
WV EPSDT HealthCheck Provider Manual
Effective Date: December 1, 2006

CONTENTS

INTRODUCTION iii

HEALTHCHECK SERVICES

Periodicity..... 1
HealthCheck Required Services..... 1
Initial Health/Medical History 1
History Update 2
Growth 2
Blood Pressure 2
Tuberculosis Risk Screen 3
Lead Risk Screen 3
Developmental/Speech/Language Screen..... 3
Behavioral/Mental Health Screen 4
Vision Screen 4
Hearing Screen..... 5
Dental Screen 6
Unclothed Physical Examination 6
Health Education..... 7
Immunization Screen..... 7
Laboratory Tests 8
Referrals 8
Medical Record Documentation 9
Age-Appropriate Preventive Health Screen Forms 9

APPENDICES, FORMS AND CHARTS

Initial Health/Medical History Form A
Age-Appropriate Preventive Health Screen Forms (2006) B
Growth Charts C
Progress Notes Form D
Immunization Schedule, Immunization Record E
Hyperlipidemia and Iron-Deficiency Anemia Screening Guidelines F
Periodicity Schedule and Coding Matrix G
Billing Instructions H
Provider Request Form I

WV EPSDT HealthCheck Provider Manual
Effective Date: December 1, 2006

INTRODUCTION

HealthCheck, West Virginia's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program is a comprehensive preventive health program for Medicaid-approved individuals birth through age 20. Services include:

- Screening services
 - Comprehensive health and developmental history (physical, mental, and developmental)
 - Comprehensive unclothed physical exam
 - Appropriate immunizations
 - Laboratory tests, including mandatory lead screening
 - Health education
 - Vision screening
 - Hearing screening
 - Dental screening
 - Other necessary health care
- Diagnostic services, if needed for further evaluation
- Treatment (or referrals) to correct or improve health conditions

The HealthCheck Program consists of two mutually supportive operational components:

- assuring the availability and accessibility of required health care resources; and
- informing non-HMO Medicaid recipients about these services and assisting them in using these services.

The performance of these two functions allows for the early identification and treatment of health problems before they become more complex.

The 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 and outreach workers.

The central office staff includes the following positions:

Director

Clinical and Quality Assurance

Operations Assistant

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

WV EPSDT HealthCheck Provider Manual
Effective Date: December 1, 2006

Field staff:

Regional Program Specialists (9) coordinate HealthCheck services with providers and recruit and train new providers. Program Specialists supervise a state-wide network of outreach workers who contact families of eligible children and link them with providers.

<u>Region</u>	<u>Program Specialists</u>	<u>Counties Served</u>
1	Al Walker PH: 256-6916	McDowell, Mercer, Raleigh, Summers, Wyoming
2	Jim Daniels PH: 528-5900	Cabell, Lincoln, Logan, Mason, Mingo, Wayne
3	Candice Hilleary PH: 558-7165	Boone, Clay, Kanawha, Putnam
4	Carolyn Riffle PH: 847-2861	Braxton, Fayette, Greenbrier, Monroe, Nicholas, Pocahontas, Webster
5	Raylene McClure PH: 927-0966	Calhoun, Jackson, Pleasants, Ritchie, Roane, Wirt, Wood, Tyler, Wetzel
6	Karen Dougherty PH: 843-4120	Brooke, Hancock, Ohio, Marshall
7	Norine Waugaman PH: 627-2117	Doddridge, Harrison, Marion, Taylor, Preston, Monongalia
8	Kim Wentz PH: 473-4230	Barbour, Gilmer, Lewis, Tucker, Upshur, Randolph
9	Stephen Redman PH: 822-6900	Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan, Pendleton

Outreach workers send monthly appointment sheets to providers listing non-HMO children who are due for a screen that month. Providers are requested to complete the information on the appointment sheet(s) and return them to the appropriate HealthCheck outreach worker.

A Letter of Agreement between the Medicaid provider and the Department of Health and Human Resources, Bureau for Public Health, Office of Maternal, Child and Family Health, HealthCheck Program is preferred for the provision of HealthCheck services. The agreement is effective from the date of initiation until terminated by either party with 30 days written notice. A copy of an original Medicaid application must be attached to the Provider Letter of Agreement for HealthCheck.

