

MISSOURI CARE EPSDT/HEALTHY CHILDREN & YOUTH GUIDELINES

HEALTHY CHILDREN AND YOUTH (HCY) SCREENING FORM:

The mandatory HCY Screening Forms are designed to assist the PCP in documenting screens performed during HCY visits. The screening forms are available free of charge through Verizon Data Services. To order the forms, mail a request to PO Box 5600, Jefferson City, MO 65102.

Forms are also available on DSS website: <http://manuals.momed.com/manuals/presentation/forms.jsp>

Properly used, the Screening Form should assist Providers in performing most screens mandated by the EPSDT/HCY Program and in meeting Missouri Care documentation standards.

EPSDT COMPONENTS

IMMUNIZATIONS:

Immunization status must be addressed at each EPSDT visit. If a child's immunization status is not up to date, appropriate immunizations must be given at the time of visit unless contraindicated. Immunizations must be administered according to the current immunization schedule recommended by The Advisory Council on Immunization Practices (ACIP) and/or the Centers for Disease Control (CDC) and documented on the HCY Screening Form. An immunization history must be maintained in the child's medical record for easy referral. Reasons or problems related to not giving immunizations must be recorded in the progress notes and on the Screening Form. Providers should familiarize themselves with the valid and invalid contraindications to immunize to avoid missed opportunities.

LABORATORY TESTS:

BLOOD LEAD SCREENING: All children age six (6) months through six (6) years **must** be screened for lead toxicity. A verbal risk assessment is required at each EPSDT visit to determine risk category. Children determined to be at high risk must receive a blood lead level at that visit or referred to a contracted lab. For all children, a blood level is **required** at twelve (12) months and twenty-four (24) months. For children who have not previously received a screening blood lead test and are between twelve (12) and seventy-two (72) months of age, a blood lead test is required immediately.

TUBERCULOSIS SCREENING: TB testing is required at twelve (12) months, four (4)- five (5) years and between fourteen (14) – seventeen (17) years. The Mantoux Test (PPD) is the recommended test for all ages. The Tine Test may be used for children up to age five (5). Any positive Tine Test must be followed up by a PPD. Annual testing is recommended for children in high-risk populations, or at the discretion of the Provider if health history indicates otherwise. High risk populations include: children born outside the U.S. in developing countries; any resident of a long-term care facility; any child with a medical condition which places him/her at increased risk for TB infection (e.g. HIV infection, chemotherapy treatment, diabetes, renal disease, or other conditions which suppress the immune system); and any child living in a household with anyone who has active TB, has tested positive with a PPD test, has HIV infection, or is an identified alcoholic or IV drug abuser. **ANEMIA TESTING (Hgb/Hct)/SICKLE CELL:** Anemia testing is required at fifteen (15) months and four (4) – five (5) years. Microhematocrit or measurements of hemoglobin concentration are acceptable methods. Sick Cell, U/A, and other appropriate lab testing is to be done as indicated.

INITIAL HISTORY:

A comprehensive history is required in all charts and must be obtained at the first office or clinic visit. A comprehensive history includes documentation of medical, familial, developmental, nutritional, social and current health status. Documentation should include disease history (i.e. Varicella).

INTERVAL HISTORY:

Health status since last visit or reason for current visit must be indicated on the HCY Screening Form.

GROWTH CHARTS:

Assessment of growth pattern is required at each EPSDT visit. Results are to be documented on the HCY Screening Form and recorded on the growth chart for graphic display. Height, weight and head circumference must be plotted on children twelve (12) months and under; height and weight on children over twelve (12) months. Growth charts must be maintained in the medical record until eighteen (18) years of age.

NUTRITIONAL ASSESSMENT:

A nutritional assessment is required at each EPSDT visit. Assessment is based on the child's history, physical exam including oral dental exam, growth pattern and appropriate blood work. Results must be documented on the HCY Screening Form.

SENSORY SCREENS:

VISION TESTING: Vision testing is required at each EPSDT visit. Guidelines for performing vision testing on infants and small children are indicated on the age appropriate HCY Screening Forms. Vision screening using a Snellen Eye Chart is to be done on all children four (4) years and older. A preschool or Snellen "E" Chart may be necessary for the younger child. If a child is uncooperative during the eye exam and the screen can not be performed, please document "uncooperative" on the HCY Screening Form.

HEARING TESTING: Hearing testing is required at each EPSDT visit. Guidelines for performing hearing testing on infants and small children are indicated on the age appropriate HCY Screening Form. It is extremely important to initiate hearing screening during infancy. Hearing screening should consist of history, risk factors, parental questions, otoscopic examination and appropriate hearing test according to age. Pure tone and impedance testing should be done when indicated and/or when medically necessary.

SPEECH SCREENING: Speech screening is done to identify children in need of referral. There is no specific speech assessment tool required. Refer to the guidelines on the age appropriate HCY Screening Form.

BLOOD PRESSURES:

Blood pressures are to be taken on all children three (3) years of age and older at each EPSDT visit. If a child is uncooperative and the blood pressure can not be obtained, please document such on the HCY Screening Form.

DEVELOPMENTAL ASSESSMENT:

A developmental assessment is required at each EPSDT visit and must be documented on the HCY Screening Form. Components of a developmental assessment include: obtaining a relevant developmental history, making accurate and informative observations and attending to parental concerns. Findings must be reviewed in conjunction with other information obtained during the physical exam. Developmental progress must be reviewed as a component of overall health and well being, given the

child's age and culture. An objective developmental test must be administered as a "second stage" screening tool when the history and/or physical exam is suspicious.

BEHAVIORAL HEALTH SCREENING:

Screening for mental health and substance abuse must be done at each EPSDT visit beginning at age three (3). All eligible children in need of mental health and/or substance abuse services must be referred for evaluation and treatment.

PHYSICAL EXAM:

A comprehensive unclothed physical examination is required at each EPSDT visit. Guidelines for evaluating the general physical and mental health status of infants, children, and youth to age twenty-one (21) are on the age appropriate HCY Screening Forms.

DENTAL REFERRALS:

It is recommended that assessment preventative dental services and oral treatments for children begin at age 6-12 months and be repeated every 6 months or as medically indicated. PCPs are to perform oral dental examinations as part of the medical examination to identify children who require further evaluation and treatment. PCPs should observe closely for and educate parents about baby bottle tooth decay. The referral must be documented on the HCY Screening form.

HEALTH EDUCATION:

The PCP is responsible for assuring that health education is provided at each EPSDT visit. This includes providing assistance to parents or guardians in terms of development, healthy lifestyle choices, and accident and disease prevention. In accordance with MC+ policy and Missouri Care's Family Planning Guidelines, PCPs shall inform and counsel all Members beginning at age twelve (12) or earlier if indicated on the prevention of STDs, pregnancy and the availability of family planning services.

REFERRALS:

Any problems identified must be followed up with diagnosis and treatment. This will assist Missouri Care in tracking and following up on these children to ensure that they are receiving the needed care.

RECOMMENDATIONS:

To avoid missed opportunities for EPSDT and immunizations, Missouri Care encourages all PCPs to assess a child's need for an EPSDT exam and immunizations at every clinical encounter and provide these services whenever possible, unless contraindicated. Missouri Care recommends that annual EPSDT exams continue after age two.