

# HealthCheck

## Provider Manual



**West Virginia  
Department of Health & Human Resources  
HealthCheck Program  
Administered by the  
Office of Maternal, Child and Family Health  
Funded by the  
Bureau for Medical Services**

**December 1, 2010**

**HealthCheck Program Explanation of Terms**

**1. Bright Futures (Guidelines for Health Supervision of Infants, Children, and Adolescents):**

- A set of principles, strategies, and tools that are theory based, evidence driven, and systems oriented that can be used to improve the health and well-being of all children through culturally appropriate interventions that address their current and emerging health promotion needs at the family, clinical practice, community, health system, and policy levels.
- Bright Futures is the American Academy of Pediatrics' standard reference on children's health information for pediatricians.

**2. Periodicity:**

- Periodicity refers to the established schedule for periodic medical screening, vision, hearing, and dental services. The periodicity schedule gives general screening guidelines for preventive pediatric healthcare by age group. Federal regulations require periodicity schedules to meet reasonable standards of medical and dental practice after consultation with recognized medical and dental organizations involved in child health care. The HealthCheck periodicity schedule corresponds to the latest edition of Bright Futures.

**3. Medical Home:**

- An approach to providing comprehensive primary care for children, youth and adults in a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family.
- HealthCheck supports the core values of a medical home, including:
  - i. Having a personal physician or primary care provider (PCP) who provides first contact care or a point of entry for new problems.
  - ii. Ongoing care over time.
  - iii. Comprehensiveness of care.
  - iv. Coordination of care across a person's conditions, providers and settings.

**4. Subjective:**

- Subjective phenomena abound in medicine. Subjective data is information supplied to the clinician by the patient or caregiver. Something that is subjective cannot be proven or unproven.

**5. Objective:**

- Objective data is information that can be perceived with the senses of sight, sound, smell, or touch. Generally, objective data is measurable. Objective methods of observations are those in which anyone following the prescribed rules will assign the same numerals to objects and sets of objects as anyone else. Something that is objective can be proven or unproven.

**6. Surveillance:**

- A flexible, continuous process whereby knowledgeable professionals perform skilled observations of children during the provision of health care.
- Surveillance includes:
  - i. Elicitation and attending to parental concerns.
  - ii. Obtaining a relevant developmental history (including the child's medical history, family history, physical examination, and evaluation of psychosocial risks).
  - iii. Making accurate and informative observations of children.
  - iv. Identifying risk and protective factors.
  - v. Sharing opinions and concerns with other relevant professionals (e.g. parents, health care professionals, teachers, providers of early intervention or early childhood education services).
  - vi. Maintaining an accurate record of documentation of the surveillance process and findings.

**7. Screening:**

- In medicine, screening is a strategy used in a population to detect a disease in individuals without signs or symptoms of that disease. Unlike what generally happens in medicine, screening is performed before symptoms start. Screening is a brief assessment procedure designed to identify children who should receive more intensive diagnosis or assessment.

**7.a. Universal Screening:**

- Screening that is performed for every child at a particular visit is known as universal screening. Example: Blood lead testing is required at 12 & 24 months on all children regardless of risk assessment.

**7.b. Selective Screening:**

- Screening that is performed a smaller group of people based on the presence of risk factors is known as selective screening. Example: TB skin testing is only performed on children who are high risk.

**8. Assessment:**

- Assessment, in clinical medicine, is the evaluation of a patient for the purposes of forming a diagnosis and plan of treatment.
- An examiner's evaluation of the disease or condition is based on the patient's subjective report of the symptoms and course of the illness or condition and the examiner's objective findings, including data obtained through laboratory tests, physical examination, medical history, and information reported by family members and other health care team members.

**Testing Terms**

**9. Lead:**

- The most commonly used index of absorbed lead is the blood lead level, measured in micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) of blood. Scientists have been able to correlate problems in children at lead levels above 10 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) in the blood.

**$\mu\text{g}/\text{dL}$  is micrograms/deciliter**

- $\mu\text{g}$  - **microgram** - one millionth ( $1/1,000,000$ ) gram
- dL - **deciliter** - a metric unit of volume equal to one tenth of a liter

**10. Hertz (Hz):**

- **Hertz** is a unit of frequency, equal to one cycle per second; symbol, Hz.
- Sound is a traveling wave which is an oscillation of pressure. Humans perceive frequency of sound waves as pitch. Each musical note corresponds to a particular frequency which can be measured in hertz. An infant's ear is able to perceive frequencies ranging from 16 Hz to 20,000 Hz; the average human can hear sounds between 20 Hz and 15,000 Hz. Nearly all people in the developed world can no longer hear 20,000 Hz by the time they are teenagers, and progressively lose the ability to hear both higher frequencies and low level sounds as they get older.

**11. Decibel (dB):**

- The decibel (**dB**) is used to measure sound level (loudness), but it is also widely used in electronics, signals and communication. The dB is a logarithmic unit used to describe a ratio.

**12. Hearing Testing:**

- A hearing test is usually administered to a person by having them sit in a soundproof booth with a set of headphones over the ears or small foam insert earphones placed in the ears, which is connected to an audiometer. The audiometer produces tones at specific frequencies (hertz) and set levels to each ear independently. The audiologist plots the loudness (in decibels) on an audiogram. The person having their hearing tested will convey that they have heard the tone by either raising their hand or pressing a button. As the test progresses, the audiologist plots points on a graph where the frequency is on the x-axis and the loudness on the y-axis. Once each frequency of normal hearing ability is tested and plotted the points are joined by a line so that one can see at a glance the frequencies a person is not hearing normally and to what degree the hearing loss is. Normal hearing at any frequency is a threshold of 20dB or quieter, with worsening hearing the number increases.

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### Introduction

**HealthCheck** Provider Manual content is based on 42 C.F.R. Subpart B—Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals Under Age 21 and screening requirements and recommendations set forth by the Centers for Medicare and Medicaid Services; the US Department of Health and Human Services, Maternal, and Child Health Bureau; the American Academy of Pediatric Standards of Child Health Care; Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents; Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP); the West Virginia Immunization Program and the Office of Maternal, Child and Family Health Pediatric Medical Advisory Board.

Administered by the Bureau for Public Health/Office of Maternal, Child, and Family Health on behalf of the Bureau for Medical Services, **HealthCheck** is a pediatric preventive health program for Medicaid eligible children who are between the ages 0 to 21.

The legal foundation for **HealthCheck** rests in the Social Security Act §1905 [42 U.S.C. 1396d], which defines the term “early and periodic screening, diagnostic, and treatment services”, and §1902 [42 U.S.C. 1396a] of the same Act, which requires all State plans for medical assistance to provide for early and periodic screening, diagnostic, and treatment services.

The EPSDT benefit, in accordance with §1905(r) of the Social Security Act, includes the following services:

- Screening services
  - Comprehensive health and developmental history – including assessment of both physical and mental health development
  - Comprehensive unclothed physical exam
  - Appropriate immunizations – according to the schedule established by the Advisory Committee on Immunization Practices (ACIP) for pediatric vaccines
  - Laboratory tests – including mandatory lead toxicity screening
  - Health Education – including anticipatory guidance
  - Vision – including, at a minimum, diagnosis and treatment of defects in vision
  - Hearing – including, at a minimum, diagnosis and treatment of defects in hearing
  - Dental /Oral Health – including, at a minimum, relief of pain and infections, restoration of teeth and maintenance of dental health
  - Other Necessary Health Care – to correct or ameliorate defects, illnesses, and conditions discovered by the screening services

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- Periodicity Schedule
  - The periodicity schedule gives general screening guidelines for preventive pediatric healthcare by age group. Periodicity schedules must meet reasonable standards of medical practice. The HealthCheck Program has implemented the recommendations for preventive pediatric health care enumerated by the current edition of the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.
- Diagnosis
  - Diagnostic services are provided when a screening examination indicates the need for further evaluation of an individual's health.
- Treatment
  - Healthcare is made available for treatment or other measures to correct or ameliorate defects, illnesses, and conditions discovered by the screening services.

Administration of the HealthCheck Program is accomplished with both central office staff within the Office of Maternal, Child and Family Health and a field staff made up of Regional Program Specialists, Outreach Workers, and Foster Care Liaisons.

The central office staff includes the following positions:

- Director
- Clinical Quality Assurance Nurse
- Operations Assistant

Central office staff can be contacted by calling 1-800-642-9704.

Field staff includes the following positions:

- Nine (9) Regional Program Specialists coordinate HealthCheck services with providers and recruit and train new primary care providers. HealthCheck Program Specialists focus on equipping Medicaid providers with the necessary tools and knowledge to carry out EPSDT screening services that meet reasonable standards of medical practice.

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- Six (6) Outreach Workers use a combination of written and oral methods to effectively inform eligible individuals about:
  - i. the benefits of preventive health care;
  - ii. the services available through EPSDT;
  - iii. that services are without charge; and
  - iv. that support services, specifically transportation and appointment scheduling assistance, are available on request.

HealthCheck Outreach Workers assist the medical home approach to providing comprehensive primary care for children by linking the HealthCheck member with a personal physician or primary care provider (PCP) who provides first contact care or a point of entry for new problems.

- Three (3) Foster Care Liaisons facilitate the introduction of EPSDT services to all foster children. Foster Care Liaisons provide the outreach necessary to establish regular health supervision plans for this targeted population. Furthermore, Foster Care Liaisons ensure that foster children and their WVDHHR-approved caregivers are aware of the HealthCheck Program, appointment scheduling per established periodicity, and transportation assistance, if needed.

**HealthCheck Provider Enrollment and Participation Requirements**

- To be eligible for participation and reimbursement for services provided to Medicaid members, all providers shall:
  - Meet all applicable licensing, accreditation, and certification requirements;
  - Have a valid signed provider enrollment application/agreement on file with the Bureau for Medical Services; and
  - Meet and maintain all Bureau for Medical Services provider enrollment requirements.

Healthcare providers to include vision, dental, pediatric, and family practice clinicians are represented by a Medical Advisory Board which meets annually to discuss issues and make recommendations about best practices.

**If you have any questions about the HealthCheck Program and/or manual please contact the HealthCheck Program at 1-800-642-9704 or visit our website at [www.wvdhhr.org/healthcheck](http://www.wvdhhr.org/healthcheck) .**

## **Section 1:**

# **HealthCheck Services**

**SECTION 1: HEALTHCHECK SERVICES**

**Periodicity**

Periodicity refers to the established schedule for periodic medical screening, vision, hearing, and dental services. The established schedule for HealthCheck initial and periodic screens is based on time intervals rather than specific ages. Many children do not participate in HealthCheck from birth and may present for an initial evaluation at any age from birth up to age 21 years. Therefore, following an initial screen, a child's periodic visit is scheduled based on an interval of time. Refer to Appendix G – HealthCheck Program Periodicity Schedule.

At whatever age a child becomes Medicaid-eligible, HealthCheck providers are requested to ensure that immunization, laboratory testing, additional screens normally done or required at earlier ages are completed, and the child's health history is up-to-date.

Additional visits may become necessary if circumstances suggest variations from normal.

- **Interperiodic screens** are any encounters with a health professional practicing within the scope of his or her practice and who provides medically necessary health care, diagnosis, or treatment to determine the existence of a suspected illness or condition, or a change or complication to a pre-existing condition. The interperiodic screen is used to determine if there is a problem that was not evident at the time of the regularly scheduled screen, but needs to be addressed before the next scheduled screen.

**HealthCheck Required Services**

In accordance with §1905(r) of the Social Security Act and the American Academy of Pediatrics' Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, HealthCheck must include the following screening services:

**1. Initial Health/Medical History**

A comprehensive health and medical history is completed during the child's initial HealthCheck screen. HealthCheck provides history forms (see Appendix A – Initial Health/Medical History Forms) that include the following required information; however, primary care providers may use their own form(s) or electronic medical record system, given all the required information is obtained. Supportive documentation may include: prenatal pediatrician visit records, hospital records, Age-Appropriate Preventive Health Screen forms or other supportive documentation.

Health/Medical History should include, but is not limited to:

- Identifying information
- Current circumstances
- Prenatal history, as applicable
- Family health history
- Child's health history
  - allergies to medications
  - chronic illness
  - hospitalizations
  - environmental allergies
  - other illnesses
  - puberty
- Child's nutritional history
  - food allergies
  - unusual eating habits and/or eating disorders, special diet, vitamins
  - excessive weight gain or loss
- Developmental/psychosocial history
- Dental history
- Immunizations
- Current health screening

**2. Health History Update**

The initial health/medical history information is to be reviewed and updated at each periodic screen. HealthCheck has developed two Age-Appropriate Health History Forms (0 to Age 6 and Ages 7 to 20).

This information may be documented on the Age-Appropriate Preventive Health Screen form provided by the HealthCheck Program. Primary care providers may use other forms or their electronic medical record system, as long as the information is updated by the clinician during each periodic visit.

**3. Growth**

- Height and weight are to be obtained at each initial and periodic screen.
- Head circumference is to be measured from birth to age 2 years.
- Calculation of body mass index (BMI) begins at age 2 years and continues at each periodic visit up to age 21 years.

These measurements are to be plotted on the appropriate growth charts. Standard growth charts may be ordered (see Appendix I – HealthCheck Provider Request Form), copied (see Appendix C – Growth Charts), accessed via the internet at [www.cdc.gov/growthcharts](http://www.cdc.gov/growthcharts), or primary care providers may choose to use their own forms or electronic medical record system.

**4. Blood Pressure**

Blood pressure is to be obtained beginning at age 3 years and each periodic visit thereafter. Blood pressure, as well as other vital signs, may be selectively obtained at an earlier age at the clinician's discretion.

Results are to be documented in the child's medical record on the primary care provider's own form or electronic medical record system, progress notes or on the Preventive Health Screen form provided by the HealthCheck Program.

**5. Tuberculosis Risk Screen**

A tuberculosis risk screen must be completed on all children at each initial and periodic visit at the following ages: 1 month; 6 months; and at each visit beginning at 12 months up to age 21 years. Only children with increased risk of exposure to persons with tuberculosis should be considered for tuberculin skin testing. A child is considered HIGH risk if there are one or more positive indicators on the Tuberculosis Risk Screen and LOW risk if no indicators are positive. If a child is HIGH risk, initiate further Tuberculosis screening protocol set forth by the West Virginia Tuberculosis Program. Contact the Tuberculosis Control Program at 1-800-330-8126 or (304) 558-3669 with questions regarding this protocol. PPD is the only method recognized by the HealthCheck Program for tuberculin skin testing.

Appendix D of this manual contains:

- Protocols for Tuberculin Screening
- Updated guidelines for use of Interferon Gamma Release Assays (IGRAS) and Mantoux Skin Test
- Tuberculosis Screening Guidelines
- Amended Legislative Rule

Results of the TB risk screens must be documented in the child's medical record on the primary care provider's own form or electronic medical record system, progress notes or on the Age-Appropriate Preventive Health Screen form provided by the HealthCheck Program. All cases must also be reported to the WV Tuberculosis Control Program at (304) 558-3669.

**6. Lead Risk Screen**

A lead risk screen must be completed on all children between the ages of 6 months and 6 years at each initial and periodic visit. A child is considered HIGH risk if there are one or more positive indicators on the Lead Risk Screen and LOW risk if no indicators are positive. Serum lead testing must be completed on a child considered HIGH risk regardless age. In addition, serum lead testing is required at 12 and 24 months and up to 72 months if the child has never been screened, regardless of risk level.

Results of each lead risk screen must be documented in the child's medical record on the primary care provider's own form or electronic medical record system, progress notes or on the Age-Appropriate Preventive Health Screen form provided by the HealthCheck Program.

Appendix D of this manual contains:

- Childhood Lead Poisoning Case Management Protocol and Screening Plan

## **7. Dyslipidemia Screening**

Beginning at age 2, HealthCheck requires that all children and adolescents have a dyslipidemia risk screen to determine cardiovascular risk due to abnormal blood lipid levels. Dyslipidemia risk screening should be repeated at the following ages: 4 years, 6 years, 8 years, 10 years and every year beginning at 11 years through age 20.

In addition, a fasting lipid profile (total cholesterol, LDL cholesterol, high density lipoprotein [HDL] cholesterol and triglycerides) should be ordered at age 20 years.

Risk factors associated with dyslipidemia include:

- Parent or grandparent diagnosed with coronary artery disease < age 55 years, based on coronary angiography
- Parent or grandparent with documented myocardial infarction, angina pectoris, peripheral vascular disease, cerebral vascular disease, or sudden cardiac death < age 55 years
- Parent with an elevated blood cholesterol greater than 240 mg/dl
- Unknown family history, family history unavailable, adopted
- Other risk factors:
  - Overweight/Obesity (BMI  $\geq$  85%)\*
  - Smoking
  - Poor dietary habits-consuming excessive amounts of saturated fat and cholesterol
  - Elevated blood pressure
  - Diabetes
  - Physical inactivity

When one or more risk factors indicate that the child is high risk, an initial fasting lipid profile should be obtained.

\*Additional laboratory tests may be appropriate in accordance with the Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report. This report may be accessed via the internet at [http://www.pediatrics.org/cgi/content/full/120/Supplement\\_4/S164](http://www.pediatrics.org/cgi/content/full/120/Supplement_4/S164) .

Results of the dyslipidemia risk screen must be documented in the child's medical record on the primary care provider's own form or electronic medical record system, progress notes or on the Age-Appropriate Preventive Health Screen form provided by the HealthCheck Program.

**8. Developmental/Behavioral Assessment**

Age-Appropriate Preventive Health Screen Forms include ranges of milestones so as to assist the primary care provider in determining whether a child's developmental and behavioral processes fall within a normal range of achievement according to age group. Although there is no universal list of the dimensions of development and behavior for the different age ranges of childhood and adolescence, the primary care provider is to check the following elements at each screening:

- Gross motor development focusing on strength, balance, and locomotion
- Fine motor development focusing on eye-hand coordination
- Communication skills or language development focusing on expression, comprehension and speech articulation
- Self-help and self-care skills
- Social-emotional development focusing on the ability to engage in social interaction with other children, adolescents, parents and other adults
- Cognitive skills, focusing on problem solving or reasoning

**8.a. Developmental Surveillance**

Developmental surveillance is a continuous and cumulative process through which potential risk factors for developmental disorders can be identified. The components of developmental surveillance include eliciting and attending to parental concerns, documenting and maintaining a developmental history, making accurate observations of the child, identifying the presence of risk and protective factors, and maintaining an accurate record by documenting the process and findings. Developmental surveillance is required at every initial and periodic visit when a standard screening tool is not completed. The concerns of both parent/caregiver and primary care provider should be included in determining whether surveillance suggests the child may be at risk of developmental delay.

**If either the parent/caregiver or primary care provider expresses concern about the child's development, a developmental screening should be conducted.**

Results of the developmental surveillance must be documented in the child's medical record on the primary care provider's own form or electronic medical record system, progress notes or on the Age-Appropriate Preventive Health Screen form provided by the HealthCheck Program.

**8.b. Developmental Screening**

A developmental screen is the administration of a brief standardized tool aiding the identification of children at risk of a developmental disorder. Developmental screening that targets the area of concern is indicated whenever a problem is identified during developmental surveillance. A developmental screen via administration of a standardized screening tool is required at the 9 month, 18 month, and 30 month visits. Additional developmental screening via administration of a standardized screening tool may be conducted anytime caregiver or primary care provider concerns are identified.

Primary care providers must document the screening tool utilized, with interpretation and report, in the child's medical record.

**If screening results are concerning, the child should be scheduled for developmental evaluation.**

**8.c. Developmental Evaluation**

Developmental evaluation is aimed at identifying the specific developmental disorder or disorders affecting the child for the purposes of forming a diagnosis and plan of treatment. The combination of developmental surveillance and developmental screening helps determine not only whether referrals are needed, but also the kinds of referrals that should be made.

The health care professional plays an important role in identifying conditions that place the child at risk of disability and warrant immediate referral. Developmental evaluation may begin in the primary care provider's office or might result in an immediate referral.

**8.d. Autism Surveillance/Screen**

Autism Surveillance:

- Autism surveillance should be conducted at every well-child visit. Specific prompts for further evaluation are placed at the 12 and 15 month visits.
  - Surveillance should include asking parents open-ended questions about their concerns regarding the child's development and behavior.
  - Surveillance also includes asking age-specific questions about whether certain developmental milestones have been attained.
- Surveillance at the first preventive care visit should begin with a family history to determine if there are any family members, especially a sibling, who have been diagnosed with Autism Spectrum Disorders (ASDs). Because the risk of having symptoms of ASDs in younger siblings of children with ASDs is approximately 10 times higher, the clinician needs to be extra vigilant in monitoring for early abnormal signs.<sup>1</sup>
- A standardized screening tool should be administered at any point when concerns about ASDs are raised spontaneously by a parent or as a result of clinician observations or surveillance questions about social, communicative, and play behaviors.

**Note:** As an analogy, whereas surveillance represents a “moving picture” of the child's unfolding development, screening represents “snapshots” of the child's development at specific times.

Autism Screen:

- In addition to the general developmental surveillance and screening statements addressed previously (page 6), a standardized autism-specific screening tool should be completed at 18 and 24 months and at any other time when a parent or caregiver raises a concern about a possible Autism Spectrum Disorder (ASD).
- If the ASD-specific screening result is positive, the child should be referred for:
  - Comprehensive ASD evaluation
  - Early Intervention/Early Childhood Education Services
  - Audiologic Evaluation
- If an ASD-specific screening result is negative but either the parent/caregiver or primary care provider remains concerned, the primary care provider should schedule the child for an early targeted clinic visit to address these concerns.

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Results of the autism surveillance/screen must be documented in the child's medical record on the primary care provider's own form or electronic medical record system, progress notes or on the Age-Appropriate Preventive Health Screen form provided by the HealthCheck Program.

**8.e. Psychosocial/Behavioral Screen**

A psychosocial/behavioral screen that includes a range of behaviors to determine whether a child's mental health processes fall within a normal range of achievement, according to age group, is required at every initial and periodic screen from age 6 up to age 21 years. The HealthCheck primary care provider is to screen the following elements:

- Thoughts and/or plans to harm self, other persons or animals (**\*\*Automatic referral for further diagnosis and treatment, if noted by clinician**)
- Feelings
- Relationships
- Social Interaction
- School
- Thinking
- Physical problems
- Risk behaviors, including screening for alcohol and drug use
- School/career goals

Results of the psychosocial/behavioral screen must be documented in the child's medical record on the primary care provider's own form or electronic medical record system, progress notes or on the Age-Appropriate Preventive Health Screen form provided by the HealthCheck Program.

**Note:** The use of HealthCheck's Age-Appropriate Preventative Health Screen form does not preclude the primary care provider from using other tools for developmental and/or behavioral assessment.

**9. Vision Screen**

Primary care providers are required to conduct vision screening of children ages birth to 21 years at each initial and periodic visit. Dependent upon age, subjective or objective vision screens are completed.

Referral is to be made to an eye care professional such as an ophthalmologist or optometrist based upon referral criteria contained in Appendix E.

Results of the vision screen are to be documented in the child's medical record on the primary care provider's own forms or electronic medical record system, progress notes or on the Age-Appropriate Preventive Health Screen form provided by the HealthCheck Program. Screen results that are abnormal must be fully documented.

**10. Hearing Screen**

The HealthCheck Program endorses the goal of universal detection of hearing loss in infants before age 3 months, with intervention no later than age 6 months. All newborns born in the State of West Virginia are screened for possible hearing loss, as required by Chapter 16, Article 22A of the West Virginia Code, either while the infant is still in the hospital or as soon as possible after discharge.

Primary care providers are required to conduct hearing screening of children ages birth to 21 years at each initial and periodic visit. Dependent upon age, subjective or objective hearing screens are completed.

A normal hearing screen (pure tone screening) occurs when a child can hear at the intensity of 20 dB HL at the frequencies of 1000 Hz, 2000 Hz, and 4000 Hz. If pure tone screening is not performed in conjunction with acoustic immittance (impedance) screening, 500 Hz should also be included. When 500 Hz is utilized, the screening level shall be at 25 dB.

**A child should be referred if he/she is not hearing at 25 dB HL, in either or both ears, at each of the specified frequency levels.**

Results of the hearing screen are to be documented in the child's medical record on the primary care provider's own forms or electronic medical record system, progress notes or on the Age-Appropriate Preventive Health Screen form provided by the HealthCheck Program. Screen results that are abnormal must be fully documented.

The HealthCheck Program requests that screening values be recorded, as applicable, for the vision and hearing screens to assist school personnel in meeting school entry requirements.

## **11. Oral Health Screen**

An oral health screen is to be completed at each initial and periodic screen to determine:

- the presence of any current dental problems including -
  - dental caries
  - stained or discolored teeth
  - red, bleeding gums
  - abnormal swelling, sores and redness in other areas of the mouth
  - crooked teeth, missing teeth or teeth growing in unusual places
  - swelling of the face and lips
- date of last visit to the dentist, as applicable
- the availability of fluoride in the water and need for supplemental fluoride for infants and young children

Results of the oral health screen must be documented in the child's medical record on the primary care provider's own forms or electronic medical record system, progress notes or on the Age-Appropriate Preventive Health Screen form provided by the HealthCheck Program.

**Note:** It is recommended that children be referred to a dental provider upon the eruption of the first tooth.

Appendix H of this manual contains:

- Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents reprinted with permission of the American Academy of Pediatric Dentistry.
  - A link to the guideline may be accessed at [http://www.aapd.org/media/Policies\\_Guidelines/G\\_Periodicity.pdf](http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf).
- American Academy of Pediatric Dentistry Periodicity Schedule

## **12. Unclothed Physical Examination**

Physical examinations are to be completed at each initial and periodic screen for children ages birth up to 21 years.

- For children under the age of 18 months, the physical examination is to be fully unclothed (diaper only).

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- For children 18 months and older, the physical examination, at minimum, should be typified by:
  - Removal of the child's outer clothing (coats, jackets, shoes, socks, etc.)
  - Shifting (or removal, if necessary) of tops and bottoms during the examination to the degree necessary to complete visual inspection of the entire body
  - Shifting of undergarments to allow inspection of the genitalia

Components of the HealthCheck physical examination include, but are not limited to:

- General appearance
- Head
  - fontanelles (up to age 2 years)
- Eyes
  - external exam
  - internal exam
    - red reflex (up to age 4 years)
    - strabismus
- Ears
  - external exam
  - internal exam
- Nose
- Neck
- Lungs
- Heart
- Abdomen
- Genitalia
  - Male – testes down (up to age 2 years)
  - Female – recommend routine gynecological exam, if sexually active. All sexually active girls should have screening for cervical dysplasia as part of a pelvic exam within 3 years of onset of sexual activity or age 21 (whichever comes first)
  - For males and females, ages 11-21 years, observe for signs of sexually transmitted infections (warts, vesicles, or discharge)
- Extremities (include hips up to age 12 months and/or child is an established walker)
- Back (include scoliosis after 5 years)
- Skin
- Neurological
- Reflexes
- Pulses

Results of the physical examination are to be included in the child's medical record on the primary care provider's own form or electronic medical record system, progress notes or the Age-Appropriate Preventive Health Screen form provided by the HealthCheck Program.

### **13. Health Education**

Health Education including age-appropriate anticipatory guidance is to be provided at each initial and periodic screen from birth up to age 21 years. This component is required for both the parents/caregivers and child to assist in understanding what to expect in terms of the child's development and to provide information about the benefits of healthy lifestyles and practices.

Providers seeking assistance on anticipatory guidance screenings may access the [Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents](#) and download or order their publications. The website address is [www.brightfutures.org](http://www.brightfutures.org).

Documentation of discussions of health education and any literature given on these subjects must be included in the child's medical record on the primary care provider's own form or electronic medical record system, progress notes or Preventive Health Screen form provided by the HealthCheck Program.

### **14. Immunization Screen**

Immunization status must be checked at each initial and periodic screen and vaccine(s) must be administered when appropriate. HealthCheck has adopted the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) Summary of Recommendations for Childhood and Adolescent Immunization.

The current schedule for routine administration of licensed childhood vaccines may be accessed via the internet at <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.

**If it is determined at the time of screening that immunization is needed and appropriate to provide at the time of screening, then immunization treatment must be provided at that time or, if the primary care provider does not administer vaccines, he/she must refer the child.**

Vaccine Administration Records are available through the HealthCheck Program (see Appendix I – HealthCheck Provider Request Form) or you may go to [www.wvdhhr.org/immunizations](http://www.wvdhhr.org/immunizations), click on "Immunization Schedules" and select "Vaccine Administration Record for Children and Teens." The WV Immunization Program can be contacted toll free within West Virginia at 1-800-642-3634.

Documentation of current immunization status must be included in the child's medical record on a Vaccine Administration Record, primary care provider's own form or electronic medical record system, progress notes, or on the Age-Appropriate Preventative Health Screen form.

**Note:** State law requires all providers to report all shots they administer to children under age 18 to the West Virginia Statewide Immunization Information System (WVSIIS) within two weeks of administration. WVSIIS helps ensure that all West Virginia children, adolescents and adults have current immunizations.

### **15. Laboratory Tests**

The following laboratory tests are to be performed:

- Newborn Metabolic Screening
- Hemoglobin/Hematocrit
  - once at age 12 months
- Blood lead level
  - age 12 months
  - age 24 months
  - ages 36 months to 72 months, if child has never been screened
  - any child identified as HIGH risk by means of the Lead Risk Screen
- Fasting lipoprotein profile (total cholesterol, LDL cholesterol, HDL cholesterol and triglycerides) at age 20 years

Primary care providers may request additional laboratory tests based on the child's health status at the time of the screen, child's (or family) health history and at the clinician's discretion.

Appendix F of this manual provides screening guidelines for iron-deficiency anemia.

Documentation of lab results must be included in the child's medical record on the primary care provider's own form or electronic medical record system, progress notes or the Age-Appropriate Preventive Health Screen form provided by the HealthCheck Program.

## **16. Referrals**

Results of a screening do not represent a diagnosis, but rather, indicate the need for referral to an appropriate resource for additional evaluation, diagnosis, treatment, or other follow-up when concerns or questions remain as a result of the screening. When a Healthcheck screening indicates the need for further evaluation of an individual's health, the primary care provider shall, without delay, make a referral for evaluation, diagnosis, and/or treatment. Evaluation, diagnosis, and/or treatment may be provided at the time of the Healthcheck screening visit, if the health care professional is qualified to provide the services.

When a referral is made, the primary care provider must follow up to make sure that the child received the evaluation, diagnosis, and/or treatment.

**Note:** When the primary care provider makes a referral for evaluation, diagnosis, and/or treatment, he/she must have documented the medical necessity for the service during a HealthCheck exam. Any specialist providing services must coordinate service needs with the primary care provider.

The HealthCheck Program has identified issues for automatic referral for further evaluation, diagnosis, and/or treatment as follows:

- Thoughts/plans to harm self, other persons or animals
- Blood lead level  $\geq 10$  ug/dl obtained by capillary specimen must be confirmed using a venous blood sample
- Dentist – refer for first examination at the eruption of the first tooth no later than age 12 months
- Vision in accordance with referral criteria (Appendix E)
- Hearing  $>25$  dB at any one frequency, either or both ears
- Physical abnormalities found during HealthCheck screen
- Physicians and other healthcare workers are mandated by law to report child maltreatment

Results of all referrals must be documented in the child's medical record on the primary care provider's own form or electronic medical record system, progress notes or the Age-Appropriate Preventive Health Screen form provided by the HealthCheck Program within six months of referral.

**17. Medical Record Documentation**

“If it’s not documented, it wasn’t done.” Legible, individual medical record documentation of HealthCheck services provided at each child’s initial and periodic screen is required.

**18. Age-Appropriate Preventive Health Screen Forms**

Appendix B contains the Age-Appropriate Preventive Health Screen Forms. Primary Care providers may obtain forms as follows:

- Primary care providers can order the forms free of charge from the warehouse by using the HealthCheck Provider Request Form in Appendix I.
- Primary care providers may copy the forms found in Appendix B.
- Primary care providers may print and use the forms found on the HealthCheck website, located at [http://www.wvdhhr.org/healthcheck/manual/Appendix\\_B.pdf](http://www.wvdhhr.org/healthcheck/manual/Appendix_B.pdf) .

Primary care providers may use their own screening forms or electronic medical record system, provided all services required are fully documented on his/her form.

