GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director

Transmittal No.: 13-10

TO: District of Columbia EPSDT/ HealthCheck Providers

FROM: Linda Elam, Ph.D.
Senior Deputy Director – State Medicaid Director

DATE: JUN 2 1 2013

SUBJECT: District of Columbia EPSDT/HealthCheck Periodicity Schedule

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All Medicaid-eligible children should receive the comprehensive child health benefit for individuals under the age of 21 known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In the District, EPSDT is often referred to as "HealthCheck." The Department of Health Care Finance (DHCF) is the District agency responsible for administering the Medicaid program, including the EPSDT/ HealthCheck benefit.

As the State Medicaid Agency, DHCF is responsible for:

- Informing families about the availability of EPSDT/HealthCheck services;
- Making sure that children receive timely medically necessary health care;
- Collecting and reporting data as mandated by the Centers for Medicare & Medicaid Services (CMS) on the number of children receiving care under EPSDT/HealthCheck; and
- Notifying Medicaid providers of the preventive health services that must be provided under EPSDT/ HealthCheck as described in the D.C. Periodicity Schedule.

The purpose of this transmittal is to notify EPSDT/HealthCheck providers about changes to the D.C. Periodicity Schedule effective for this fiscal year.

D.C. Periodicity Schedule

Federal Medicaid law requires states to set forth a specific periodicity schedule for their Medicaid providers to follow in furnishing the EPSDT benefit to children under the age of 21.

In an effort to continue to provide District children with comprehensive care, the DHCF has amended the D.C. EPSDT/ HealthCheck Periodicity Schedule to reflect the current guidelines of the American Academy of Pediatrics (AAP) and *Bright Futures* for health supervision of infants, children, and adolescents. The amended periodicity schedule is enclosed in this transmittal and is effective immediately. Please ensure that all providers and staff in your office are familiar with the standard of care set forth in this document.

The periodicity schedule was created in accordance with the AAP guidelines and in consultation with the local pediatric medical community.

Note that these guidelines are intended to assist providers with age-specific procedures during well-child visits, and should be conducted even when there are no signs or symptoms of significant health problems or when a child is not perceived to be at excessive risk. Additional monitoring and treatment may be required for children with greater health care needs.

While it is ideal for children to receive each initial or periodic screen at the appropriate time, it is not always possible for a variety of reasons. If a child misses a regular periodic visit, screening services must be provided as soon as possible to bring the child up to date.

EPSDT/HealthCheck Provider Training and DC Provider Resources

Complete information about EPSDT/HealthCheck is available at www.dchealthcheck.net, the District's Provider Education System. **EPSDT/HealthCheck training is required every two years for all providers serving children under 21.** After completion of the on-line training module, providers will receive 5 free continuing medical education (CME) credits. In addition to the HealthCheck Provider Training Module, the HealthCheck website contains child health-related materials including:

- D.C. Periodicity Schedule and Dental Periodicity Schedule;
- D.C. specific resources for Medicaid providers services children under 21; and
- *Bright Futures* materials and anticipatory guidance.

If you need additional information on the revised periodicity schedule or training requirements for EPSDT/HealthCheck providers, please contact Colleen Sonosky, Associate Director, Division of Children's Health Services, Health Care Delivery Management Administration, Department of Health Care Finance. Ms. Sonosky can be reached at 202-442-5913 or by email at Colleen.Sonosky@DC.gov.

DC Medicaid HealthCheck Periodicity Schedule

Based on Recommendations from Preventive Pediatric Health Care
from Bright Futures/American Academy of Pediatrics

The DC HealthCheck Periodicity Schedule follows the American Academy of Pediatrics (AAP) health recommendations in consultation with the local medical community. The recommendations are for the care of children who have no manifestation of any important health problems. Additional visits or interperiodic screens may become necessary if circumstances suggest the need for more screens, i.e., medical conditions, referral by parent, Head Start, DC Public Schools, early intervention services and programs. If a child comes under care for the first time at any point on the schedule, or if any items are not done at the suggested age, the schedule should then be brought up to date as soon as possible.

