ARKANSAS REGISTER

Transmittal Sheet

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For Office Use Only:

Effective Date _____ Code Number _____

Name of Agency Department of Human Services

Department Division of Medical Services

Contact Isaac Linam E-mail Isaac.Linam@dhs.arkansas.gov Phone 501-320-6570

Statutory Authority for Promulgating Rules Arkansas Code Annotated 20-76-201, § 20-77-107, and § 25-10-129

Rule Title: ARKIDS-3-18 (ARKIDS-B); EPSDT-1-18 (Early and Periodic Screening, Diagnosis, and Treatment) services

Intended Effective Date
(Check One)

- ☐ Emergency (ACA 25-15-204)
- ☐ 10 Days After Filing (ACA 25-15-204)
- ☑ Other January 1, 2020 (Must be more than 10 days after filing date.)

Date	
Legal Notice Published	08/18/2019
Final Date for Public Comment	09/17/2019
Reviewed by Legislative Council	11/15/2019
Adopted by State Agency	01/01/2020

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Contact Person	E-mail Address	Date
Jack Tiner	Jack.Tiner@dhs.arkansas.gov	11-19-2019

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Janet Mann
Signature

501-320-6270 Janet.Mann@dhs.arkansas.gov
Phone Number E-mail Address

Director
Title

11/19/2019
Date

Revised 7/2015 to reflect new legislation passed in the 2015 Regular Session (Act 1258). This act changed the effective date from 30 days to 10 days after filing the rule.

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services
Office of Rules Promulgation

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TO: **Arkansas Medicaid Health Care Providers – ARKids First-B**

EFFECTIVE DATE: **January 1, 2020**

SUBJECT: **Provider Manual Update Transmittal ARKIDS-3-18**

REMOVE		INSERT	
Section	**Effective Date**	**Section**	**Effective Date**
222.800	4-1-09	222.800	1-1-20
222.810	4-1-09	222.810	1-1-20
222.820	4-1-09	222.820	1-1-20
222.830	4-1-09	222.830	1-1-20
222.840	4-1-09	222.840	1-1-20
222.850	4-1-09	222.850	1-1-20

Explanation of Updates

Sections 222.800, 222.810, 222.820, 222.830, 222.840, and 222.850 have been updated to include the new screening schedule.

This update transmittal memorandum indicates which sections of your provider manual have been revised. Electronic versions of provider manuals available from the Arkansas Medicaid website have changes incorporated. See Section I for instructions on updating a paper copy of the manual.

If you have questions regarding this transmittal, please contact the Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and out-of-state at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact the Office of Rules Promulgation at (501) 320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making, and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: https://medicaid.mmis.arkansas.gov

Thank you for your participation in the Arkansas Medicaid Program.

Janet Mann
Director

TOC required

222.800 Schedule for Preventive Health Screens 1-1-20

The ARKids First – B periodic screening schedule follows the guidelines for the EPSDT screening schedule and is updated in accordance with the recommendations of the American Academy of Pediatrics.

From birth to 15 months of age, children may receive six (6) periodic screens in addition to the newborn screen performed in the hospital.

Children age 15 months to 24 months of age may receive two (2) periodic screens. Children age 24 months to 30 months may receive one (1) periodic screen, and children 30 months to 3 years old may receive one (1) periodic screen.

When a child has turned 3 years old, the following schedule will apply. There must be at least 365 days between each screen listed below for children age 3 years through 18 years.

Age			
3 years	7 years	11 years	15 years
4 years	8 years	12 years	16 years
5 years	9 years	13 years	17 years
6 years	10 years	14 years	18 years

Medical screens for children are required to be performed by the beneficiary's PCP or receive a PCP referral to an authorized Medicaid screening provider. Routine newborn care, vision screens, dental screens and immunizations for childhood diseases do not require PCP referral. See Section 262.130 for procedure codes.

222.810 Newborn Screen (Ages 3 to 5 Days) 1-1-20

A. History (initial/interval) to be performed.

B. Measurements to be performed:

1. Height and Weight
2. Head Circumference

C. Physical Examination to be performed at 3 to 5 days of age. At each visit a completed physical examination is essential with the infant totally unclothed.