**Appendices**

<b>Initial Health/Medical History Forms .....</b>	<b>A</b>
<b>Age-Appropriate Preventive Health Screen Forms .....</b>	<b>B</b>
<b>Growth Charts .....</b>	<b>C</b>
<b>Tuberculosis Risk Screening Guidelines and WV Childhood Lead Poisoning Prevention Program (WVCLLP) Case Management Protocol and Screening Plan .....</b>	<b>D</b>
<b>Guidelines for Vision Referrals .....</b>	<b>E</b>
<b>Iron-Deficiency Anemia Screening Guidelines .....</b>	<b>F</b>
<b>HealthCheck Program Periodicity Schedule .....</b>	<b>G</b>
<b>American Academy of Pediatric Dentistry (AAPD) Materials .....</b>	<b>H</b>

**Appendix A:**

**Initial Health/Medical History  
Forms**

# EPSDT/HealthCheck Health History Form

**0-6 Years**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Pregnancy and Birth**

Medical problems during pregnancy? \_\_\_\_\_  
 In utero drug exposure? \_\_\_\_\_  
 Where was the child born? \_\_\_\_\_  
 Delivered by:  Vaginal  C-section  
 Why C-section? \_\_\_\_\_  
 Birth Weight: \_\_\_\_\_ Birth Length: \_\_\_\_\_  
 Full Term ( $\geq 37$  weeks gestation)  Preterm ( $\leq 36$  weeks gestation)  
 NICU stay: \_\_\_\_\_ weeks  
 Other problems in the newborn period? \_\_\_\_\_

Excessive television/video game/internet/cell phone use  
 Hours per day: \_\_\_\_\_ Who supervises usage? \_\_\_\_\_  
 Utilize a car or booster seat?  Yes  No  
 Wears protective gear, including seat belts?  Yes  No  
 Any concerns about lead exposure (old home, plumbing, peeling paint)?  Yes  No

**Medications**

Current medications and dose: \_\_\_\_\_  
 Vitamins: \_\_\_\_\_  
 Herbs/home remedies: \_\_\_\_\_  
 Over the counter: \_\_\_\_\_

**Allergies/reactions to medications or vaccines:** \_\_\_\_\_

**Infancy and Childhood**

Has your child ever been treated for or diagnosed with:  
 Asthma or wheezing \_\_\_\_\_  
 Pneumonia \_\_\_\_\_  
 Lung problems \_\_\_\_\_  
 Heart murmur \_\_\_\_\_  
 Anemia \_\_\_\_\_  
 Recurrent ear infections \_\_\_\_\_  
 Hearing problems \_\_\_\_\_  
 Vision or eye problems \_\_\_\_\_  
 Urinary tract infections \_\_\_\_\_  
 Stomach or digestive problems \_\_\_\_\_  
 Seasonal allergies or eczema \_\_\_\_\_  
 Seizures \_\_\_\_\_  
 Broken bone(s) \_\_\_\_\_  
 Learning disability \_\_\_\_\_  
 \_\_\_\_\_  
 Other chronic medical problems \_\_\_\_\_

**Nutrition and Feeding**

Has your child had any feeding/dietary problems? \_\_\_\_\_  
 \_\_\_\_\_  
 Unexplained weight gain  
 Unexplained weight loss  
 Food allergies: \_\_\_\_\_  
 Participates in WIC

**Dental**

Problems with teeth or gums  
 Bad breath  
 Has your child been seen by a dentist?  Yes  No  
 If so, date of last exam: \_\_\_\_\_  
 Why did he/she see the dentist? \_\_\_\_\_  
 Water source:  City  Well

Has your child ever been hospitalized?  
 No  Yes Why? \_\_\_\_\_  
 Previous surgeries: \_\_\_\_\_  
 Please list any specialists, including counselors, your child is currently seeing and reason: \_\_\_\_\_  
 \_\_\_\_\_

**Family Medical History**

Do any family members have any of the following conditions?

Condition	Mother	Father	Sibling	Grandparent
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression/anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug and alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosed mental condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____			

**Developmental**

Do you have concerns about any of the following:  
 The way your child uses his/her arms, fingers or legs  
 Speech problems  
 Vision (Are you concerned about your child's vision?)  
 Hearing (Are you concerned about your child's hearing?)

**Social Emotional/Stress Indicators**

Parent(s)/Caretaker(s) working outside home?  Yes  No  
 Child care?  Yes  No  
 Who do you call for help? \_\_\_\_\_  
 Has your child lived anywhere but with parents/caregivers?  Yes  No  
 Is there stress in the home?  Yes  No  
 Does your child have problems with sleeping or nightmares?  Yes  No  
 Does your child have a bad temper/breath holding/jealousy?  Yes  No  
 Does your child bite their nails or suck their thumb?  Yes  No  
 Does your child have depression/anxiety?  Yes  No  
 Does your child have ADD/ADHD?  Yes  No

**Other Concerns/Issues:**

**Exposure Risks**

Passive smoke  Cigarettes  E-Cigs  Chew  
 Alcohol  Other drugs \_\_\_\_\_  
 Access to weapons  Has a weapon(s)

**Reviewed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Some responses may indicate adverse childhood experiences and may require further evaluation. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. For assistance phone 844-HELP4WV (844-435-7498).

# EPSDT/HealthCheck Health History Form

**7-20 Years**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Childhood**

Has your child ever been treated for or diagnosed with:

- Asthma or wheezing \_\_\_\_\_
- Pneumonia \_\_\_\_\_
- Lung problems \_\_\_\_\_
- Heart murmur \_\_\_\_\_
- Anemia \_\_\_\_\_
- Recurrent ear infections \_\_\_\_\_
- Hearing problems \_\_\_\_\_
- Vision or eye problems \_\_\_\_\_
- Urinary tract infections \_\_\_\_\_
- Stomach or digestive problems \_\_\_\_\_
- Seasonal allergies or eczema \_\_\_\_\_
- Seizures \_\_\_\_\_
- Broken bone(s) \_\_\_\_\_
- Learning disability \_\_\_\_\_
- \_\_\_\_\_
- Other chronic medical problems \_\_\_\_\_

Has your child ever been hospitalized?

- No  Yes Why? \_\_\_\_\_

Previous surgeries: \_\_\_\_\_

Please list any specialists, including counselors, your child is currently seeing and reason: \_\_\_\_\_

**Developmental**

Do you have concerns about any of the following:

- The way your child uses his/her arms, fingers or legs
- Speech problems
- Vision (Are you concerned about your child's vision?)
- Hearing (Are you concerned about your child's hearing?)

**Puberty**

Concerns about:

- Body changes
- Sexual activity
- Sexually transmitted infection
- Discharge: vaginal or penis
- Contraception

For Girls:

Age of first menstrual period? \_\_\_\_\_

**Social Emotional/Stress Indicators**

Does your child have problems with:

- Depression/ anxiety \_\_\_\_\_
- ADD/ADHD \_\_\_\_\_
- School attendance
- Getting along with other children including siblings
- Getting along with parents or other adults
- Problems with sleeping or nightmares
- Bad temper/breath holding/jealousy
- Nail biting/thumb sucking
- Bedwetting (after 6 years)
- Threaten to harm self, others or animals
- Sexual acting out
- Destroying property
- Drug use, alcohol use or smoking

**Exposure Risks**

- Passive smoke  Cigarettes  E-Cigs  Chew
- Alcohol  Other drugs \_\_\_\_\_
- Access to weapons  Has a weapon(s)
- Excessive television/video game/internet/cell phone use
- Hours per day: \_\_\_\_\_ Who supervises usage? \_\_\_\_\_
- Wears protective gear, including seat belts?  Yes  No
- Any concerns about lead exposure (old home, plumbing, peeling paint)?  Yes  No

**Medications**

Current medications and dose: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Vitamins: \_\_\_\_\_  
 Herbs/home remedies: \_\_\_\_\_  
 Over the counter: \_\_\_\_\_

**Allergies/reactions to medications or vaccines:** \_\_\_\_\_  
 \_\_\_\_\_

**Nutrition**

- Has your child had any dietary problems? \_\_\_\_\_
- Unexplained weight gain
- Unexplained weight loss
- Food allergies: \_\_\_\_\_

**Dental**

- Problems with teeth or gums
- Bad breath
- Has your child been seen by a dentist?  Yes  No
- If so, date of last exam: \_\_\_\_\_
- Why did he/she see the dentist? \_\_\_\_\_

**Family Medical History**

Do any family members have any of the following conditions?

Condition	Mother	Father	Sibling	Grandparent
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression/anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug and alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosed Mental Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____				

**Other Concerns/Issues:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Some responses may indicate adverse childhood experiences and may require further evaluation. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. For assistance phone 844-HELP4WV (844-435-7498).

**Appendix B:**

**Age-Appropriate Preventive Health  
Screen Forms**

Screen Date \_\_\_\_\_

1 Day-4 Week Month Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ HC \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

History:  No change  Initial screen  
Birth weight \_\_\_\_\_ Discharge weight \_\_\_\_\_  
Newborn metabolic screen  NL  
Newborn critical congenital heart disease pulse oximetry \_\_\_\_\_  
Newborn hearing screen  Pass  Fail  
Concerns and questions:

Recent injuries, illnesses, or visits to other providers and/or hospitalizations:

**Social Emotional Health/Interpersonal Trauma<sup>1</sup>**

Social/Family:  Check those that apply  
Adjustment to new child \_\_\_\_\_

Parent(s)/Caretaker(s) working outside home?  Yes  No  
Child care plans? \_\_\_\_\_  
Sibling(s) in the home?  Yes  No \_\_\_\_\_  
Reaction of sibling(s) to new child?  NA

Social Emotional/Stress Indicators:  Check those that apply  
Is there stress in the home?  Yes  No

Who do you call for help? \_\_\_\_\_

Risk Indicators:  Check those that apply  
Exposure to:  Passive Smoke  Cigarettes  E-Cigs  
 Chew  Alcohol  Other drugs \_\_\_\_\_  
Are there weapon(s) in the home?  Yes  No  
Are the weapon(s) secured?  Yes  No  NA  
Do you utilize a car seat for your child?  Yes  No

**Developmental**

Developmental Surveillance:  Check those that apply  
Gross Motor:  Raises head slightly in prone position  
 Flexed posture  Moves all extremities  
Sensory:  Blinks in reaction to bright light  
 Follows with eyes, fixates on human face  
 Responds to sound  Can be consoled when crying

**Physical Health**

Current Health Indicators:  Check those that apply  
 No change  
Changes since last visit:

Do you think your child sees okay?  Yes  No

Do you think your child hears okay?  Yes  No

Oral Health Screen:  Check those that apply  
Water source:  Public  Well  Tested  
 Current oral health problems \_\_\_\_\_

Nutrition:  Check those that apply  
 Breast feeding; Frequency \_\_\_\_\_  
 Bottle feeding; Amount \_\_\_\_\_ Frequency \_\_\_\_\_  
 Formula \_\_\_\_\_

Normal elimination \_\_\_\_\_  
 Normal sleep patterns \_\_\_\_\_  
 Sleeps 3-4 hours at a time \_\_\_\_\_  
 Can stay awake for 1 hour or longer \_\_\_\_\_  
Concerns: \_\_\_\_\_

See Periodicity Schedule for risk indicators  
Tuberculosis Risk (at 4 weeks):  Low risk  High risk

Physical Examination:  = Normal limits

General Appearance  Skin  
 Neurological  Reflexes  
 Head  Fontanelles  Neck  
 Eyes  Red Reflex  Ears  
 Nose  Oral Cavity/Throat  
 Lung  Heart  Pulses  
 Abdomen  Genitalia  Back  
 Hips  Extremities

Jaundice  Yes  No  
Possible Signs of Abuse  Yes  No

Health Education:  
 Discussed  Handout(s) given  
Healthy and safe habits: nutrition, sleep, oral/dental care, injury and violence prevention, infant care, illness prevention, promotion of parent-infant interaction, family relationships, and community interaction

Risk indicators reviewed/screen complete  
Assessment:  Well Child  Other Diagnosis

Immunizations: Attach current immunization record  
 UTD  Given, see vaccine record

Labs:  
Referrals:  Developmental  Other  
 RFTS  BTT  CSHCN 1-800-642-9704

Prior Authorizations:  
For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

Follow Up/Next Visit:  \_\_\_\_\_

\_\_\_\_\_  
Please Print Name of Facility or Clinician

\_\_\_\_\_  
Signature of Clinician/Title

<sup>1</sup> Some responses may indicate adverse childhood experiences. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. For assistance phone 844-HELP4WV (844-435-7498).

Screen Date \_\_\_\_\_

West Virginia Department of Health and Human Resources  
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

2 Month Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ HC \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

History:  No change  
Newborn metabolic screen  NL  
Concerns and questions:

Follow up on previous concerns:

Recent injuries, illnesses, or visits to other providers and/or hospitalizations:

**Social Emotional Health/Interpersonal Trauma<sup>1</sup>**

Social/Family:  Check those that apply

Family situation change  No change

Has your child lived anywhere but with parent(s)/caretaker(s)?

Yes  No \_\_\_\_\_

Parent(s)/Caretaker(s) working outside home?  Yes  No

Child care?  Yes  No \_\_\_\_\_

Ability to separate from parent(s)/caretaker(s)?  Yes  No

Sibling(s) in the home?  Yes  No \_\_\_\_\_

Social Emotional/Stress Indicators:  Check those that apply

Is there stress in the home?  Yes  No

Who do you call for help? \_\_\_\_\_

Risk Indicators:  Check those that apply

Exposure to:  Passive Smoke  Cigarettes  E-Cigs

Chew  Alcohol  Other drugs \_\_\_\_\_

Are there weapon(s) in the home?  Yes  No

Are the weapon(s) secured?  Yes  No  NA

Do you utilize a car seat for your child?  Yes  No

**Developmental**

Developmental Surveillance:  Check those that apply

Gross Motor:  Lifts head when prone

Holds head erect for periods when held upright

Grasps objects

Sensory:  Responds to sounds, attentive to voices

Follows objects with eyes, shows interest

Communication:  Coos

Different cries for different needs

Social:  Social smile, smiles responsively

Shows pleasure in interactions with adults

**Physical Health**

Current Health Indicators:  Check those that apply

No change

Changes since last visit:

Do you think your child sees okay?  Yes  No

Do you think your child hears okay?  Yes  No

Oral Health Screen:  Check those that apply

Water source:  Public  Well  Tested

Current oral health problems \_\_\_\_\_

Nutrition:  Check those that apply

Breast feeding; Frequency \_\_\_\_\_

Bottle feeding; Amount \_\_\_\_\_ Frequency \_\_\_\_\_

Formula \_\_\_\_\_

Vitamins \_\_\_\_\_

Normal elimination \_\_\_\_\_

Normal Sleep patterns \_\_\_\_\_

Physical Examination:  = Normal limits

General Appearance  Skin

Neurological  Reflexes

Head  Fontanelles  Neck

Eyes  Red Reflex  Ocular Alignment

Ears  Nose

Oral Cavity/Throat  Lung

Heart  Pulses  Abdomen

Genitalia  Back  Hips

Extremities

Possible Signs of Abuse  Yes  No

Health Education:

Discussed  Handout(s) given

Healthy and safe habits: nutrition, sleep, oral/dental care, injury and violence prevention, infant care, illness prevention, promotion of parent-infant interaction, family relationships, and community interaction

Risk indicators reviewed/screen complete

Assessment:  Well Child  Other Diagnosis

Immunizations: Attach current immunization record

UTD  Given, see vaccine record

Labs:

Referrals:  Developmental  Other

RFTS  BTT  CSHCN 1-800-642-9704

Prior Authorizations:

For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

Follow Up/Next Visit:  4 months of age  Other

Please Print Name of Facility or Clinician

Signature of Clinician/Title

<sup>1</sup> Some responses may indicate adverse childhood experiences. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. For assistance phone 844-HELP4WV (844-435-7498).

Screen Date \_\_\_\_\_

West Virginia Department of Health and Human Resources  
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

4 Month Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ HC \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

History:  No change  
Newborn metabolic screen  NL  
Concerns and questions:

Follow up on previous concerns:

Recent injuries, illnesses, or visits to other providers and/or hospitalizations:

**Social Emotional Health/Interpersonal Trauma<sup>1</sup>**

Social/Family:  Check those that apply

Family situation change  No change

Has your child lived anywhere but with parent(s)/caretaker(s)?  
 Yes  No \_\_\_\_\_

Parent(s)/Caretaker(s) working outside home?  Yes  No

Child care?  Yes  No \_\_\_\_\_

Ability to separate from parent(s)/caretaker(s)?  Yes  No

Sibling(s) in the home?  Yes  No \_\_\_\_\_

Social Emotional/Stress Indicators:  Check those that apply

Is there stress in the home?  Yes  No

Who do you call for help? \_\_\_\_\_

Risk Indicators:  Check those that apply

Exposure to:  Passive Smoke  Cigarettes  E-Cigs

Chew  Alcohol  Other drugs \_\_\_\_\_

Are there weapon(s) in the home?  Yes  No

Are the weapon(s) secured?  Yes  No  NA

Do you utilize a car seat for your child?  Yes  No

**Developmental**

Developmental Surveillance:  Check those that apply

Gross Motor:  Holds head erect

Raises body on hands with head up  Rolls front to back

Fine Motor:  Reaches for and grabs objects

Brings hands together  Begins to bat at objects

Sensory:  Responds to sounds  Follows objects with eyes

Looks at and may become excited by mobile

Recognizes parent's voice and touch

Communication:  Coos

Blows bubbles, makes "raspberry sounds"

Social:  Social smile  Laughs or squeals

Able to comfort self (e.g., falls asleep without breast or bottle)

**Physical Health**

Current Health Indicators:  Check those that apply

No change

Changes since last visit:

Do you think your child sees okay?  Yes  No

Do you think your child hears okay?  Yes  No

Oral Health Screen:  Check those that apply

Water source:  Public  Well  Tested

Current oral health problems \_\_\_\_\_

Nutrition:  Check those that apply

Breast feeding; Frequency \_\_\_\_\_

Bottle feeding; Amount \_\_\_\_\_ Frequency \_\_\_\_\_

Formula \_\_\_\_\_

Juice  Water

Has started solid foods  Normal eating habits

Vitamins \_\_\_\_\_

Normal elimination \_\_\_\_\_

Sleep patterns \_\_\_\_\_

See Periodicity Schedule for risk indicators

Hemoglobin/Hematocrit Risk:  Low risk  High risk

Physical Examination:  = Normal limits

General Appearance

Skin

Neurological

Reflexes

Head

Fontanelles

Neck

Eyes

Red Reflex

Ocular Alignment

Ears

Nose

Oral Cavity/Throat

Lung

Heart

Pulses

Abdomen

Genitalia

Back

Hips

Extremities

Possible Signs of Abuse  Yes  No

Health Education:

Discussed

Handout(s) given

Healthy and safe habits: nutrition, sleep, oral/dental care, injury and violence prevention, infant care, illness prevention, promotion of parent-infant interaction, family relationships, and community interaction

Risk indicators reviewed/screen complete

Assessment:  Well Child  Other Diagnosis

Immunizations:  Attach current immunization record

UTD

Given, see vaccine record

Labs:

Referrals:  Developmental  Other

RFTS  BTT  CSHCN 1-800-642-9704

Prior Authorizations:

For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

Follow Up/Next Visit:  6 months of age  Other

Please Print Name of Facility or Clinician \_\_\_\_\_

Signature of Clinician/Title \_\_\_\_\_

<sup>1</sup> Some responses may indicate adverse childhood experiences. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. For assistance phone 844-HELP4WV (844-435-7498).

Screen Date \_\_\_\_\_

West Virginia Department of Health and Human Resources  
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

6 Month Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ HC \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

History:  No change  
Newborn metabolic screen  NL  
Concerns and questions:

Follow up on previous concerns:

Recent injuries, illnesses, or visits to other providers and/or hospitalizations:

**Social Emotional Health/Interpersonal Trauma<sup>1</sup>**

Social/Family:  Check those that apply

Family situation change  No change

Has your child lived anywhere but with parent(s)/caretaker(s)?

Yes  No \_\_\_\_\_

Parent(s)/Caretaker(s) working outside home?  Yes  No

Child care?  Yes  No \_\_\_\_\_

Ability to separate from parent(s)/caretaker(s)?  Yes  No

Sibling(s) in the home?  Yes  No \_\_\_\_\_

Social Emotional/Stress Indicators:  Check those that apply

Is there stress in the home?  Yes  No

Who do you call for help? \_\_\_\_\_

Risk Indicators:  Check those that apply

Exposure to:  Passive Smoke  Cigarettes  E-Cigs

Chew  Alcohol  Other drugs \_\_\_\_\_

Are there weapon(s) in the home?  Yes  No

Are the weapon(s) secured?  Yes  No  NA

Do you utilize a car seat for your child?  Yes  No

**Developmental**

Developmental Surveillance:  Check those that apply

Gross Motor:  Sits with support  Rolls over

Stands when placed and bears weight

Fine Motor:  Transfers objects from hand to hand  
 Starts to self-feed; grasps and mouths objects  
 Rakes in small objects  
Communication:  Vocalizes single consonants (“dada,” “baba”)  
 Babbles, laughs and squeals  Plays by making sounds  
 Shows interest in toys  
Social:  Social smile  Shows pleasure  
 Shows differential recognition of parents  
 May begin to show signs of stranger anxiety  Self comforts

**Physical Health**

Current Health Indicators:  Check those that apply

No change

Changes since last visit:

Do you think your child sees okay?  Yes  No

Do you think your child hears okay?  Yes  No

Oral Health Screen:  Check those that apply

Water source:  Public  Well  Tested

Current oral health problems \_\_\_\_\_

Nutrition:  Check those that apply

Breast feeding; Frequency \_\_\_\_\_

Bottle feeding; Amount \_\_\_\_\_ Frequency \_\_\_\_\_

Formula \_\_\_\_\_

Juice  Water

Has started solid foods  Normal eating habits

Vitamins \_\_\_\_\_

Normal elimination \_\_\_\_\_

Sleep patterns \_\_\_\_\_

See Periodicity Schedule for risk indicators

Tuberculosis Risk:  Low risk  High risk

Lead Risk:  Low risk  High risk

Lives in or regularly visits a house/child care facility built before 1970 or that has been recently remodeled?

Lives near a heavily traveled highway or battery recycling plant or lives with an adult whose job or hobby involves exposure to lead?

Has a sibling or playmate who has or did have lead poisoning?

Physical Examination:  = Normal limits

General Appearance  Skin  
 Neurological  Reflexes  
 Head  Fontanelles  Neck  
 Eyes  Red Reflex  Ocular Alignment  
 Ears  Nose  
 Oral Cavity/Throat  Lung  
 Heart  Pulses  Abdomen  
 Genitalia  Back  Hips  
 Extremities

Possible Signs of Abuse  Yes  No

Health Education:

Discussed  Handout(s) given

Healthy and safe habits: nutrition, sleep, oral/dental care, injury and violence prevention, infant care, illness prevention, promotion of parent-infant interaction, family relationships, and community interaction

Risk indicators reviewed/screen complete

Assessment:  Well Child  Other Diagnosis

Immunizations: **Attach current immunization record**

UTD  Given, see vaccine record

Labs:  Blood lead, if high risk

Referrals:  Developmental  Blood lead 10<sub>></sub>ug/dl  Other  
 RFTS  BTT  CSHCN 1-800-642-9704

Prior Authorizations:

For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

Follow Up/Next Visit:  9 months of age  Other

\_\_\_\_\_  
Please Print Name of Facility or Clinician

\_\_\_\_\_  
Signature of Clinician/Title

<sup>1</sup> Some responses may indicate adverse childhood experiences. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. For assistance phone 844-HELP4WV (844-435-7498).

Screen Date \_\_\_\_\_

West Virginia Department of Health and Human Resources  
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

9 Month Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ HC \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

History:  No change  
Concerns and questions:

Follow up on previous concerns:

Recent injuries, illnesses, or visits to other providers and/or hospitalizations:

**Social Emotional Health/Interpersonal Trauma<sup>1</sup>**

Social/Family:  **Check those that apply**

Family situation change  No change

Has your child lived anywhere but with parent(s)/caretaker(s)?

Yes  No \_\_\_\_\_

Parent(s)/Caretaker(s) working outside home?  Yes  No

Child care?  Yes  No \_\_\_\_\_

Ability to separate from parent(s)/caretaker(s)?  Yes  No

Sibling(s) in the home?  Yes  No \_\_\_\_\_

Social Emotional/Stress Indicators:  **Check those that apply**

Is there stress in the home?  Yes  No

Who do you call for help? \_\_\_\_\_

Risk Indicators:  **Check those that apply**

Exposure to:  Passive Smoke  Cigarettes  E-Cigs

Chew  Alcohol  Other drugs \_\_\_\_\_

Are there weapon(s) in the home?  Yes  No

Are the weapon(s) secured?  Yes  No  NA

Do you utilize a car seat for your child?  Yes  No

**Developmental**

Developmental Surveillance & Screening completed

Standardized Screening Tool:

ASQ3 Other: \_\_\_\_\_

Results in chart/record  Yes  No

**Physical Health**

Current Health Indicators:  **Check those that apply**

No change

Changes since last visit:

Do you think your child sees okay?  Yes  No

Do you think your child hears okay?  Yes  No

Oral Health Screen:  **Check those that apply**

Water source:  Public  Well  Tested

Tooth eruption

Current oral health problems \_\_\_\_\_

Nutrition:  **Check those that apply**

Breast feeding; Frequency \_\_\_\_\_

Bottle feeding; Amount \_\_\_\_\_ Frequency \_\_\_\_\_

Formula \_\_\_\_\_

Milk  Juice  Water

Has started solid foods  Normal eating habits

Vitamins \_\_\_\_\_

Normal elimination \_\_\_\_\_

Normal sleep patterns \_\_\_\_\_

Lead Risk:  Low risk  High risk

Lives in or regularly visits a house/child care facility built before 1970 or that has been recently remodeled?

Lives near a heavily traveled highway or battery recycling plant or lives with an adult whose job or hobby involves exposure to lead?

Has a sibling or playmate who has or did have lead poisoning?

Physical Examination:  = **Normal limits**

General Appearance

Skin

Neurological

Reflexes

Head

Fontanelles

Neck

Eyes

Red Reflex

Ocular Alignment

Ears

Nose

Oral Cavity/Throat

Lung

Heart

Pulses

Abdomen

Genitalia

Back

Hips

Extremities

Possible Signs of Abuse  Yes  No

Health Education:

Discussed

Handout(s) given

Healthy and safe habits: nutrition, sleep, oral/dental care, injury and violence prevention, infant care, illness prevention, promotion of parent-infant interaction, family relationships, and community interaction

Risk indicators reviewed/screen complete

Assessment:  Well Child  Other Diagnosis

Immunizations: Attach current immunization record

UTD  Given, see vaccine record

Labs:  Blood lead, if high risk

Referrals:  Developmental  Blood lead 10<sub>≥</sub>ug/dl  Other

RFTS  BTT  CSHCN 1-800-642-9704

Prior Authorizations:

For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

Follow Up/Next Visit:  12 months of age  Other

\_\_\_\_\_  
Please Print Name of Facility or Clinician

\_\_\_\_\_  
Signature of Clinician/Title

<sup>1</sup> Some responses may indicate adverse childhood experiences. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. For assistance phone 844-HELP4WV (844-435-7498).

Screen Date \_\_\_\_\_

12 Month Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ HC \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

History:  No change  
Concerns and questions:

Follow up on previous concerns:

Recent injuries, illnesses, or visits to other providers and/or hospitalizations:

**Social Emotional Health/Interpersonal Trauma<sup>1</sup>**

Social/Family:  **Check those that apply**  
 Family situation change  No change

Has your child lived anywhere but with parent(s)/caretaker(s)?  
 Yes  No \_\_\_\_\_

Parent(s)/Caretaker(s) working outside home?  Yes  No

Child care?  Yes  No \_\_\_\_\_

Ability to separate from parent(s)/caretaker(s)?  Yes  No  
Sibling(s) in the home?  Yes  No \_\_\_\_\_

Social Emotional/Stress Indicators:  **Check those that apply**  
Is there stress in the home?  Yes  No

Who do you call for help? \_\_\_\_\_  
\_\_\_\_\_

Risk Indicators:  **Check those that apply**

Exposure to:  Passive Smoke  Cigarettes  E-Cigs

Chew  Alcohol  Other drugs

Are there weapon(s) in the home?  Yes  No

Are the weapon(s) secured?  Yes  No  NA

Do you utilize a car seat for your child?  Yes  No

**Developmental**

Developmental Surveillance:  **Check those that apply**

Gross Motor:  Pulls self to standing  Crawls

Walks with support

Fine Motor:  Feeds self with fingers, drinks from cup

Pincer grasp  Bangs two blocks together

Communication:  Uses 1- 2 words

Imitates vocalizations and sounds\*  Babbling\*

Social:  Protodeclarative pointing\*

Social smile  Waves bye-bye

Peekaboo  Looks at pictures

Patty-cake  Looks for dropped or hidden objects

**\*Absence of these milestones=Autism Screen**

**Physical Health**

Current Health Indicators:  **Check those that apply**

No change

Changes since last visit:

Do you think your child sees okay?  Yes  No

Do you think your child hears okay?  Yes  No

Oral Health Screen:  **Check those that apply**

Water source:  Public  Well  Tested

Fluoride  Yes  No

Tooth eruption

Current oral health problems \_\_\_\_\_

Dental referral required at 12 months

Nutrition:  **Check those that apply**

Breast feeding; Frequency \_\_\_\_\_

Bottle feeding; Amount \_\_\_\_\_ Frequency \_\_\_\_\_

Formula \_\_\_\_\_

Milk  Juice  Water

Has started solid foods  Normal eating habits

Vitamins \_\_\_\_\_

Normal elimination \_\_\_\_\_

Normal sleep patterns \_\_\_\_\_

See Periodicity Schedule for risk indicators

Tuberculosis Risk:  Low risk  High risk

Lead Risk: Blood lead required at 12 months

Hemoglobin/Hematocrit Risk: HGB/HCT required at 12 months

Physical Examination:  = **Normal limits**

General Appearance

Skin

Neurological

Reflexes

Head

Fontanelles

Neck

Eyes

Red Reflex

Ocular Alignment

Ears

Nose

Oral Cavity/Throat

Lung

Heart

Pulses

Abdomen

Genitalia

Back

Hips

Extremities

Possible Signs of Abuse  Yes  No

Health Education:

Discussed

Handout(s) given

Healthy and safe habits: nutrition, sleep, oral/dental care, sexuality, injury and violence prevention, social competence, family relationships, and community interaction

Risk indicators reviewed/screen complete

Assessment:  Well Child  Other Diagnosis

Immunizations: **Attach current immunization record**

UTD  Given, see vaccine record

Labs:  HGB/HCT required at 12 months

Blood lead required at 12 months

Referrals:  Developmental  Dentist  Blood lead 10<sub>2</sub>ug/dl

Other  BTT  CSHCN 1-800-642-9704

Prior Authorizations:

For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

Follow Up/Next Visit:  15 months of age  Other

\_\_\_\_\_  
Please Print Name of Facility or Clinician

\_\_\_\_\_  
Signature of Clinician/Title

<sup>1</sup> Some responses may indicate adverse childhood experiences. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. For assistance phone 844-HELP4WV (844-435-7498).

Screen Date \_\_\_\_\_

15 Month Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ HC \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

History:  No change  
Concerns and questions:

Follow up on previous concerns:

Recent injuries, illnesses, or visits to other providers and/or hospitalizations:

**Social Emotional Health/Interpersonal Trauma<sup>1</sup>**

Social/Family:  Check those that apply  
 Family situation change  No change

Has your child lived anywhere but with parent(s)/caretaker(s)?  
 Yes  No \_\_\_\_\_  
Parent(s)/Caretaker(s) working outside home?  Yes  No  
Child care?  Yes  No \_\_\_\_\_  
Ability to separate from parent(s)/caretaker(s)?  Yes  No  
Sibling(s) in the home?  Yes  No \_\_\_\_\_

Social Emotional/Stress Indicators:  Check those that apply  
Is there stress in the home?  Yes  No

Who do you call for help? \_\_\_\_\_

Risk Indicators:  Check those that apply

Exposure to:  Passive Smoke  Cigarettes  E-Cigs  
 Chew  Alcohol  Other drugs

Are there weapon(s) in the home?  Yes  No  
Are the weapon(s) secured?  Yes  No  NA  
Do you utilize a car seat for your child?  Yes  No

**Developmental**

Developmental Surveillance:  Check those that apply

Gross Motor:  Walks well, stoops, climbs stairs

Fine Motor:  Feeds self with fingers, drinks from cup  
 Scribbles  Stacks 2 blocks

Communication:  Uses 1 word\*  Uses 3-10 words  
 Indicates what he/she wants by pulling, pointing or grunting  
 Understands simple commands  Points to pictures in book

Social:  Gives and takes food or toys  Throws objects in play  
 Listens to a story

\*Absence of these milestones=Autism Screen

**Physical Health**

Current Health Indicators:  Check those that apply

No change  
Changes since last visit:

Do you think your child sees okay?  Yes  No

Do you think your child hears okay?  Yes  No

Oral Health Screen:  Check those that apply

Date of last dental visit \_\_\_\_\_  
Water source:  Public  Well  Tested  
Fluoride  Yes  No  
 Current oral health problems? \_\_\_\_\_

Nutrition:  Check those that apply

Breast feeding; Frequency \_\_\_\_\_  
 Bottle feeding; Amount \_\_\_\_\_ Frequency \_\_\_\_\_  
 Formula \_\_\_\_\_  
 Milk  Juice  Water  Normal eating habits  
 Vitamins \_\_\_\_\_  
 Normal elimination \_\_\_\_\_  
 Normal sleep patterns \_\_\_\_\_

See Periodicity Schedule for risk indicators

Hemoglobin/Hematocrit Risk:  Low risk  High risk

Tuberculosis Risk:  Low risk  High risk

Lead Risk:  Low risk  High risk

Lives in or regularly visits a house/child care facility built before 1970 or that has been recently remodeled?  
 Lives near a heavily traveled highway or battery recycling plant or lives with an adult whose job or hobby involves exposure to lead?

Has a sibling or playmate who has or did have lead poisoning?

