program works to equip West Virginia's Medicaid providers with the necessary tools and knowledge to carry out EPSDT services appropriate to the American Academy of Pediatrics' (AAP) standard for pediatric preventive health care. *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents* (<https://brightfutures.aap.org/Pages/default.aspx>). HealthCheck stresses the importance of continuity of care in the medical home and the need to avoid fragmentation of care.

- If a child comes under the care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.
- Newborns should have an evaluation after birth, and breast feeding should be encouraged (instruction and support should be offered).
- Newborns should have an evaluation within 3-5 days after birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breast feeding should be encouraged (instruction and support should be offered).
- Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
- It is recommended to start vision acuity screening at ages 4 and 5 as well as cooperative 3 year olds. See "Visual System Assessment in Infants, Children and Young Adults by Pediatricians" (<http://pediatrics.aappublications.org/content/137/1/e20153596>) and "Procedures for the Evaluation of the Visual System by Pediatricians" (<http://pediatrics.aappublications.org/content/137/1/e20153597>).
- Newborn hearing screening should be completed according to State law (<https://www.wvdhhr.org/nhs/wvstatelaw.asp>). Confirm initial screen was completed, verify results, and follow up as appropriate.
- Screen with audiometry including 6000 and 8000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" ([http://www.jahonline.org/article/S1054-139X\(16\)00048-3/fulltext](http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext)).
- Screen should occur per "Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice" (<http://pediatrics.aappublications.org/content/126/5/1032>). Patient Health Questionnaire (PHQ) 2 recommended questions on the Preventive Health Screening forms. If positive, perform Edinburgh Postnatal Depression Scale (<https://psychology-tools.com/epds/>).
- See "Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (<http://pediatrics.aappublications.org/content/118/1/405.full>).
- Screening should occur per "Identification and Evaluation of Children with Autism Spectrum Disorders" (<http://pediatrics.aappublications.org/content/120/5/1183.full>).
- This assessment should be family centered and include an assessment of child social emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (<http://pediatrics.aappublications.org/content/135/2/384>).
- Patient Health Questionnaire (PHQ) 2 recommended questions on the Preventive Health Screening forms. If positive, perform PHQ 9 ([http://www.phgscreeners.com/sites/g/files/q10016261f/201412/PHQ-9\\_English.pdf](http://www.phgscreeners.com/sites/g/files/q10016261f/201412/PHQ-9_English.pdf)) or other tool available in the GLAD-PC tool kit at ([http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH\\_ScreeningChart.pdf](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf)).
- If positive for tobacco, alcohol and/or drug use, complete recommended screening tool CRAFFT available at (<http://www.ceasar-boston.org/CRAFFT/index.php>) or Substance Abuse and Mental Health Services Administration (SAMHSA) -Screening, Brief Intervention, and Referral to Treatment (SBIRT) (<https://www.samhsa.gov/sbirt>).
- Newborn metabolic screening should be completed according to State law (<http://www.legis.state.wv.us/wvcode/ChapterEntire.cfm?chap=16&art=22>). Confirm initial screen was completed, verify results, and follow up as appropriate.
- Confirm initial screening was completed, verify results, and follow up as appropriate. See "Hyperbilirubinemia in newborn Infant ≥ 35 Weeks' Gestation: An Update with Clarifications" (<http://pediatrics.aappublications.org/content/124/4/1193>).
- Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from hospital. Refer to the Bureau for Public Health policy at ([http://www.wvdhhr.org/nbms/ponta/CCHD\\_OPERATIONAL\\_POLICY\\_UPDATE\\_7162012.pdf](http://www.wvdhhr.org/nbms/ponta/CCHD_OPERATIONAL_POLICY_UPDATE_7162012.pdf)).
- Every visit should be an opportunity to update and complete a child's immunizations. See Immunization Schedules for Providers (<http://www.dhhr.wv.gov/oeis/immunization/providers/provider-schedules/Pages/default.aspx>).
- See "Diagnosis and Prevention of Iron Deficiency and Iron-Deficiency Anemia in Infants and Young Children (0-3 Years of Age)" (<http://pediatrics.aappublications.org/content/126/5/1040.full>).
- Hemoglobin or Hematocrit screen to be completed at 12 months.
- For children at risk for lead exposure, see "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" ([http://www.cdc.gov/nceh/lead/ACLP/PP/Final\\_Document\\_030712.pdf](http://www.cdc.gov/nceh/lead/ACLP/PP/Final_Document_030712.pdf)).