D. Developmental/Surveillance and Psychosocial/Behavioral Assessment, to be performed by history and appropriate physical examination and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit

E. Procedures—General

These may be modified depending upon the entry point into the schedule and the individual need.

1. Hereditary/Metabolic Screening to be performed at age 1 month, if not performed either during the newborn evaluations or at the preferred one of 3-5 days. Metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.

2. Immunization(s) to be performed as appropriate. Every visit should be an opportunity to update and complete a child's immunizations.

222.820 Infancy (Ages 1–9 Months) 1-1-20

A. History (Initial/Interval) to be performed at ages 1, 2, 4, 6, and 9 months.

B. Measurements to be performed

1. Height and Weight at ages 1, 2, 4, 6, and 9 months.
2. Head Circumference at ages 1, 2, 4, 6, and 9 months.

C. Sensory Screening, subjective, by history

1. Vision at ages 1, 2, 4, 6, and 9 months.
2. Hearing at ages 1, 2, 4, 6, and 9 months.

D. Developmental/Surveillance and Psychosocial/Behavioral Assessment to be performed at ages 1, 2, 4, 6, and 9 months; to be performed by history and appropriate physical examination and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

E. Physical Examination to be performed at ages 1, 2, 4, 6, and 9 months. At each visit, a complete physical examination is essential with the infant totally unclothed.

F. Procedures - General

These may be modified depending upon the entry point into the schedule and the individual need.

1. Hereditary/Metabolic Screening to be performed at age 1 month, if not performed either during the newborn evaluation or at the preferred age of 3-5 days. Metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
2. Immunization(s) to be performed at ages 1, 2, 4, 6, and 9 months. Every visit should be an opportunity to update and complete a child's immunizations.
3. Hematocrit or Hemoglobin risk assessment at 4 months with appropriate testing of high risk factors.

G. Other Procedures

1. Lead screening risk assessment to be performed at ages 6 and 9 months. Additionally, screening should be done in accordance with state law where applicable.
2. Tuberculin surveillance to be performed at ages 1 and 6 months per recommendations of the American Academy of Pediatrics (AAP) Committee on Infectious Diseases, published in the current edition of *AAP Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high risk factors.

H. Anticipatory Guidance to be performed at ages 1, 2, 4, 6, and 9 months. Age-appropriate discussion and counseling should be an integral part of each visit for care.

1. Injury prevention at ages 1, 2, 4, 6, and 9 months.
2. Violence prevention at ages 1, 2, 4, 6, and 9 months.

3. Sleep positioning counseling at ages 1, 2, 4, and 6 months. Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS.
4. Nutrition counseling at ages 1, 2, 4, 6, and 9 months. Age-appropriate nutrition counseling should be an integral part of each visit.

I. Oral Health risk assessment: The Bright Futures/AAP "Recommendation for Preventative Pediatric Health Care," (i.e. Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. **View the Bright/AAP Periodicity Schedule**

Subsequent examinations should be completed as prescribed by the child's dentist and recommended by the Child Health Services (EPSDT) dental schedule.

J. Developmental Screen to be performed at age 9 months using a standardized tool such as the Ages and Stages Questionnaire (ASQ) or Brigance Screens II. Any additional test must be approved by the Division of Medical Services (DMS) prior to use.

222.830 Early Childhood (Ages 12 Months–4 Years) 1-1-20

A. History (Initial/Interval) to be performed at ages 12, 15, 18, 24, and 30 months and ages 3 and 4 years.

B. Measurements to be performed

1. Height and Weight at ages 12, 15, 18, 24, and 30 months and ages 3 and 4 years.
2. Head Circumference at ages 12, 15, 18, and 24 months.
3. Blood Pressure at ages 30 months*, 3 and 4 years.

   *Note: For infants and children with specific risk conditions.
4. BMI (Body Mass Index) at ages 24 and 30 months, 3 and 4 years.