Physical Examination:  = Normal limits

General Appearance  Skin  
 Neurological  Reflexes  
 Head  Fontanelles  Neck  
 Eyes  Red Reflex  Ocular Alignment  
 Ears  Nose  
 Oral Cavity/Throat  Lung  
 Heart  Pulses  Abdomen  
 Genitalia  Back  Hips  
 Extremities

Possible Signs of Abuse  Yes  No

Health Education:

Discussed  Handout(s) given

Healthy and safe habits: nutrition, sleep, oral/dental care, injury and violence prevention, social competence, family relationships, and community interaction

Risk indicators reviewed/screen complete

Assessment:  Well Child  Other Diagnosis

Immunizations: Attach current immunization record

UTD  Given, see vaccine record

Labs:  Blood lead, if high risk

Referrals:  Developmental  Dentist  Blood lead 10<sub>≥</sub>ug/dl  
 Other  BTT  CSHCN 1-800-642-9704

Prior Authorizations:

For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

Follow Up/Next Visit:  18 months of age  Other

\_\_\_\_\_  
Please Print Name of Facility or Clinician

\_\_\_\_\_  
Signature of Clinician/Title

<sup>1</sup> Some responses may indicate adverse childhood experiences. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. For assistance phone 844-HELP4WV (844-435-7498).

Screen Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ HC \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

History:  No change  
Concerns and questions:

Follow up on previous concerns:

Recent injuries, illnesses, or visits to other providers and/or hospitalizations:

**Social Emotional Health/Interpersonal Trauma<sup>1</sup>**

Social/Family:  Check those that apply

Family situation change  No change

Has your child lived anywhere but with parent(s)/caretaker(s)?

Yes  No \_\_\_\_\_

Parent(s)/Caretaker(s) working outside home?  Yes  No

Child care?  Yes  No \_\_\_\_\_

Ability to separate from parent(s)/caretaker(s)?  Yes  No

Sibling(s) in the home?  Yes  No \_\_\_\_\_

Social Emotional/Stress Indicators:  Check those that apply

Is there stress in the home?  Yes  No

Who do you call for help? \_\_\_\_\_

Risk Indicators:  Check those that apply

Exposure to:  Passive Smoke  Cigarettes  E-Cigs

Chew  Alcohol  Other drugs \_\_\_\_\_

Are there weapon(s) in the home?  Yes  No

Are the weapon(s) secured?  Yes  No  NA

Do you utilize a car seat for your child?  Yes  No

**Developmental**

Developmental Surveillance & Screening completed:

Standardized Screening Tool:

ASQ3 Other: \_\_\_\_\_

Results in chart/record  Yes  No

Autism Screening completed:

Autism Specific Screening Tool:

M-CHAT Other: \_\_\_\_\_

Results in chart/record  Yes  No

**Physical Health**

Current Health Indicators:  Check those that apply

No change

Changes since last visit:

Do you think your child sees okay?  Yes  No

Do you think your child hears okay?  Yes  No

Oral Health Screen:  Check those that apply

Date of last dental visit: \_\_\_\_\_

Water source:  Public  Well  Tested

Fluoride  Yes  No

Current oral health problems: \_\_\_\_\_

Nutrition:  Check those that apply

Breast feeding; Frequency \_\_\_\_\_

Bottle feeding; Amount \_\_\_\_\_ Frequency \_\_\_\_\_

Formula \_\_\_\_\_

Milk  Juice  Water  Normal eating habits

Vitamins \_\_\_\_\_

Normal elimination \_\_\_\_\_

Normal sleep patterns \_\_\_\_\_

See Periodicity Schedule for risk indicators

Hemoglobin/Hematocrit Risk:  Low risk  High risk

Tuberculosis Risk:  Low risk  High risk

Lead Risk:  Low risk  High risk

Lives in or regularly visits a house/child care facility

built before 1970 or that has been recently remodeled?

Lives near a heavily traveled highway or battery

recycling plant or lives with an adult whose job or hobby

involves exposure to lead?

Has a sibling or playmate who has or did have lead

poisoning?

Physical Examination:  = Normal limits

General Appearance

Skin

Neurological

Reflexes

Head

Fontanelles

Neck

Eyes

Red Reflex

Ocular Alignment

Ears

Nose

Oral Cavity/Throat

Lung

Heart

Pulses

Abdomen

Genitalia

Back

Hips

Extremities

Possible Signs of Abuse  Yes  No

Health Education:

Discussed

Handout(s) given

Healthy and safe habits: nutrition, sleep, oral/dental care, sexuality, injury and violence prevention, social competence, family relationships, and community interaction

Risk indicators reviewed/screen complete

Assessment:  Well Child

Other Diagnosis

Immunizations:  Attach current immunization record

UTD  Given, see vaccine record

Labs:  Blood lead level, if high risk

Referrals:  Developmental  Dentist  Blood lead 10<sub>2</sub>ug/dl

Other  BTT  CSHCN 1-800-642-9704

Prior Authorizations:

For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

Follow Up/Next Visit:  24 months of age  Other

\_\_\_\_\_  
Please Print Name of Facility or Clinician

\_\_\_\_\_  
Signature of Clinician/Title

<sup>1</sup> Some responses may indicate adverse childhood experiences. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. For assistance phone 844-HELP4WV (844-435-7498).

Screen Date \_\_\_\_\_

West Virginia Department of Health and Human Resources  
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

24 Month Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ BMI \_\_\_\_\_ HC \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

History:  No change  
Concerns and questions:

Follow up on previous concerns:

Recent injuries, illnesses, or visits to other providers or counselors and/or hospitalizations:

**Social Emotional Health/Interpersonal Trauma<sup>1</sup>**

Social/Family:  Check those that apply

Family situation change  No change

Has your child lived anywhere but with parent(s)/caretaker(s)?

Yes  No \_\_\_\_\_

Parent(s)/Caretaker(s) working outside home?  Yes  No

Child care?  Yes  No \_\_\_\_\_

Ability to separate from parent(s)/caretaker(s)?  Yes  No

Sibling(s) in the home?  Yes  No \_\_\_\_\_

Gets along with other family members?  Yes  No

Social Emotional/Stress Indicators:  Check those that apply

Is there stress in the home?  Yes  No

Who do you call for help? \_\_\_\_\_

Has your child ever had a really scary or bad experience that they cannot forget?  Yes  No

Does your child have bad dreams or nightmares?  Yes  No

Has your child experienced an emotional loss?  Yes  No

Risk Indicators:  Check those that apply

Exposure to:  Passive Smoke  Cigarettes  E-Cigs

Chew  Alcohol  Other drugs \_\_\_\_\_

Are there weapon(s) in the home?  Yes  No

Are the weapon(s) secured?  Yes  No  NA

Do you utilize a car seat for your child?  Yes  No

Excessive television/video game/internet/cell phone use

Hours per day: \_\_\_\_\_ Who supervises usage? \_\_\_\_\_

**Developmental**

Developmental Surveillance:  Check those that apply

Gross Motor:  Runs  Walk up and down stairs

Kicks ball  Throws ball

Fine Motor:  Uses spoon and fork  Opens a door

Makes horizontal and circular strokes with crayon

Stacks 5-6 blocks

Communication:  Uses 2 word phrases  ≥20 word vocabulary

Follows two-step commands  Uses pronouns

Listens to stories

Cognitive:  Hides and finds objects  Pretend plays

Problem solves

Social:  Parallel play with other children  Imitates adults

Autism Screening completed:

Autism Specific Screening Tool:

M-CHAT Other: \_\_\_\_\_

Results in chart/record  Yes  No

**Physical Health**

Current Health Indicators:  Check those that apply

No change

Changes since last visit:

Do you think your child sees okay?  Yes  No

Do you think your child hears okay?  Yes  No

Oral Health Screen:  Check those that apply

Date of last dental visit: \_\_\_\_\_

Water source:  Public  Well  Tested

Fluoride  Yes  No

Current oral health issues \_\_\_\_\_

Nutrition:  Check those that apply

Normal eating habits \_\_\_\_\_

Vitamins \_\_\_\_\_

Normal elimination  Normal sleep patterns

Lead Risk: Blood lead required at 24 months

See Periodicity Schedule for risk indicators

Hemoglobin/Hematocrit Risk:  Low risk  High risk

Dyslipidemia Risk:  Low risk  High risk

Tuberculosis Risk:  Low risk  High risk

Physical Examination:  = Normal limits

General Appearance

Skin

Neurological

Reflexes

Head

Neck

Eyes

Red Reflex

Ocular Alignment

Ears

Nose

Oral Cavity/Throat

Lung

Heart

Pulses

Abdomen

Genitalia

Back

Hips

Extremities

Possible Signs of Abuse  Yes  No

Health Education:

Discussed

Handout(s) given

Healthy and safe habits: nutrition, sleep, oral/dental care, sexuality, injury and violence prevention, social competence, family relationships, and community interaction

Risk indicators reviewed/screen complete

Assessment:  Well Child

Other Diagnosis

Immunizations: Attach current immunization record

UTD  Given, see vaccine record

Labs:  Blood lead level required at 24 months

Referrals:  Developmental  Emotional  Dentist

Blood lead 10>ug/dl  Other

BTT  CSHCN 1-800-642-9704

Birth To Three transition planning

Prior Authorizations:

For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

Follow Up/Next Visit:  30 months of age  Other

Please Print Name of Facility or Clinician

Signature of Clinician/Title

<sup>1</sup> Some responses may indicate adverse childhood experiences. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. For assistance phone 844-HELP4WV (844-435-7498).

Screen Date \_\_\_\_\_

West Virginia Department of Health and Human Resources  
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

30 Month Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ BMI \_\_\_\_\_ HC \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

History:  No change  
Concerns and questions:

Follow up on previous concerns:

Recent injuries, illnesses, or visits to other providers or counselors and/or hospitalizations:

**Social Emotional Health/Interpersonal Trauma<sup>1</sup>**

Social/Family:  Check those that apply

Family situation change  No change

Has your child lived anywhere but with parent(s)/caretaker(s)?

Yes  No \_\_\_\_\_

Parent(s)/Caretaker(s) working outside home?  Yes  No

Child care?  Yes  No \_\_\_\_\_

Ability to separate from parent(s)/caretaker(s)?  Yes  No

Sibling(s) in the home?  Yes  No \_\_\_\_\_

Gets along with other family members?  Yes  No

Social Emotional/Stress Indicators:  Check those that apply

Is there stress in the home?  Yes  No

Who do you call for help? \_\_\_\_\_

Has your child ever had a really scary or bad experience that they cannot forget?  Yes  No

Does your child have bad dreams or nightmares?  Yes  No

Has your child experienced an emotional loss?  Yes  No

Risk Indicators:  Check those that apply

Exposure to:  Passive Smoke  Cigarettes  E-Cigs

Chew  Alcohol  Other drugs \_\_\_\_\_

Are there weapon(s) in the home?  Yes  No

Are the weapon(s) secured?  Yes  No  NA

Do you utilize a car seat for your child?  Yes  No

Excessive television/video game/internet/cell phone use

Hours per day: \_\_\_\_\_ Who supervises usage? \_\_\_\_\_

**Developmental**

Developmental Surveillance & Screening completed: Standardized Screening Tool:

ASQ3  Other: \_\_\_\_\_

Results in chart/record  Yes  No

Comments: \_\_\_\_\_

**Physical Health**

Current Health Indicators:  Check those that apply

No change

Changes since last visit:

Do you think your child sees okay?  Yes  No

Do you think your child hears okay?  Yes  No

Oral Health Screen:  Check those that apply

Date of last dental visit \_\_\_\_\_

Water source:  Public  Well  Tested

Fluoride  Yes  No

Current oral health issues \_\_\_\_\_

Nutrition:  Check those that apply

Normal eating habits \_\_\_\_\_

Vitamins \_\_\_\_\_

Normal elimination  Normal sleep patterns

Lead Risk:  Low risk  High risk

Lives in or regularly visits a house/child care facility built before 1970 or that has been recently remodeled?

Lives near a heavily traveled highway or battery recycling plant or lives with an adult whose job or hobby involves exposure to lead?

Has a sibling or playmate who has or did have lead

See Periodicity Schedule for risk indicators

Hemoglobin/Hematocrit Risk:  Low risk  High risk

Tuberculosis Risk:  Low risk  High risk

Physical Examination:  = Normal limits

General Appearance

Neurological

Neck

Ocular Alignment

Oral Cavity/Throat

Pulse

Back

Reflexes

Eyes

Ears

Lung

Abdomen

Hips

Skin

Head

Red Reflex

Nose

Heart

Genitalia

Extremities

Possible Signs of Abuse  Yes  No

Health Education:

Discussed  Handout(s) given

Healthy and safe habits: nutrition, sleep, oral/dental care, sexuality, injury and violence prevention, social competence, family relationships, and community interaction

Risk indicators reviewed/screen complete

Assessment:  Well Child  Other Diagnosis

Immunizations: Attach current immunization record

UTD  Given, see vaccine record

Labs:

Referrals:  Developmental  Emotional  Dentist

Blood lead 10<sub>></sub>ug/dl  Other

BTT  CSHCN 1-800-642-9704

Birth To Three transition planning

Prior Authorizations:

For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

Follow Up/Next Visit:  3 years of age  Other

\_\_\_\_\_  
Please Print Name of Facility or Clinician

\_\_\_\_\_  
Signature of Clinician/Title

<sup>1</sup> Some responses may indicate adverse childhood experiences. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. For assistance phone 844-HELP4WV (844-435-7498).

Screen Date \_\_\_\_\_

West Virginia Department of Health and Human Resources  
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

3 Year Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

Health conditions that may require care at school \_\_\_\_\_

**Vision Acuity Screen (obj)** R \_\_\_\_\_ L \_\_\_\_\_  
 Unable to obtain, re-screen in 4-6 month  
Wears glasses  Yes  No  
  
 **Hearing Screen (Subjective screen required at 3)**  
Do you think your child hears okay?  Yes  No  
Wears hearing aids  Yes  No  
  
**Oral Health Screen**  
Date of last dental visit \_\_\_\_\_  
Water source:  Public  Well  Tested  
Fluoride  Yes  No  
 Current oral health problems: \_\_\_\_\_

**Developmental**

**Developmental Surveillance:**  Check those that apply  
**Gross Motor:**  Jumps in place  Kicks ball  Rides tricycle  
 Up/down stairs alternating feet  
**Fine Motor:**  Uses cup, spoon and fork  Has manual dexterity  
 Builds a tower with 6 or 8 cubes  Copies a circle  
**Communication:**  Speaks intelligibly  
 Uses 3-4 word sentences  Short paragraphs  
 Uses plurals and pronouns  
**Cognitive:**  Follows 2 step instructions  
 Aware of gender (of self and others)  
 Knows name, age and sex  Names most common objects  
**Social:**  Listens to stories  Shows early imaginative behavior  
 Plays interactive games with peers (able to take turns)

**Immunizations:** Attach current immunization record  
 UTD  Given, see vaccine record

**Referrals:**  Developmental  Emotional  Dentist  Vision  
 Hearing  Blood lead 10 $\geq$ ug/dl  CSHCN 1-800-642-9704

**Provider signature required for validation**  
 Risk indicators reviewed/screen complete

\_\_\_\_\_  
Please Print Name of Facility or Clinic

\_\_\_\_\_  
Signature of Clinician/Title

*The information above this line is intended to be released to meet school entry requirements.*

School Entry Requirements



**History:**  No change  
Concerns and questions: \_\_\_\_\_  
  
Follow up on previous concerns: \_\_\_\_\_  
  
Recent injuries, illnesses, visits to other providers or counselors and/or hospitalizations: \_\_\_\_\_

**Risk Indicators:**  Check those that apply  
Exposure to:  Passive Smoke  Cigarettes  E-Cigs  Chew  
 Alcohol  Other drugs \_\_\_\_\_  
Are there weapon(s) in the home?  Yes  No  
Are the weapon(s) secured?  Yes  No  NA  
Do you utilize a car/booster seat for your child?  Yes  No  
 Excessive television/video game/internet/cell phone use  
Hours per day: \_\_\_\_\_ Who supervises usage? \_\_\_\_\_  
Pre-school  Yes  No  
 Attends school regularly \_\_\_\_\_  NA  
 Special classes \_\_\_\_\_  NA  
 Participates in extracurricular activities \_\_\_\_\_

**See Periodicity Schedule for risk indicators**  
**Hemoglobin/Hematocrit Risk:**  Low risk  High risk  
**Tuberculosis Risk:**  Low risk  High risk

**Physical Examination:**  = Normal limits  
 General Appearance  Skin  
 Neurological  Reflexes  
 Head  Neck  
 Eyes  Red Reflex  Ocular Alignment  
 Nose  Ears  Oral Cavity/Throat  
 Lungs  Heart  Pulses  
 Abdomen  Genitalia  
 Back  Extremities

**Social Emotional Health/Interpersonal Trauma<sup>1</sup>**

**Social/Family:**  Check those that apply  
 Family situation change  No change

Has your child lived anywhere but with parent(s)/caretaker(s)?  
 Yes  No \_\_\_\_\_  
Parent(s)/Caretaker(s) working outside home?  Yes  No  
Child care?  Yes  No \_\_\_\_\_  
Ability to separate from parent(s)/caretaker(s)?  Yes  No  
Sibling(s) in the home?  Yes  No \_\_\_\_\_  
Gets along with other family members?  Yes  No

**Physical Health**

**Current Health Indicators:**  Check those that apply  
 No change  
Changes since last visit: \_\_\_\_\_

**Health Education:**  
 Discussed  Handout(s) given  
Healthy and safe habits: nutrition, sleep, oral/dental care, sexuality, injury and violence prevention, social competence, school entry, family relationships, and community interaction

**Assessment:**  Well Child  Other Diagnosis

**Labs:**  Blood lead, if needed or high risk

**Referrals:** (see above)  Other

**Social Emotional/Stress Indicators:**  Check those that apply  
Is there stress in the home?  Yes  No

**Nutrition:**  Normal eating habits  Vitamins \_\_\_\_\_  
 Normal elimination  Normal sleep patterns

Has your child ever had a really scary or bad experience that they cannot forget?  Yes  No \_\_\_\_\_  
Does your child have bad dreams or nightmares?  Yes  No

**Lead Risk:**  Low risk  High risk  
 Lives in or regularly visits a house/child care facility built before 1970 or that has been recently remodeled?  
 Lives near a heavily traveled highway or battery recycling plant or lives with an adult whose job or hobby involves exposure to lead?  
 Has a sibling or playmate who has or did have lead poisoning?

**Prior Authorizations:**

For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

**Follow Up/Next Visit:**  4 years of age  Other

<sup>1</sup> Some responses may indicate adverse childhood experiences. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. For assistance phone 844-HELP4WV (844-435-7498).

Screen Date \_\_\_\_\_

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

Health conditions that may require care at school \_\_\_\_\_

Vision Acuity Screen (obj) R \_\_\_\_\_ L \_\_\_\_\_  
 Unable to obtain, re-screen in 4-6 month  
Wears glasses  Yes  No

Hearing Screen (obj)  
25 db@ \_\_\_\_\_ 20 db@ \_\_\_\_\_  
R ear: \_\_\_\_\_ 500HZ R ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
L ear: \_\_\_\_\_ 500HZ L ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
Wears hearing aids  Yes  No

**Oral Health Screen**  
Date of last dental visit \_\_\_\_\_  
Water source:  Public  Well  Tested  
Fluoride  Yes  No  
 Current oral health problems:

**History:**  No change  
Concerns and questions:

Follow up on previous concerns:

Recent injuries, illnesses, visits to other providers or counselors and/or hospitalizations:

**Social Emotional Health/Interpersonal Trauma<sup>1</sup>**

**Social/Family:**  Check those that apply  
 Family situation change  No change

Has your child lived anywhere but with parent(s)/caretaker(s)?  
 Yes  No \_\_\_\_\_

Parent(s)/Caretaker(s) working outside home?  Yes  No

Child care?  Yes  No \_\_\_\_\_

Ability to separate from parent(s)/caretaker(s)?  Yes  No

Sibling(s) in the home?  Yes  No \_\_\_\_\_

Gets along with other family members?  Yes  No

**Social Emotional/Stress Indicators:**  Check those that apply  
Is there stress in the home?  Yes  No

Has your child ever had a really scary or bad experience that they cannot forget?  Yes  No \_\_\_\_\_

Does your child have bad dreams or nightmares?  Yes  No

Has your child experienced an emotional loss?  Yes  No

**Developmental**

**Developmental Surveillance:**  Check those that apply  
**Gross Motor:**  Walks, climbs, runs  Hops, jumps on 1 foot  
 Up/down stairs alternating feet, without support  
 Throws overhand  Rides bicycle with training wheels  
**Fine Motor:**  Builds 10 block tower  Uses utensils  
 Has manual dexterity  Draws 3 part person  
 Puts on/removes clothes  
**Communication:**  Uses past tense  Talks about daily experiences  
 Speaks intelligibly  Uses 4-5 word sentences  
 Short paragraphs  May show some lack of fluency  
**Cognitive:**  Names 4 colors  Aware of gender (self and others)  
 Knows difference between fantasy and reality  
**Social:**  Listens to stories  Can sing a song  
 Plays interactive games with peers  Elaborate fantasy play

**Risk Indicators:**  Check those that apply  
Exposure to:  Passive Smoke  Cigarettes  E-Cigs  Chew  
 Alcohol  Other drugs  
 Access to weapon(s)  Has a weapon(s)  
Do you utilize a car/booster seat for your child  Yes  No  
 Excessive television/video game/internet/cell phone use  
Hours per day: \_\_\_\_\_ Who supervises usage? \_\_\_\_\_

Pre-school  Yes  No  
 Attends school regularly \_\_\_\_\_  NA  
 Special classes \_\_\_\_\_  NA  
 Participates in extracurricular activities \_\_\_\_\_

**Physical Health**

**Current Health Indicators:**  Check those that apply  
 No change  
Changes since last visit:

**Nutrition:**  Normal eating habits  Vitamins \_\_\_\_\_  
 Normal elimination  Normal sleep patterns

**Lead Risk:**  Low risk  High risk  
 Lives in or regularly visits a house/child care facility built before 1970 or that has been recently remodeled?  
 Lives near a heavily traveled highway or battery recycling plant or lives with an adult whose job or hobby involves exposure to lead?  
 Has a sibling or playmate who has or did have lead poisoning?

**Immunizations:** Attach current immunization record  
 UTD  Given, see vaccine record

**Referrals:**  Developmental  Emotional  Dentist  Vision  
 Hearing  Blood lead 10 $\geq$ ug/dl  CSHCN 1-800-642-9704

**Provider signature required for validation**  
 Risk indicators reviewed/screen complete

\_\_\_\_\_  
Please Print Name of Facility or Clinic

\_\_\_\_\_  
Signature of Clinician/Title

*The information above this line is intended to be released to meet school entry requirements.*

**See Periodicity Schedule for risk indicators**  
**Hemoglobin/Hematocrit Risk:**  Low risk  High risk  
**Dyslipidemia Risk:**  Low risk  High risk  
**Tuberculosis Risk:**  Low risk  High risk

**Physical Examination:**  = Normal limits  
 General Appearance  Skin  
 Neurological  Reflexes  
 Head  Neck  
 Eyes  Red Reflex  Ocular Alignment  
 Nose  Ears  Oral Cavity/Throat  
 Lungs  Heart  Pulses  
 Abdomen  Genitalia  
**Possible Signs of Abuse**  Yes  No

**Health Education:**  
 Discussed  Handout(s) given  
Healthy and safe habits: nutrition, sleep, oral/dental care, sexuality, injury and violence prevention, social competence, school entry, family relationships, and community interaction

**Assessment:**  Well Child  Other Diagnosis

**Labs:**  Blood lead, if needed or high risk

**Referrals:** see above  Other

**Prior Authorizations:**  
For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

**Follow Up/Next Visit:**  5 years of age  Other

School Entry Requirements



<sup>1</sup> Some responses may indicate adverse childhood experiences. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. For assistance phone 844-HELP4WV (844-435-7498).

Screen Date \_\_\_\_\_

West Virginia Department of Health and Human Resources  
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

5 Year Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

Health conditions that may require care at school \_\_\_\_\_

Vision Acuity Screen (obj) R \_\_\_\_\_ L \_\_\_\_\_  
Wears glasses  Yes  No

Hearing Screen (obj)  
25 db@ \_\_\_\_\_ 20 db@ \_\_\_\_\_  
R ear: \_\_\_\_\_ 500HZ R ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
L ear: \_\_\_\_\_ 500HZ L ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
Wears hearing aids  Yes  No

**Oral Health Screen**  
Date of last dental visit \_\_\_\_\_  
Water source:  Public  Well  Tested  
Fluoride  Yes  No  
 Current oral health problems: \_\_\_\_\_

**Developmental**

**Developmental Surveillance:**  Check those that apply  
**Gross Motor:**  Walks, climbs, runs  May be able to skip  
 Up/down stairs alternating feet, without support  
**Fine Motor:**  Copies ▲ or ■  Prints some letters  
 Draws figure w/head, arms and legs  Dresses self  
 Has manual dexterity  
**Communication:**  Able to recall parts of story  Fluent speech  
 Uses complete sentences  Speaks in short sentences  
 Uses future tense  Second language spoken at home  
**Cognitive:**  Knows address and phone #  Can count on fingers  
 Follows 2-3 step instructions  
 Recognizes many letters of the alphabet  
**Social:**  Listens to stories  Follows rules  
 Plays interactive games with peers  
 Elaborate fantasy play/make believe/dress up

**Immunizations:** Attach current immunization record  
 UTD  Given, see vaccine record

**Referrals:**  Developmental  Emotional  Dentist  Vision  
 Hearing  Blood lead 10 ≥ ug/dl  CSHCN 1-800-642-9704

Provider signature required for validation  
 Risk indicators reviewed/screen complete

\_\_\_\_\_  
Please Print Name of Facility or Clinic

\_\_\_\_\_  
Signature of Clinician/Title

*The information above this line is intended to be released to meet school entry requirements.*

School Entry Requirements

**History:**  No change  
Concerns and questions:  
Follow up on previous concerns:

Recent injuries, illnesses, visits to other providers or counselors and/or hospitalizations:

**Social Emotional Health/Interpersonal Trauma<sup>1</sup>**

**Social/Family:**  Check those that apply  
 Family situation change  No change

Has your child lived anywhere but with parent(s)/caretaker(s)?  
 Yes  No \_\_\_\_\_  
Parent(s)/Caretaker(s) working outside home?  Yes  No  
Child care?  Yes  No \_\_\_\_\_  
Ability to separate from parent(s)/caretaker(s)?  Yes  No  
Sibling(s) in the home?  Yes  No \_\_\_\_\_  
Gets along with other family members?  Yes  No

**Social Emotional/Stress Indicators:**  Check those that apply  
Is there stress in the home?  Yes  No

Has your child ever had a really scary or bad experience that they cannot forget?  Yes  No \_\_\_\_\_  
Does your child have bad dreams or nightmares?  Yes  No  
Has your child experienced an emotional loss?  Yes  No

**Risk Indicators:**  Check those that apply  
Exposure to:  Passive Smoke  Cigarettes  E-Cigs  Chew  
 Alcohol  Other drugs \_\_\_\_\_  
 Access to weapon(s)  Has a weapon(s)  
Do you wear protective gear, including seat belts?  Yes  No  
 Excessive television/video game/internet/cell phone use  
Hours per day: \_\_\_\_\_ Who supervises usage? \_\_\_\_\_  
 Pre-school  School/Grade \_\_\_\_\_  
 Attends school regularly \_\_\_\_\_  
 Special classes \_\_\_\_\_  
 Participates in extracurricular activities \_\_\_\_\_

**Physical Health**

**Current Health Indicators:**  Check those that apply  
 No change  
Changes since last visit:

**Nutrition:**  Normal eating habits  Vitamins \_\_\_\_\_  
 Normal elimination  Normal sleep patterns

**Lead Risk:**  Low risk  High risk  
 Lives in or regularly visits a house/child care facility built before 1970 or that has been recently remodeled?  
 Lives near a heavily traveled highway or battery recycling plant or lives with an adult whose job or hobby involves exposure to lead?  
 Has a sibling or playmate who has or did have lead poisoning?

**See Periodicity Schedule for risk indicators**  
**Hemoglobin/Hematocrit Risk:**  Low risk  High risk  
**Tuberculosis Risk:**  Low risk  High risk

**Physical Examination:**  = Normal limits  
 General Appearance  Skin  
 Neurological  Reflexes  
 Head  Neck  
 Eyes  Red Reflex  Ocular Alignment  
 Nose  Ears  Oral Cavity/Throat  
 Lungs  Heart  Pulses  
 Abdomen  Genitalia  
 Back  Extremities  
**Possible Signs of Abuse**  Yes  No

**Health Education:**  
 Discussed  Handout(s) given  
Healthy and safe habits: nutrition, sleep, oral/dental care, sexuality, injury and violence prevention, social competence, school entry, family relationships, and community interaction

**Assessment:**  Well Child  Other Diagnosis

**Labs:**  Blood lead, if needed or high risk

**Referrals:** (see above)  Other

**Prior Authorizations:**  
For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

**Follow Up/Next Visit:**  6 years of age  Other

<sup>1</sup> Some responses may indicate adverse childhood experiences. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. For assistance phone 844-HELP4WV (844-435-7498).

Screen Date \_\_\_\_\_

West Virginia Department of Health and Human Resources  
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

6 Year Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

Health conditions that may require care at school \_\_\_\_\_

**Vision Acuity Screen (obj)** R \_\_\_\_\_ L \_\_\_\_\_  
Wears glasses  Yes  No

**Hearing Screen (obj)**  
25 db@ \_\_\_\_\_ 20 db@ \_\_\_\_\_  
R ear: \_\_\_\_\_ 500HZ R ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
L ear: \_\_\_\_\_ 500HZ L ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
Wears hearing aids  Yes  No

**Oral Health Screen**  
Date of last dental visit \_\_\_\_\_  
Water source:  Public  Well  Tested  
Fluoride  Yes  No  
 Current oral health problems:

**History:**  No change  
Concerns and questions:  
Follow up on previous concerns:  
Recent injuries, illnesses, visits to other providers or counselors  
and/or hospitalizations:

**Social Emotional Health/Interpersonal Trauma<sup>1</sup>**

**Social/Family:**  Check those that apply  
 Family situation change  No change

Have you lived anywhere but with parent(s)/caretaker(s)?  
 Yes  No \_\_\_\_\_  
Parent(s)/Caretaker(s) working outside home?  Yes  No  
Child care?  Yes  No \_\_\_\_\_  
Ability to separate from parent(s)/caretaker(s)?  Yes  No  
Sibling(s) in the home?  Yes  No \_\_\_\_\_  
Do you get along with other family members?  Yes  No

**Social Emotional/Stress Indicators:**  Check those that apply  
Friend(s): \_\_\_\_\_  Yes  No  
Fun activities: \_\_\_\_\_  
Feelings:  Okay/content  Sad  Angry  Down/depressed  
 Poor self image  Experienced an emotional loss  
Thoughts/plans to harm  Self  Others  Animals  NA  
Have you ever had a really scary or bad experience that you  
cannot forget?  Yes  No \_\_\_\_\_  
Do you have bad dreams or nightmares?  Yes  No

Has anyone ever hit, choked, kicked or hurt you?  Yes  No

Do your friends ever ask you to do things you don't want to do?  
 Yes  No \_\_\_\_\_  
Has anyone ever touched you where your bathing suit goes or  
made you touch them when you did not want to?  Yes  No

**Developmental**

**Developmental Surveillance:**  Check those that apply  
**Gross Motor:**  Backwards tandem walk  
 Balances on each foot with eyes closed-smooth transition  
**Fine Motor:**  Ties shoes  Draws picture of family  
**Communication:**  Fluent speech  Uses complete sentences  
**Cognitive:**  Knows name and address  
 Knows emergency phone number  Prints name  
 Prints alphabet  
**Social:**  Anger control  Follows rules

**Immunizations:** Attach current immunization record  
 UTD  Given, see vaccine record

**Risk Indicators:**  Check those that apply  
 Lack of physical activity  Weight or height concerns  
Exposure to:  Passive Smoke  Cigarettes  E-Cigs  Chew  
 Alcohol  Other drugs \_\_\_\_\_  
 Access to weapon(s)  Has a weapon(s)  
Do you wear protective gear, including seat belts?  Yes  No  
 Excessive television/video game/internet/cell phone use  
Hours per day: \_\_\_\_\_ Who supervises usage? \_\_\_\_\_  
School/Grade \_\_\_\_\_  Attends school regularly  
 Special classes \_\_\_\_\_  
 Trouble at school \_\_\_\_\_  
 Participates in extracurricular activities \_\_\_\_\_

**Sex education**  
 Sex education/questions

**Physical Health**

**Current Health Indicators:**  Check those that apply  
 No change  
Changes since last visit:

**Nutrition:**  Normal eating habits  Vitamins \_\_\_\_\_  
 Normal elimination  Normal sleep patterns

**Lead Risk:**  Low risk  High risk  
 Lives in or regularly visits a house/child care facility  
built before 1970 or that has been recently remodeled?  
 Lives near a heavily traveled highway or battery  
recycling plant or lives with an adult whose job or hobby  
involves exposure to lead?  
 Has a sibling or playmate who has or did have lead  
poisoning?

