



# West Virginia HealthCheck

The Early and Periodic Screening, Diagnostic and Treatment Program

1-800-642-9704

[www.dhr.wv.gov/healthcheck](http://www.dhr.wv.gov/healthcheck)

## Periodicity Schedule: Developmental/Behavioral Assessments

The Periodicity Schedule is a schedule of screenings and assessments recommended at each well-child visit from infancy through adolescence. The HealthCheck Program works to equip West Virginia's pediatric 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*. HealthCheck stresses the importance of continuity of care in the medical home and the need to avoid fragmentation of care. This document focuses on the Developmental/Behavioral Assessments portion of the Periodicity Schedule.

### Maternal Depression Screening<sup>1</sup>

Routine screening for mothers for postpartum depression (PPD) should be integrated into well-child visits at one, two, four, and six months of age.

### Developmental Screening<sup>2</sup>

All children should receive periodic developmental screening using a standardized test. In the absence of established risk factors or parental or provider concerns, a general developmental screen is recommended at the nine, 18 and 30-month well-child visits. Providers should monitor a child's growth by talking with parents, observing the child, and tracking milestones at every well-child visit to catch potential delays leading to timely interventions for better outcomes.

### Autism Spectrum Disorder (ASD) Screening<sup>3</sup>

Standardized screening for ASD at 18 and 24 months of age, combined with ongoing developmental surveillance at all visits, continues to be recommended. ASD is common, can be diagnosed as young as 18 months of age, and has evidence-based interventions that may improve function. Providers should monitor a child's growth by talking with parents, observing the child, and tracking milestones at every well-child visit to catch potential delays, including signs of ASD early, leading to timely interventions for better outcomes.

### Behavioral/Social/Emotional Screening<sup>4</sup>

Screening for behavioral and social-emotional problems is recommended at every well-child visit from infancy through adolescence (newborn through 20 years). The screening should be family centered and may include asking about caregiver emotional and mental health concerns, as well as community health needs, racism, poverty, and relational health to foster the safe, stable, and nurturing relationships (SSNRs) that buffer adversity and build resilience.

### Depression and Suicide Risk Screening<sup>5</sup>

Routine screening for depression and suicide risk for adolescents should be integrated into every well-child visit beginning at 12 years of age through 20 years of age, making every effort to preserve confidentiality of the adolescent. The Patient Health Questionnaire (PHQ) 2 recommended questions are on the Preventive Health Screening (PHS) forms. If positive, perform the PHQ 9 or other tools available in the GLAD-PC tool kit.

### Tobacco, Alcohol, or Drug Use Risk Assessment<sup>6</sup>

Tobacco (including vaping), alcohol, and drug use risk assessment is required for all well-child visits for youth ages 11 through 20. Perform risk assessment in a one-to-one conversation, **without a parent or guardian present**, preserving confidentiality of the adolescent. Risk assessment can be done through a patient questionnaire, an interview with the clinician, or by using a screening tool. If positive for tobacco, alcohol and/or drug use, complete either the CRAFFT or the Substance Abuse and Mental Health Services Administration's (SAMHSA) - Screening, Brief Intervention, and Referral to Treatment (SBIRT) screening tool.

SCHEDULE OF WELL-CHILD VISITS

INFANCY	EARLY CHILDHOOD
Newborn	12 months
3-5 days	15 months
By 1 month	18 months
2 months	24 months
4 months	30 months
6 months	3 years
9 months	4 years
MIDDLE CHILDHOOD	ADOLESCENCE
5 years	11 years
6 years	12 years
7 years	13 years
8 years	14 years
9 years	15 years
10 years	16 years
	17 years
	18 years
	19 years
	20 years

## REFERENCES

<sup>1</sup> Screening should occur per “Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice” <https://pediatrics.aappublications.org/content/143/1/e20183259>.

<sup>2</sup> 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>.

<sup>3</sup> Screening should occur per “Identification, Evaluation, and Management of Children With Autism Spectrum Disorder” <https://pediatrics.aappublications.org/content/145/1/e20193447>.

<sup>4</sup> Screen for behavioral and social-emotional problems per “Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening” <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 community health needs, 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>.

<sup>5</sup> 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/g10060481/f/201412/PHQ-9\\_English.pdf](https://www.phqscreeners.com/images/sites/g/files/g10060481/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](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 1. 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 21<sup>st</sup> Century Cures Act and Adolescent Confidentiality” <https://doi.org/10.1542/peds.2022-057267K>.

<sup>6</sup> If positive for tobacco, alcohol and/or drug use, complete recommended screening tool CRAFFT available at <https://craftt.org/get-the-craftt/> or Substance Abuse and Mental Health Services Administration (SAMHSA) – Screening, Brief Intervention, and Referral to Treatment (SBIRT) <https://www.samhsa.gov/sbirt>.

For the West Virginia EPSDT/HealthCheck Program Periodicity Schedule visit:  
[https://dhhr.wv.gov/HealthCheck/providerinfo/SiteAssets/Pages/PeriodicitySchedule/2023%20Periodicity%20Schedule%20-%20APPROVED%20rev1.11.24%20\(1\).pdf](https://dhhr.wv.gov/HealthCheck/providerinfo/SiteAssets/Pages/PeriodicitySchedule/2023%20Periodicity%20Schedule%20-%20APPROVED%20rev1.11.24%20(1).pdf).



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