C. Sensory Screening, subjective, by history

1. Vision at ages 12, 15, 18, 24, and 30 months
2. Hearing at ages 12, 15, 18, 24, and 30 months and age 3 years.

D. Sensory Screening, objective, by a standard testing method

1. Vision at ages 3 and 4 years. Note: If the 3-year-old patient is uncooperative, re-screen within 6 months.
2. Hearing at age 4 years.

E. Developmental/Surveillance and Psychosocial/Behavioral Assessment to be performed at ages 12, 15, 18, 24, and 30 months and ages 3 and 4 years. To be performed by history and appropriate physical examination and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

F. Physical Examination to be performed at ages 12, 15, 18, 24, and 30 months and ages 3 and 4 years. At each visit, a complete physical examination is essential, with the infant totally unclothed or with the older child undressed and suitably draped.

G. Procedures – General

These may be modified depending upon the entry point into the schedule and the individual need.

1. Immunization(s) to be performed at ages 12, 15, 18, 24, and 30 months and ages 3 and 4 years. Every visit should be an opportunity to update and complete a child's immunizations.
2. Hematocrit or Hemoglobin risk assessment at 4 months with appropriate testing and follow up action if high risk to be performed at ages 12, 15, 18, 24, and 30 months and ages 3 and 4 years.

H. Other Procedures

Testing should be done upon recognition of high risk factors.

1. Lead screening risk assessment to be performed at ages 12 and 24 months. Additionally, screenlng should be done in accordance with state law where applicable, with appropriate action to follow if high risk positive.
2. Tuberculin test to be performed at ages 12 and 24 months and ages 3 and 4 years. Testing should be done upon recognition of high-risk factors per recommendations of the Committee on Infectious Diseases, published in the current edition of *AAP Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high risk factors.
3. Risk Assessment for Hyperlipidemia to be performed at ages 24 months and 4 years with fasting screen, if family history cannot be ascertained, and other risk factors are present, screening should be at the discretion of the physician.

I. Anticipatory Guidance to be performed at ages 12, 15, 18, 24, and 30 months and at ages 3 and 4 years. Age-appropriate discussion and counseling should be an integral part of each visit for care.

1. Injury prevention to be performed at ages 12, 15, 18, 24, and 30 months and at ages 3 and 4 years.
2. Violence prevention to be performed at ages 12, 15, 18, 24, and 30 months and at ages 3 and 4 years.
3. Nutrition counseling to be performed at ages 12, 15, 18, 24, and 30 months and ages 3 and 4 years. Age-appropriate nutrition counseling should be an integral part of each visit.

J. Oral Health Risk assessment: The Bright Futures/AAP "Recommendation for Preventative Pediatric Health Care," (i.e, Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. **View the Bright/AAP Periodicity Schedule** .

Subsequent examinations should be as prescribed by the dentist and recommended by the Child Health Services (EPSDT) dental schedule.

K. Developmental Screen to be performed at age 18 and 30 months using standardized tools such as the Ages and Stages Questionnaire (ASQ) or Brigance Screens-II. Any additional tests must be approved by DMS prior to use.

L. Autism Screen to be performed at age 18 and 24 months (or 30 months if screen was not completed at 24 months) using a standardized tool such as the Modified Checklist for Autism in Toddlers (M-CHAT) or the Pervasive Developmental Disorders Screening Tests-II (PDDSDT-II) Stage1. Any additional test must be approved by DMS prior to use.

222.840 Middle Childhood (Ages 5 - 10 Years) 1-1-20

A. History (Initial/Interval) to be performed at ages 5, 6, 7, 8, 9, and 10 years.

B. Measurements to be performed

1. Height and Weight at ages 5, 6, 7, 8, 9, and 10 years.
2. Blood Pressure at ages 5, 6, 7, 8, 9, and 10 years.
3. Body Mass Index at ages 5, 6, 7, 8, 9, and 10 years.