**Referrals:**  Developmental  Emotional  Dentist  Vision  
 Hearing  Blood lead 10<sub>≥</sub>ug/dl  CSHCN 1-800-642-9704

**Provider signature required for validation**  
 Risk indicators reviewed/screen complete

\_\_\_\_\_  
Please Print Name of Facility or Clinic

\_\_\_\_\_  
Signature of Clinician/Title

*The information above this line is intended to be released to  
meet school entry requirements.*

**See Periodicity Schedule for risk indicators**

**Hemoglobin/Hematocrit Risk:**  Low risk  High risk  
**Dyslipidemia Risk:**  Low risk  High risk  
**Tuberculosis Risk:**  Low risk  High risk

**Physical Examination:**  = Normal limits

General Appearance  Skin  
 Neurological  Reflexes  
 Head  Neck  
 Eye  Ocular Alignment  
 Nose  Ears  Oral Cavity/Throat  
 Lungs  Heart  Pulses  
 Abdomen  Genitalia  
 Back  Extremities

**Possible Signs of Abuse**  Yes  No

**Health Education:**

Discussed  Handout(s) given  
Healthy and safe habits: nutrition, sleep, oral/dental care,  
sexuality, injury and violence prevention, social competence, school  
entry, family relationships, and community interaction

**Assessment:**  Well Child  Other Diagnosis

**Labs:**  Blood lead, if needed or high risk

**Referrals:** (see above)  Other

**Prior Authorizations:**

For treatment plans requiring authorization, please complete  
page 2 on the reverse. Contact a HealthCheck Regional Program  
Specialist for assistance at 1-800-642-9704 or  
www.dhhr.wv.gov/healthcheck

**Follow Up/Next Visit:**  7 years of age  Other

School Entry Requirements



<sup>1</sup> Some responses may indicate adverse childhood experiences. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. For assistance phone 844-HELP4WV (844-435-7498).

Screen Date \_\_\_\_\_

West Virginia Department of Health and Human Resources  
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

7 and 8 Year Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

Health conditions that may require care at school \_\_\_\_\_

**Immunizations: Attach current immunization record**  
 UTD  Given, see vaccine record  
  
 **Vision Acuity Screen (Obj @ 8 yrs)** R \_\_\_\_\_ L \_\_\_\_\_  
Wears glasses  Yes  No  
  
 **Hearing Screen (Obj @ 8 yrs)**  
as indicated by risk screen: 20 db@  
R ear: \_\_\_\_\_ 500HZ R ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
L ear: \_\_\_\_\_ 500HZ L ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
Wears hearing aids  Yes  No

**Oral Health Screen**  
Date of last dental visit \_\_\_\_\_  
Water source:  Public  Well  Tested  
Fluoride  Yes  No  
 Current oral health problems:  
  
 **Developmental Surveillance**  
  
**Referrals:**  Behavioral/Mental Health  Dentist  Vision  
 Hearing  CSHCN 1-800-642-9704

**Provider signature required for validation**  
 Risk indicators reviewed/screen complete  
  
Please Print Name of Facility or Clinic \_\_\_\_\_  
  
Signature of Clinician/Title \_\_\_\_\_  
  
*The information above this line is intended to be released to meet school entry requirements.*

School Entry Requirements

**History:**  No change  
Concerns and questions:  
  
Follow up on previous concerns:  
  
Recent injuries, illnesses, visits to other providers or counselors and/or hospitalizations:

Has anyone ever hit, choked, kicked or hurt you?  Yes  No  
  
Do your friends ever ask you to do things you don't want to do?  
 Yes  No  
  
Has anyone ever touched you where your bathing suit goes or made you touch them when you did not want to?  Yes  No

**Nutrition:**  Check those that apply  
 Normal eating habits \_\_\_\_\_  
 Vitamins: \_\_\_\_\_  
 Normal elimination  Normal sleep patterns

**Social Emotional Health/Interpersonal Trauma<sup>1</sup>**

**Social/Family:**  Check those that apply  
 Family situation change  No change  
  
Have you lived anywhere but with parent(s)/caretaker(s)?  
 Yes  No  
Parent(s)/Caretaker(s) working outside home?  Yes  No  
Child care?  Yes  No  
Sibling(s) in the home?  Yes  No  
Do you get along with other family members?  Yes  No  
If you could, how would you change your life?  
home? \_\_\_\_\_  
family? \_\_\_\_\_

**Risk Indicators:**  Check those that apply  
 Lack of physical activity  Weight or height concerns  
Exposure to:  Passive Smoke  Cigarettes  E-Cigs  Chew  
 Alcohol  Other drugs  
 Access to weapon(s)  Has a weapon(s)  Trouble with the law  
Do you wear protective gear, including seat belts?  Yes  No  
 Excessive television/video game/internet/cell phone use  
Hours per day: \_\_\_\_\_ Who supervises usage? \_\_\_\_\_  
School/Grade \_\_\_\_\_  
 Attends school regularly  
How are you doing in school? \_\_\_\_\_  
 Math at grade level  Reads at grade level  
 Special classes  
 Trouble at school  
 Participates in extracurricular activities \_\_\_\_\_

**See Periodicity Schedule for risk indicators**  
**Hemoglobin/Hematocrit Risk:**  Low risk  High risk  
**Dyslipidemia Risk:**  Low risk  High risk  
**Tuberculosis Risk:**  Low risk  High risk

**Social Emotional/Stress Indicators:**  Check those that apply  
Friend(s):  Yes  No  
Fun activities: \_\_\_\_\_  
Feelings:  Okay/content  
 Angry  Less than a week  More than a week  
 Down/depressed  Less than a week  More than a week  
 Poor self image  Experienced an emotional loss  
Thoughts/plans to harm  Self  Others  Animals  NA  
Have you ever had a really scary or bad experience that you cannot forget?  Yes  No  
Do you have bad dreams or nightmares?  Yes  No

**Sex education**  
 Sex education/questions

**Physical Examination:**  Normal limits  
 General Appearance  Skin  Neurological  
 Reflexes  Head  Neck  
 Eyes  Ears  Nose  
 Oral Cavity/Throat  Lungs  Heart  
 Pulses  Abdomen  Genitalia  
 Back  Extremities  
**Possible Signs of Abuse**  Yes  No

**Health Education/Anticipatory Guidance:**  
 Discussed  Handout(s) given  
Healthy and safe habits: nutrition, sleep, oral/dental care, risk behaviors, sexuality, injury and violence prevention, social competence, family relationships, and community interaction

**Assessment:**  Well Child  Other Diagnosis

**Lab's:**  
  
**Referrals\*:** (see above)  Other  
**\* See Provider Manual for automatic referrals**

**Prior Authorizations:**  
For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

<sup>1</sup> Some responses may indicate adverse childhood experiences and may require further evaluation. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. For assistance phone 844-HELP4WV (844-435-7498).

**Follow Up/Next Visit:**  8 years of age  
 9 years of age  Other

Screen Date \_\_\_\_\_

West Virginia Department of Health and Human Resources  
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

9 and 10 Year Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

History:  No change  
Concerns and questions:

Follow up on previous concerns:

Recent injuries, illnesses, visits to other providers or counselors and/or hospitalizations:

**Social Emotional Health/Interpersonal Trauma**

Social/Family:  Check those that apply

Family situation:  No change

Parent(s)/Caretaker(s) working outside home?  Yes  No

Child care?  Yes  No

Have you lived anywhere but with your parents/caregivers?

Yes  No \_\_\_\_\_

Sibling(s) in the home?  Yes  No \_\_\_\_\_

Do you get along with other family members?  Yes  No

If you could, how would you change your life?  
home? \_\_\_\_\_

family? \_\_\_\_\_

Traumatic Stress Reactions<sup>1</sup>:  Check one for each question

Feelings over the past 2 weeks:

Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?  Not at all

A little bit (1)  Moderately (2)  Quite a bit (3)  
 Extremely (4)

Feeling very upset when something reminded you of a stressful experience from the past?  Not at all

A little bit (1)  Moderately (2)  Quite a bit (3)  
 Extremely (4)

Psychosocial/Behavior Screen:  Check those that apply

Friend(s):  Yes  No

Fun activities: \_\_\_\_\_

Feelings:  Okay/content

Sad  Less than a week  More than a week

Angry  Less than a week  More than a week

Down/depressed  Less than a week  More than a week

Thoughts/plans to harm  Self  Others  Animals  NA

Experienced an emotional loss

Risk indicators:  Check those that apply

None identified  Poor self image

Lack of physical activity  Weight or height concerns

Tobacco use:  Cigarettes/# per day \_\_\_\_\_  
 E-Cigs  Chew  Passive Smoking Risk  
 \*Alcohol use \_\_\_\_\_  \*Other drugs \_\_\_\_\_

**\*If positive see Periodicity Schedule**

Access to weapon(s)  Has a weapon(s)

Witnessed violence  Threatened with violence

Trouble with the law

Peer pressure to do things you don't want to do:

Has anyone ever hit, choked, kicked or hurt you?  Yes  No

Do you wear protective gear, including seat belts?  Yes  No

Excessive television/video game/internet/cell phone use

School/Grade \_\_\_\_\_

Attends school regularly

How are you doing in school? \_\_\_\_\_

Math at grade level  Reads at grade level

Special classes \_\_\_\_\_

Trouble at school \_\_\_\_\_

Participates in extracurricular activities \_\_\_\_\_

Sex education:  Check those that apply

Has anyone ever touched you in a sexual way or made you touch them when you did not want to?  Yes  No

Sex education/questions

**Physical Health**

Current Health Indicators:  Check those that apply

No change  LMP \_\_\_\_\_  NA

Changes since last visit:

Nutrition:  Check those that apply

Normal eating habits

Vitamins: \_\_\_\_\_

Normal elimination

Normal sleep patterns

**See Periodicity Schedule for risk indicators**

Hemoglobin/Hematocrit Risk:  Low risk  High risk

Dyslipidemia Risk:  Low risk  High risk

Tuberculosis Risk:  Low risk  High risk

Vision Acuity Screen (Obj @ 10 yrs) R \_\_\_\_\_ L \_\_\_\_\_

Hearing Screen (Obj @ 10 yrs)

as indicated by risk screen: 25db @

R ear: \_\_\_\_\_ 500HZ \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ

L ear: \_\_\_\_\_ 500HZ \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ

Oral Health Screen:  Check those that apply

Date of last dental visit \_\_\_\_\_

Water source:  Public  Well  Tested

Fluoride  Yes  No

Current oral health problems:

Physical Examination:  Normal limits

General Appearance  Skin  Neurological

Reflexes  Head  Neck

Eyes  Ears  Nose

Oral Cavity/Throat  Lungs  Heart

Pulses  Abdomen  Genitalia

Back  Extremities

Possible Signs of Abuse  Yes  No

Health Education/Anticipatory Guidance:

Discussed  Handout(s) given

Healthy and safe habits: nutrition, sleep, oral/dental care, risk behaviors, sexuality, injury and violence prevention, social competence, family relationships, and community interaction

Risk indicators reviewed/screen complete

Assessment:  Well Child  Other Diagnosis

Immunizations:  UTD  Given, see vaccine record

Labs:  Fasting Lipoprotein Profile (once in late adolescence)

Referrals\*:  Behavioral/Mental Health  Dentist  Vision

Hearing  Other

CSHCN 1-800-642-9704

**\*See Provider Manual for automatic referrals**

Prior Authorizations:

For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

Follow Up/Next Visit:  10 years of age  11 years of age

Other

Please Print Name of Facility or Clinician \_\_\_\_\_

Signature of Clinician/Title \_\_\_\_\_

<sup>1</sup>Lang, AG., Stein, M.B. (2005) An abbreviated PTSD checklist for use as a screening instrument in primary care. *Behaviour Research and Therapy*, 43, 585-594. Lang, A. J., Wilkins, K., Roy-Byrne, P. P., Gotlib, D., Chavira, D., Sherbourne, C., Rose, R. D., Bystritsky, A., Sullivan, G., Craske, M. G., & Stein, M. B. (2012). Abbreviated PTSD Checklist (PCL) as a Guide to Clinical Response. *General Hospital Psychiatry*, 34, 332-338. Weathers, F., Litz, B., Herman, D., Huska, J., & Keane, T. (October 1993). The PTSD Checklist (PCL): Reliability, Validity, and Diagnostic Utility. Paper presented at Annual Convention of the International Society for Traumatic Stress Studies, San Antonio, TX. An individual is considered to have screened positive if the sum of the numbered responses is 4 or greater. For assistance phone 844-HELP4WV (844-435-7498).

Screen Date \_\_\_\_\_

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

Health conditions that may require care at school \_\_\_\_\_

Immunizations: Attach current immunization record
 UTD  Given, see vaccine record
 Vision Acuity Screen (Obj @ 12 yrs) R \_\_\_\_\_ L \_\_\_\_\_
Wears glasses  Yes  No
 Hearing Screen as indicated by risk screen: 20 db@
R ear: \_\_\_\_\_ 500HZ R ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ
L ear: \_\_\_\_\_ 500HZ L ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ
Wears hearing aids  Yes  No

Oral Health Screen
Date of last dental visit \_\_\_\_\_
 Current oral health problems:
 Developmental Surveillance
Referrals:  Behavioral/Mental Health  Dentist  Vision
 Hearing  FP  CSHCN 1-800-642-9704

Provider signature required for validation
 Risk indicators reviewed/screen complete
Please Print Name of Facility or Clinic \_\_\_\_\_
Signature of Clinician/Title \_\_\_\_\_
The information above this line is intended to be released to meet school entry requirements.

School Entry Requirements

History:  No change
Concerns and questions:
Follow up on previous concerns:
Recent injuries, illnesses, visits to other providers or counselors and/or hospitalizations:

Psychosocial/Behavior Screen:  Check those that apply
Fun activities:
Friend(s):  Yes  No
 Thoughts/plans to harm  Self  Others  Animals  NA
 Experienced an emotional loss

Changes since last visit:
Nutrition:
 Normal eating habits \_\_\_\_\_
 Vitamins: \_\_\_\_\_
 Normal elimination  Normal sleep patterns

Social Emotional Health/Interpersonal Trauma
Social/Family:  Check those that apply
Family situation:  No change
Parent(s)/Caretaker(s) working outside home?  Yes  No
Child care?  Yes  No  NA
Have you lived anywhere but with your parents/caregivers?
 Yes  No \_\_\_\_\_
Sibling(s) in the home?  Yes  No \_\_\_\_\_
Do you get along with other family members?  Yes  No
If you could, how would you change your life?
home? \_\_\_\_\_
family? \_\_\_\_\_

Risk indicators:  Check those that apply
 None identified  Poor self image
 Lack of physical activity  Weight or height concerns
 Tobacco use:  Cigarettes/# per day \_\_\_\_\_
 E-Cigs  Chew  Passive Smoking Risk
 \*Alcohol use \_\_\_\_\_  \*Other drugs \_\_\_\_\_
\*If positive see Periodicity Schedule
 Access to weapon(s)  Has a weapon(s)
 Witnessed violence  Threatened with violence
Has anyone ever hit, choked, kicked or hurt you?  Yes  No
Have you ever been in jail?  Yes  No
Do you wear protective gear, including seat belts?  Yes  No
 Excessive television/video game/internet/cell phone use
School/Grade \_\_\_\_\_
 Attends school regularly
How are you doing in school?
 Special classes \_\_\_\_\_
 Trouble at school \_\_\_\_\_
 Participates in extracurricular activities \_\_\_\_\_

See Periodicity Schedule for risk indicators
Hemoglobin/Hematocrit Risk:  Low risk  High risk
Dyslipidemia Risk:  Low risk  High risk
Tuberculosis Risk:  Low risk  High risk
Physical Examination:  = Normal limits
 General Appearance  Skin  Neurological
 Reflexes  Head  Neck
 Eyes  Ears  Nose
 Oral Cavity/Throat  Lungs  Heart
 Pulses  Abdomen  Genitalia
 Back  Extremities
Possible Signs of Abuse  Yes  No

Traumatic Stress Reactions<sup>1</sup>:  Check one for each question
Feelings over the past 2 weeks:
Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?  Not at all
 A little bit (1)  Moderately (2)  Quite a bit (3)
 Extremely (4)
Feeling very upset when something reminded you of a stressful experience from the past?  Not at all
 A little bit (1)  Moderately (2)  Quite a bit (3)
 Extremely (4)

Relationship/Sex education:  Check those that apply
Has anyone ever touched you in a sexual way or made you touch them when you did not want to?  Yes  No
Are you in a relationship? \_\_\_\_\_ Male \_\_\_\_\_ Female
Do you feel safe in your relationship?  Yes  No
Pressure to have sex  Yes  No
Sexually Active?  Yes  No
Method of contraception \_\_\_\_\_  NA
Do you have any children?  Yes  No \_\_\_\_\_
\*STI/HIV screening \_\_\_\_\_  NA
\*If positive see Periodicity Schedule

Health Education/Anticipatory Guidance:
 Discussed  Handout(s) given
Healthy and safe habits: nutrition, sleep, oral/dental care, risk behaviors, sexuality, injury and violence prevention, mental health, substance use/abuse, social competence, responsibility, school achievement, family relationships, community interaction
Assessment:  Well Child  Other Diagnosis
Labs:
Referrals\*: (see above)  Other
\* See Provider Manual for automatic referrals

Depression Screen:  Check one for each question
If Positive see Periodicity Schedule
Feelings over the past 2 weeks:
Little interest or pleasure in doing things:  Not at all
 Several days  More than 1/2 the days  Nearly every day
Feeling down, depressed, or hopeless:  Not at all
 Several days  More than 1/2 the days  Nearly every day

Physical Health
Current Health Indicators:  Check those that apply
 No change  LMP \_\_\_\_\_  NA

Prior Authorizations:
For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck
Follow Up/Next Visit:  12 years of age  13 years of age
 14 years of age  Other

<sup>1</sup>Lang, AG., Stein, M.B. (2005) An abbreviated PTSD checklist for use as a screening instrument in primary care. Behaviour Research and Therapy, 43, 585-594. Lang, A. J., Wilkins, K., Roy-Byrne, P. P., Golinelli, D., Chavira, D., Sherbourne, C., Rose, R. D., Bystritsky, A., Sullivan, G., Craske, M. G., & Stein, M. B. (2012). Abbreviated PTSD Checklist (PCL) as a Guide to Clinical Response. General Hospital Psychiatry, 34, 332-338. Weathers, F., Litz, B., Herman, D., Huska, J., & Keane, T. (October 1993). The PTSD Checklist (PCL): Reliability, Validity, and Diagnostic Utility. Paper presented at Annual Convention of the International Society for Traumatic Stress Studies, San Antonio, TX.
An individual is considered to have screened positive if the sum of the numbered responses is 4 or greater. For assistance phone 844-HELP4WV (844-435-7498).

Screen Date \_\_\_\_\_

West Virginia Department of Health and Human Resources  
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

14, 15, 16 and 17 Year Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

Health conditions that may require care at school \_\_\_\_\_

**Immunizations: Attach current immunization record**  
 UTD  Given, see vaccine record  
  
 **Vision Acuity Screen (Obj @ 15 yrs) R \_\_\_\_\_ L \_\_\_\_\_**  
Wears glasses  Yes  No  
  
 **Hearing Screen as indicated by risk screen: 20 db@**  
R ear: \_\_\_\_\_ 500HZ R ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
L ear: \_\_\_\_\_ 500HZ L ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
Wears hearing aids  Yes  No

**Oral Health Screen**  
Date of last dental visit \_\_\_\_\_  
 Current oral health problems: \_\_\_\_\_  
  
 **Developmental Surveillance**  
  
**Referrals:**  Behavioral/Mental Health  Dentist  Vision  Hearing  
 FP  CSHCN 1-800-642-9704

**Provider signature required for validation**  
 Risk indicators reviewed/screen complete  
  
\_\_\_\_\_  
Please Print Name of Facility or Clinic  
  
\_\_\_\_\_  
Signature of Clinician/Title  
*The information above this line is intended to be released to meet school entry requirements.*

School Entry Requirements

**History:**  No change  
Concerns and questions: \_\_\_\_\_  
  
Follow up on previous concerns: \_\_\_\_\_  
  
Recent injuries, illnesses, visits to other providers or counselors and/or hospitalizations: \_\_\_\_\_

**Psychosocial/Behavior Screen:  Check those that apply**  
Fun activities: \_\_\_\_\_  
Friend(s):  Yes  No  
 Thoughts/plans to harm  Self  Others  Animals  NA  
 Experienced an emotional loss  
  
**Risk indicators:  Check those that apply**  
 None identified  Poor self image  
 Lack of physical activity  Weight or height concerns  
 Tobacco use:  Cigarettes/# per day \_\_\_\_\_  
 E-Cigs  Chew  Passive Smoking Risk  
 \*Alcohol use \_\_\_\_\_  \*Other drugs \_\_\_\_\_  
**\*If positive see Periodicity Schedule**  
 Access to weapon(s)  Has a weapon(s)  
 Witnessed violence  Threatened with violence  
Has anyone ever hit, choked, kicked or hurt you?  Yes  No  
Have you ever been in jail?  Yes  No  
Do you wear protective gear, including seat belts?  Yes  No  
 Excessive television/video game/internet/cell phone use  
School/Grade \_\_\_\_\_  
 Attends school regularly  
How are you doing in school? \_\_\_\_\_  
 Special classes  
 Trouble at school \_\_\_\_\_  
 Participates in extracurricular activities \_\_\_\_\_  
Career goals \_\_\_\_\_  
 Working  Satisfied with job

Changes since last visit: \_\_\_\_\_  
  
**Nutrition:**  
 Normal eating habits \_\_\_\_\_  
 Vitamins: \_\_\_\_\_  
 Normal elimination  Normal sleep patterns  
  
**See Periodicity Schedule for risk indicators**  
**Hemoglobin/Hematocrit Risk:**  Low risk  High risk  
**Dyslipidemia Risk:**  Low risk  High risk  
**Tuberculosis Risk:**  Low risk  High risk

**Social Emotional Health/Interpersonal Trauma**  
**Social/Family:  Check those that apply**  
Family situation:  No change  
Parent(s)/Caretaker(s) working outside home?  Yes  No  
Child care?  Yes  No  NA  
Have you lived anywhere but with your parents/caregivers?  
 Yes  No \_\_\_\_\_  
Sibling(s) in the home?  Yes  No \_\_\_\_\_  
Do you get along with other family members?  Yes  No  
If you could, how would you change your life?  
home? \_\_\_\_\_  
family? \_\_\_\_\_

**Traumatic Stress Reactions<sup>1</sup>:  Check one for each question**  
**Feelings over the past 2 weeks:**  
Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?  Not at all  
 A little bit (1)  Moderately (2)  Quite a bit (3)  
 Extremely (4)  
Feeling very upset when something reminded you of a stressful experience from the past?  Not at all  
 A little bit (1)  Moderately (2)  Quite a bit (3)  
 Extremely (4)  
  
**Depression Screen:  Check one for each question**  
**If Positive see Periodicity Schedule**  
**Feelings over the past 2 weeks:**  
Little interest or pleasure in doing things:  Not at all  
 Several days  More than 1/2 the days  Nearly every day  
Feeling down, depressed, or hopeless:  Not at all  
 Several days  More than 1/2 the days  Nearly every day

**Physical Examination:  = Normal limits**  
 General Appearance  Skin  Neurological  
 Reflexes  Head  Neck  
 Eyes  Ears  Nose  
 Oral Cavity/Throat  Lungs  Heart  
 Pulses  Abdomen  Genitalia  
 Back  Extremities  
**Possible Signs of Abuse**  Yes  No  
  
**Health Education/Anticipatory Guidance:**  
 Discussed  Handout(s) given  
Healthy and safe habits: nutrition, sleep, oral/dental care, risk behaviors, sexuality, injury and violence prevention, mental health, substance use/abuse, social competence, responsibility, school achievement, family relationships, community interaction, and health care transition from adolescence to adulthood in the medical home  
  
**Assessment:**  Well Child  Other Diagnosis  
  
**Lab's:**  
  
**Referrals\*:** (see above)  Other  
**\* See Provider Manual for automatic referrals**  
  
**Prior Authorizations:**  
For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

**Relationship/Sex education:  Check those that apply**  
Has anyone ever touched you in a sexual way or made you touch them when you did not want to?  Yes  No  
Are you in a relationship? \_\_\_\_\_ Male \_\_\_\_\_ Female  
Do you feel safe in your relationship?  Yes  No  
Pressure to have sex  Yes  No  
Sexually Active?  Yes  No  
Method of contraception \_\_\_\_\_  NA  
Do you have any children?  Yes  No \_\_\_\_\_  
\*STI/HIV screening \_\_\_\_\_  NA  
**\*If positive see Periodicity Schedule**  
  
**Physical Health**  
**Current Health Indicators:  Check those that apply**  
 No change  LMP \_\_\_\_\_  NA

**Follow Up/Next Visit:**  15 years of age  16 years of age  
 17 years of age  18 years of age  Other

**Follow Up/Next Visit:**  15 years of age  16 years of age  
 17 years of age  18 years of age  Other

<sup>1</sup>Lang, AG., Stein, M.B. (2005) An abbreviated PTSD checklist for use as a screening instrument in primary care. *Behaviour Research and Therapy*, 43, 585-594. Lang, A. J., Wilkins, K., Roy-Byrne, P. P., Golinelli, D., Chavira, D., Sherbourne, C., Rose, R. D., Bystritsky, A., Sullivan, G., Craske, M. G., & Stein, M. B. (2012). Abbreviated PTSD Checklist (PCL) as a Guide to Clinical Response. *General Hospital Psychiatry*, 34, 332-338. Weathers, F., Litz, B., Herman, D., Huska, J., & Keane, T. (October 1993). The PTSD Checklist (PCL): Reliability, Validity, and Diagnostic Utility. Paper presented at Annual Convention of the International Society for Traumatic Stress Studies, San Antonio, TX.  
An individual is considered to have screened positive if the sum of the numbered responses is 4 or greater. For assistance phone 844-HELP4WV (844-435-7498).

Screen Date \_\_\_\_\_

West Virginia Department of Health and Human Resources  
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

18, 19 and 20 Year Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Wt \_\_\_\_\_ Ht \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Accompanied by:  Parent  Grandparent  Foster parent  Foster organization  Self  Other \_\_\_\_\_

History:  No change  
Concerns and questions:

Follow up on previous concerns:

Recent injuries, illnesses, visits to other providers or counselors and/or hospitalizations:

**Social Emotional Health/Interpersonal Trauma**

Social/Family:  Check those that apply

Family situation:  No change  
Parent(s)/Caretaker(s) working outside home?  Yes  No  
Child care?  Yes  No  NA  
Have you lived anywhere but with your parents/caregivers?  
 Yes  No \_\_\_\_\_  
Sibling(s) in the home?  Yes  No \_\_\_\_\_  
Do you get along with other family members?  Yes  No  
If you could, how would you change your life?  
home? \_\_\_\_\_  
family? \_\_\_\_\_

Traumatic Stress Reactions<sup>1</sup>:  Check one for each question

Feelings over the past 2 weeks:  
Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?  Not at all  
 A little bit (1)  Moderately (2)  Quite a bit (3)  
 Extremely (4)  
Feeling very upset when something reminded you of a stressful experience from the past?  Not at all  
 A little bit (1)  Moderately (2)  Quite a bit (3)  
 Extremely (4)

Depression Screen:  Check one for each question

If Positive see Periodicity Schedule  
Feelings over the past 2 weeks:  
Little interest or pleasure in doing things:  Not at all  
 Several days  More than 1/2 the days  Nearly every day  
Feeling down, depressed, or hopeless:  Not at all  
 Several days  More than 1/2 the days  Nearly every day

Psychosocial/Behavior Screen:  Check those that apply

Fun activities: \_\_\_\_\_  
Friend(s):  Yes  No  
 Thoughts/plans to harm  Self  Others  Animals  NA  
 Experienced an emotional loss

Risk indicators:  Check those that apply

None identified  Poor self image  
 Lack of physical activity  Weight or height concerns  
 Tobacco use:  Cigarettes/# per day \_\_\_\_\_  
 E-Cigs  Chew  Passive Smoking Risk  
 \*Alcohol use \_\_\_\_\_  \*Other drugs \_\_\_\_\_  
**\*If positive see Periodicity Schedule**  
 Access to weapon(s)  Has a weapon(s)  
 Witnessed violence  Threatened with violence  
Has anyone ever hit, choked, kicked or hurt you?  Yes  No  
Have you ever been in jail?  Yes  No  
Do you wear protective gear, including seat belts?  Yes  No  
 Excessive television/video game/internet/cell phone use  
School/Vocational Grade \_\_\_\_\_  NA  
 Attends school regularly  Trouble at school  
How are you doing in school? \_\_\_\_\_  
 Special classes \_\_\_\_\_  
 Participates in extracurricular activities \_\_\_\_\_  
Career goals \_\_\_\_\_  
 Working  Satisfied with job

Relationship/Sex education:  Check those that apply

Has anyone ever touched you in a sexual way or made you touch them when you did not want to?  Yes  No  
Are you in a relationship? \_\_\_\_\_ Male \_\_\_\_\_ Female  
Do you feel safe in your relationship?  Yes  No  
Pressure to have sex  Yes  No  
Sexually active?  Yes  No  
Method of contraception \_\_\_\_\_  NA  
Do you have any children?  Yes  No \_\_\_\_\_  
\*STI/HIV screening \_\_\_\_\_  NA  
**\*If positive see Periodicity Schedule**

**Physical Health**

Current Health Indicators:  Check those that apply

No change  LMP \_\_\_\_\_  NA

Changes since last visit:

Nutrition:  Normal eating habits  
 Vitamins: \_\_\_\_\_

Normal elimination  Normal sleep patterns

See Periodicity Schedule for risk indicators

Hemoglobin/Hematocrit Risk:  Low risk  High risk

Dyslipidemia Risk:  Low risk  High risk

Tuberculosis Risk:  Low risk  High risk

Vision Acuity Screen: (Obj @ 18 yrs) R \_\_\_\_\_ L \_\_\_\_\_

Hearing Screen: as indicated by risk screen: 20db@

R ear: \_\_\_\_\_ 500HZ \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
L ear: \_\_\_\_\_ 500HZ \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ

Oral Health Screen:

Date of last dental visit \_\_\_\_\_

Physical Examination:  = Normal limits

General Appearance  Skin  Neurological  
 Reflexes  Head  Neck  
 Eyes  Ears  Nose  
 Oral Cavity/Throat  Lungs  Heart  
 Pulsus  Abdomen  Genitalia  
 Back  Extremities  
Possible Signs of Abuse  Yes  No

Health Education/Anticipatory Guidance:

Discussed  Handout(s) given  
Healthy and safe habits: nutrition, sleep, oral/dental care, risk behaviors, sexuality, injury and violence prevention, mental health, substance use/abuse, social competence, responsibility, school vocational achievement, family relationships, community interaction, and health care transition from adolescence to adulthood in the medical home

Risk indicators reviewed/screen complete  
Assessment:  Well Child  Other Diagnosis

Immunizations:  UTD  Given, see vaccine record

Labs:  Fasting Lipoprotein Profile (once in late adolescence)

Referrals\*:  Behavioral/Mental Health  Dentist  Vision  
 Hearing  Other  
 CSHCN  FP 1-800-642-9704

\*See Provider Manual for automatic referrals

Prior Authorizations:

For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

Follow Up/Next Visit:  19 years of age  20 years of age  
 Other

\_\_\_\_\_  
Please Print Name of Facility or Clinician

\_\_\_\_\_  
Signature of Clinician/Title

<sup>1</sup>Lang, AG., Stein, M.B. (2005) An abbreviated PTSD checklist for use as a screening instrument in primary care. *Behaviour Research and Therapy*, 43, 585-594. Lang, A. J., Wilkins, K., Roy-Byrne, P. P., Golinelli, D., Chavira, D., Sherbourne, C., Rose, R. D., Bystritsky, A., Sullivan, G., Craske, M. G., & Stein, M. B. (2012). Abbreviated PTSD Checklist (PCL) as a Guide to Clinical Response. *General Hospital Psychiatry*, 34, 332-338. Weathers, F., Litz, B., Herman, D., Huska, J., & Keane, T. (October 1993). The PTSD Checklist (PCL): Reliability, Validity, and Diagnostic Utility. Paper presented at Annual Convention of the International Society for Traumatic Stress Studies, San Antonio, TX.  
An individual is considered to have screened positive if the sum of the numbered responses is 4 or greater. For assistance phone 844-HELP4WV (844-435-7498).

