WEST VIRGINIA EPSDT/HEALTHCHECK PROGRAM PERIODICITY SCHEDULE

	INFANCY							EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE									
AGE[1]	**Newborn**[2]	**3-5 days**[3]	**by 1 mo**	**2 mo**	**4 mo**	**6 mo**	**9 mo**	**12 mo**	**15 mo**	**18 mo**	**24 mo**	**30 mo**	**3 yr**	**4 yr**	**5 yr**	**6 yr**	**7 yr**	**8 yr**	**9 yr**	**10 yr**	**11 yr**	**12 yr**	**13 yr**	**14 yr**	**15 yr**	**16 yr**	**17 yr**	**18 yr**	**19 yr**	**20 yr**
HISTORY (Initial/Interval)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																														
Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference	●	●	●	●	●	●	●	●	●	●	●																			
Weight for Length	●	●	●	●	●	●	●	●	●	●																				
Body Mass Index[4]											●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[5]	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																														
Vision Screen[6]	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★	●	★	★	●	★	★	★	★	★
Hearing Screen[7,8]	●	● →	→	→	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	←	←	● →	←	← ● →	←	← ● →	←	← ● →	
DEVELOPMENTAL/BEHAVIORAL ASSESSMENTS																														
Maternal Depression Screening[9]			●	●	●	●																								
Developmental and Autism Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Developmental Screening[10]							●			●		●																		
Autism Spectrum Disorder Screening[11]								★	★	●	●																			
Behavioral/Social/Emotional Screening[12]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Depression and Suicide Risk Screening[13]																						●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Risk Assessment[14]																					★	★	★	★	★	★	★	★	★	★
PHYSICAL EXAMINATION	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES																														
Newborn Metabolic Screen[15]	●	● →	→	→																										
Newborn Bilirubin Screen[16]	●																													
Critical Congenital Heart Defect Screen[17]	●																													
Immunizations[18]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia Risk Assessment[19]					★				★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Hemoglobin or Hematocrit Screen[20]								●																						
Lead Risk Assessment[21]						★	★		★	★		★	★	★	★	★														
Blood Lead Screen[22]								●			●		→	→	→	→														
Tuberculosis Risk Assessment[23]			★			★		★			★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia Risk Assessment[24]											★			★		★		★	★	★	★	★	★	★	★	★	★	★	★	★
Fasting Lipoprotein Profile[25]																			← ● →								← ● →			
Sexually Transmitted Infections (STI) Risk Assessment[26]																					★	★	★	★	★	★	★	★	★	★
HIV Risk Assessment																					★	★	★	★	★	★	★	★	★	★
HIV Screen[27]																									← ● →					
Hepatitis B Virus Infection Risk Assessment[28]		★ →	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→
Hepatitis C Virus Infection Screen[29]																												● →	→	→
Sudden Cardiac Arrest/Death Risk Assessment[30]																					★ →	→	→	→	→	→	→	→	→	→
ORAL HEALTH [31, 32]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Fluoride Varnish[33]						←	←	←	←	●	→	→	→	→	→															
Fluoride Supplementation Assessment[34]						★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★				
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

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

WVDH/BPH/OMCFH/HealthCheck **revised 01.11.2024**

West Virginia Department of HEALTH

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

(1) If a child comes under the care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.

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

(3) Newborns should have an evaluation within 3-5 days after birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (http://pediatrics.aappublications.org/content/129/3/e827.full). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/2/405.full).

(4) Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full).

(5) Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (http://pediatrics.aappublications.org/content/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

(6) A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153597).

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

(8) Screen with audiometry including 6000 and 8000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext).