C. Sensory Screening, objective, by a standard testing method

1. Vision at ages 5, 6, 8, and 10 years.
2. Hearing at ages 5, 6, 8, and 10 years.

D. Sensory Screening, subjective, by history.

1. Vision at ages 7 and 9.
2. Hearing at ages 7 and 9.

E. Developmental/Surveillance and Psychosocial/Behavioral Assessment to be performed at ages 5, 6, 7, 8, 9, and 10 years. To be performed by history and appropriate physical examinations and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

F. Physical Examination to be performed at ages 5, 6, 7, 8, 9, and 10 years. At each visit, a complete physical examination is essential with the child undressed and suitably draped.

G. Procedures - General

These may be modified depending upon entry point into schedule and individual need.

1. Immunization(s) to be performed at ages 5, 6, 7, 8, 9, and 10 years. Every visit should be an opportunity to update and complete a child's immunizations.
2. Hematocrit or Hemoglobin to be performed for patients at high risk at ages 5, 6, 7, 8, 9, and 10 years.
3. High Cholesterol to be performed at least once between the ages of 9 and 11, using a non-HDL cholesterol test that does not require fasting. Abnormal results should be followed up with a fasting lipid profile.

H. Other Procedures

Testing should be done upon recognition of high-risk

1. Tuberculin test to be performed at ages 5, 6, 7, 8, 9,and 10 years. Testing should be done upon recognition of high-risk factors.
2. Risk Assessment for Hyperlipidemia to be performed at ages 6, 7, 8, 9, and 10 years with fasting if family history cannot be ascertained, and other risk factors are present, screening should be at the discretion of the physician.
3. Oral Health Risk Assessment: The Bright Futures/AAP "Recommendation for Preventative Pediatric Health Care," (i.e, Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. View the **Bright/AAP Periodicity Schedule** .

   Subsequent examination should be as prescribed by the dentist and recommended by the Child Health Services (EPSDT) dental schedule.

I. Anticipatory Guidance to be performed at ages 5, 6, 7, 8, 9, and 10 years. Age-appropriate discussion and counseling should be an integral part of each visit for care.

1. Injury prevention to be performed at ages 5, 6, 7, 8, 9, and 10 years.

2. Violence prevention to be performed at ages 5, 6, 7, 8, 9, and 10 years.
3. Nutrition counseling to be performed at ages 5, 6, 7, 8, 9, and 10 years. Age-appropriate counseling should be an integral part of each visit.

222.850 Adolescence (Ages 11 - 18 Years) 1-1-20

Developmental, psychosocial and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

A. History (Initial/Interval) to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years.

B. Measurements to be performed

1. Height and Weight at ages 11, 12, 13, 14, 15, 16, 17, and 18 years.
2. Blood Pressure at ages 11, 12, 13, 14, 15, 16, 17, and 18 years.
3. Body Mass Index at ages: 11, 12, 13, 14, 15, 16, 17, and 18 years.

C. Sensory Screening, subjective, by history

1. Vision at ages 11, 13, 14, 16, and 17 years.
2. Hearing at ages 11, 12, 13, 14, 16, 17, and 18 years.

D. Sensory Screening, objective, by a standard testing method

1. Vision at ages 12, 15, and 18 years.
2. Hearing at ages 12, 15, and 18 years.

E. Developmental/Surveillance and Psychosocial/Behavioral Assessment to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years. To be performed by history and appropriate physical examination, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

F. Physical Examination to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years. At each visit, a complete physical examination is essential, with the child undressed and suitably draped.

G. Procedures – General

These may be modified, depending upon entry point into schedule and individual need.

1. Immunization(s) to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years. Every visit should be an opportunity to update and complete a child's immunizations.
2. High Cholesterol screening to be performed at least once between the ages of 17 and 18, using a non-HDL cholesterol test that does not require fasting. Abnormal results should be followed up with a fasting lipid profile..

H. Other Procedures

Testing should be done upon recognition of high risk factors.

1. Tuberculin test to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years.
2. Risk assessment for Hyperlipidemia to be performed annually with fasting screen if family history cannot be ascertained and other risk factors are present. Screening should be at the discretion of the physician.
3. Hematocrit or Hemoglobin to be performed for those patients at high risk at ages 11-18.