# **Appendix C:**

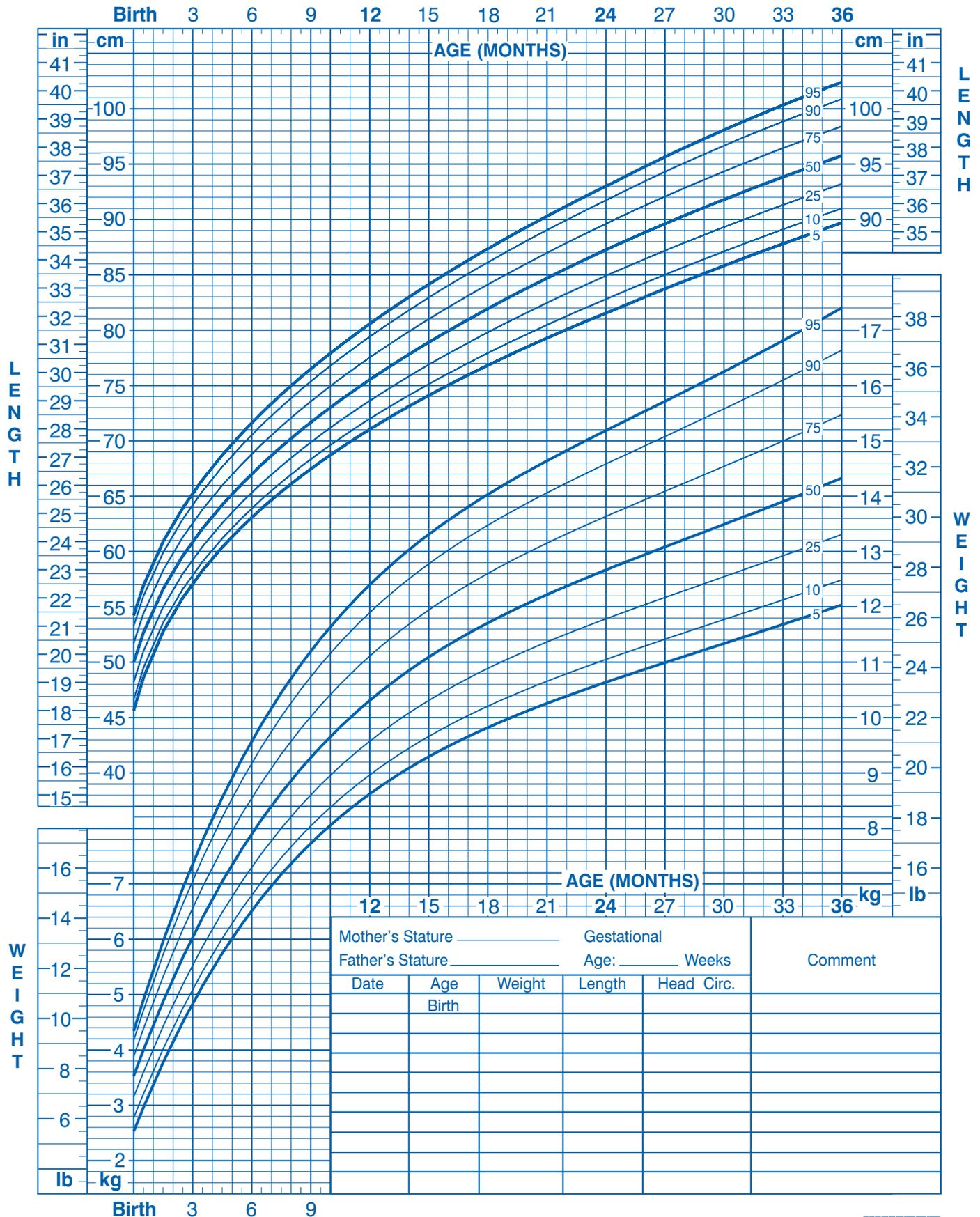
# **Growth Charts**

# Birth to 36 months: Boys

## Length-for-age and Weight-for-age percentiles

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



Published May 30, 2000 (modified 4/20/01).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000). <http://www.cdc.gov/growthcharts>



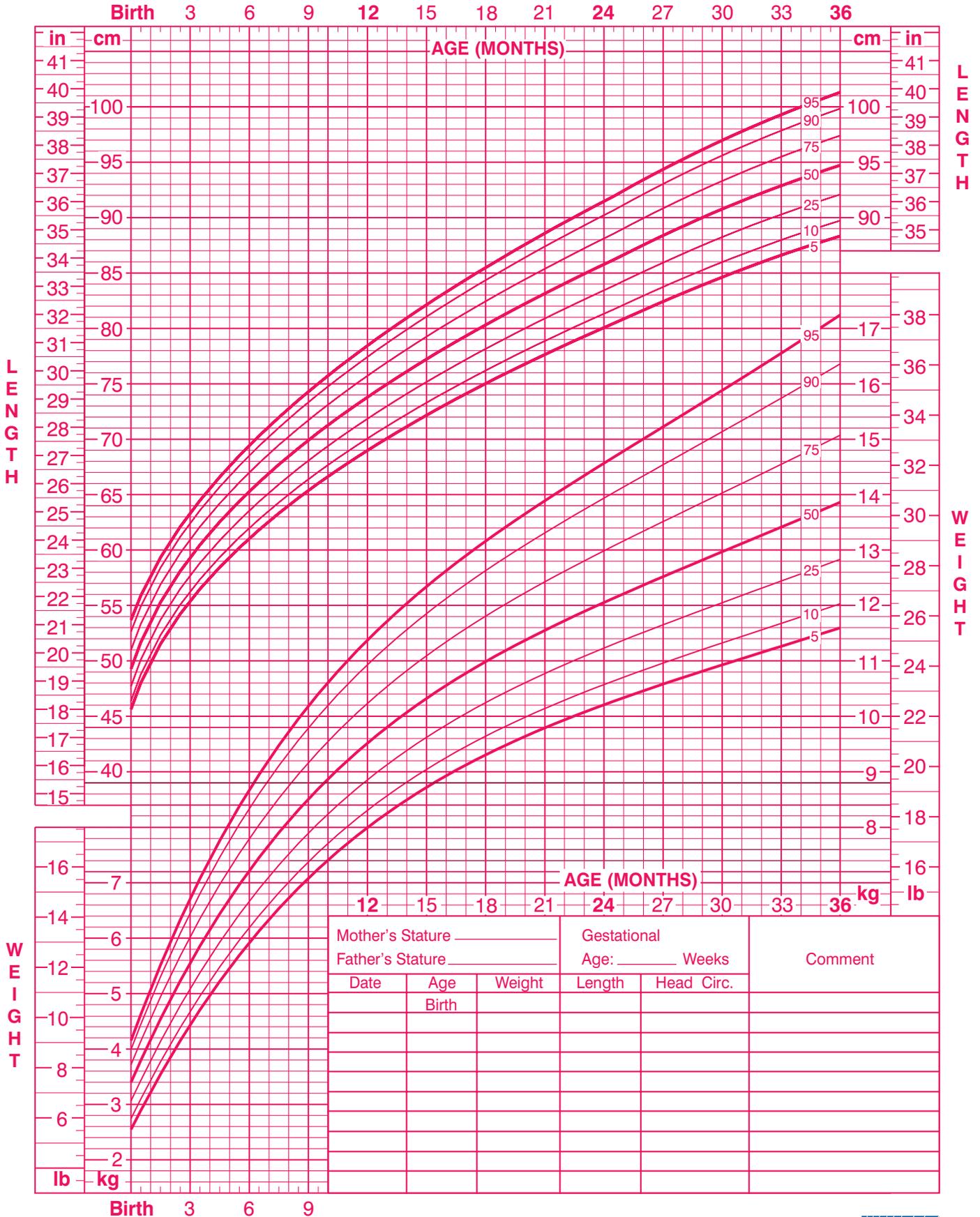
SAFER • HEALTHIER • PEOPLE™

# Birth to 36 months: Girls

## Length-for-age and Weight-for-age percentiles

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



Published May 30, 2000 (modified 4/20/01).  
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.cdc.gov/growthcharts>



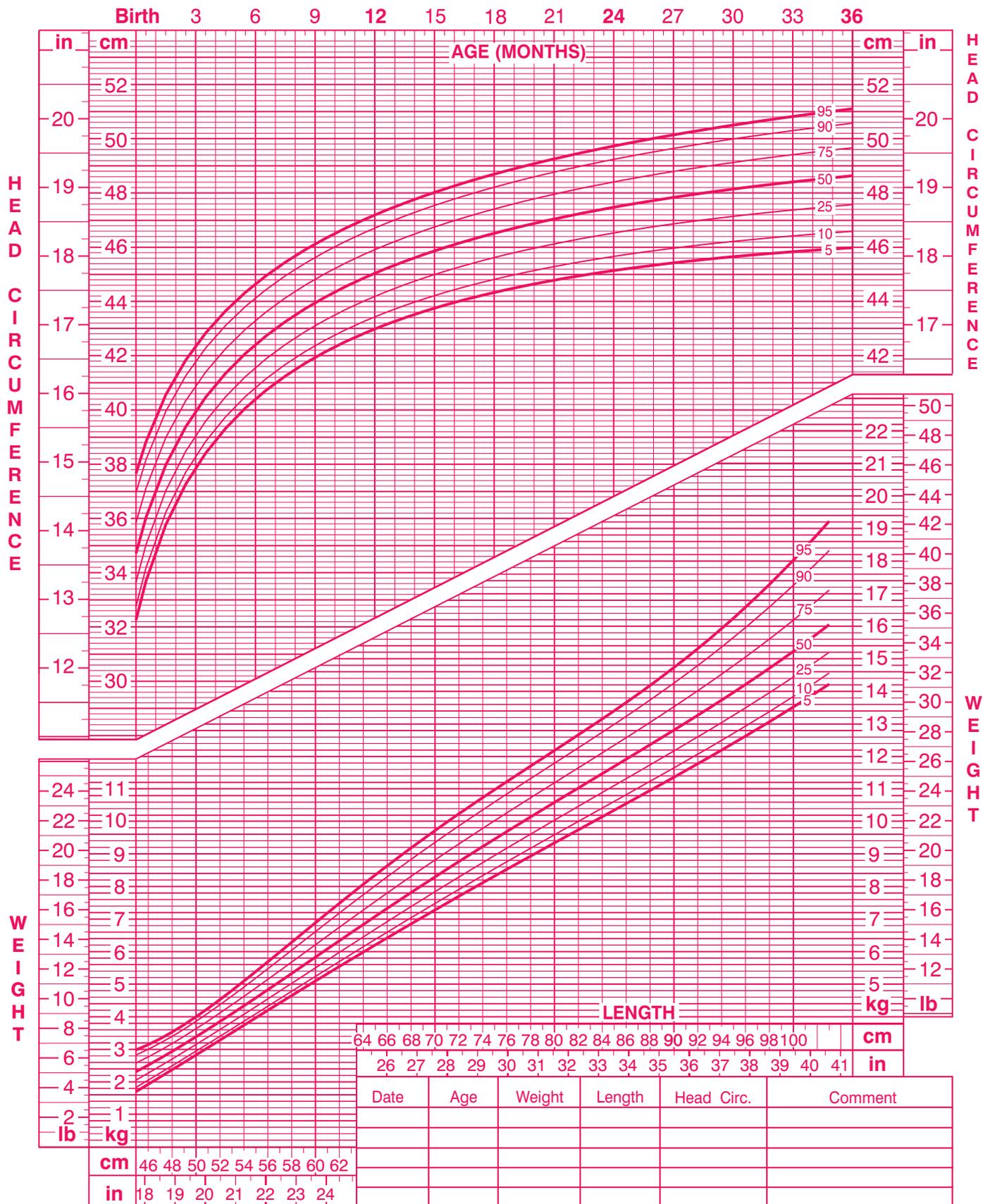


# Birth to 36 months: Girls

## Head circumference-for-age and Weight-for-length percentiles

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



Published May 30, 2000 (modified 10/16/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.cdc.gov/growthcharts>



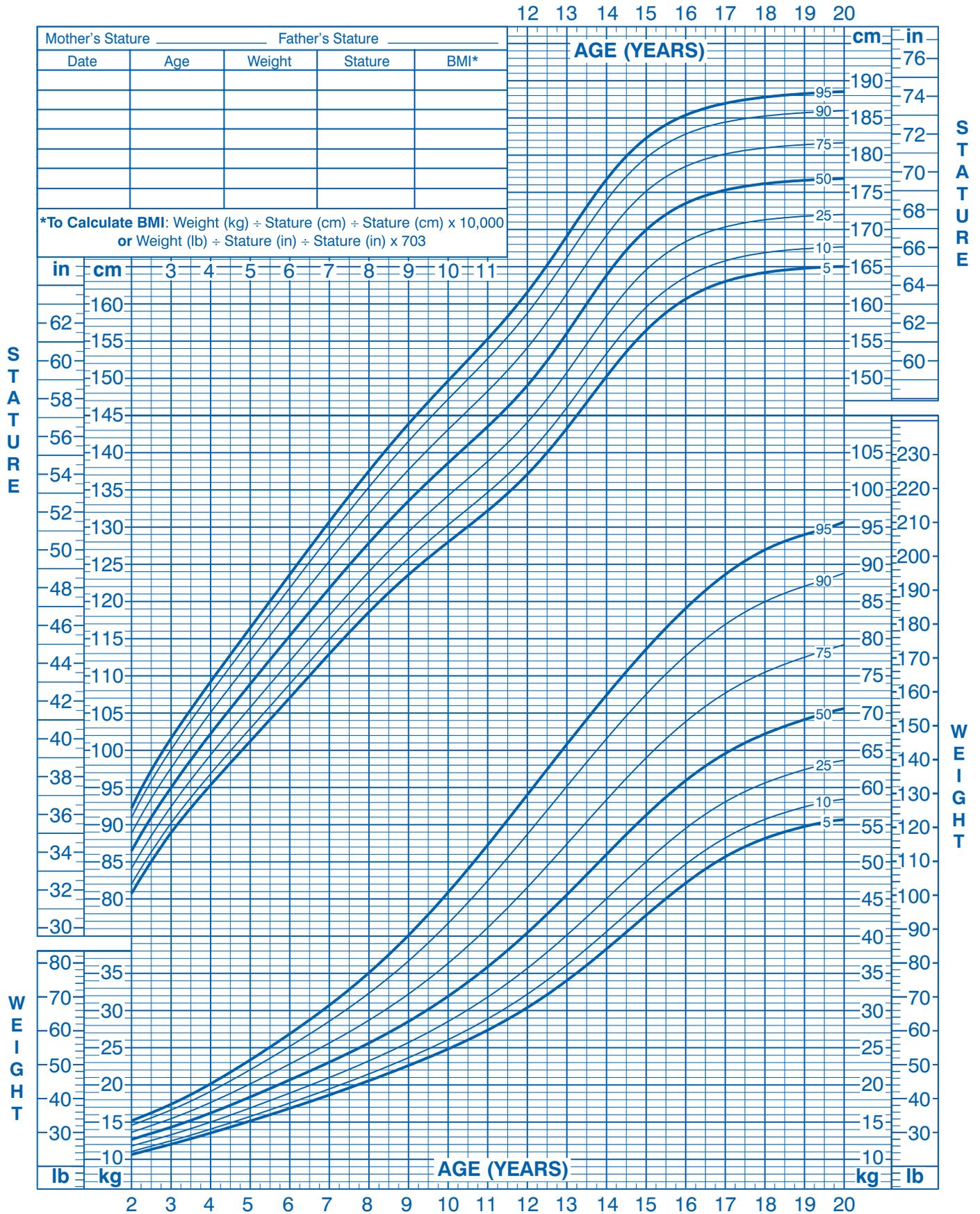
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# 2 to 20 years: Boys

## Stature-for-age and Weight-for-age percentiles

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



Published May 30, 2000 (modified 11/21/00).  
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.cdc.gov/growthcharts>

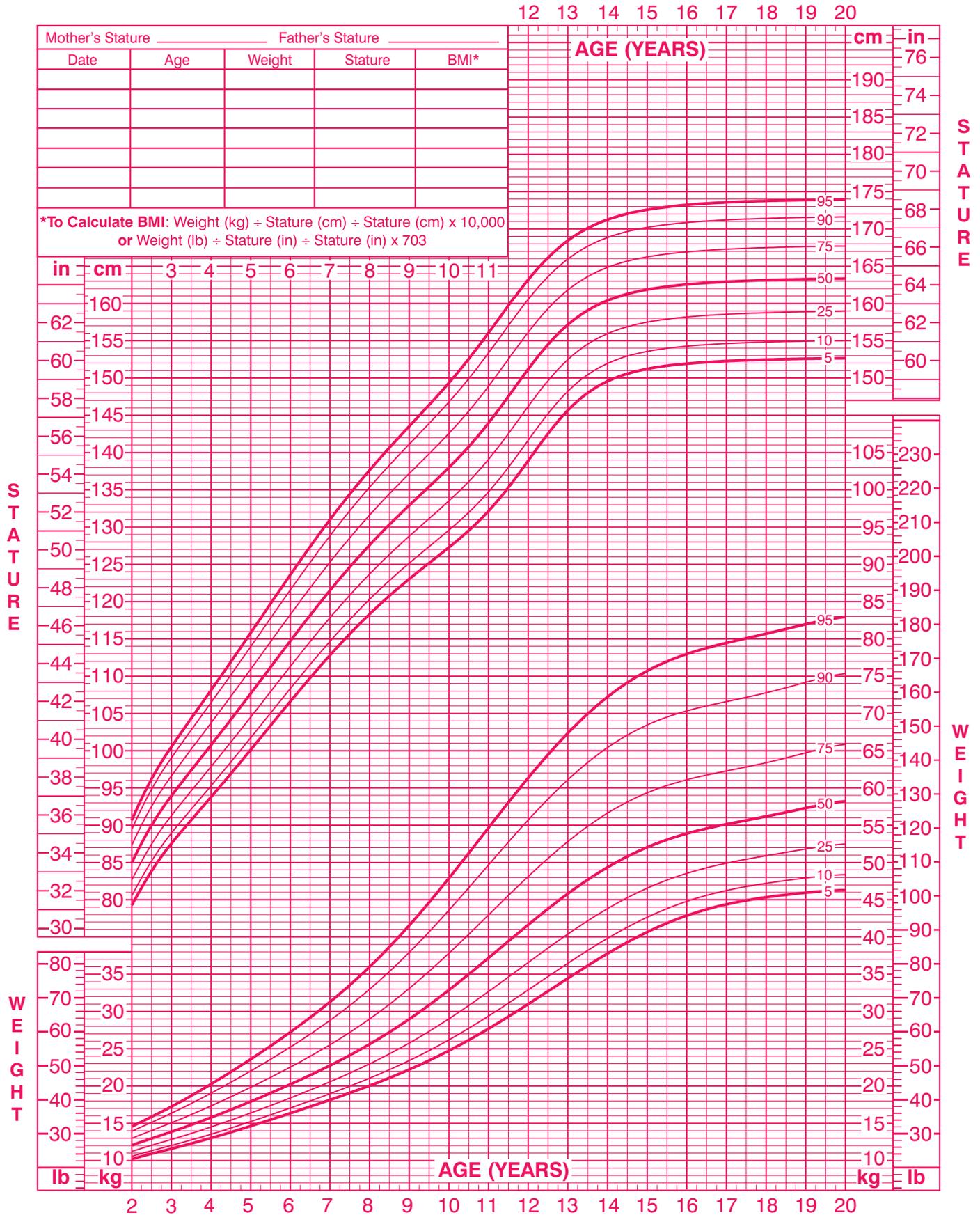


# 2 to 20 years: Girls

## Stature-for-age and Weight-for-age percentiles

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



Published May 30, 2000 (modified 11/21/00).  
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.cdc.gov/growthcharts>



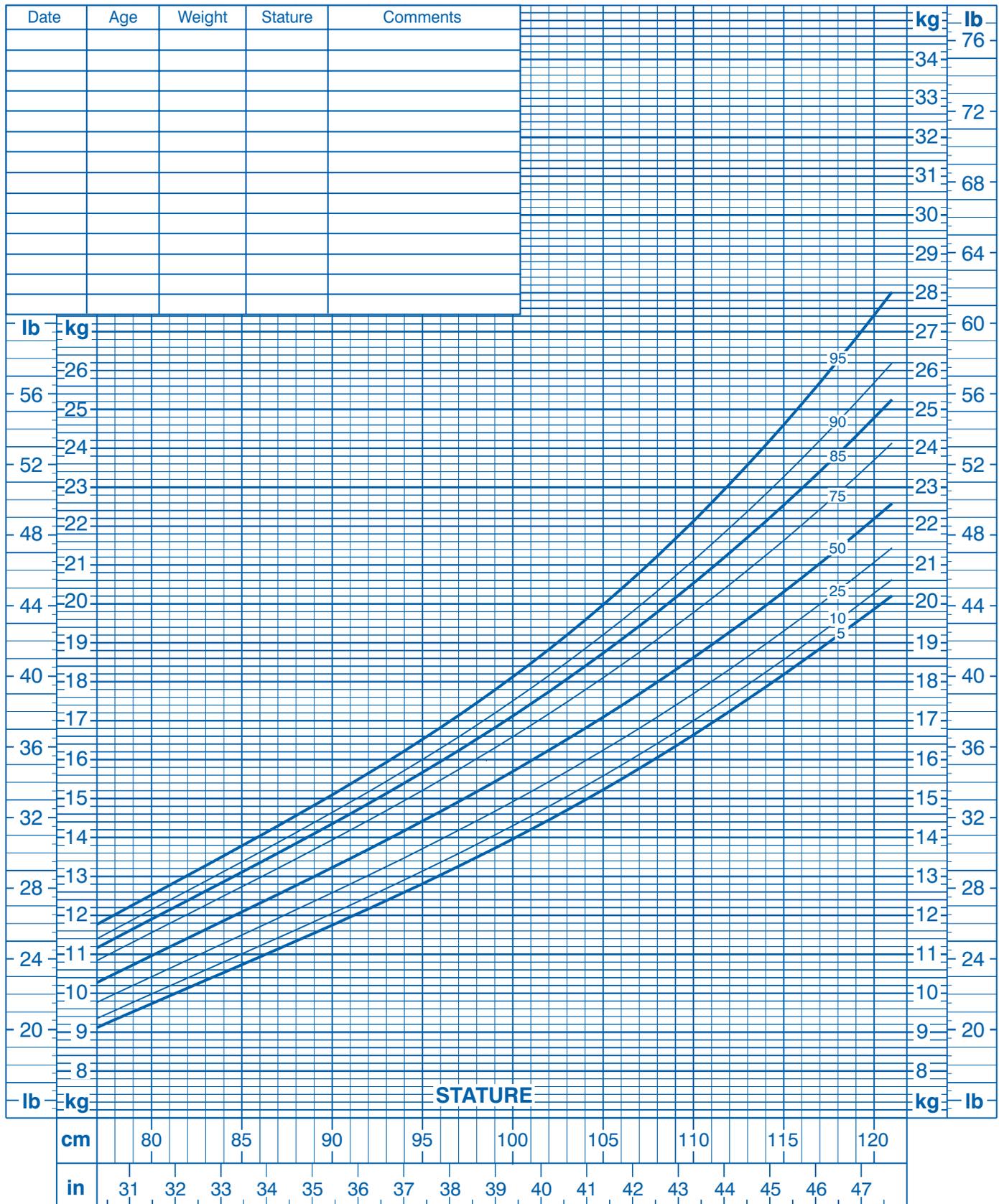




NAME \_\_\_\_\_

RECORD # \_\_\_\_\_

# Weight-for-stature percentiles: Boys

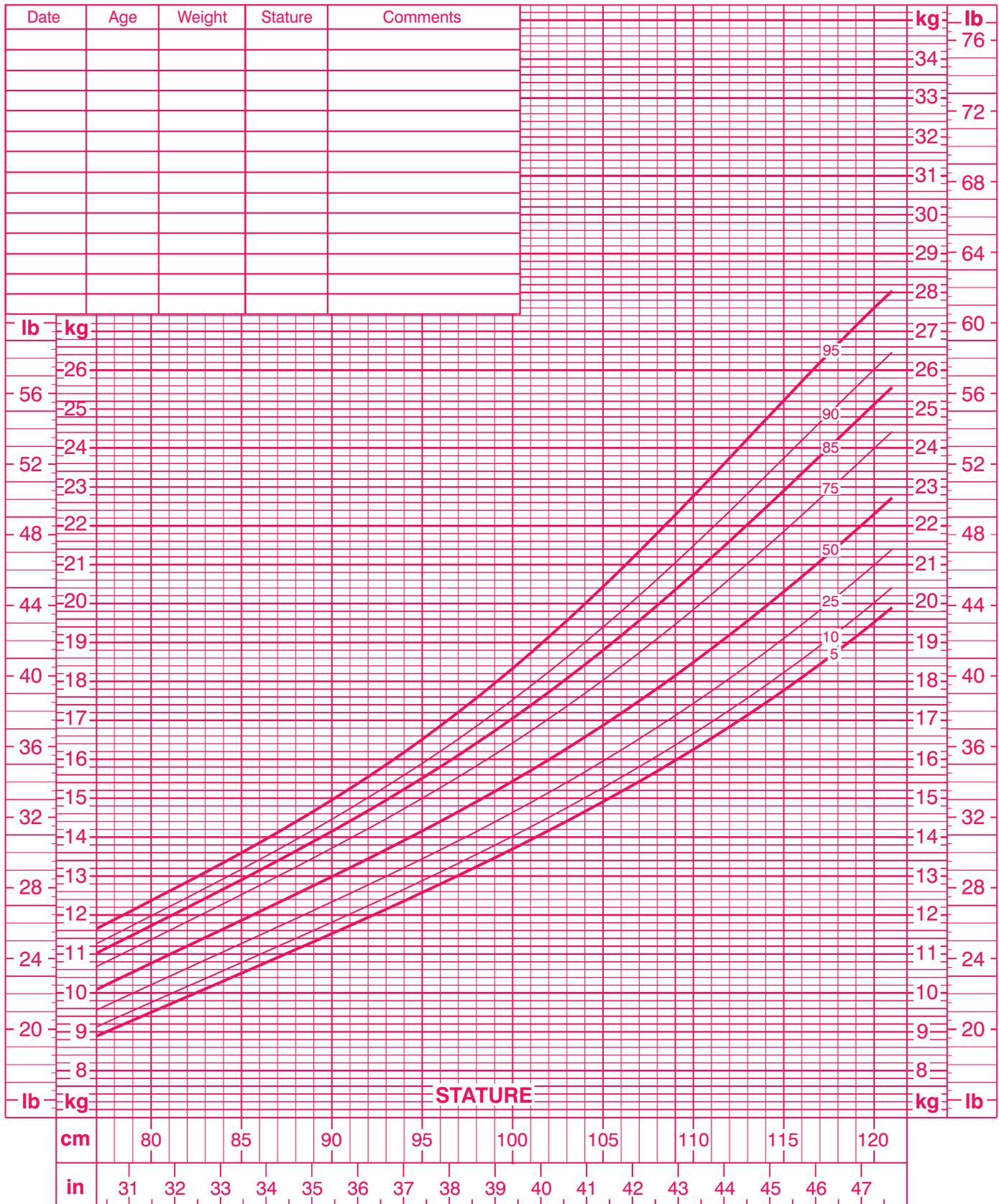


Published May 30, 2000 (modified 10/16/00).  
 SOURCE: Developed by the National Center for Health Statistics in collaboration with  
 the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.cdc.gov/growthcharts>

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_

# Weight-for-stature percentiles: Girls



Published May 30, 2000 (modified 10/16/00).  
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.cdc.gov/growthcharts>

## **Appendix D:**

# **Tuberculosis Risk Screening Guidelines and WV Childhood Lead Poisoning Prevention Program (WVCLLP) Case Management Protocol and Screening Plan**

# ***Blood Lead Level Screening Plan West Virginia Childhood Lead Poisoning Prevention Program***

## **Introduction:**

The West Virginia Childhood Lead Poisoning Prevention Program (CLPPP) developed the lead screening plan targeting resources to impact the largest number of children zero (0) to seventy-two (72) months of age at high risk for lead poisoning. Children are screened in provider facilities such as community health centers, private practitioner offices, federally qualified health centers, local health departments, etc. Blood lead results are reported by laboratories and clinics to the West Virginia Childhood Lead Poisoning Prevention Surveillance Program. Providers are required to report all blood lead levels with complete demographic information. The screening rate by county is tracked and reported to providers in high risk counties. Additional screening activities will be planned according to evaluation results from high risk counties and groups.

Senate Bill 216 was passed in January of 2002 and requires systematic screening of children for early identification and prevention of lead poisoning in children zero (0) to seventy-two (72) months of age. The rules and regulations specific to this legislation were passed in April of 2004 (see Appendix A).

Prior surveillance information from 2007 – 2008 was used to re-evaluate West Virginia's high risk counties for childhood lead poisoning. We identified these counties based on the number and/or percentage of children that had at least one confirmed elevated test, the percentage of homes built before 1980 in that particular county and the percentage of children less than 12 years old that live at or below poverty within that particular county; See Appendix B, Appendix C, Appendix D and Appendix E. The following is a detailed explanation of the screening plan.

- All children zero (0) to seventy-two (72) months of age need to be screened at one (1) year and again at two (2) years of age using a risk assessment. Children thirty- six (36) to seventy-two (72) months of age should also be screened if they have not been screened previously.
- The risk assessment needs to be recorded in each child's medical record at the physician's office and include the date of screening, the child's complete address, the location where the screening was conducted and the name of the physician.
- If a child is determined to be at risk for lead poisoning, the health care provider should perform or authorize a blood test to identify the blood lead level.
- For best results, an initial elevated blood lead level of  $\geq 10$  mcg/dl should be confirmed with a venous blood specimen.
- A questionnaire for risk assessment is attached to this document as well as a lead risk assessment form utilized by the WV HealthCheck Program (see Appendix F).
- Medicaid requires that all Medicaid-eligible children zero (0) to seventy-two (72) months of age receive blood lead testing at twelve (12) months and twenty-four (24) months of age regardless of the results of the lead risk assessment or previous test results.

- If a Medicaid-eligible child has not been tested by thirty-six (36) to seventy-two (72) months of age, a blood lead test is required regardless of negative risk assessments.
- Based on a combination of prior surveillance information and risk predictions, seven (7) counties were selected for targeted screening and primary prevention activities. These seven (7) counties include Brooke, Lewis, Mineral, Monongalia, Ohio, Roane and Wirt. They were identified based on the number and/or percentage of children that had at least one confirmed elevated test, the percentage of homes built before 1980 in that particular county and the percentage of children less than 12 years old that live at or below poverty within that particular county.

## **Blood Lead Level Screening Education to Public and Providers:**

- In order to provide education about state-wide lead screening and implement the screening plan effectively, the WV CLPPP will continue to work collaboratively with the Advisory Committee's assistance to determine Program direction. Booth presentations will be performed in the high risk targeted counties. Public and provider education on the importance of screening will be provided in these counties by our Health Educator, as well as through various State and local organizations such as the HealthCheck Program, EPSDT, the Children's Special Care Needs Program, the WV SIDS Prevention Program, Automated Health System, the CHIP Outreach Program, WV Poison Control Center, the Office of Environmental Health Services, Managed Care organizations such as Care Link, local health departments, the WV Immunization Program, Family Resource Networks, the Resource and Referral Network, the WIC Program, etc.

The state-wide targeted screening plan will be evaluated annually and be presented to the CLPPP Advisory Committee for comments and suggestions. The State of West Virginia's Case Management Protocol has been posted on the internet. The website location is: <http://www.wvdhhr.org/mcfh/lead/CaseManagement.pdf>.

# ATTACHMENTS

		<u>Page(s)</u>
A	Senate Bill No. 216:	3-10
B	Targeted High Risk Counties:	12
C	BLL's Per County & EBLL'S:	14-17
D	Percentage of WV Homes Built Before 1980 from 2000 Census:	19-20
E	WV's Poverty Percentage of Children Less Than 12 Yrs Old from 2000 Census:	22-23
F	Lead Flyer:	25

## APPENDIX A

1 ENROLLED

2 Senate Bill No. 216

3 (BY SENATORS REDD, BURNETTE, CALDWELL, HUNTER, MINARD,  
4 ROWE, SNYDER, WOOTON, FACEMYER, MITCHELL AND ANDERSON)

5 \_\_\_\_\_  
6 [Passed march 9, 2002; in effect ninety days from passage.]  
7 \_\_\_\_\_  
8

9 AN ACT to amend article thirty-five, chapter sixteen of the code of  
10 West Virginia, one thousand nine hundred thirty-one, as  
11 amended, by adding thereto a new section, designated section  
12 four-a, relating to the screening of children under six years  
13 of age for lead poisoning.

14 *Be it enacted by the Legislature of West Virginia:*

15 That article thirty-five, chapter sixteen of the code of West  
16 Virginia, one thousand nine hundred thirty-one, as amended, be  
17 amended by adding thereto a new section, designated section four-a,  
18 to read as follows:

19

20 **ARTICLE 10. LEAD ABATEMENT.**

21 §16-35-4a. Duty of director to establish program for early  
22 identification of lead poisoning in children.

23 (a) The director shall establish a program for early  
24 identification of cases of lead poisoning. The program shall  
25 include a systematic screening of all children under six years of  
26 age for the presence of lead poisoning. The director shall, after

1 consultation with recognized professional medical groups and such  
2 other sources as he deems appropriate, propose legislative rules  
3 establishing: (1) The means by which and the intervals at which  
4 children under six years of age shall be screened for lead  
5 poisoning; and (2) guidelines for the medical follow-up of children  
6 found to be lead poisoned. Such identification program shall, to  
7 the extent that all children residing in this state are not  
8 systematically screened, give priority in screening to children  
9 residing, or who have recently resided, in areas where significant  
10 numbers of lead poisoning cases have recently been reported or  
11 where other reliable evidence indicates that significant numbers of  
12 lead poisoning cases may be found. If the director is informed of  
13 any person having a medically confirmed elevated blood-lead level,  
14 the director shall cause to have screened all other children under  
15 six years of age, and such other children as he or she finds  
16 advisable to screen, residing or recently residing in the household  
17 of the victim, unless the parents of such child object to the  
18 screening because it conflicts with their religious beliefs and  
19 practices. The results of the screenings shall be reported to the  
20 director, to the person or agency reporting the original case and  
21 to such other persons or agencies as the director deems advisable.

22 (b) The director shall maintain comprehensive records of all  
23 screenings conducted pursuant to this section. The records shall be  
24 geographically indexed in order to determine the location of areas  
25 of relatively high incidence of lead poisoning. The records shall  
26 be public records, except that the names of screened individuals

1 may not be public. A summary of the results of all screenings  
2 conducted pursuant to this section shall be released quarterly, or  
3 more frequently if the director so determines, to all interested  
4 parties.