- All children should be screened for lead at 1 year and again at 2 years of age and children 36 months to 72 months of age who have not been screened previously. (<http://www.dhhr.wv.gov/HealthCheck/providerinfo/resources/Documents/WV%20Senate%20Bill%20216.pdf>).
- See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" ([http://www.nhlbi.nih.gov/guidelines/cvd\\_ped/index.htm](http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm)).
- Screening for dyslipidemia (fasting lipoprotein profile) should occur once between 9 and 11 years of age and once between 17 and 21 years of age to be consistent with guidelines of the National Heart, Lung, and Blood Institute.
- Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the *AAP Red Book: Report of the Committee on Infectious Diseases*.
- Adolescents should be screened for HIV according to the USPSTF recommendations (<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/human-immunodeficiency-virus-hiv-infection-screening>) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use or are being tested for other STIs, should be tested for HIV and reassessed annually.
- Oral health risk assessment birth through 20 years of age. Refer to a dental home at age one. Earlier initial dental evaluation may be appropriate for some children.
- See USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/uspstdnch.htm>). Once teeth are present, fluoride varnish may be applied to all children every 3-6 months in the primary care setting or dental home.
- If primary water source is deficient in fluoride, consider oral fluoride supplementation. See "Fluoride Use in Caries Prevention in the Primary Setting" (<http://pediatrics.aappublications.org/content/134/3/626>).

<p><b>Iron-Deficiency/Anemia Risk Factors</b></p> <ul style="list-style-type: none"> <li>Low birthweight or preterm birth</li> <li>Non-iron-fortified formula</li> <li>Cow's milk before age 12 months</li> <li>Diet low in iron, inadequate nutrition</li> <li>Low in iron due to special health needs</li> <li>Environmental factors (poverty, limited access to food)</li> <li>Meal skipping, frequent dieting</li> <li>Heavy/lengthy menstrual periods or recent blood loss</li> <li>Intensive physical training or participation in endurance sport</li> <li>Pregnancy or recent pregnancy</li> </ul>	<p><b>Lead Risk Factors</b></p> <ul style="list-style-type: none"> <li>Live in or visit a home or child care facility with an identified lead hazard</li> <li>A home built before 1960 that is in poor repair or has been recently renovated</li> <li>Live near a heavily traveled highway or battery recycling plant or live with an adult whose job or hobby involves exposure to lead</li> <li>Has a sibling or playmate who has or did have lead poisoning</li> </ul>	<p><b>Tuberculosis (TB) Risk Factors</b></p> <ul style="list-style-type: none"> <li>Radiographic findings suggesting TB</li> <li>Contact with persons with confirmed or suspected TB</li> <li>Immigrant from high prevalence areas (e.g., Canada, Australia, New Zealand, or Western European countries)</li> <li>Travel to high prevalence areas</li> <li>Infected with human immunodeficiency virus (HIV)</li> </ul>	<p><b>Dyslipidemia Risk Factors</b></p> <ul style="list-style-type: none"> <li>Positive family history is defined as a history of premature (&lt; 55 years of age in male or &lt; 65 years in female) cardiovascular disease in a parent, grandparent, aunt or uncle, or sibling</li> <li>Positive family history, elevated blood cholesterol ≥ 240 mg/dl</li> <li>Unknown family history, adopted</li> <li>Cigarette smoking</li> <li>Elevated blood pressure</li> <li>Overweight/Obesity (BMI ≥ 95%)</li> <li>Diabetes mellitus</li> <li>Physical inactivity</li> <li>Poor dietary habits</li> </ul>	<p><b>Sexually Transmitted Infections (STI) Risk Factors</b></p> <ul style="list-style-type: none"> <li>Multiple or anonymous sex partners</li> <li>Sex in conjunction with illicit drug use</li> <li>Sex with partners who have sex with multiple or anonymous partners and/or use illicit drugs</li> <li>Those in adult correctional facilities</li> </ul>	<p><b>Human Immunodeficiency Virus (HIV) Risk Factors</b></p> <ul style="list-style-type: none"> <li>Males who have sex with males</li> <li>Active injective drug users</li> <li>Unprotected vaginal or anal sex</li> <li>Sexual partners who are HIV infected</li> <li>Exchange sex for drugs or money</li> <li>Acquired or tested for STI's</li> </ul>
--	---	--	--	--	--