	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE									
AGE[1]	PRENATAL[2]	NEWBORN[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																															
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•																			
Weight for Length		•	•	•	•	•	•	•	•	•	•																				
Body Mass Index												•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure[5]		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
SENSORY SCREENING																															
Vision[6]		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Hearing		•[7]	★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	★	•	★	•	★	★	★	★	★	★	★	★	★	★
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																															
Developmental Screening[8]			•					•			•	•		•	•																
Autism Screening[9]											•	•																			
Developmental Surveillance[8]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Alcohol and Drug Use Assessment																★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
PHYSICAL EXAMINATION[10]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES[11]																															
Newborn Metabolic/Hemoglobin Screening[12]		◄	•	►																											
Immunization[13]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin[14]					★				•		★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead Screening[15]							★	★	•or★[16]		★	•or★[16]		★	★	★	★														
Tuberculin Test[17]				★			★		★		★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia Screening[18]												★			★		★		★		★	★	★	★	★	★	★	★	◄	•	►
STI Screening[19]																															
Cervical Dysplasia Screening[20]																						★	★	★	★	★	★	★	★	★	★
ORAL HEALTH[21]							★	•	•[21]	•[21]	•[21]	•[21]	•[21]	•[22]	•[22]	•[22]	•[22]														
ANTICIPATORY GUIDANCE[23]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

Key

• = to be performed
★ = risk assessment to be performed, with appropriate action to follow, if positive
◄ • ► = range during which a service may be provided, with the symbol indicating the preferred age

NOTES

1. If a child comes under 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. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (2001). http://aappolicy.aappublications.org/cgi/content/full/pediatrics;107/6/1456
3. Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.
4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital, to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction as recommended in AAP statement "Breastfeeding and the Use of Human Milk" (2005) http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496. For newborns discharged in less than 48 hours after delivery, the infant must be examined within 48 hours of discharge per AAP statement "Hospital Stay for Healthy Term Newborns" (2004) http://aappolicy.aappublications.org/cgi/content/full/pediatrics;113/5/1434.
5. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
6. If the patient is uncooperative, rescreen within 6 months per the AAP statement "Eye Examination in Infants, Children, and Young Adults by Pediatricians" (2007) http://aappolicy.aappublications.org/cgi/content/full/pediatrics;111/4/902.
7. All newborns should be screened per AAP statement "Year 2000 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (2000) http://aappolicy.aappublications.org/cgi/content/full/pediatrics;106/4/798. Joint Committee on Infant Hearing. Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics.* 2007; 120:898-921.
8. AAP Council on Children With Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics.* 2006;118:405-420 http://aappolicy.aappublications.org/cgi/content/full/pediatrics;118/1/405.
9. Gupta VB, Hyman SL, Johnson CP, et al. Identifying children with autism early? *Pediatrics.* 2007;119:152-153 http://pediatrics.aappublications.org/cgi/content/full/119/1/152.
10. At each visit, age-appropriate physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
11. These may be modified, depending on entry point into schedule and individual need.
12. Newborn metabolic and hemoglobinopathy screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.
13. Schedules per the Committee on Infectious Diseases, published annually in the January issues of *Pediatrics.* Every visit should be an opportunity to update and complete a child's immunizations.
14. See the AAP *Pediatric Nutrition Handbook,* 5th Edition (2003) for a discussion of universal and selective screening options. See also Recommendations to prevent and control iron deficiency in the United States. *MMWR.* 1998;47(RR-3):1-36.
15. For children at risk of lead exposure, consult the AAP statement "Lead Exposure in Children: Prevention, Detection, and Management" (2005) http://sspppolicy.aappublications.org/cgi/content/full/pediatrics;116/4/1036. Additionally, screening should be done in accordance with state law where applicable.
16. Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid or high prevalence areas.
17. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Red Book: Report of the Committee on Infectious Diseases.* Testing should be done on recognition of high-risk factors.
18. "Third Report on the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report" (2002) http://circ.ahajournals.org/cgi/content/full/106/25/3143 and "The Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity." Supplement to *Pediatrics.* (2007).
19. All sexually active patients should be screened for sexually transmitted infections (STIs).
20. All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first).
21. Oral Health Services by the primary care provider include oral health assessments and referral to a Dental Home. Oral Health Services are an integral component of preventive health visits for young children. An oral health assessment is a required component of a preventive health visit for children prior to the establishment of a Dental Home. Children should be referred to a Dental Home beginning within six (6) months of the eruption of the first tooth and should have an established Dental Home no later than age three years. A Dental Home is where all aspects of a child's oral health care is delivered in a comprehensive, continuously accessible, and coordinated way by a single practice. For assistance in locating a dentist or scheduling a dental appointment, refer caregivers to the DC Dental HelpLine at 1-866-758-6807.
22. At the visits for 3 years through 6 years of age, it should be determined whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
23. Refer to the specific guidance by age as listed in Bright Futures Guidelines. (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.* 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

For additional resources, including provider training that fulfills obligations for all DC Managed Care Organizations, please see the HealthCheck Provider Education System at http://www.dchealthcheck.net.