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

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

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

(12) Screen for behavioral and social-emotional problems per 'Promoting Optimal Development: Screening for Behavioral and Emotional Problems' (https://doi.org/10.1542/peds.2019-3449), 'Mental Health Competencies for Pediatric Practice' (https://doi.org/10.1542/peds.2019-2757), 'Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders' (https://pubmed.ncbi.nlm.nih.gov/32439401), and 'Screening for Anxiety in Adolescent and Adult Women: A Recommendation From the Women's Preventive Services Initiative' (https://pubmed.ncbi.nlm.nih.gov/32510990/). The screening should be family centered and may include asking about caregiver emotional and mental health concerns and social determinants of health, racism, poverty, and relational health. See 'Poverty and Child Health in the United States' (https://doi.org/10.1542/peds.2016-0339), 'The Impact of Racism on Child and Adolescent Health' (https://doi.org/10.1542/peds.2019-1765), and 'Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health' (https://doi.org/10.1542/peds.2021-052582).

(13) Patient Health Questionnaire (PHQ) 2 recommended questions on the Preventive Health Screening forms. If positive, perform PHQ 9 (https://www.phqscreeners.com/images/sites/g/files/q10060481/f/201412/PHQ-9_English.pdf) or other tool available in the GLAD-PC tool kit at (https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf). Screen adolescents for depression and suicide risk, making every effort to preserve confidentiality of the adolescent. See 'Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management' (https://doi.org/10.1542/peds.2017-4081), 'Mental Health Competencies for Pediatric Practice' (https://doi.org/10.1542/peds.2019-2757), 'Suicide and Suicide Attempts in Adolescents' (https://doi.org/10.1542/peds.2016-1420), and 'The 21st Century Cures Act & Adolescent Confidentiality' (https://adolescenthealth.org/advocacy/advocacy-activities/the-21st-century-cures-act-adolescent-confidentiality/).

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

(15) Newborn metabolic screening should be completed according to WV state law (https://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=51073&Format=PDF). Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel (https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (https://www.babysfirsttest.org/newborn-screening/states) establish the criteria for and coverage of newborn screening procedures and programs.

(16) Confirm initial screening was completed, verify results, and follow up as appropriate. See "Hyperbilirubinemia in newborn Infant ≥ 35 Weeks' Gestation: An Update with Clarifications" (http://pediatrics.aappublications.org/content/124/4/1193).

(17) Screening for critical congenital heart disease using pulse oximetry should be preformed in newborns, after 24 hours of age, before discharge from hospital. Refer to the Bureau for Public Health policy at (http://www.wvdhhr.org/nbms/ponta/CCHD_OPERATIONAL_POLICY_UPDATE_7162012.pdf).

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

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

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

(21) For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (http://pediatrics.aappublications.org/content/138/1/e20161493) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (https://www.cdc.gov/nceh/lead/docs/final_document_030712.pdf).

(22) All children should be screened for lead at 1 year and again at 2 years of age and children 36 months to 72 months of age who have not been screened previously. (https://dhhr.wv.gov/wvchildhoodleadpoisoning/regulations/Pages/default.aspx).

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

(24) See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).

(25) Screening for dyslipidemia (fasting lipoprotein profile) should occur once between 9 and 11 years of age and once between 17 and 21 years of age to be consistent with guidelines of the National Heart, Lung, and Blood Institute.

(26) Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.

(27) Screen adolescents for HIV at least once between the ages of 15 and 21, making every effort to preserve confidentiality of the adolescent, as per 'Human Immunodeficiency Virus (HIV) Infection: Screening' (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening); after initial screening, youth at increased risk of HIV infection should be retested annually or more frequently, as per 'Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis'(https://doi.org/10.1542/peds.2021-055207).

(28) Perform a risk assessment for hepatitis B virus (HBV) infection according to recommendations per the USPSTF (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-screening) and in the 2021–2024 edition of the AAP Red Book: Report of the Committee on Infectious Diseases, making every effort to preserve confidentiality of the patient.

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

(30) Perform a risk assessment, as appropriate, per 'Sudden Death in the Young: Information for the Primary Care Provider' (https://doi.org/10.1542/peds.2021-052044).

(31) Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See "Maintaining and Improving the Oral Health of Young Children" (http://pediatrics.aappublications.org/content/134/6/1224).