5 (c) All cases or probable cases of lead poisoning, as defined  
6 by legislative rule proposed by the director, found in the course  
7 of screenings conducted pursuant to this section shall be reported  
8 immediately to the affected individual, to a child's parent or  
9 legal guardian if the child is a minor, and to the director. The  
10 director shall inform such persons or agencies as the director  
11 determines is advisable of the existence of the case or probable  
12 case of lead poisoning.

13

**WEST VIRGINIA  
SECRETARY OF STATE  
JOE MANCHIN, III  
ADMINISTRATIVE LAW DIVISION**

Do Not Mark In This Box

**FILED**

2004 APR 29 P 3:05

OFFICE WEST VIRGINIA  
SECRETARY OF STATE

Form #6

**NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED  
BY THE WEST VIRGINIA LEGISLATURE**

AGENCY: DHHR - Bureau for Public Health TITLE NUMBER: 64

AMENDMENT TO AN EXISTING RULE: YES  NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: \_\_\_\_\_

TITLE OF RULE BEING AMENDED: \_\_\_\_\_

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: 42

TITLE OF RULE BEING PROPOSED: Childhood Lead Screening

THE ABOVE RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) HB 4205

SECTION 2(f), PASSED ON March 13, 2004

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON THE  
FOLLOWING DATE: April 29, 2004

Paul L. Manchin  
Authorized Signature

TITLE 64  
WEST VIRGINIA LEGISLATIVE RULE  
BUREAU FOR PUBLIC HEALTH  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

FILED

2004 APR 29 P 3:05

SERIES 42  
CHILDHOOD LEAD SCREENING

OFFICE WEST VIRGINIA  
SECRETARY OF STATE

**§64-42-1. General.**

1.1. Scope. – This rule establishes and implements a statewide childhood lead poisoning screening and identification program. This rule should be read in conjunction with W. Va. Code §16-35-4a, -35, 16-1-17 and -18. The W. Va. Code is available in public libraries and on the Legislature's web page, <http://www.legis.state.wv.us/>.

1.2. Authority. – W. Va. Code §§ 16-1-4 and 16-35-4a.

1.3. Filing Date. – December 8, 2003

1.4. Effective Date. – March 13, 2004

**§64-42-2. Application and Enforcement.**

2.1. This rule applies to all physicians, hospitals, health care facilities, and health care providers who conduct or oversee medical examinations of children under the age of six (6) years.

2.2. Enforcement – This rule is enforced by the Commissioner of the Bureau for Public Health.

**§64-42-3. Definitions.**

3.1. Bureau. - The West Virginia Bureau for Public Health.

3.2. Commissioner. - The Commissioner of the Bureau for Public Health.

3.3. Elevated Blood Lead Level. – A concentration of lead in the blood stream as defined in the reference manual provided by the United States Centers for Disease Control and Prevention, "Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention," 2002.

3.4. Health Care Provider. – A physician, or his or her designee, at any medical facility, including but not limited to, private clinics, health departments, and hospitals.

3.5. Laboratory. – A facility or place, however, named, for the biological, microbiological, serological, chemical, immuno-hematological, hematological, biophysical, crytological, pathological,

or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of human beings and is participating in the United States Centers for Disease Control and Prevention blood lead laboratory proficiency program.

3.6. Screening. – The assessment of a child's environment and social conditions to determine risk for lead poisoning.

**§64-42-4. Protocol for Screening of Children.**

4.1. West Virginia health care providers shall, to the greatest extent possible, screen all children before the age of six (6) years for risk of elevated blood lead levels in accordance with the United States Centers for Disease Control and Prevention reference, "Screening Young Children for Lead Poisoning: Guidance for State and Local Officials," November, 1997.

4.1.a. All children shall be screened using a risk assessment at one (1) year and again at two (2) years of age, and children thirty-six (36) to seventy-two (72) months of age if they have not been screened previously; and

4.1.b. The risk assessment screening shall be recorded in each child's medical record at the physician's office. This information shall include the date of screening, the child's address, the location where the screening was conducted and the physician's name.

4.1.c. If a child is determined to be at risk for lead poisoning, the health care provider shall perform or authorize a blood test to identify the blood lead level.

4.2. The protocol for confirmation of elevated blood lead levels shall be in accordance with the United States Centers for Disease Control and Prevention reference, "Managing Elevated Blood-Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention," March, 2002.

**§64-42-5. Follow-up Testing and Information.**

5.1. In addition to the follow-up testing prescribed in WV Code §16-35-4a, when a child's results are confirmed as an elevated blood lead level, the Bureau for Public Health shall advise pregnant women residing at the same address of the need to be tested as soon as possible.

5.2. The health care provider shall provide all information concerning a child's blood lead level to the legal parent or guardian and other agencies involved in lead poisoning testing.

5.3. The Bureau shall refer children with elevated blood lead levels to the following services:

5.3.a. Children with blood lead levels of greater than or equal to ten (10) micrograms per deciliter shall be referred to Children's Specialty Care, a program offered by the

Office of Maternal, Child and Family Health in the Bureau, within ten (10) days of confirmation;

5.3.b. Children with two (2) consecutive blood lead levels of greater than or equal to fifteen (15) micrograms per deciliter, and children with blood lead levels of greater than or equal to twenty (20) micrograms per deciliter shall be referred to environmental assessments and nurse home visits within two (2) days of confirmation; and

5.3.c. All children with elevated blood lead levels of greater than or equal to ten (10) micrograms per deciliter shall have a follow-up blood lead level screening every three (3) months.

**§64-42-6. Reporting Requirements.**

6.1. The Bureau shall review this program at least every three (3) years and make available to all interested parties a summary of the quarterly testing results, beginning in July of the effective year of this rule.

**§64-42-7. Samples Submitted to a Laboratory.**

7.1. The health care provider shall submit all blood samples to a laboratory for analysis.

7.2. When submitting blood samples, the health care provider shall include a laboratory requisition obtained from the Bureau that contains the child's name, address, the county of residence, the name and address of the physician who completed the screening, and other information requested on the form.

7.3. Laboratories processing blood lead samples for analysis shall submit all required data to the Bureau within seven (7) working days of analysis, or sooner if available.

**§64-42-9. Confidentiality.**

9.1. Records received and information assembled by the Bureau are confidential medical records and shall not be disclosed except as permitted by law.

9.2. Reports published using statistical compilations relating to childhood lead poisoning may not in any manner identify individual patients, individual addresses, or individual enforcement action, or be reported for such small geographic areas or other categories with few entries that a person could, with other publicly available information, reasonably be able to identify the patients.

**§64-42-10. Enforcement Action.**

10.1. The Commissioner may investigate all suspected violations of this rule or of W. Va. Code §16-35-1 et seq., and upon the finding of a violation in connection with this rule, the Commissioner shall initiate appropriate enforcement action.

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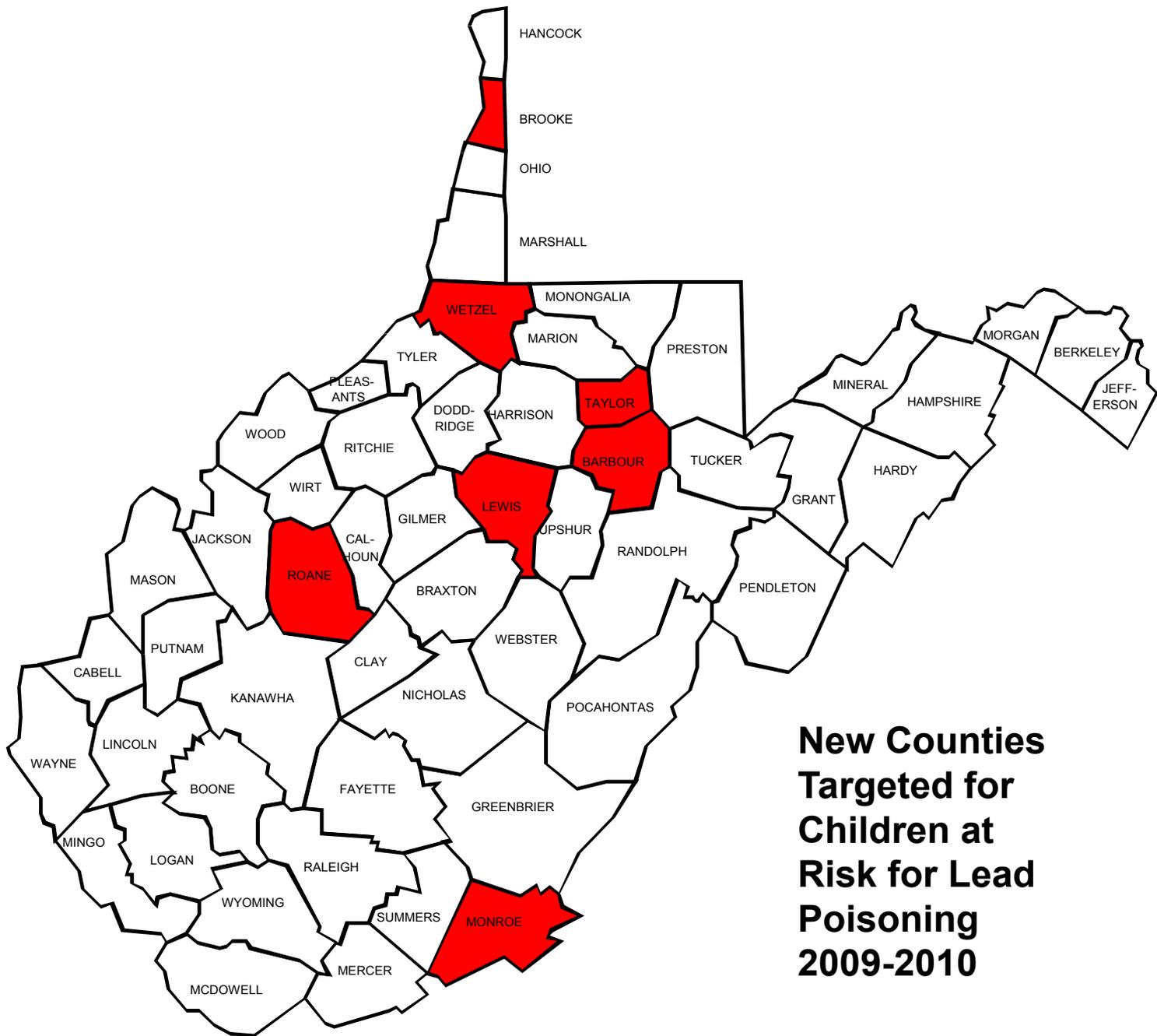
**§64-42-11. Penalties.**

11.1. Any person who violates the provisions of W. Va. Code §16-35-4a or this rule is subject to the penalties provided in W. Va. Code §16-1-17 and 16-35-13.

**§64-42-12. Administrative Due Process.**

12.1. Those individuals adversely affected by the enforcement of this rule desiring a contested case hearing to determine any rights, duties, interests, or privileges shall do so in a manner prescribed in the division of health, Rules and Procedures for Contested Case Hearing and Declaratory Ruling, 64CSR1.

## APPENDIX B



**New Counties Targeted for Children at Risk for Lead Poisoning 2009-2010**

## APPENDIX C

# BLL's Per County

*Non-Duplicate Tests From 07/01/2007 Thru 06/30/2008*

County	Total Tested	Confirmed	Percent Confirmed Elevated
BARBOUR	155	1	0.65%
BERKELEY	527	0	0.00%
BOONE	203	1	0.49%
BRAXTON	125	0	0.00%
BROOKE	68	1	1.47%
CABELL	945	1	0.11%
CALHOUN	49	0	0.00%
CLAY	161	0	0.00%
DODDRIDGE	38	0	0.00%
FAYETTE	599	1	0.17%
GILMER	64	0	0.00%
GRANT	111	0	0.00%
GREENBRIER	486	0	0.00%
HAMPSHIRE	161	1	0.62%
HANCOCK	152	0	0.00%
HARDY	138	0	0.00%
HARRISON	646	2	0.31%
JACKSON	272	2	0.74%
JEFFERSON	245	1	0.41%
KANAWHA	1,945	2	0.10%
LEWIS	292	4	1.37%
LINCOLN	256	0	0.00%
LOGAN	340	1	0.29%
MARION	551	2	0.36%
MARSHALL	210	4	1.90%
MASON	248	0	0.00%
MCDOWELL	190	0	0.00%
MERCER	648	2	0.31%
MINERAL	321	5	1.56%
MINGO	185	1	0.54%
MONONGALIA	586	3	0.51%
MONROE	119	0	0.00%
MORGAN	114	0	0.00%
NICHOLAS	375	1	0.27%

<b>County</b>	<b>Total Tested</b>	<b>Confirmed</b>	<b>Percent Confirmed Elevated</b>
OHIO	291	2	0.69%
PENDLETON	68	0	0.00%
PLEASANTS	46	0	0.00%
POCAHONTAS	69	0	0.00%
PRESTON	237	1	0.42%
PUTNAM	406	1	0.25%
RALEIGH	803	1	0.12%
RANDOLPH	250	0	0.00%
RITCHIE	60	0	0.00%
ROANE	65	1	1.54%
SUMMERS	82	0	0.00%
TAYLOR	99	0	0.00%
TUCKER	53	0	0.00%
TYLER	41	0	0.00%
UNKNOWN	42	0	0.00%
UPSHUR	136	0	0.00%
WAYNE	257	0	0.00%
WEBSTER	52	0	0.00%
WETZEL	134	1	0.75%
WIRT	34	1	2.94%
WOOD	418	1	0.24%
WYOMING	176	0	0.00%
<b>TOTALS</b>	<b>15,344</b>	<b>45</b>	<b>0.29%</b>

# Confirmed Elevated Blood Lead Lvl's

County	Sample = "V" And BLL >=10			
	07/01/2004 - 06/30/2005	07/01/2005 - 06/30/2006	07/01/2006 - 06/30/2007	07/01/2007 - 06/30/2008
BARBOUR	1	1	6	3
BERKELEY	9	1	1	0
BOONE	2	0	1	1
BRAXTON	1	1	1	0
BROOKE	3	1	1	1
CABELL	5	2	3	3
CALHOUN	1	1	0	0
CLAY	1	0	0	1
DODDRIDGE	3	0	1	0
FAYETTE	6	0	3	2
GILMER	0	0	0	0
GRANT	0	0	0	0
GREENBRIER	1	2	3	2
HAMPSHIRE	0	1	1	1
HANCOCK	3	4	3	0
HARDY	0	0	1	0
HARRISON	9	2	3	3
JACKSON	1	1	1	2
JEFFERSON	0	2	1	1
KANAWHA	11	6	5	7
LEWIS	11	5	4	7
LINCOLN	1	0	0	0
LOGAN	1	2	2	1
MARION	0	5	9	3
MARSHALL	0	5	5	4
MASON	0	0	0	0
MCDOWELL	0	2	1	0
MERCER	3	5	5	2
MINERAL	4	5	7	5

County	Sample = "V" And BLL >=10			
	07/01/2004 - 06/30/2005	07/01/2005 - 06/30/2006	07/01/2006 - 06/30/2007	07/01/2007 - 06/30/2008
MINGO	1	0	0	1
MONONGALIA	4	3	5	3
MONROE	0	1	2	3
MORGAN	0	0	1	1
NICHOLAS	1	6	4	3
OHIO	5	7	8	2
PENDLETON	0	1	2	0
PLEASANTS	0	1	0	0
POCAHONTAS	0	3	1	0
PRESTON	4	2	1	3
PUTNAM	0	0	0	1
RALEIGH	3	1	4	3
RANDOLPH	6	2	0	0
RITCHIE	2	3	1	0
ROANE	1	3	0	2
SUMMERS	2	2	0	0
TAYLOR	0	2	0	1
TUCKER	1	0	0	0
TYLER	3	0	0	0
UNKNOWN	23	4	0	1
UPSHUR	2	2	0	0
WAYNE	0	0	3	0
WEBSTER	0	0	0	1
WETZEL	2	4	6	1
WIRT	0	0	0	1
WOOD	6	6	4	3
WYOMING	0	1	2	0
<b>TOTALS:</b>	<b>143</b>	<b>108</b>	<b>112</b>	<b>79</b>

## APPENDIX D

# PERCENTAGE OF WEST VIRGINIA HOMES BUILT BEFORE 1980 FROM THE 2000 US CENSUS' DATA

<b>County</b>	<b>Before 1980</b>	<b>Between 1980 And 2000</b>	<b>Total</b>	<b>Percentage</b>
BARBOUR	5,402	1,946	7,348	73.52%
BERKELEY	16,107	16,806	32,913	48.94%
BOONE	7,607	3,968	11,575	65.72%
BRAXTON	4,535	2,839	7,374	61.50%
BROOKE	9,310	1,840	11,150	83.50%
CABELL	35,723	9,892	45,615	78.31%
CALHOUN	2,596	1,252	3,848	67.46%
CLAY	2,920	1,916	4,836	60.38%
DODDRIDGE	2,528	1,133	3,661	69.05%
FAYETTE	16,647	4,969	21,616	77.01%
GILMER	2,583	1,038	3,621	71.33%
GRANT	3,489	2,616	6,105	57.15%
GREENBRIER	12,039	5,605	17,644	68.23%
HAMPSHIRE	5,778	5,407	11,185	51.66%
HANCOCK	12,781	1,947	14,728	86.78%
HARDY	3,610	3,505	7,115	50.74%
HARRISON	24,444	6,668	31,112	78.57%
JACKSON	7,621	4,624	12,245	62.24%
JEFFERSON	9,864	7,759	17,623	55.97%
KANAWHA	73,834	19,954	93,788	78.72%
LEWIS	5,587	2,357	7,944	70.33%
LINCOLN	5,673	4,173	9,846	57.62%
LOGAN	11,198	5,609	16,807	66.63%
MARION	21,498	5,162	26,660	80.64%
MARSHALL	13,187	2,627	15,814	83.39%
MASON	8,041	4,015	12,056	66.70%
MERCER	21,541	8,602	30,143	71.46%
MINERAL	8,491	3,603	12,094	70.21%
MINGO	7,522	5,376	12,898	58.32%

<b>County</b>	<b>Before 1980</b>	<b>Between 1980 And 2000</b>	<b>Total</b>	<b>Percentage</b>
MONONGALIA	24,042	12,653	36,695	65.52%
MONROE	4,795	2,472	7,267	65.98%
MORGAN	4,312	3,764	8,076	53.39%
MCDOWELL	10,949	2,633	13,582	80.61%
NICHOLAS	7,563	4,843	12,406	60.96%
OHIO	19,514	2,652	22,166	88.04%
PENDLETON	3,320	1,782	5,102	65.07%
PLEASANTS	2,242	972	3,214	69.76%
POCAHONTAS	4,267	3,327	7,594	56.19%
PRESTON	8,581	4,863	13,444	63.83%
PUTNAM	10,786	10,835	21,621	49.89%
RALEIGH	25,598	10,080	35,678	71.75%
RANDOLPH	9,119	4,359	13,478	67.66%
RITCHIE	3,873	1,640	5,513	70.25%
ROANE	5,262	2,098	7,360	71.49%
SUMMERS	5,319	2,012	7,331	72.55%
TAYLOR	4,816	2,309	7,125	67.59%
TUCKER	2,632	2,002	4,634	56.80%
TYLER	3,705	1,075	4,780	77.51%
UPSHUR	6,810	3,941	10,751	63.34%
WAYNE	12,874	6,233	19,107	67.38%
WEBSTER	3,369	1,904	5,273	63.89%
WETZEL	6,216	2,097	8,313	74.77%
WIRT	2,077	1,189	3,266	63.59%
WOOD	30,204	9,581	39,785	75.92%
WYOMING	7,926	3,772	11,698	67.76%
<b>Total Numbers Statewide:</b>	<b>592,327</b>	<b>252,296</b>	<b>844,623</b>	<b>70.13%</b>

## APPENDIX E

# WEST VIRGINIA'S POVERTY PERCENTAGE OF CHILDREN LESS THAN 12 YEARS OLD FROM THE 2000 US CENSUS' DATA

<b>County</b>	<b>Below Poverty Level</b>	<b>At or Above Poverty</b>	<b>Total</b>	<b>Percentage</b>
BARBOUR	823	1,431	2,254	36.51%
BERKELEY	2,011	10,506	12,517	16.07%
BOONE	1,164	2,661	3,825	30.43%
BRAXTON	566	1,452	2,018	28.05%
BROOKE	593	2,602	3,195	18.56%
CABELL	3,370	9,207	12,577	26.79%
CALHOUN	276	678	954	28.93%
CLAY	660	1,039	1,699	38.85%
DODDRIDGE	276	821	1,097	25.16%
FAYETTE	2,344	4,152	6,496	36.08%
GILMER	227	644	871	26.06%
GRANT	419	1,295	1,714	24.45%
GREENBRIER	1,244	3,299	4,543	27.38%
HAMPSHIRE	778	2,497	3,275	23.76%
HANCOCK	760	3,643	4,403	17.26%
HARDY	290	1,666	1,956	14.83%
HARRISON	2,520	7,445	9,965	25.29%
JACKSON	1,055	3,232	4,287	24.61%
JEFFERSON	740	5,796	6,536	11.32%
KANAWHA	6,312	21,265	27,577	22.89%
LEWIS	709	1,654	2,363	30.00%
LINCOLN	1,269	1,920	3,189	39.79%
LOGAN	1,980	3,481	5,461	36.26%
MARION	1,732	5,609	7,341	23.59%
MARSHALL	1,338	3,855	5,193	25.77%
MASON	1,004	2,764	3,768	26.65%
MCDOWELL	2,223	1,687	3,910	56.85%

<b>County</b>	<b>Below Poverty Level</b>	<b>At or Above Poverty</b>	<b>Total</b>	<b>Percentage</b>
MERCER	2,605	5,860	8,465	30.77%
MINERAL	885	3,172	4,057	21.81%
MINGO	1,813	2,465	4,278	42.38%
MONONGALIA	2,050	7,680	9,730	21.07%
MONROE	464	1,358	1,822	25.47%
MORGAN	252	1,930	2,182	11.55%
NICHOLAS	1,033	2,624	3,657	28.25%
OHIO	1,510	4,987	6,497	23.24%
PENDLETON	170	983	1,153	14.74%
PLEASANTS	245	907	1,152	21.27%
POCAHONTAS	239	949	1,188	20.12%
PRESTON	1,202	2,965	4,167	28.85%
PUTNAM	1,062	7,189	8,251	12.87%
RALEIGH	3,406	7,437	10,843	31.41%
RANDOLPH	1,109	2,934	4,043	27.43%
RITCHIE	356	1,124	1,480	24.05%
ROANE	686	1,440	2,126	32.27%
SUMMERS	625	1,066	1,691	36.96%
TAYLOR	685	1,726	2,411	28.41%
TUCKER	267	724	991	26.94%
TYLER	341	968	1,309	26.05%
UPSHUR	1,020	2,261	3,281	31.09%
WAYNE	1,670	4,679	6,349	26.30%
WEBSTER	641	717	1,358	47.20%
WETZEL	719	1,918	2,637	27.27%
WIRT	231	593	824	28.03%
WOOD	2,894	9,892	12,786	22.63%
WYOMING	1,400	2,186	3,586	39.04%
<b>Total Numbers Statewide:</b>	<b>66,263</b>	<b>189,035</b>	<b>255,298</b>	<b>25.96%</b>

## APPENDIX F

**DID YOU KNOW?**

Lead poisoning is a problem in children less than six years of age. Lead can cause learning difficulties, behavior problems and lower IQ levels.

**CAUSES OF LEAD POISONING:**

- ⌘ Lead-based paints
- ⌘ Houses built before 1978 are likely to have lead-based paint.
- ⌘ Lead Dust
- ⌘ Contaminated Drinking Water

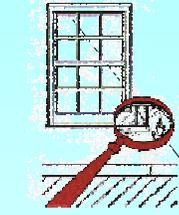
**PREVENTIVE MEASURES:**

- ⌘ Screen Children at ages 1 & 2
- ⌘ Wash children's hands & toys frequently
- ⌘ Wet mop to clean up dust
- ⌘ Frequent meals rich in calcium & low fat

⌘ Parents should check for lead poisoning in their children as early as possible, instead of waiting for problems to develop

⌘ Children should be tested for lead poisoning at 1 & 2 years of age **AND** between ages 3 & 6, if they have Not been tested previously

**ASK YOUR DOCTOR OR CLINIC TO TEST YOUR CHILDREN FOR BLOOD LEAD LEVELS & KEEP THE TESTING SCHEDULES**



**HOW DO WE HELP?**

THE WEST VIRGINIA CHILDHOOD LEAD POISONING PREVENTION PROJECT CAN PROVIDE FOLLOW-UP SERVICES TO ALL CHILDREN WITH BLOOD LEAD LEVELS OF  $\geq 10$ mcg/dL.

WVDHHR/OMCFH/REP/CLPPP/NOV2000

**FOR FURTHER INFORMATION, PLEASE CONTACT THE WEST VIRGINIA OFFICE OF MATERNAL, CHILD & FAMILY HEALTH, 350 CAPITOL STREET, RM 427, CHARLESTON, WV 25301 PHONE: 1-800-642-8522**



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III  
Governor

Martha Yeager Walker  
Secretary

To: All Local Health Departments

From: Dominic Gaziano, M.D., Director  
Tuberculosis Control Program

Date: February 13, 2007

Re: New Recommendations for Screening for Tuberculosis in Children

Strategies for controlling tuberculosis infection and disease have evolved from periodic routine screening of large groups to aggressive identification and investigation of high-risk groups.

The overall emphasis to control tuberculosis in West Virginia will be placed on identifying the disease and accessing health care, timely and effective contact investigations, proper interpretation of Mantoux skin tests, thorough history-taking of exposure to infectious persons, and appropriate use of therapy, including directly observed therapy.

- "The original recommendation for skin testing at one year of age was based on the theoretical concept that the administration of measles vaccine might reactivate dormant *Mycobacterium tuberculosis*." (American Academy of Pediatrics) This theory has not been supported by data and skin testing at this age is no longer policy.
- Kindergarten pupils and first grade pupils will no longer be required to receive a tuberculin skin test prior to entry to school. (HB 4578 passed March 11, 2000, to become effective 90 days from passage – attached).
- Only children with increased risk of exposure to persons with tuberculosis should be considered for tuberculin skin testing. The frequency of such skin testing is detailed in the attached Table from the American Academy of Pediatrics' 1996 policy statement. The appropriate method of skin testing is the Mantoux method. Multi-puncture tests will no longer be provided by the Tuberculosis Control Program.

If you have any questions, you may call the Tuberculosis Control program at 800-330-8126 or (304)558-3669.

Attachments

cc: Chris Curtis    Joe Barker    Loretta Haddy    Kay Shamblin    Cathy Slemp

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**Bureau for Public Health**  
**Division of Surveillance and Disease Control**  
**Tuberculosis Control Program**  
Room 125, 350 Capitol Street  
Charleston, West Virginia 25301-3715  
(304) 558-3669 or 1-800-330-8126

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**Bureau for Public Health**  
**Division of Surveillance and Disease Control**  
**Tuberculosis Control Program**  
Room 125, 350 Capitol Street  
Charleston, West Virginia 25301-3715  
(304) 558-3669 or 1-800-330-8126



## **Priority for Childhood Lead Poisoning Environmental Assessment Referrals**

Whenever a child receives a blood lead level by venous or two capillary samples, it is considered a confirmed value, however, some of these values have been contaminated and therefore not entirely accurate.

In order to provide services to those children and families at highest risk and maximize available resources, the following priorities have been established:

- Any child who receives two consecutive confirmed elevated blood lead levels greater than or equal to 15mcg/dl. The higher the blood lead level the more urgent the need for a home lead assessment.
- A child who has two consecutive confirmed blood lead levels greater than 10mcg/dl who has a pregnant mother. (Advise mother to disclose child's elevated blood lead status to her physician who is providing her prenatal care).
- A child two (2) years of age or less with 2 consecutive confirmed elevated blood lead levels greater than or equal to 10mcg/dl.
- A child three (3) years of age or less that has consecutive blood lead levels that continue to increase (i.e. elevated at 5mcg/dl, then 7mcg/dl, then 12 mcg/dl).

Attached is the recommended schedule for obtaining confirmatory blood samples based on the first screening test result.

There will be other circumstances that necessitate discussion regarding the prioritization of home lead assessments. When this occurs the case manager will consult with the CLPP Program coordinator, who will discuss with the Division Director if necessary. The need for the home lead assessment will be stated on the referral to the Office of Environmental Services.

Attachments

## Childhood Lead Poisoning Case Management Protocol

Results of childhood lead screening will come in the mail, faxed or disc to the Lead Coordinator. The Lead Coordinator will then send a list of children with a BLL  $\geq 10$ mcg/dl. The birth date will need to be checked, as we only case manage children 0-72 months of age. Check the list against the already received children with BLL's  $\geq 10$ mcg/dl. You should already have the children on the list. The list is to make sure we haven't missed anyone.

If the result is less than 10mcg/dl put in data entry basket at the front desk to be entered into Stellar.

If the result is greater than or equal to 10mcg/dl see if it was done by finger stick or venous puncture. If the screening test was a finger stick then a venous specimen for a confirmation needs completed (see following **Table 1** for the recommended schedule for obtaining a confirmatory venous sample.)

**Table1: Recommended Schedule for Obtaining a confirmatory Venous Sample**

Screening test result (mcg/dl)	Perform a confirmation test within:
10-19	3 months
20-44	1 week-1 month*
45-59	48 hours
60-69	24 hours
$\geq 70$	Immediately as an emergency lab test

**\*The higher the BLL on the screening test, the more urgent the need for confirmatory testing.**

**A screening result (finger stick) received that is  $\geq 10$ mcg/dl:**

Call the doctor and find out if the child is their patient and make sure they have ordered a confirmation venous sample and if the parents have been notified.

Send **letter A** and Lead literature to parents. Follow-up with parents according to the time frame specified for the repeat testing to make sure it was completed.

**A confirmation result  $\leq 10$ mcg/dl:**

Send **letter B** and Lead literature to family.

**If the venous sample or confirmation test is  $\geq 10$ mcg/dl:**

- -Call the physician to make sure the child is his/her patient and that they follow **Table 2** on next page for the scheduled follow-up blood lead testing.

**Table 2: Schedule for Follow-up Blood Lead Testing**

<b>Venous blood lead level mcg/dl</b>	<b>Early follow-up (first 2-4 tests after identification)</b>	<b>Late follow-up (after BLL begins to decline)</b>
10-14	3 months**	6-9 months
15-19	1-3 months**	3-6 months
20-24	1-3 months**	1-3 months
25-44	2 weeks-1 months	1 month
≥ 45	As soon as possible	Chelation with subsequent follow-up

**\*Seasonal variation of BLLs exists and may be more apparent in colder climate areas. Greater exposure in summer months may necessitate more frequent follow-ups.**

**\*\*Some case managers or PCPs may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL level is rising more quickly than anticipated.**

- Contact parents to make sure they understand the need for retesting, the significance of lead poisoning to their child's health. If you cannot contact parents/guardian send **letter C**.
- See if they have insurance.
- If no insurance refer to Medicaid or CHIP.
- Refer to CSHCN and/or Birth to Three if there are developmental or other health issues
- Continue to follow child until BLL is  $\leq 10$ mcg/dl.
- Make referral to Environment Health Services Division for a home lead assessment if BLL is  $\geq 10$ mcg/dl.

## WV CLPPP Case Management Protocol

### Time Frames for Environmental Investigation and Other Case Management Activities According to a Child's Blood Lead Level

Blood Lead Level (mg/dl)	Actions	Time frame for beginning intervention
10-14	Provide caregiver lead education. Refer the child for social services if necessary. Make Priority Environmental Referral for investigation and control current lead hazards.	Within 30 days
15-19	Above actions, plus: If BLLs persist (i.e., 2 venous BLLs in this range at least 3 months apart) or increase, proceed according to actions for BLLs 20-44. Make Priority Environmental Referral for investigation and control current lead hazards.	Within 2 weeks
20-44	Above actions, plus: Provide coordination of care (case management). Make Priority Environmental Referral for investigation and control current lead hazards.	Within 1 week
45-70	Above actions.	Within 48 hours
70 or higher	Above actions, plus hospitalize child for chelation therapy immediately.	Within 24 hours

<b>Blood Lead Level (mg/dl)</b>	<b>Actions</b>	<b>Time frame for beginning intervention</b>
10-14	Provide caregiver lead education. Refer the child for social services if necessary. Make Priority Environmental Referral for investigation and control current lead hazards.	Within 30 days
15-19	Above actions, plus: If BLLs persist (i.e., 2 venous BLLs in this range at least 3 months apart) or increase, proceed according to actions for BLLs 20-44. Make Priority Environmental Referral for investigation and control current lead hazards.	Within 2 weeks
20-44	Above actions, plus: Provide coordination of care (case management). Make Priority Environmental Referral for investigation and control current lead hazards.	Within 1 week
45-70	Above actions.	Within 48 hours
70 or higher	Above actions, plus hospitalize child for chelation therapy immediately.	Within 24 hours

**ENVIRONMENTAL ASSESSMENT REQUEST**

Date of Request: _____		Log Number: _____	
Child's Name: _____			
Medicaid ID # _____		SS# _____	
Sibling Name: _____			
Sibling Medicaid ID#: _____		/PHS _____	
Mother's Name: _____		Father's Name: _____	
Address: _____ _____			
Telephone Number: _____			
Child's Age: _____		Child's Date of Birth: _____	
Sibling Age: _____		Sibling Date of Birth: _____	
Blood Lead Level: _____	<input checked="" type="checkbox"/>	VP: <input type="checkbox"/>	FS Date: _____
Sibling BLL _____	<input checked="" type="checkbox"/>	VP: <input type="checkbox"/>	FS Date: _____
Doctor/Clinic: _____			
Address: _____ _____			
Telephone Number: _____			
Treatment: <u>Monitoring</u>			
Assessment Requested By: _____			
Additional Comments: _____ _____ _____			
County: _____			



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

**Earl Ray Tomblin**  
Governor

**Michael J. Lewis, M.D., Ph.D.**  
Cabinet Secretary

The Parents of  
Lead Road  
Anywhere, West Virginia 26426  
Re: Introduction & Important Reminder!