WV EPSDT HealthCheck Provider Manual
Effective Date: December 1, 2006

Providers are represented by a Medical Advisory Board, made up of their peers, which meets quarterly to discuss issues and ideas on how best to provide HealthCheck services.

The Office of Maternal, Child and Family Health's Quality Assurance Monitoring Team conducts on-site clinical reviews of contracted providers. The HealthCheck Program utilizes the information from the monitoring team to focus on identifying and helping resolve important health care and system delivery problems. This information is used as an educational process through mutual development of a Plan of Correction (POC) and subsequent follow up review(s), as applicable.

HealthCheck Provider Manual content is based on screening requirements set forth by the Center for Medicare/Medicaid Services; the American Academy of Pediatric Standards of Child Health Care; the US Department of Health and Human Services, Maternal and Child Health Bureau, Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents; and recommendations of the Office of Maternal, Child and Family Health Pediatric Medical Advisory Board.

The HealthCheck Program is authorized and funded through contractual agreement with the Bureau for Medical Services, West Virginia Department of Health and Human Resources.

If you have any questions about the Program and/or manual please contact the HealthCheck Program at 1-800-642-9704 or your Regional Program Specialist.

The HealthCheck website contains a section devoted to provider issues. The address is: www.wvdhhr.org/healthcheck.

The HealthCheck Program takes this opportunity to thank you for your continued support and commitment to the health of West Virginia's children.

HealthCheck Services

WV EPSDT HealthCheck Provider Manual
Effective Date: December 1, 2006

HEALTHCHECK SERVICES

Periodicity

Periodicity refers to the established schedule for HealthCheck initial and periodic screens and 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 through 20 years. Therefore, following initial screen, a child's periodic visit is scheduled based on an interval of time. HealthCheck has adopted the American Academy of Pediatrics recommendations for Preventive Pediatric Health Care (RE9939) periodicity schedule for well child visits. (Refer to **Appendix G** for Periodicity Schedule and Coding Matrix)

At whatever age a child begins HealthCheck, providers are requested to assure that immunizations, laboratory testing, other screens that are normally done or required at earlier ages are completed, and the child's health screen is up-to-date.

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

- *Health care screens for high risk infants identified through the West Virginia Statewide Birth Scoring Project are recommended at birth, two weeks, four weeks, eight weeks, twelve weeks, sixteen weeks and twenty-four weeks.*
- Foster children may be screened at more frequent intervals due to home placement changes.

HealthCheck Required Services

In accordance with section 1905(r) of the Social Security Act, HealthCheck (EPSDT) 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 a history form that includes the following required information; however, providers may use their own form(s) as long as all required information is obtained. Supportive documentation may include: prenatal pediatrician visit records, hospital records, 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

WV EPSDT HealthCheck Provider Manual
Effective Date: December 1, 2006

- 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
 - general appearance
 - signs/symptoms/history of iron deficiency anemia
- Developmental/psychosocial history
- Dental history
- Immunizations
- Current health screening

2. History Update

The initial health/medical history information is to be reviewed and updated at each periodic screen.

This information may be documented on the age-appropriate Preventive Health Screen form provided by the Program. Providers may use other forms 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. In addition, head circumference is to be measured from birth to 2 years of age.

These measurements are to be plotted on a growth chart. Standard growth charts may be ordered (See Appendix E), copied (See Appendix D), accessed through the internet at www.cdc.gov/growthcharts, or providers may choose to use a Body Mass Index or their own forms.

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 obtained at an earlier age at the clinician's discretion.

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

WV EPSDT HealthCheck Provider Manual
Effective Date: December 1, 2006

5. Tuberculosis Risk Screen

A tuberculosis risk screen must be completed on all children at each initial and periodic visit who are between the ages of 12 months and 21 years. A child is considered HIGH risk if there are one or more checked responses on the Tuberculosis Risk Screen and LOW risk if no responses are checked. If a child is HIGH risk, initiate Tuberculosis protocol set forth by the West Virginia Tuberculosis Program. Contact the Tuberculosis Program at 1-800-330-8126 or 558-3669 with questions regarding this protocol. PPD is the only method recognized by the HealthCheck Program for tuberculin skin testing.

Results of the TB risk screens must be documented in the child's medical record on the provider's own form, progress notes or on the Preventive Health Screen form provided by the Program.

