## WEST VIRGINIA EPSDT/HEALTHCHECK PROGRAM PERIODICITY SCHEDULE

	INFANCY						EARLY CHILDHOOD					MIDDLE CHILDHOOD					ADOLESCENCE													
AGE <sup>1</sup>	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
HISTORY (Initial/Interval)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																														
Length/Height and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference	•	•	•	•	•	•	•	•	•	•	•																			
Weight for Length	•	•	•	•	•	•	•	•	•	•																				
Body Mass Index <sup>4</sup>									<u> </u>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure <sup>3</sup>	*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	*	*	×	×	*	×	×	*	×	×	*	*	• •	•	•	•	*	•	*	•	*	•	*	×	•	×	*	*	*	*
Hearing Screen	•	• -			*	*	*	*	*	*	*	*	×	•	•	•	*	•	*	•				<b>—</b>						<b>—</b>
DEVELOPMENTAL/BEHAVIORAL ASSESSMENTS																														
Maternal Depression Screening <sup>9</sup>			•	•	•	•																								
Developmental and Autism Surveillance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental Screening <sup>10</sup>							•			•		•																		
Autism Spectrum Disorder Screening <sup>11</sup>								*	*	•	•																			
Psychosocial/Behavioral Screening <sup>12</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Depression Screening <sup>13</sup>																					•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol, or Drug Use Risk Assessment <sup>14</sup>																					*	*	*	*	*	*	*	*	*	*
PHYSICAL EXAMINATION	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES																														
Newborn Metabolic Screen <sup>15</sup>	•	• -		<b>→</b>																										
Newborn Bilirubin Screen <sup>16</sup>	•																													
Critical Congenital Heart Defect Screen <sup>17</sup>	•																													
Immunizations <sup>18</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anemia Risk Assessment <sup>19</sup>					*				*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Hemoglobin or Hematocrit Screen <sup>20</sup>								•																						
Lead Risk Assessment <sup>21</sup>						*	*		*	*		*	*	*	*	*														
Blood Lead Screen <sup>22</sup>								•			•					┝														
Tuberculosis Risk Assessment <sup>23</sup>			*			*		*			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Dyslipidemia Risk Assessment <sup>24</sup>											*			*		*		*	*	*	*	*	*	*	*	*	*	*	*	*
Fasting Lipoprotein Profile <sup>25</sup>																			-	<b>•</b> • <b>-</b>	→						-	- • -		
Sexually Transmitted Infections (STI) Risk Assessment <sup>26</sup>																					*	*	*	*	*	*	*	*	*	*
HIV Risk Assessment																					*	*	*	*	*	*	*	*	*	*
HIV Screen <sup>27</sup>																									-		- • -			
Hepatitis C Virus Infection <sup>28</sup>																												• -		<b>→</b>
ORAL HEALTH <sup>29, 30</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Fluoride Varnish <sup>31</sup>						-				• -																				
Fluoride Supplementation Assessment <sup>32</sup>						*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

## **KEY:** • = to be performed $\star$ = risk assessment to be performed with appropriate action to follow, if positive

 $\bullet$   $\bullet$   $\bullet$   $\bullet$  = 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 pediatrics' (AAP) standard for pediatrics' (AAP) standard for pediatrics (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.

(1) 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.

(2) Newborns should have an evaluation after birth, and breast feeding should be encouraged (instruction and support should be offered).

(3) 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 their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (<u>http://pediatrics.aappublications.org/content/129/3/e827.full</u>). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (<u>http://pediatrics.aappublications.org/content/125/2/405.full</u>).

(4) Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement\_4/S164.full).

(5) Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

(6) A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (<u>http://pediatrics.aappublications.org/content/137/1/e20153596</u>) and "Procedures for the Evaluation of the Visual System by Pediatricians" (<u>http://pediatrics.aappublications.org/content/137/1/e20153596</u>) and "Procedures for the Evaluation of the Visual System by Pediatricians" (<u>http://pediatrics.aappublications.org/content/137/1/e20153596</u>).

(7) Newborn hearing screening should be completed according to WV state law (<u>https://www.wvdhhr.org/nhs/wvstatelaw.asp</u>). Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (<u>http://pediatrics.aappublications.org/content/120/4/898.full</u>).

(8) Screen with audiometry including 6000 and 8000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 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).

(9) Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (https://pediatrics.aappublications.org/content/143/1/e20183259).

(10) Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (https://pediatrics.aappublications.org/content/145/1/e20193449).

(11) Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (https://pediatrics.aappublications.org/content/145/1/e20193447).

(12) This assessment should be family centered and include an assessment of child social emotional health, caregiver depression, over all stressors and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (<u>http://pediatrics.aappublications.org/content/135/2/384</u>) and "Poverty and Child Health in the United States" (<u>http://pediatrics.aappublications.org/content/137/4/e20160339</u>).

(13) Patient Health Questionnaire (PHQ) 2 recommended questions on the Preventive Health Screening forms. If positive, perform PHQ 9 (<u>https://www.phqscreeners.com/images/sites/g/files/g10060481/f/201412/PHQ-9\_English.pdf</u>) or other tool available in the GLAD-PC toolkit and at <u>https://downloads.aap.org/AAP/PDF/Mental\_Health\_Tools\_for\_Pediatrics.pdf</u>.