Dear Parent and/or Legal Guardian:

I would like to introduce myself as the Follow-up Coordinator for the Childhood Lead Poisoning Prevention Program. This Program monitors, by law, all West Virginia children reported with an elevated blood lead level. Confirmed lead poisoning in children can be very serious and requires close monitoring using protocols and guidelines established by the CDC (Centers of Disease Control).

Please accept this letter of notification advising that your child 'screened' positive for lead poisoning. This does not mean that your child has lead poisoning, but means that a second test is required to confirm the diagnosis. If your child's first test was performed by finger stick, a repeat blood specimen needs to be drawn by arm stick as soon as possible. In addition, if there are other children in the family six years old and younger, who have not been screened, please have them tested at the same time. Your physician should continue to repeat blood lead levels (arm sticks) on your child until the results are within normal limits (0-9mcg/dl).

Thank you for the opportunity to assist you and your family during this monitoring process. Should you have any questions, please do not hesitate to contact me at the number(s) listed below, Monday through Friday, 8:30 a.m. to 5:00 p.m. If I am unavailable, please leave your name and number for a callback.

Sincerely,

Theresa Vance, LSW  
Systems Point of Entry

TV/vc

Enclosures/Lead Literature  
cc: Child's physician



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin  
Governor

Michael J. Lewis, M.D., Ph.D.  
Cabinet Secretary

The Parents of  
Lead Road  
Anywhere, West Virginia 26426

Dear Parent and/or Legal Guardian:

I would like to introduce myself as the Follow-up Coordinator for the Childhood Lead Poisoning Prevention Program. This Program monitors, by law, all West Virginia children reported with an elevated blood lead level. Confirmed lead poisoning in children can be very serious and requires close monitoring using protocols and guidelines established by the CDC (Centers of Disease Control).

Your child recently received a blood lead result that is less than 10 mcg/dl and is not considered to be lead poisoned.

Lead can be very harmful to children under the age of six because this is a period of rapid growth and development. To ensure that your child's blood lead level does not increase we have enclosed literature that may be helpful. Please have your child rescreened for lead poisoning within six months or by \_\_\_\_\_ to make sure his/her blood lead level has not increased.

Should you have any questions, please call 1-800-642-8522 or 304-558-5388.

Sincerely,

Theresa Vance, LSW  
Systems Point of Entry

TV/vc

Enclosures/Lead Literature  
cc: Child's physician



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin  
Governor

Michael J. Lewis, M.D., Ph.D.  
Cabinet Secretary

The Parents of  
Lead Road  
Anywhere, West Virginia 26426

Dear Parent and/or Legal Guardian:

I would like to introduce myself as the Follow-up Coordinator for the Childhood Lead Poisoning Prevention Program. This Program monitors, by law, all West Virginia children reported with an elevated blood lead level greater than or equal to 10 mcg/dl. Lead poisoned children require close monitoring and clinical case management under the direction and guidelines of CDC (Centers for Disease Control).

Please accept this letter of notification advising that your child "screened" positive for lead poisoning. Please have your physician schedule a repeat blood lead level specimen drawn by arm stick in the month of \_\_\_\_\_. In addition, if there are other children in the family six years of age and younger who have not been screened, please have them screened at the same time. Environmental Specialist, Tammy Potter will be mailing you very important information on identifying lead hazards in the primary and/or secondary home and the methods to remove or control.

Your physician may fax recent results to 304-558-8468 and should continue to repeat blood lead levels (arm sticks) on your child until it is within normal limits (0-9 mcg/dl).

Thank you for the opportunity to assist you and your family during this monitoring process. Should you have any questions, please call 1-800-642-8522 or 304-558-5388. If I am not available please leave your name and number for a callback.

Sincerely,

Theresa Vance, LSW  
Systems Point of Entry

TV/vc

Enclosures/Lead Literature  
cc: Child's physician  
Child's dob: 0/00/00



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III  
Governor

Martha Yeager Walker  
Secretary

To: Local Health Departments

From: Dominic Gaziano, M.D., Director  
Tuberculosis Control Program

Date: March 1, 2007

Re: PROTOCOLS FOR TUBERCULIN SCREENING

Tuberculin skin testing is the standard method of identifying persons infected with M. Tuberculosis. Through screening, infected persons are identified so they can receive treatment to prevent the development of disease and persons with disease are detected so they can be treated. In a setting where persons are grouped together in a relatively closed environment, the possibility of transmission of tuberculosis infection is far greater than in the general population.

*The Mantoux Test is performed by the intradermal injection of 0.1 ml. of PPD tuberculin containing 5 TU (tuberculin units) into either the volar or dorsal surface of the forearm. The injection should be made with a disposable tuberculin syringe. The injection should be made just beneath the surface of the skin, with the needle bevel facing upward to produce a discrete, pale elevation of the skin 6mm to 10mm in diameter.*

*The tuberculin test should be read 48 to 72 hours after the injection. If more than 72 hours has elapsed and there is not an easily palpable and measurable induration, repeat the test on the other arm and read at 48 to 72 hours. The reading should be based on measurement of induration, not erythema. The diameter of induration should be measured transversely to the long axis of the forearm and recorded in millimeters (you may also measure both directions and record, e.g., 15mm x 10mm). Reactions are to be recorded by date, type of skin test, and the measurement of induration in millimeters; no reaction would be recorded as 0mm.*

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Bureau for Public Health  
Division of Surveillance and Disease Control  
Tuberculosis Control Program  
Room 125, 350 Capitol Street  
Charleston, West Virginia 25301-3715  
(304) 558-3669 or 1-800-330-8126

The tuberculin skin test must be given and read by a professional who has been trained to do this, and has been informed of them most recent guidelines in tuberculosis control. Never allow anyone other than a nurse or a physician to read a tuberculin skin test. The patient and his family must not be depended upon to interpret the results of these tests since an incorrect reading can result in a false sense of security and may adversely affect the health of the patient and the control of tuberculosis. If a patient is given proper documentation (including date, site, type of test and by whom), the skin test may be read by a professional other than the one who gave the test.

Two-step testing (one to three weeks apart) should be used for the initial skin testing of adults who will be retested periodically, such as health care workers and nursing home residents, to establish a baseline and avoid misinterpretation of a boosted reaction. Then routine screening would consist of one test as often as indicated by risk assessment.

### **Classifying the Tuberculin Reaction:**

#### **≥ 5 mm**

- Close contacts of persons with infectious TB
- Persons who have a chest x-ray suggestive of previous TB
- Persons known to have or suspected of having HIV infection
- Persons who inject drugs (if HIV status unknown)
- Patients with organ transplants and other immunosuppressed patients (receiving the equivalent of 15mg/d Prednisone for / one month.

#### **≥10mm**

- Persons who inject drugs (if HIV negative)
- Persons with certain medical conditions (other than HIV) that reportedly increase the risk for progressing from latent TB infection to active TB (e.g., silicosis, gastrectomy or jejunioileal bypass, ≥10% below ideal body weight, chronic renal failure with renal dialysis, diabetes mellitus, high-dose corticosteroid or other immunosuppressive therapy, some hematologic disorders, including malignancies such as leukemias and lymphomas, and other malignancies).
- Children younger than four years of age
- Foreign-born persons from areas where TB is common
- Medically underserved, low-income populations, including high-risk racial and ethnic groups
- Residents of long-term care facilities (e.g., nursing homes or correctional facilities)
- Locally identified high-prevalence groups (e.g., migrant farm workers or homeless persons)

### ≥15mm

- All persons with no known risk factors for TB

### Occupational Exposure

The cutoff depends on:

- Individual risk factors for TB
- The prevalence of TB in the facility or place of employment

### BCG

- In persons vaccinated with BCG, we would skin test (Mantoux method) and use the same guidelines as listed above in interpreting the results
- There is no reliable method of distinguishing tuberculin reactions caused by BCG from those caused by natural infections

Measles vaccination may temporarily suppress tuberculin reactivity. TB testing may be given prior to or on the same day as the MMR vaccine. IF MMR has been given recently, postpone the TB test until 4-6 weeks after administration of MMR. If giving MMR simultaneously with tuberculin skin test, you may want to use the Mantoux test, not a multiple puncture test, because the latter, if results are positive, require confirmation (unless vesiculation occurs) which would have to be postponed 4-6 weeks.

When the skin test is read as positive, the person is to have a chest x-ray and clinical exam. The major justifiable reason for continued screening is to find infected individuals and to prevent disease in persons found infected. Therefore, *preventive therapy for infected persons must receive as high priority as the actual screening program.* Medication for this is supplied, by the Tuberculosis Control Program, through the local health departments.



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III  
Governor

Martha Yeager Walker  
Secretary

**Tuberculosis Screening  
General Screening Policy**

- The public health mission to provide first for general community safety means that fees for services will **not** be charged to **individuals** seeking medical evaluation, treatment, or epidemiologic follow-up, including administrative costs, associated with sexually transmitted disease and **tuberculosis** (referring to West Virginia Legislative Rules, Title 64, Fees for Service, Series 51, 64-51-9.2). (Also in reference to § 64-51-4.2, Services cannot be denied due to inability to pay.)
- The Tuberculin Skin Test (Mantoux method) is part of a medical evaluation.
- The Tuberculosis Control Program provides testing materials through the local health department for distribution, to maintain control over their use and reporting. These supplies may be used for: evaluation and epidemiologic follow-up, routine testing of school employees (reference WV Code 16-30-3) for EPSDT and PHS patient screening (wherever they are receiving care), for routine testing of **volunteer** emergency medical personnel, and for high incidence groups or situations identified by the local health department.
- Screening should be considered in groups that experience disease and infection rates substantially in excess of that of the general population (e.g., refugees, immigrants from Central and South America, South East Asia, etc.).
- The major, justifiable reason for continued screening in most U.S. population groups is to find infected individuals and to prevent disease in persons found infected. Therefore, *preventive therapy for infected persons must receive as high priority as the actual screening program.* Medication for this is also supplied, by the Tuberculosis Control Program, through the local health departments.

February 13, 2007

Signed \_\_\_\_\_  
Dominic Gaziano, M.D., Director  
Tuberculosis Control Program

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**Bureau for Public Health  
Division of Surveillance and Disease Control  
Tuberculosis Control Program**  
Room 125, 350 Capitol Street  
Charleston, West Virginia 25301-3715  
(304) 558-3669 or 1-800-330-8126



**TITLE 64  
LEGISLATIVE RULE  
BUREAU FOR PUBLIC HEALTH  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**SERIES 76  
TUBERCULOSIS TESTING, CONTROL, TREATMENT AND COMMITMENT**

**§64-76-1. General.**

1.1. Scope. -- This legislative rule establishes specific standards and procedures concerning compulsory testing for tuberculosis of school children and school personnel; tuberculosis (TB) control in state institutions including reporting of admissions, forms for committing patients, maintenance of patients; standards concerning registration of cases by the Department of Health and Human Resources; Bureau for Public Health procedures when a patient is a health menace to others; and procedures for immediate involuntary commitment. This rule should be read in conjunction with WV Code §16-3D-1, et seq.

1.2. Authority. -- WV Code §16-3D-9.

1.3. Filing Date. -

1.4. Effective Date. --

**§64-76-2. Application and Enforcement.**

2.1. Application - This rule applies to public health officers, health care providers and facilities, mental health officials and facilities and magistrate and circuit court officials.

2.2. Enforcement - This rule is enforced by the Commissioner of the Bureau for Public Health or his or her lawful designee and the circuit or magistrate court system.

**§64-76-3. Definitions.**

3.1. Case -- An occurrence of disease in human or animal which meets a specific case definition listed in the West Virginia Reportable Diseases Protocol Manual or a case definition approved by

the Commissioner.

3.2. Commit or commitment - Official consignment, as to a prison, mental hospital or institution.

3.3. Confirmed (when used in relation to the diagnosis of tuberculosis) - A specimen from the patient grows mycobacterium tuberculosis in a culture.

3.4. Contact -- A person who has been exposed to *M. tuberculosis* infection by sharing air space with a person with infectious TB.

3.5. Contact Investigation -- Procedures that occur when a case of infectious TB is identified, including finding contacts exposed to the case, testing and evaluation of contacts to identify Latent Tuberculosis Infection (LTBI) or TB disease and treatment of these contacts, as indicated.

3.6. Department -- The Department of Health and Human Resources.

3.7. Diagnosis of tuberculosis - A determination of tuberculosis based on:

3.7.a. Laboratory criteria for diagnosis:

3.7.a.1. Isolation of *M.tuberculosis* from a clinical specimen;

3.7.a.2. Demonstration of *M.tuberculosis* from a clinical specimen by nucleic acid amplification test; or

3.7.a.3. Demonstration of acid-fast bacilli in a clinical specimen when a culture has not been or cannot be obtained.

3.7.b. Clinical case definition:

3.7.b.1. A positive tuberculin skin or another recognized test for tuberculosis infection;

3.7.b.2. Other signs and symptoms compatible with TB (e.g. an abnormal, unstable [i.e. worsening or improving] chest radiograph, or clinical evidence of current disease);

3.7.b.3. Treatment with two or more anti-tuberculosis drugs; and

3.7.b.4. A completed diagnostic evaluation.

3.8. Directly Observed Therapy (DOT) – An adherence-enhancing strategy in which a health-care worker or other trained person watches a patient swallow each dose of medication and is accountable to the public health system. DOT is the standard method of care for all patients with TB disease and is an option for patients under treatment for latent infection.

3.9. Health care provider - Any physician, dentist, nurse, paramedic, psychologist or other person providing medical, dental, nursing, psychological or other health care services of any kind.

3.10. Health menace - A patient who has tuberculosis in an infectious state, is at risk of becoming infectious, or is at risk for drug-resistant tuberculosis as determined by the Commissioner or his or her designee, and is unable or unwilling to conduct himself or herself in such a manner as not to expose others to his or her disease or fails to cooperate in his or her standard TB treatment.

3.11. Institution - A hospital, nursing home, clinic or correctional facility responsible for the care and treatment of a patient with tuberculosis.

3.12. Isolation – The separation of infected persons or animals from other persons or animals, under the necessary time frame and conditions to prevent the direct or indirect transmission of the infectious agent from the infected persons or animals to other persons or animals who are

susceptible or who may spread the disease to others.

3.13. Laboratory – Any licensed facility or place, however named, for the biologic, microbiologic, serologic, virologic, chemical, hematologic, immuno-hematologic, biophysical, cytologic, pathologic, genetic, molecular or other examination of materials for the purpose of providing medical or epidemiologic assessment of the health of human beings. The term “laboratory” includes both public and private laboratories, free-standing laboratories and hospital laboratories.

3.14. Medical Evaluation – An examination to diagnose TB disease or Latent Tuberculosis Infection (LTBI), to select treatment, and to assess the patient’s response to therapy. A medical evaluation may include a medical history and TB symptom screen, a clinical or physical examination, screening and diagnostic tests (for example: Tuberculin Skin Tests, chest radiographs, bacteriologic examination, and HIV testing), counseling, and treatment referrals.

3.15. Medical Information – Data or other information regarding the history, examination, radiologic or laboratory findings, diagnosis, treatment, or other clinical care for a person examined or treated for a suspected or actual disease.

3.16. Non-adherent - A patient afflicted with tuberculosis who has demonstrated an inability or an unwillingness to adhere to a prescribed treatment regimen, or fails to cooperate in his or her treatment regimen.

3.17. OLS – The Office of Laboratory Services in the Bureau.

3.18. Patient - Any individual confirmed or suspected of having tuberculosis.

3.19. Physician – An individual licensed to practice medicine by either the Board of Medicine or the Board of Osteopathy.

3.20. Reporting source - An institution or

provider which diagnoses or provides treatment for tuberculosis.

3.21. School children or student - All children under the age of 25 who attend schools in West Virginia including colleges and universities.

3.22. Tuberculin skin test – A medically valid and recognized procedure for testing an individual for the presence of a tuberculosis infection.

3.23. WVEDSS – West Virginia Electronic Disease Surveillance System – an electronic data system for reporting and tracking cases and outbreaks of infectious diseases with simultaneous reporting of the disease to the Bureau and local health departments.

**§64-76-4. Report of Admissions, Registration by Bureau for Public Health.**

4.1. Any institution admitting a patient diagnosed with tuberculosis, shall report that admission within ten days to the Bureau's tuberculosis control program.

4.2. The institution shall make available to the Bureau any patient-related records, reports, and other data pertaining to confirmed and suspected tuberculosis patients, required to: confirm the diagnosis; monitor treatment; follow up on contacts; provide tuberculosis surveillance in the community; or to initiate actions to protect others in the community from risk of disease.

4.3. The institution shall report the death, discharge, and transfer of any patient with tuberculosis to the Bureau.

4.4. The Bureau shall maintain a current registry of all verified cases of tuberculosis.

4.5. The Bureau or its designee may release tuberculosis related information regarding a patient for the following purposes:

4.5.a. To allow for the diagnosis, treatment and monitoring care by the original reporting source and other health providers in

charge of the patient's care or in charge of the patient's contact's care;

4.5.b. To identify a specific patient to the HIV/AIDS/STD program in the Bureau to compare registries to assist in case finding, and patient care; and

4.5.c. To allow for the diagnosis, treatment and monitoring care by tuberculosis control programs in other states for the patient who has relocated to another state and for the patient's contacts who live in another state who are under a health care provider's care.

**§64-76-5. Compulsory Testing of School Children and School Personnel.**

5.1. Each student transferring from a school located outside this state or enrolling for the first time from outside the state shall furnish proof of a tuberculin skin test done, read and evaluated within four months prior to the beginning of the school year.

5.1.a. The date that a transfer student enrolls in a West Virginia school is the beginning of the school year for that student.

5.2. Proof of a tuberculin skin test shall be made by a certification from a physician on the physician's letterhead or prescription pad stating the following information:

5.2.a. the student's full name;

5.2.b. the date the skin test was given;

5.2.c. the date the skin test was read;

5.2.d. the skin test reaction in millimeters (mm) of induration (hardness), with 0mm being no induration felt; and

5.2.e. the physician's signature.

5.3. Positive reactors shall immediately submit to an evaluation including:

5.3.a. a chest x-ray;

5.3.b. physical examination;

5.3.c. medical history; and

5.3.d. bacteriologic or histologic examination, when medically indicated.

5.4. Students found to have tuberculosis disease shall obtain written approval from the local health officer indicating that it is safe and appropriate for them to return to school and this document shall be presented to the school principal, or his or her designee, before the student is permitted to reenter school.

5.5. All school personnel shall have one tuberculin skin test at the time of employment performed by the local health department or the person's physician.

5.5.a. The time of employment for school personnel means the first time that they are employed in a West Virginia school. Employees do not need to have a tuberculin skin test when transferring between schools within the state, unless medically indicated.

5.6. Local health officers are responsible for arranging proper follow-up for school students and personnel who are unable to obtain a physician's evaluation for a positive tuberculin skin test.

5.7. The Commissioner may require selective testing of students and school personnel for tuberculosis:

5.7.a. when the student or personnel have traveled to a TB endemic country;

5.7.b. when the student or personnel have signs and symptoms indicative of TB;

5.7.c. as part of a contact investigation; or

5.7.d. at any time there is reason to suspect an exposure to TB has occurred.

#### **§64-76-6. Forms for Admitting and Committing Patients; Other Records.**

6.1. Protocols for appropriate state institution admissions are available from the Bureau's tuberculosis control program at:

TB Program  
WVDHHR/BPH/SDC  
350 Capitol St. Room 125,  
Charleston, WV 25301  
or online at: [www.wvtb.gov](http://www.wvtb.gov).

6.2. Application forms for the voluntary admission of a patient to an institution for the care and treatment of tuberculosis are available from the Bureau and the institution. The patient's attending physician shall submit the forms and any medical reports, such as X-ray and sputum reports to the local health department. The local health department shall then submit forms to the TB control program for review and approval.

6.3. For involuntary and immediate involuntary commitment of a patient to an institution equipped for the care and treatment of tuberculosis, the Commissioner of the Bureau for Public Health, or the local health officer as the Commissioner's designee, or another designee of the Commissioner shall sign a completed form, and submit the form to the prosecuting attorney for petition to the circuit court, or magistrate court in the circuit judge's absence.

6.4. The institution shall keep a case record for each patient. If the patient is transferred, the institution shall forward a copy of the patient's record to the institution to which the patient is being transferred. If the patient is discharged, the institution shall forward a copy of the patient's record to the local health department.

#### **§64-76-7. Active Disease and Latent TB Infection Reporting.**

7.1. Every health care provider, public health officer and every chief medical officer having charge of any hospital, clinic or other similar public or private institution in the State, shall immediately telephone the local health department

and report the name, age, sex, race, home address and type of disease of any person with a diagnosis of, or who is suspected of having, tuberculosis.

7.1.a. Reporting forms for persons with latent tuberculosis infection and for persons with active tuberculosis disease are available from the Bureau's tuberculosis control program at: TB Program, WVDHHR/BPH, 350 Capitol Street, Room 125, Charleston, WV 25301 or online at: [www.wvtb.gov](http://www.wvtb.gov).

7.2. The health care provider reporting under subsection 7.1. of this section shall also submit a written report on forms made available by the Bureau to the local health department in the patient's county of residence within twenty four (24) hours of a diagnosis of tuberculosis or upon suspicion that a person has tuberculosis.

7.3. The health care provider shall submit updates of patients' progress or lack of progress, including, but not limited to, the latest bacteriology results of cultures, any development of drug resistance, the most recent chest x-ray results, clinical symptoms and treatment to the local health department.

7.4. The health care provider shall report any screening of contacts, with the names and addresses and results of the screening tests of the contacts, to the local health department. Also, the health care provider shall report to the local health department the names of contacts of cases that did not return for follow up for necessary interventions.

7.4.a. The local health officer in the patient's county of residence shall meet with the contact to determine why the contact has not returned for follow up.

7.4.b. The local health officer may request an opportunity to perform a medical evaluation on the contact.

7.5. The local health department shall report all information received under this section to the Bureau.

**§64-76-8. Procedure When Patient Is a Health Menace to Others.**

8.1. A health care provider shall consider a patient non-adherent if the patient is unable or unwilling to report for medical examinations or is unable or unwilling to adhere to prescribed treatment, such as refusing to take medications or showing other evidence of not taking medications as prescribed, e.g., incorrect pill count or a urine test showing no evidence of drug metabolites.

8.2. Any health care provider who is aware of a non-adherent tuberculosis patient shall contact the local health officer for necessary interventions. The local health officer:

8.2.a. In the patient's county of residence shall meet with the patient to determine why the patient is non-adherent to therapy;

8.2.b. May request an opportunity to examine the non-adherent patient;

8.2.c. May offer the non-adherent patient a course of treatment;

8.2.d. May prescribe DOT for the non-adherent patient; and

8.2.e. May institute proceedings for involuntary commitment or emergency involuntary commitment of the non-adherent patient, if, in the judgment of the health officer, the measures are necessary to protect the public health and safety.

8.3. A patient with tuberculosis shall be isolated while he or she is in a communicable stage. The patient shall be restricted to his or her isolation room or primary residence until he or she is no longer infectious. The health care provider shall advise immunocompromised individuals and guardians of children of the need for them to be removed from the household, if the patient stays there while infectious.

8.4. Patients unable to adhere to therapy or isolate themselves from others, may voluntarily admit themselves to an institution equipped for the

care and treatment of tuberculosis. The local health department shall assist with the admission by following protocols available at the Bureau's TB control program.

8.5. A patient who has tuberculosis demonstrated by clinical, bacteriological, radiographic or epidemiological evidence shall be considered a health menace and considered for commitment to an institution equipped for the care and treatment of tuberculosis if the patient:

8.5.a. Had previous treatment for tuberculosis but failed to complete therapy for reasons unrelated to access to treatment or medication;

8.5.b. Failed to adhere to present prescribed therapy;

8.5.c. Risks infecting others because of inadequate environmental conditions for proper isolation;

8.5.d. Has laboratory tests or a history of nonadherence to anti-tuberculosis medication which indicate possible infection with drug-resistant mycobacterium tuberculosis; or

8.5.e. Has an initial infection with multidrug resistant TB (MDRTB) or extensively drug resistant TB (XDRTB).

8.6. When the local health officer determines that commitment is necessary to protect the health of the public, the local health officer, through the prosecuting attorney, shall petition the circuit court in the county where the patient is a resident for a hearing before the circuit judge to obtain an order to commit the patient to an institution equipped for the care and treatment of persons with tuberculosis. The local health officer shall personally serve notice upon the patient seven days prior to the date of the scheduled hearing.

8.7. The patient shall be present at the hearing and shall have the right to present evidence, confront witnesses and evidence against him or her, and examine testimony offered. The patient

should wear a surgical mask or cover their mouth with tissue to contain possible cough secretions and reduce the risk of transmitting the disease.

8.8. The hearing should be conducted in a well-ventilated room.

8.9. If probable cause is found, the patient shall be immediately committed to an institution equipped and maintained for the care and treatment of patients afflicted with tuberculosis.

8.10. If the patient being committed has a history of alcohol or other drug abuse, he or she shall be committed to an institution equipped for the care and treatment of emotional health for assessment and if needed for complete detoxification, prior to commitment to an institution equipped for the care and treatment of tuberculosis.

8.11. A patient with confirmed or suspected active tuberculosis should be transported with a surgical mask covering his or her nose and mouth.

The windows of the vehicle should be kept open and the heating and air-conditioning system should be set on a nonrecirculating cycle. Because engineering controls cannot be ensured, personnel transporting the patient should wear respiratory protection meeting current United States Centers for Disease Control and Prevention guidelines.

8.12. Every patient committed to an institution shall observe all the rules of the institution. The patient may be placed apart from others and restrained from leaving the institution as long as he or she continues to be afflicted with tuberculosis and remains a health menace.

8.13. Nothing in this rule may be construed to prohibit any patient committed to any institution from applying to the West Virginia Supreme Court of Appeals for a review of the evidence on which the commitment was made. Nothing in this rule may be construed or operate to empower or authorize the Bureau for Public Health, the Department of Health and Human Resources or an authorized designee thereof or the chief medical officer of the institution, or their representatives, to

restrict in any manner the individual's right to select any method of tuberculosis treatment offered by the institution.

**§64-76-9. Procedures for Immediate Involuntary Commitment.**

9.1. When a patient has been determined by the Commissioner of the Bureau for Public Health, or by the local health officer as the Commissioner's designee, or by another designee of the Commissioner, to meet the criteria set forth in section 8 of this rule for commitment to an institution, but also has demonstrated uncooperative and irresponsible behavior with regard to isolation or safety measures and presents a health threat to others, the Commissioner should consider him or her for immediate commitment to an institution equipped for the care and treatment of tuberculosis.

9.2. The Commissioner of the Bureau for Public Health, or his or her designee, shall complete an application for hearing and deliver it to the prosecuting attorney, of the county in which the patient resides, for petitioning the circuit court, or in the judge's absence, for petitioning the magistrate court. The application shall contain facts which establish reasons for the commitment.

9.3. If in the absence of the circuit judge, the magistrate finds that immediate detention is necessary, the magistrate may issue an order for the patient to be temporarily detained in isolation for up to twenty-four hours until an application can be presented to the circuit court, or if requested by the patient or his or her counsel, temporary detention may be extended up to an additional forty-eight (48) hours.

9.4. The patient shall be detained in a room separate from others with separate ventilation, such as a hospital isolation negative air flow room, a jail where no other inmates are housed at the time or a motel room with separate air conditioning to the outside. The patient shall wear a surgical mask or cover his or her mouth with tissues to contain cough secretions to reduce any transmission. The patient should wear a surgical mask or cover their mouth with tissue at all times when out of the

isolation room. Persons in contact with the patient should wear respiratory protection as stated in subsection 8.11. of this rule.

9.5. Proceedings shall then be instituted for involuntary commitment as provided in section 8 of this rule.

**§64-76-10. Transportation of Persons.**

Local Health Departments are responsible for coordinating the transportation of persons with tuberculosis to the appropriate hospital or institution.

**§64-76-11. Administrative Due Process.**

Any person adversely affected by the enforcement of this rule desiring a contested case hearing to determine any rights, duties, interests or privileges shall do so in the manner prescribed in the Bureau procedural rule, Rules for Contested Case Hearings and Declaratory Rulings, 64CSR1.



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III  
Governor

Patsy A. Hardy, FACHE, MSN, MBA  
Cabinet Secretary

DATE: September 3, 2010  
TO: Local Health Departments  
FROM: WV Division of TB Elimination,  
Carmen M. Priddy, Director *CP*  
RE: Updated Guidelines for Use of Interferon Gamma Release Assays (IGRAS) and  
Mantoux Skin Test

This memo is to inform you that the Centers for Disease Control and Prevention (CDC) has updated the guidelines for using interferon gamma release assays (IGRAS), and WV-Division of TB Elimination (WV-DTBE) has updated WV's guidelines of TB testing criteria as well. Please note the changes in the guidelines enclosed.

Also included are a list of those for whom a Mantoux skin test (PPD) would be appropriate and a new TB Risk Assessment for use with anyone presenting to your health department for a PPD (this includes persons presenting for a Food Handler's Card). Any question in the TB Risk Assessment answered with a "YES" must be followed up by the local health department nurse. Please discard any old TB Risk Assessments that you may have.

Remember that TB skin testing is NOT recommended for low risk individuals per WV-DTBE and CDC guidelines. State appropriated supplies (PPD and syringes) may only be used to test those determined to be at high risk for TB by the TB Risk Assessment or those required to have a TB test by WV law.

The use of the new risk assessment and the criteria for TB testing will be implemented starting October 1, 2010.

If you should have any questions regarding this information, you may contact WV-DTBE at 304-558-3669.

CP/ljw  
Enclosures

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Bureau for Public Health  
Office of Epidemiology and Prevention Services  
Division of Tuberculosis Elimination  
350 Capitol Street, Room 125  
Charleston, West Virginia 25301-3715  
(304) 558-3669 or 1-800-330-8126

**West Virginia Department of Health and Human Resources  
Division of Tuberculosis Elimination  
TB Testing Criteria**

**Mantoux skin test (PPD) is indicated for:**

- Persons with symptoms of TB.
- Persons who are a known or suspect contact to an active case of TB
- Healthcare workers who serve high risk patients/clients
- Resident or employee of a high risk congregate setting
- Persons with known or suspected substance abuse (including alcohol)
- Persons who are homeless
- Persons with Diabetes Mellitus
- Persons with Silicosis and/or Black Lung Disease
- Persons with a history of intestinal bypass or gastrectomy surgery
- Persons with malabsorption syndrome
- Persons on/or preparing to undergo immunocompromising therapies (i.e., long term steroid use, treatment for rheumatoid arthritis, etc.)
- Persons required to have TB test by law

**IGRA (T-Spot or Quanti-FERON Test) is indicated for:**

- Persons who are foreign born
- Persons who have had BCG vaccine
- Persons who are HIV infected

**Those who receive IGRA testing must be willing to start and complete preventative therapy if the test is positive.**

**A Prior Authorization may be requested, in writing, either by email or postal mail, for any patient who does not meet the above criteria, for either test.**

# **Appendix E:**

## **Guidelines for Vision Referrals**

### SUMMARY OF REFERRAL CRITERIA

SCREENING PROCEDURE	AGE	REFERRAL CRITERIA
Eye Lid Reflex	Birth to 6 months	Failure to blink when hand moved vertically in front of face.
Fixation	Birth to 6 months <i>recommended for 6 mo.-5yrs. if concern is present</i>	Failure to fixate on object or fixation with one eye only.
Tracking	Birth to 3 years <i>recommended for 3-8 yrs. if concern is present</i>	Movement of one eye only, failure to maintain gaze at object or head movement without eye movement.
Pupil Response	Birth to 3 years <i>recommended for 3-21 yrs. if concern is present</i>	Either pupil fails to react to light source or reaction is asymmetrical.
Teller Acuity Cards	Birth to 3 years and special needs	Referral criteria in Teller Acuity Card Handbook
Photo Refractor/ PhotoScreener™	6 months to 5 years and special needs	Optometrist or Ophthalmologist to assist with photo evaluation and referral recommendations. Also address referral criteria in PhotoScreener™ Handbook
Corneal Light Reflection	Birth to 8 years	Reflection of penlight does not appear in the same position in each pupil.
Cover-Uncover Test	6 months to 5 years <i>recommended for 5-21 yrs. if concern is present</i>	Child does not maintain fixation when both/either eye is covered or uncovered.
Near Point of Convergence	6 months to 8 years <i>recommended for 8-21 years if concern is present</i>	Inability to converge to within 3 inches from bridge of nose, poor fixation of eyes to object beyond 3 inches from bridge of nose or asymmetrical response between eyes.
Worth 4-Dot (Fusion Test)	18 months to 8 years	Two, 3 or 5 dots are counted, pointed to or touched.
Depth Perception (Stereopsis)	18 months to 8 years <i>8-21 yrs. if no record</i>	Fingers touch book's surface.
Random Dot E	2-1/2 years & older	Child is unable to identify Raised E card four times in a row within eight trials.
Distance Acuity	3 years old:	20/50 or worse in one or both eyes or two or more lines difference between eyes.
	4 years and older:	20/40 or worse in one or both eyes or two or more lines difference between eyes.
Color Vision	3 years to 8 years <i>8-21 yrs. if no record</i>	Inform parents, teachers, childcare providers and document on record. Do not refer.
Plus Lens	5 years and older	Ability to read more than half the symbols on line at which distance acuity is passed with either or both eyes.
Near Acuity	5 years and older	20/40 or worse in one or both eyes or two or more lines difference between eyes (or as specified by test used).