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 checked responses on the Lead Risk Screen and LOW risk if no responses are checked. Serum blood lead testing is required at 12 and 24 months and up to 72 months if the child has never been screened.

Results of each lead risk screen must be documented in the child's medical record on the provider's own forms, progress notes or on the Preventive Health Screen form provided by the Program.

7. a. Developmental/Speech/Language Screen

A developmental screen that includes a range of milestones that determines whether a child's developmental processes fall within a normal range of achievement according to age group is required at every initial and periodic visit from birth to six years. Although there is no universal list of the dimensions of development for the different age ranges of childhood and adolescence, the HealthCheck provider is to screen the following elements:

- Gross motor development focusing on strength, balance, 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

Children who exhibit one delay during the developmental screen may be re-evaluated in one month, but are required to be re-evaluated within six months or referred. Two or more delays are to be referred for further diagnosis and treatment.

WV EPSDT HealthCheck Provider Manual
Effective Date: December 1, 2006

Results of the development screen must be documented in the child's medical record on the provider's own form, progress notes or on the Preventive Health Screen form provided by the Program.

b. Behavioral/Mental Health Screen

A Behavioral/Mental Health Screen that includes a range of behaviors that determines 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 through 20 years. The HealthCheck 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
 - School/career goals

Children who exhibit at least one area of concern are to be re-evaluated or referred at the clinician's discretion.

Results of the behavior/mental health screen must be documented in the child's medical record on the provider's own form, progress notes or on the Preventive Health Screen form provided by the Program.

Note: The use of HealthCheck's Preventative Health Screen form does not preclude the provider from using other tools for developmental and/or behavioral screening.

8. *Vision Screen*

Providers are required to conduct vision screens of children birth through 20 years at each initial and periodic visit. Dependent on age, subjective or objective vision screens must be completed.

- Objective screens are required at 3* through 10 years, 12 years, 15 years and 18 years.
*If the child is unable to cooperate with a vision screen at age 3 years, a subjective screen is acceptable and a second attempt for an objective screen is to be completed in four to six months.
- Subjective screens are required at other periodicity screens.

WV EPSDT HealthCheck Provider Manual
Effective Date: December 1, 2006

Should a child's screen indicate vision in either eye equal to or worse than 20/40 or more than 10 points difference between the eyes, referral is to be made to an eye care professional such as an ophthalmologist or optometrist.

Results of the objective vision screen are to be documented in the child's medical record on the provider's own forms, progress notes or on the Preventive Health Screen form provided by the Program.

The use of "**WNL**" (within normal limits) is acceptable. WNL denotes that at 20 feet, the child can read the "20" line. 20/20 is considered "normal" vision.

Screen results that are abnormal must be fully documented.

9. Hearing Screen

Universal newborn hearing screens are mandated either while the infant is still in the hospital or as soon as possible after discharge.

Providers are required to conduct hearing screens of children birth through 20 years at each initial and periodic visit. Dependent on age, subjective or objective hearing screens must be completed.

- For children under the age of 4 years, hearing should be checked subjectively by observation of the child's response to sound.
- Objective screens are required at newborn, 4* through 10 years, 12 years, 15 years and 18 years of age.
* If the child is unable to cooperate with a hearing screen at age 4 years, a subjective screen is acceptable and a second attempt for an objective screen is to be completed in four to six months.

A normal hearing screen is when a child can hear at the intensity of 20 dB HL at the frequencies of 500 HZ, 1000 HZ, 2000 HZ, and 4000 HZ. **A child should be referred if he is not hearing at 25 dB HL, in either or both ears, at each of the specified frequency levels.**

Results of the objective hearing screen are to be documented in the child's medical record on the provider's own forms, progress notes or on the Preventive Health Screen form provided by the Program.

The use of "**WNL**" (within normal limits) is acceptable. WNL denotes that a child can hear at the intensity of 20 dB HL at the frequencies of 500 HZ, 1000 HZ, 2000 HZ, and 4000 HZ.

Screen results that are abnormal must be fully documented.

WV EPSDT HealthCheck Provider Manual
Effective Date: December 1, 2006

10. Dental Screen

A dental 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 dental screen must be documented in the child's medical record on the provider's own forms, progress notes or on the Preventive Health Screen form provided by the Program.