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

(33) The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1). Once teeth are present, apply fluoride varnish to all children every 3 to 6 months in the primary care or dental office based on caries risk. Indications for fluoride use are noted in 'Fluoride Use in Caries Prevention in the Primary Care Setting' (https://doi.org/10.1542/peds.2020-034637).

(34) If primary water source is deficient in fluoride, consider oral fluoride supplementation. See "Fluoride Use in Caries Prevention in the Primary Care Setting" (https://doi.org/10.1542/peds.2020-034637).

Risk Assessments

Lead
Risk Factors

- Live in or visit a home or child care facility with an identified lead hazard
- A home built before 1960 that is in poor repair or has been recently renovated
- Live near a heavily traveled highway or battery recycling plant or live with an adult whose job or hobby involves exposure to lead
- Has a sibling or playmate who has or did have lead poisoning

Tuberculosis (TB)
Risk Factors

- Radiographic findings suggesting TB
- Contact with persons with confirmed or suspected TB
- Immigrant from high prevalence areas (e.g., Canada, Australia, New Zealand, or Western European countries)
- Travel to high prevalence areas
- Infected with human immunodeficiency virus (HIV)

Sexually Transmitted Infections (STI)
Risk Factors

- Multiple or anonymous sex partners
- Sex in conjunction with illicit drug use
- Sex with partners who have sex with multiple or anonymous partners and/or use illicit drugs
- Those in adult correctional facilities

Human Immunodeficiency Virus (HIV)
Risk Factors

- Males who have sex with males
- Active injective drug users
- Unprotected vaginal or anal sex
- Sexual partners who are HIV infected
- Exchange sex for drugs or money
- Acquired or tested for STIs

Iron-Deficiency/Anemia
Risk Factors

- Low birthweight or preterm birth
- Non-iron-fortified formula
- Cow's milk before age 12 months
- Diet low in iron, inadequate nutrition
- Low in iron due to special health needs
- Environmental factors (poverty, limited access to food)
- Meal skipping, frequent dieting
- Heavy/lengthy menstrual periods or recent blood loss
- Intensive physical training or participation in endurance sport
- Pregnancy or recent pregnancy

Dyslipidemia
Risk Factors

- Positive family history is defined as a history of premature (≤ 55 years of age in male or ≤ 65 years in female) cardiovascular disease in a parent, grandparent, aunt or uncle, or sibling
- Positive family history, elevated blood cholesterol ≥ 240 mg/dl
- Unknown family history, adopted
- Cigarette smoking
- Elevated blood pressure
- Overweight/Obesity (BMI ≥ 95%)
- Diabetes mellitus
- Physical inactivity
- Poor dietary habits

Hepatitis B Virus
Risk Factors

- Persons born in countries and regions with high prevalence of Hepatitis B Virus (HBV) infection (≥2%), such as Asia, Africa, the Pacific Islands, and parts of South America (regardless of vaccination history in their country of origin)*
- US born persons not vaccinated as infants whose parents were born in regions with a very high prevalence of HBV infection (≥8%)*
- Persons who are HIV positive
- Persons who have injected drugs in the past or currently
- Males who have sex with males
- Persons with household contacts or sexual partners of persons with HBV infection.

** For more information on countries and regions with high prevalence of HBV infection, visit https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/hepatitis-b*

Sudden Cardiac
Risk Assessment Questions

- Have you ever fainted, passed out, or had an unexplained seizure suddenly and without warning, especially during exercise or in response to sudden loud noises, such as doorbells, alarm clocks, and ringing tones?
- Have you ever had exercise-related chest pain or shortness of breath?
- Has anyone in your immediate family (parents, grandparents, sibling) or their more distance relatives (aunts, uncles, cousins) died of heart problems or had an unexpected sudden death before age 50. (include unexpected drownings, unexplained auto crashes in which relative was driving or SIDS)?
- Are you related to anyone with hypertrophic cardiomyopathy or hypertrophic obstructive cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia or anyone younger than 50 years with a pacemaker or implantable defibrillator?

A positive response to any of the questions above or an abnormal ECG should prompt further investigation that may include referral to a pediatric cardiologist.

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