**Appendix F:**

**Iron-Deficiency Anemia Screening  
Guidelines**

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**HealthCheck Provider Manual**  
**Reviewed/Revised: December 1, 2010**

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Iron-Deficiency Anemia Screening

**HealthCheck requires all infants to be screened (hemoglobin and/or hematocrit) for iron-deficiency anemia at 12 months of age.**

Providers are encouraged to screen all infants and children at each initial and periodic screen to determine those who are at risk for anemia. Those at high risk or those with known risk factors should be screened (hemoglobin and/or hematocrit) at more frequent intervals.

Risk factors include:

- low birth weight or preterm birth
- non-iron-fortified formula
- cow's milk before age 12 months
- diet low in iron, inadequate nutrition
- meal skipping, frequent dieting
- heavy/lengthy menstrual periods or recent blood loss
- intensive physical training or participation in endurance sports
- pregnancy or recent pregnancy

CDC screening recommendations for iron-deficiency anemia<sup>1</sup>:

**Anemia Risk**    **Low Risk**    **High Risk**

**Before age 6 months to 2 years**, screen between 9 and 12 months, 6 months later, and annually from ages 2 to 5 years.

- Preterm or low-birthweight infant
- Infant not fed iron-fortified infant formula
- Infants introduced to cow's milk before 12 months
- Children with special health care needs
- Children who consume greater than 24 oz daily cow's milk
- Children with diet low in iron

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**HealthCheck Provider Manual**  
**Reviewed/Revised: December 1, 2010**

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**2 to 5 years**, annually screen the following:

- Children with diet low in iron
- Children with limited access to food
- Children with special health care needs

**5-12 years and Adolescent Males 12 to 18 years**, screen only those with known risk factors.

- Low iron intake
- Special health care needs
- History of iron-deficiency anemia

**Adolescent Females Ages 12 to 18 Years and Nonpregnant Women of Childbearing Age** screen annually those with known risk factors.

- Extensive menstrual or other blood loss
  - Low iron intake
  - History of iron-deficiency anemia.
- Otherwise, screen every 5 to 10 years during routine health examinations.

**Males 18 Years and Older**

- No routine screening is recommended.

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<sup>i</sup> Centers for Disease Control and Prevention. 1998, April 3. Recommendations to prevent and control iron deficiency in the United States. *MMWR* 47 (No. RR-3)

**Appendix G:**

**HealthCheck Program Periodicity  
Schedule**

# WEST VIRGINIA EPSDT/HEALTHCHECK PROGRAM PERIODICITY SCHEDULE

AGE	INFANCY							EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
	Newborn	3-5 days	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	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Body Mass Index																															
Blood Pressure (1)	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
<b>SENSORY SCREENING</b>																															
Vision	★	★	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Hearing (2)	●	★	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
<b>DEVELOPMENTAL/BEHAVIORAL ASSESSMENTS</b>																															
Developmental and Autism Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Developmental Screening																															
Autism Screening								★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Psychosocial/Behavioral Screening	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Depression Screening (3)																															
Alcohol and Drug Use Screening (4)																					★	★	★	★	★	★	★	★	★	★	
<b>PHYSICAL EXAMINATION PROCEDURES</b>																															
Newborn Metabolic Screening (5)		●																													
Critical Congenital Heart Defect Screening (6)	●																														
Immunizations (7)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Hemoglobin or Hematocrit					★			●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Blood Lead Screen								●	★	★	●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Lead Risk Screening						●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Tuberculosis Risk Screening			★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Dyslipidemia Risk Screening											★					★		★	★	★	★	★	★	★	★	★	★	★	★	★	
Fasting Lipoprotein Profile																														●	
STI/HIV Risk Screening (8)(9)																					★	★	★	★	★	★	←	●	→	★	★
<b>ORAL HEALTH (10)</b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
<b>HEALTH EDUCATION WITH 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](http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf). HealthCheck stresses the importance of continuity of care in the medical home and the need to avoid fragmentation of care.

- Blood pressure should be performed in infants and children before 3 years of age with specific risk conditions.
- Newborn hearing screening should be completed according to State law. Results should be reviewed and appropriate retesting or referral completed as needed.
- Patient Health Questionnaire (PHQ) 2 recommended questions on the Preventive Health Screening forms. If positive, perform PHQ 9 <http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.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 alcohol/drug use, complete recommended screening tool CRAFFT available at <http://www.ceasar-boston.org/CRAFFT/index.php> or [www.dhhr.wv.gov/healthcheck](http://www.dhhr.wv.gov/healthcheck).
- Newborn metabolic screening should be completed according to State law. Results should be reviewed and appropriate retesting or referral completed as needed.
- 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).
- Immunizations should be reviewed and updated at each visit. Immunizations should be administered in accordance with Advisory Committee on Immunization Practices (ACIP), AAP and American Academy of Family Physicians (AAFP) recommendations.
- 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 AAP statement (<http://pediatrics.aappublications.org/content/128/5/1023.full>) once between the ages of 16 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.
- Refer to a dental home at age one. Earlier initial dental evaluation may be appropriate for some children.

**Iron-Deficiency Anemia Screening**

**Risk Factors:**

**Low** birthweight or preterm birth  
**Non-iron-fortified** formula  
**Cow's** milk before age 12 months  
**Diet** low in iron, inadequate nutrition  
**Meal** skipping, frequent dieting  
**Heavy/lengthy** menstrual periods or recent blood loss  
**Intensive** physical training or participation in endurance sports  
**Pregnancy** or recent pregnancy

Refer to the HealthCheck Provider Manual for more information.

**Tuberculosis (TB) Risk Screen**

**Radiographic** findings suggesting TB

**Contact** with persons with confirmed or suspected TB

**Immigrant** from high prevalence areas (e.g., Asia, Middle East, Africa, Latin America)

**Travel** to high prevalence areas

Only children with increased risk of exposure to persons with TB should be considered for tuberculin skin testing.

Refer to the HealthCheck Provider Manual for more information.

**Dyslipidemia Risk Screen**

**Positive** family history is defined as a history of premature ( $\leq 55$  years of age) cardiovascular disease in a parent or grandparent

**Positive** family history, elevated blood cholesterol  $\geq 240$  mg/dl

**Unknown** family history, adopted

**Cigarette** smoking

**Elevated** blood pressure

**Overweight/Obesity** (BMI  $\geq 85\%$ )

**Diabetes** mellitus

**Physical** inactivity

**Poor** dietary habits

When one or more risk factors indicate that the child is high risk, then an initial fasting lipid profile should be obtained.

Refer to the HealthCheck Provider Manual for more information.

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



**Appendix H:**

**American Academy of Pediatric  
Dentistry (AAPD) Materials**

# Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents

## Originating Committee

Clinical Affairs Committee

## Review Council

Council on Clinical Affairs

## Adopted

1991

## Revised

1992, 1996, 2000, 2003, 2007, 2009

## Purpose

The American Academy of Pediatric Dentistry (AAPD) intends this guideline to help practitioners make clinical decisions concerning preventive oral health interventions, including anticipatory guidance and preventive counseling, for infants, children, and adolescents.

## Methods

This guideline is a compilation of related policies and guidelines developed by the AAPD, in addition to pediatric oral health literature and national reports and recommendations. The related policies and guidelines provide additional references for individual recommendations.

## Background

Professional care is necessary to maintain oral health.<sup>1</sup> The AAPD emphasizes the importance of initiating professional oral health intervention in infancy and continuing through adolescence and beyond.<sup>1,2</sup> The periodicity of professional oral health intervention and services is based on a patient's individual needs and risk indicators.<sup>3,4</sup> Each age group has distinct developmental needs to be addressed at specific intervals as part of a comprehensive evaluation.<sup>5-7</sup> Continuity of care is based on the assessed needs of the individual patient and assures appropriate management of all oral conditions, dental disease, and injuries.<sup>8-10</sup> The early dental visit to establish a dental home provides a foundation upon which a lifetime of preventive education and oral health care can be built.<sup>11</sup> Anticipatory guidance and counseling are essential components of the dental visit.<sup>5,7,11-18</sup>

## Recommendations

This guideline addresses periodicity and general principles of examination, preventive dental services, anticipatory guidance/counseling, and oral treatment for children who have no

contributory medical conditions and are developing normally. An accurate, comprehensive, and up-to-date medical history is necessary for correct diagnosis and effective treatment planning. Recommendations may be modified to meet the unique requirements of patients with special needs.

## Clinical oral examination

The first examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age.<sup>11</sup> The developing dentition and occlusion should be monitored throughout eruption at regular clinical examinations. Unrecognized dental disease can result in exacerbated problems which lead to more extensive and expensive care,<sup>19-21</sup> whereas early detection and management of oral conditions can improve a child's oral health, general health and well-being, and school readiness.<sup>12,22-27</sup> Early diagnosis of developing malocclusions may allow for timely therapeutic intervention.<sup>28</sup>

Components of a comprehensive oral examination include assessment of:

- General health/growth
- Pain
- Extraoral soft tissue
- Temporomandibular joint
- Intraoral soft tissue
- Oral hygiene and periodontal health
- Intraoral hard tissue
- The developing occlusion
- Caries risk
- Behavior of child

Based upon the visual examination, the dentist may employ additional diagnostic aids (eg, radiographs, photographs, pulp testing, laboratory tests, study casts).

The most common interval of examination is 6 months; however, some patients may require examination and preventive

services at more frequent intervals, based upon historical, clinical, and radiographic findings.<sup>3,29-34</sup> Caries and its sequelae are among the most prevalent health problems facing infants, children, and adolescents in America.<sup>1</sup> Caries is cumulative and progressive and, in the primary dentition, is highly predictive of caries occurring in the permanent dentition.<sup>35,36</sup> Reevaluation and reinforcement of preventive activities contribute to improved instruction for the caregiver of the child or adolescent, continuity of evaluation of the patient's health status, and repetitive exposure to dental procedures, potentially allaying anxiety and fear for the apprehensive child or adolescent.

### **Caries-risk assessment**

Risk assessment is the key element of contemporary preventive care for infants, children, adolescents, and persons with special health care needs. Its goal is to prevent disease by identifying and minimizing causative factors (eg, microbial burden, dietary habits, plaque accumulation) and optimizing protective factors (eg, fluoride exposure, oral hygiene, sealants).<sup>37</sup> A caries-risk assessment tool (CAT) simplifies and clarifies the process.<sup>13</sup> Sufficient evidence demonstrates certain groups of children at greater risk for development of early childhood caries (ECC) would benefit from infant oral health care.<sup>12,22,38,39</sup> Infants and young children have unique caries-risk factors such as ongoing establishment of oral flora and host defense systems, susceptibility of newly erupted teeth, and development of dietary habits. Children are most likely to develop caries if mutans streptococci are acquired at an early age.<sup>39,40</sup> The characteristics of ECC and the availability of preventive methods support anticipatory guidance/counseling as an important strategy in addressing this significant pediatric health problem. ECC can be a costly, devastating disease with lasting detrimental effects on the dentition and systemic health.<sup>12,19-27</sup> Adolescence can be a time of heightened caries activity due to an increased intake of cariogenic substances and inattention to oral hygiene procedures.<sup>41,42</sup> Risk assessment can assure preventive care is tailored to each individual's needs and direct resources to those for whom preventive interventions provide the greatest benefit. Because a child's risk for developing dental disease can change over time due to changes in habits (eg, diet, home care), oral microflora, or physical condition, risk assessment must be repeated regularly and frequently to maximize effectiveness.

### **Prophylaxis and topical fluoride treatment**

The interval for frequency of professional preventive services is based upon assessed risk for caries and periodontal disease. Gingivitis is nearly universal in children and adolescents<sup>43</sup>; it usually responds to thorough removal of bacterial deposits and improved oral hygiene.<sup>43,44</sup> Self-administered plaque control programs without periodic professional reinforcement are inconsistent in providing long-term inhibition of gingivitis.<sup>44</sup> Many patients lack the skill or motivation to become and remain plaque-free for a significant time.<sup>44</sup> Hormonal fluctuations, including those occurring during the onset of puberty, can modify the gingival inflammatory response to dental plaque.<sup>43</sup>

Children can develop any of the several forms of periodontitis, with aggressive periodontitis occurring more commonly in children and adolescents than adults.<sup>43</sup>

Caries risk may change quickly during active dental eruption phases. Newly erupted teeth may be at higher risk of developing caries, especially during the post-eruption maturation process. Children who exhibit higher risk of developing caries would benefit from recall appointments at greater frequency than every 6 months. This allows increased professional fluoride therapy application, microbial monitoring, antimicrobial therapy reapplication, and reevaluating behavioral changes for effectiveness.<sup>3,45,46</sup> An individualized preventive plan increases the probability of good oral health by demonstrating proper oral hygiene methods/techniques and removing plaque, stain, calculus<sup>47</sup>, and the factors that influence their build-up.<sup>48-50</sup>

Professional topical fluoride treatments should be based on caries risk assessment.<sup>13,14,51-53</sup> A pumice prophylaxis is not an essential prerequisite to this treatment.<sup>54</sup> Appropriate precautionary measures should be taken to prevent swallowing of any professionally-applied topical fluoride. Children at moderate caries risk should receive a professional fluoride treatment at least every 6 months; those with high caries risk should receive greater frequency of professional fluoride applications (eg, every 3-6 months).<sup>52,55,56,57-62</sup> Ideally, this would occur as part of a comprehensive preventive program in a dental home.<sup>11</sup>

### **Fluoride supplementation**

Fluoride contributes to the prevention, inhibition, and reversal of caries.<sup>53,62,63</sup> The AAPD encourages optimal fluoride exposure for every child, recognizing fluoride in the community water supplies as the most beneficial and inexpensive preventive intervention. Fluoride supplementation should be considered when fluoride exposure is not optimal.<sup>62</sup> Supplementation should be in accordance with the guidelines jointly recommended by the AAPD<sup>62</sup>, the American Academy of Pediatrics<sup>63</sup>, and the American Dental Association (ADA)<sup>64</sup>, and endorsed by the Centers for Disease Control and Prevention.<sup>14</sup>

### **Anticipatory guidance/counseling**

Anticipatory guidance is the process of providing practical, developmentally-appropriate information about children's health to prepare parents for the significant physical, emotional, and psychological milestones.<sup>65</sup> Appropriate discussion and counseling should be an integral part of each visit. Topics to be included are oral hygiene and dietary habits, injury prevention, nonnutritive habits, substance abuse, intraoral/perioral piercing, and speech/language development.

Oral hygiene counseling involves the parent and patient. Initially, oral hygiene is the responsibility of the parent. As the child develops, home care is performed jointly by parent and child. When a child demonstrates the understanding and ability to perform personal hygiene techniques, the health care professional should counsel the child. The effectiveness of home care should be monitored at every visit and includes a discussion on the consistency of daily preventive activities.<sup>3</sup>

High-risk dietary practices appear to be established early, probably by 12 months of age, and are maintained throughout early childhood.<sup>66,67</sup> Frequent bottle feeding at night, breastfeeding on demand, and extended and repetitive use of a no-spill training cup are associated with, but not consistently implicated in, ECC.<sup>68</sup> The role of carbohydrates in caries initiation is unequivocal. Acids in carbonated beverages can have a deleterious effect (ie, erosion) on enamel. Excess consumption of carbohydrates, fats, and sodium contribute to poor systemic health. Dietary analysis and the role of dietary choices on oral health, malnutrition, and obesity should be addressed through nutritional and preventive oral health counseling at periodic visits.<sup>15</sup> The US Department of Agriculture's Food Pyramid<sup>69</sup> and Center for Disease Control and Prevention/National Center for Health Statistics' Growth Charts<sup>70</sup> provide guidance for parents and their children and promote better understanding of the relationship between healthy diet and development.

Facial trauma that results in fractured, displaced, or lost teeth can have significant negative functional, esthetic, and psychological effects on children.<sup>71</sup> Practitioners should provide age-appropriate injury prevention counseling for orofacial trauma.<sup>16,17</sup> Initially, discussions would include play objects, pacifiers, car seats, and electrical cords. As motor coordination develops, the parent/patient should be counseled on additional safety and preventive measures, including mouthguards for sporting activities. The greatest incidence of trauma to the primary dentition occurs at 2 to 3 years of age, a time of increased mobility and developing coordination.<sup>72</sup> The most common injuries to permanent teeth occur secondary to falls, followed by traffic accidents, violence, and sports.<sup>73-76</sup> Dental injuries could have improved outcomes if the public were aware of first-aid measures and the need to seek immediate treatment.

Nonnutritive oral habits (eg, digital and pacifier habits, bruxism, abnormal tongue thrusts) may apply forces to teeth and dentoalveolar structures.<sup>18</sup> Although early use of pacifiers and digit sucking are considered normal, habits of sufficient frequency, intensity, and duration can contribute to deleterious changes in occlusion and facial development. It is important to discuss the need for early additional sucking, then the need to wean from the habits before malocclusion or skeletal dysplasias occur. Early dental visits provide an opportunity to encourage parents to help their children stop sucking habits by age 3 years or younger. For school-aged children and adolescent patients, counseling regarding any existing habits (eg, fingernail biting, clenching, bruxism) is appropriate.<sup>18</sup>

Speech and language is an integral component of a child's early development.<sup>77</sup> Deficiencies and abnormal delays in speech and language production can be recognized early and referral made to address the concerns appropriately. Communication and coordination of appliance therapy with a speech and language professional can assist in the timely treatment of these disorders.

Smoking and smokeless tobacco use almost always are initiated and established in adolescence.<sup>78-80</sup> During this time period, children may be exposed to opportunities to experiment

with other substances that negatively impact their health and well-being. Practitioners should provide education regarding the serious health consequences of tobacco use and exposure to second hand smoke.<sup>81</sup> The practitioner may need to obtain information regarding tobacco use and alcohol/drug abuse confidentially from an adolescent patient.<sup>6</sup> When substance abuse has been identified, referral for appropriate intervention is indicated.

Complications from intraoral/perioral piercings can range from pain, infection, and tooth fracture to life-threatening conditions of bleeding, edema, and airway obstruction.<sup>82</sup> Although piercings most commonly are observed in the teenaged pediatric dental patient, education regarding pathologic conditions and sequelae associated with these piercings should be initiated for the preteen child/parent and reinforced during subsequent periodic visits.

### **Radiographic assessment**

Appropriate radiographs are a valuable adjunct in the oral health care of infants, children and adolescents.<sup>29,30</sup> Timing of initial radiographic examination should not be based upon the patient's age.<sup>29</sup> Rather, after review of an individual's history and clinical findings, judicious determination of radiographic needs and examination can optimize patient care while minimizing radiation exposure.<sup>29,30</sup> The US Food and Drug Administration/ADA guidelines were developed to assist the dentist in deciding under what circumstances specific radiographs are indicated.<sup>30</sup>

### **Treatment of dental disease/injury**

Healthcare providers who diagnose oral disease or trauma should either provide therapy or refer the patient to an appropriately-trained individual for treatment.<sup>83</sup> Immediate intervention is necessary to prevent further dental destruction, as well as more widespread health problems. Postponed treatment can result in exacerbated problems that may lead to the need for more extensive care.<sup>19-21</sup> Early intervention could result in savings of health-care dollars for individuals, community health care programs, and third party payors.

### **Treatment of developing malocclusion**

Guidance of eruption and development of the primary, mixed, and permanent dentitions is an integral component of comprehensive oral health care for all pediatric dental patients.<sup>28</sup> Early diagnosis and successful treatment of developing malocclusions can have both short-term and long-term benefits, while achieving the goals of occlusal harmony and function and dentofacial esthetics.<sup>84-87</sup> Early treatment is beneficial for many patients, but may not be indicated for every patient. When there is a reasonable indication that an oral habit will result in unfavorable sequelae in the developing permanent dentition, any treatment must be appropriate for the child's development, comprehension, and ability to cooperate. Use of an appliance is indicated only when the child wants to stop the habit and would benefit from a reminder.<sup>28</sup> At each stage of occlusal development, the objectives of intervention/treatment include: (1) reversing adverse growth;

(2) preventing dental and skeletal disharmonies; (3) improving esthetics of the smile; (4) improving self-image; and (5) improving the occlusion.<sup>28</sup>

### Sealants

Sealants reduce the risk of pit and fissure caries in susceptible teeth and are cost-effective when maintained.<sup>88,89</sup> They are indicated for primary and permanent teeth with pits and fissures that are predisposed to plaque retention. At-risk pits and fissures should be sealed as soon as possible. Because caries risk may increase at any time during a patient's life due to changes in habits (eg, dietary, home care), oral microflora, or physical condition, unsealed teeth subsequently might benefit from sealant application.<sup>88</sup> The need for sealant placement should be reassessed at periodic preventive care appointments. Sealants should be monitored and repaired or replaced as needed.

### Third Molars

Panoramic or periapical radiographic assessment is indicated during late adolescence to assess the presence, position, and development of third molars.<sup>29,30</sup> A decision to remove or retain third molars should be made before the middle of the third decade.<sup>90</sup> Consideration should be given to removal when there is a high probability of disease or pathology and/or the risks associated with early removal are less than the risks of later removal.<sup>10</sup>

### Referral for regular and periodic dental care

As adolescent patients approach the age of majority, it is important to educate the patient and parent on the value of transitioning to a dentist who is knowledgeable in adult oral health care. At the time agreed upon by the patient, parent, and pediatric dentist, the patient should be referred to a specific practitioner in an environment sensitive to the adolescent's individual needs.<sup>6,91</sup> Until the new dental home is established, the patient should maintain a relationship with the current care provider and have access to emergency services. Proper communication and records transfer allow for consistent and continuous care for the patient.

### Recommendations by Age

#### 6 to 12 months

1. Complete the clinical oral examination with adjunctive diagnostic tools (eg, radiographs as determined by child's history, clinical findings, and susceptibility to oral disease) to assess oral growth and development, pathology, and/or injuries; provide diagnosis.
2. Provide oral hygiene counseling for parents, including the implications of the oral health of the caregiver.
3. Remove supragingival and subgingival stains or deposits as indicated.
4. Assess the child's systemic and topical fluoride status (including type of infant formula used, if any, and exposure to fluoridated toothpaste) and provide counseling regarding fluoride. Prescribe systemic fluoride supplements,

if indicated, following assessment of total fluoride intake from drinking water, diet, and oral hygiene products.

5. Assess appropriateness of feeding practices, including bottle and breast-feeding, and provide counseling as indicated.
6. Provide dietary counseling related to oral health.
7. Provide age-appropriate injury prevention counseling for orofacial trauma.
8. Provide counseling for nonnutritive oral habits (eg, digit, pacifiers).
9. Provide required treatment and/or appropriate referral for any oral diseases or injuries.
10. Provide anticipatory guidance.
11. Consult with the child's physician as needed.
12. Complete a caries risk assessment.
13. Determine the interval for periodic reevaluation.

#### 12 to 24 months

1. Repeat 6 to 12-month procedures every 6 months or as indicated by individual patient's risk status/susceptibility to disease.
2. Assess appropriateness of feeding practices—including bottle, breast-feeding, and no-spill training cups—and provide counseling as indicated.
3. Review patient's fluoride status—including any childcare arrangements which may impact systemic fluoride intake—and provide parental counseling.
4. Provide topical fluoride treatments every 6 months or as indicated by the individual patient's needs.

#### 2 to 6 years

1. Repeat 12- to 24-month procedures every 6 months or as indicated by individual patient's risk status/susceptibility to disease. Provide age-appropriate oral hygiene instructions.
2. Scale and clean the teeth every 6 months or as indicated by individual patient's needs.
3. Provide pit and fissure sealants for caries-susceptible primary molars and permanent molars, premolars, and anterior teeth.
4. Provide counseling and services (eg, mouthguards) as needed for orofacial trauma prevention.
5. Provide assessment/treatment or referral of developing malocclusion as indicated by individual patient's needs.
6. Provide required treatment and/or appropriate referral for any oral diseases, habits, or injuries as indicated.
7. Assess speech and language development and provide appropriate referral as indicated.

#### 6 to 12 years

1. Repeat 2- to 6-year procedures every 6 months or as indicated by individual patient's risk status/susceptibility to disease.
2. Provide substance abuse counseling (eg, smoking, smokeless tobacco).
3. Provide counseling on intraoral/perioral piercing.

**12 years and older**

1. Repeat 6- to 12-year procedures every 6 months or as indicated by individual patient's risk status/susceptibility to disease.
2. During late adolescence, assess the presence, position, and development of third molars, giving consideration to removal when there is a high probability of disease or pathology and/or the risks associated with early removal are less than the risks of later removal.
3. At an age determined by patient, parent and pediatric dentist, refer the patient to a general dentist for continuing oral care.

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## Recommendations for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling

Since each child is unique, these recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from normal. The American Academy of Pediatric Dentistry (AAPD) emphasizes the importance of very early professional intervention and the continuity of care based on the individualized needs of the child. Refer to the text of this guideline for supporting information and references.

	AGE				
	6 TO 12 MONTHS	12 TO 24 MONTHS	2 TO 6 YEARS	6 TO 12 YEARS	12 YEARS AND OLDER
Clinical oral examination <sup>1</sup>	•	•	•	•	•
Assess oral growth and development <sup>2</sup>	•	•	•	•	•
Caries-risk assessment <sup>3</sup>	•	•	•	•	•
Radiographic assessment <sup>4</sup>	•	•	•	•	•
Prophylaxis and topical fluoride <sup>3,4</sup>	•	•	•	•	•
Fluoride supplementation <sup>5</sup>	•	•	•	•	•
Anticipatory guidance/counseling <sup>6</sup>	•	•	•	•	•
Oral hygiene counseling <sup>7</sup>	Parent	Parent	Patient/parent	Patient/parent	Patient
Dietary counseling <sup>8</sup>	•	•	•	•	•
Injury prevention counseling <sup>9</sup>	•	•	•	•	•
Counseling for nonnutritive habits <sup>10</sup>	•	•	•	•	•
Counseling for speech/language development	•	•	•	•	•
Substance abuse counseling				•	•
Counseling for intraoral/perioral piercing				•	•
Assessment and treatment of developing malocclusion			•	•	•
Assessment for pit and fissure sealants <sup>11</sup>			•	•	•
Assessment and/or removal of third molars					•
Transition to adult dental care					•

1 First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease. Includes assessment of pathology and injuries.

2 By clinical examination.

3 Must be repeated regularly and frequently to maximize effectiveness.

4 Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.

5 Consider when systemic fluoride exposure is suboptimal. Up to at least 16 years.

6 Appropriate discussion and counseling should be an integral part of each visit for care.

7 Initially, responsibility of parent; as child matures, jointly with parent; then, when indicated, only child.

8 At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.

9 Initially play objects, pacifiers, car seats; when learning to walk; then with sports and routine playing, including the importance of mouthguards.

10 At first, discuss the need for additional sucking: digits vs pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.

11 For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.

# RECOMMENDATIONS FOR PEDIATRIC ORAL HEALTH ASSESSMENT, PREVENTIVE SERVICES, AND ANTICIPATORY GUIDANCE/COUNSELING

Since each child is unique, these recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from normal. The American Academy of Pediatric Dentistry (AAPD) emphasizes the importance of very early professional intervention and the continuity of care based on the individualized needs of the child. Refer to the text in the Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance, and Oral Treatment for Infants, Children, and Adolescents ([www.aapd.org/media/Policies\\_Guidelines/G\\_Periodicity.pdf](http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf)) for supporting information and references.

 AMERICAN ACADEMY OF PEDIATRIC DENTISTRY	<b>AGE</b>				
	6 TO 12 MONTHS	12 TO 24 MONTHS	2 TO 6 YEARS	6 TO 12 YEARS	12 YEARS AND OLDER
Clinical oral examination <sup>1</sup>	•	•	•	•	•
Assess oral growth and development <sup>2</sup>	•	•	•	•	•
Caries-risk assessment <sup>3</sup>	•	•	•	•	•
Radiographic assessment <sup>4</sup>	•	•	•	•	•
Prophylaxis and topical fluoride <sup>3,4</sup>	•	•	•	•	•
Fluoride supplementation <sup>5</sup>	•	•	•	•	•
Anticipatory guidance/counseling <sup>6</sup>	•	•	•	•	•
Oral hygiene counseling <sup>7</sup>	Parent	Parent	Patient/parent	Patient/parent	Patient
Dietary counseling <sup>8</sup>	•	•	•	•	•
Injury prevention counseling <sup>9</sup>	•	•	•	•	•
Counseling for nonnutritive habits <sup>10</sup>	•	•	•	•	•
Counseling for speech/language development	•	•	•		
Substance abuse counseling				•	•
Counseling for intraoral/perioral piercing				•	•
Assessment and treatment of developing malocclusion			•	•	•
Assessment for pit and fissure sealants <sup>11</sup>			•	•	•
Assessment and/or removal of third molars					•
Transition to adult dental care					•

1 First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease. Includes assessment of pathology and injuries.

2 By clinical examination.

3 Must be repeated regularly and frequently to maximize effectiveness.

4 Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.

5 Consider when systemic fluoride exposure is suboptimal. Up to at least 16 years.

6 Appropriate discussion and counseling should be an integral part of each visit for care.

7 Initially, responsibility of parent; as child matures, jointly with parent; then, when indicated, only child.

8 At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.

9 Initially play objects, pacifiers, car seats; when learning to walk; then with sports and routine playing, including the importance of mouthguards.

10 At first, discuss the need for additional sucking: digits vs pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.

11 For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.

# DENTAL HOME

## Definition

The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate.

## Policy

### Purpose

The American Academy of Pediatric Dentistry (AAPD) supports the concept of a dental home for all infants, children, adolescents, and persons with special health care needs. The dental home is inclusive of all aspects of oral health that result from the interaction of the patient, parents, non-dental professionals, and dental professionals. Establishment of the dental home is initiated by the identification and interaction of these individuals, resulting in a heightened awareness of all issues impacting the patient's oral health. This concept is derived from the American Academy of Pediatrics' (AAP) definition of a medical home which states pediatric primary health care is best delivered where comprehensive, continuously accessible, family-centered, coordinated, compassionate, and culturally-effective care is available and delivered or supervised by qualified child health specialists.<sup>1-4</sup>

### Methods

This policy is based on a review of the current dental and medical literature related to the establishment of a dental home. A MEDLINE search was conducted using the terms "dental home", "medical home in pediatrics", and "infant oral health care". Expert opinions and best current practices were relied upon when clinical evidence was not available.

### Background

The AAP issued a policy statement defining the medical home in 1992.<sup>5</sup> Since that time, it has been shown that health care provided to patients in a medical home environment is more effective and less costly in comparison to emergency care facilities or hospitals.<sup>4,6</sup> Strong clinical evidence exists for the efficacy of early professional dental care complemented with caries-risk assessment, anticipatory guidance, and periodic supervision. The establishment of a dental home may follow the medical home model as a cost-effective and higher quality health care alternative to emergency care situations.

Children who have a dental home are more likely to receive appropriate preventive and routine oral health care. Referral by the primary care physician or health provider has been recommended, based on risk assessment, as early as 6 months of age, 6 months after the first tooth erupts, and no later than 12 months of age.<sup>7,9</sup> Furthermore, subsequent periodicity of reappointment is based upon risk assessment. This provides time-critical opportunities to implement preventive health practices and reduce the child's risk of preventable dental/oral disease.<sup>10</sup>

### Policy statement

1. The AAPD encourages parents and other care providers to help every child establish a dental home by 12 months of age.
2. The AAPD recognizes a dental home should provide:
  - a. comprehensive oral health care including acute care and preventive services in accordance with AAPD periodicity schedules<sup>12</sup>;
  - b. comprehensive assessment for oral diseases and conditions;
  - c. individualized preventive dental health program based upon a caries-risk assessment<sup>13</sup> and a periodontal disease risk assessment<sup>14</sup>;
  - d. anticipatory guidance about growth and development issues (ie, teething, digit or pacifier habits);
  - e. plan for acute dental trauma;

f. information about proper care of the child's teeth and gingivae. This would include the prevention, diagnosis, and treatment of disease of the supporting and surrounding tissues and the maintenance of health, function, and esthetics of those structures and tissues;

g. dietary counseling;

h. referrals to dental specialists when care cannot directly be provided within the dental home;

i. education regarding future referral to a dentist knowledgeable and comfortable with adult oral health issues for continuing oral health care; referral at an age determined by patient, parent, and pediatric dentist.

3. The AAPD advocates interaction with early intervention programs, schools, early childhood education and child care programs, members of the medical and dental communities, and other public and private community agencies to ensure awareness of age-specific oral health issues.

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