11. Unclothed Physical Examination

Physical examinations are to be completed at each initial and periodic screen for children ages birth through 20 years of age.

- For children under the age of 18 months the physical examination is to be unclothed (diaper only).
- For children 18 months and older:
 - the child's outer clothing-coats, jackets, shoes, socks, etc.-is to be removed
 - tops and bottoms are to be shifted (or removed, if necessary) during the examination to the degree necessary to complete visual examination of the entire body
 - underwear-bras, briefs, etc.-must be shifted to allow examination of the genitalia and/or breasts.

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

- General appearance
- Head
 - fontanel (up to age 2 years)
- Eyes
 - external exam
 - internal exam
 - red reflex (up to age 4 years)
 - strabismus

WV EPSDT HealthCheck Provider Manual
Effective Date: December 1, 2006

- 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; clinician may refer
- Extremities (include hips up to 12 months of age 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 provider's own form, progress notes or Preventive Health Screen form provided by the Program.

12. Health Education

Health Education including age-appropriate anticipatory guidance is to be provided at each initial and periodic screen from birth through 20 years of age. 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. Website address: 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 provider's own form, progress notes or Preventive Health Screen form provided by the Program.

13. Immunization Screen

Immunization status must be checked at each initial and periodic screen and vaccine must be administered when appropriate. HealthCheck has adopted the Advisory Committee on Immunization Practices (ACIP) guidelines on annual immunization schedules. **The provider must refer if the provider doesn't administer vaccines.**

WV EPSDT HealthCheck Provider Manual
Effective Date: December 1, 2006

Vaccine Administration Records are available through the HealthCheck Program. One is contained in Appendix E or you may go to www.wvdhhr.org/immunizations. Click on "Immunization Schedules" then 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 immunization status must be included in the child's medical record on a Vaccine Administration Record, provider's own form, progress notes or on the Preventative Health Screen form.

14. Laboratory Tests

The following laboratory tests are to be performed:

- Newborn Metabolic Screening
- Sickle cell
 - 2 weeks of age
- Hemoglobin/Hematocrit
 - once at 12 months of age
- Blood lead level
 - 12 months of age
 - 24 months of age
 - 36 months to 72 months if child has never been screened

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 the manual provides screening guidelines for:

- hyperlipidemia screening
- iron-deficiency anemia screening

The use of the guidelines is optional. While the HealthCheck Program supports the use of these guidelines, they are not a requirement of the Program.

Documentation of lab results must be included in the child's medical record on the provider's own form, progress notes or Preventive Health Screen form provided by the Program.

15. Referrals

When a screen/examination indicates the need for further evaluation of a child's health, the provider is to refer the child without delay to the appropriate individual/facility and follow up to make sure that the child received a complete diagnostic evaluation.

WV EPSDT HealthCheck Provider Manual
Effective Date: December 1, 2006

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

- Thoughts/plans to harm self, other persons or animals
- Two or more delays identified through development/behavior screens
- Blood lead level ≥ 10 ug/dl obtained by capillary specimen must be confirmed using a venous blood sample
- Dentist, at age 2 years.
- Vision $\geq 20/40$
- Hearing >25 dB at any one frequency, either or both ears
- Physical abnormalities found during HealthCheck screen

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

16. Medical Record Documentation

"If it's not documented, it wasn't done." Medical record documentation of HealthCheck services provided at each child's initial and periodic screen is required.

17. Age-Appropriate Preventive Health Screen Forms

Appendix B contains the 2006 Age-Appropriate Preventive Health Screen Forms. Providers may obtain forms as follows:

- Providers can order the forms free of charge from the warehouse by using the Provider Request Form in Appendix I.
- Providers may copy the forms found in Appendix B.
- Providers may print and use the forms found on the HealthCheck website at www.wvdhhr.org/mcfh/ICAH/healthcheck/provider_info.

Providers may use their own screening forms providing that all services required are fully documented on the provider's form.

APPENDICES

Initial Health/Medical History Form	A
Age-Appropriate Preventive Health Screen Forms (2006)	B
Growth Charts	C
Progress Notes Form	D
Immunization Schedule, Immunization Record	E
Hyperlipidemia and Iron-Deficiency Anemia Screening Guidelines	F
Periodicity Schedule and Coding Matrix	G
Billing Instructions	H
Provider Request Form	I