(14) If positive for tobacco, alcohol and/or drug use, complete recommended screening tool CRAFFT available at (<u>https://crafft.org/get-the-crafft/</u>) or Substance Abuse and Mental Health Services Administration (SAMHSA) -Screening, Brief Intervention, and Referral to Treatment (SBIRT) (<u>https://www.samhsa.gov/sbirt</u>).

(15) Newborn metabolic screening should be completed according to State law (<u>http://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html</u>), as appropriate. The Recommended Uniform Screening Panel (<u>https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html</u>), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<u>https://www.babysfirsttest.org/newborn-screening/states</u>) establish the criteria for and coverage of newborn screening procedures and programs.

(16) 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).

(17) Screening for critical congenital heart disease using pulse oximetry should be preformed 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).

(18) Every visit should be an opportunity to update and complete a child's immunizations. See Immunization Schedules for Providers (http://oeps.wv.gov/immunizations/Pages/provider\_schedules.aspx).

(19) Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP Pediatric Nutrition: Policy of the American Academy of Pediatrics (Iron chapter).

(20) Hemoglobin or Hematocrit screen to be completed at 12 months.

(21) For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (http://pediatrics.aappublications.org/content/138/1/e20161493) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (http://www.cdc.gov/nceh/lead/ACCLPP/Final\_Document\_030712.pdf).

(22) 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. (https://dhhr.wv.gov/wvchildhoodleadpoisoning/regulations/Pages/default.aspx).

(23) Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases.* Testing should be performed on recognition of high-risk factors.

(24) See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (<u>http://www.nhlbi.nih.gov/guidelines/cvd\_ped/index.htm</u>).

(25) 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.

(26) 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.

(27) Adolescents should be screened for HIV according to the US Preventive Services Task Force (USPSTF) recommendation/human-immunodeficiency-virus-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.

(28) All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF (<u>https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening</u>) and Centers for Disease Control and Prevention (CDC) recommendations (<u>https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm</u>) at least once between the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually.

(29) Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (<u>https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health/P</u>

(30) Perform a risk assessment (https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx). See "Maintaining and Improving the Oral Health of Young Children" (http://pediatrics.aappublications.org/content/134/6/1224).

(31) See USPSTF recommendations (<u>https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/dental-caries-in-children-from-birth-through-age-5-years-screening</u>). Once teeth are present, fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (<u>http://pediatrics.aappublications.org/content/134/3/626</u>).

(32) If primary water source is deficient in fluoride, consider oral fluoride supplementation. See "Fluoride Use in Caries Prevention in the Primary Care Setting" (<u>http://pediatrics.aappublications.org/content/134/3/626</u>).

Iron-Deficiency/Anemia Risk Factors	Lead Risk Factors	Tuberculosis (TB) Risk Factors	Dyslipidemia Risk Factors	Sexually Transmitted Infections (STI) Risk Factors	Human Immunodeficiency Virus (HIV) Risk Factors
Low birthweight or preterm birth	• Live in or visit a home or child care	Radiographic findings suggesting	Positive family history is defined as		
Non-iron-fortified formula	facility with an identified lead	TB	a history of premature ( ≤ 55 years	Multiple or anonymous sex	Males who have sex with males
Couvia milly hofers and 10 months	hazard	Contact with norsons with	of ago in male or < 65 years in	narthore	Activo inicativo drug uporo



WEST VIRGINIA

Cow's milk before age 12 months
Diet low in iron, inadequate nutrition
Low in iron due to special health needs
Environmental factors (poverty, limited access to food)
Meal skipping, frequent dieting
Heavy/lengthy menstrual periods or recent blood loss
Intensive physical training or participation in endurance sport
Pregnancy or recent pregnancy hazard
A home built before 1960 that is in poor repair or has been recently renovated
Live near a heavily traveled highway or battery recycling plant or live with an adult whose job or hobby involves exposure to lead
Has a sibling or playmate who has or did have lead poisoning

Contact with persons with confirmed or suspected TB
Immigrant from high prevalence areas (e.g., Canada, Australia, New Zealand, or Western European countries)
Travel to high prevalence areas
Infected with human immunodeficiency virus (HIV) of age in male or < 65 years in female) cardiovascular disease in a parent, grandparent, aunt or uncle, or sibling</li>
Positive family history, elevated blood cholesterol ≥ 240 mg/dl
Unknown family history, adopted
Cigarette smoking
Elevated blood pressure
Overweight/Obesity (BMI ≥ 95%)
Diabetes mellitus
Physical inactivity

Poor dietary habits

partners
Sex in conjunction with illicit drug
use
Sex with partners who have sex
with multiple or anonymous
partners and/or use illicit drugs
Those in adult correctional facilities
Active
Unprovision
Sexual infector
Excharged
Acquire

Active injective drug users Unprotected vaginal or anal sex Sexual partners who are HIV infected Exchange sex for drugs or money Acquired or tested for STI's

For more information contact the HealthCheck Program at 1-800-642-9704 or visit our website at www.dhhr.wv.gov/healthcheck

WVDHHR/BPH/OMCFH/HealthCheck revised July 2021