4. STI/HIV screening to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years. All sexually active patients should be screened for sexually transmitted diseases (STDs). Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current addition of *the AAP Red Book: Report of the Committee on Infectious Diseases,* Additionally, all adolescents should be screened for HIV according to the **AAP statement** once between the ages of 16 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually
5. Depression screening ages 12 through 18 using screening tools such as Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit.

I. Anticipatory Guidance to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years. Age-appropriate discussion and counseling should be an integral part of each visit for care.

1. Injury prevention to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years.
2. Violence prevention to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years.
3. Nutrition counseling to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years. Age-appropriate nutrition counseling should be an integral part of each visit.

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services
Office of Rules Promulgation

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TO: **Arkansas Medicaid Health Care Providers – Child Health Services/Early and Periodic Screening, Diagnosis, and Treatment**

EFFECTIVE DATE: **January 1, 2020**

SUBJECT: **Provider Manual Update Transmittal EPSDT-1-18**

REMOVE		INSERT	
Section	**Effective Date**	**Section**	**Effective Date**
215.100	7-1-05	215.100	1-1-20
—	—	215.301	1-1-20
215.310	10-13-03	215.310	1-1-20
215.320	10-13-03	215.320	1-1-20
215.330	10-13-03	215.330	1-1-20
215.340	7-1-05	215.340	1-1-20

Explanation of Updates

Section 215.100 and 215.310 have been updated to include age range, screening, and assessment information.

Section 215.301 is a new section containing newborn screening information.

Section 215.320, 215.330, and 215.340 have been updated to include BMI, age range, and screening information.

This update transmittal memorandum indicates which sections of your provider manual have been revised. Electronic versions of provider manuals available from the Arkansas Medicaid website have changes incorporated. See Section I for instructions on updating a paper copy of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact the Office of Rules Promulgation at (501) 320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making, and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: https://medicaid.mmis.arkansas.gov/

Thank you for your participation in the Arkansas Medicaid Program.

Janet Mann
Director

TOC required

215.100 Schedule for Child Health Services (EPSDT) Medical/Periodicity Screening 1-1-20

The periodic EPSDT screening schedule has been changed in accordance with the most recent recommendations of the American Academy of Pediatrics.

From birth to 15 months of age, children may receive six (6) periodic screens in addition to the newborn screen performed in the hospital.

Children age 15 months to 24 months of age may receive two (2) periodic screens. Children age 24 months to 30 months may receive one (1) periodic screen, and children 30 months to 3 years old may receive one (1) periodic screen.

When a child has turned 3 years old, the following schedule will apply. There must be at least 365 days between each screen listed below for children age 3 years through 20 years.

Age			
3 years	8 years	13 years	18 years
4 years	9 years	14 years	19 years
5 years	10 years	15 years	20 years
6 years	11 years	16 years	
7 years	12 years	17 years	

Most medical and hearing screens for children require a PCP referral before the screens may occur. Routine newborn care, vision screens, dental screens and immunizations for childhood diseases do not require PCP referral. See Section 242.100 for procedure codes.

215.301 Newborn Screen (Ages 3 to 5 Days) 1-1-20

A. History (initial/interval) to be performed.

B. Measurements to be performed

1. Height and Weight
2. Head Circumference

C. Physical Examination to be performed at 3 to 5 days of age. At each visit a completed physical examination is essential with the infant totally unclothed.

D. Developmental/Surveillance and Psychosocial/Behavioral Assessment, to be performed by history and appropriate physical examination and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

E. Procedures-General

These may be modified depending upon the entry point into the schedule and the individual need.

1. Hereditary/Metabolic Screening to be performed at age 1 month, if not performed either during the newborn evaluations or at the preferred age of 3-5 days. Metabolic screening (e.g. thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.

2. Immunization(s) to be performed as appropriate. Every visit should be an opportunity to update and complete a child's immunizations.

215.310 Infancy (Ages 1–9 months) 1-1-20

A. History (Initial/Interval) to be performed at ages 1, 2, 4, 6, and 9 months.

B. Measurements to be performed

1. Height and Weight at ages 1, 2, 4, 6, and 9 months.
2. Head Circumference at ages 1, 2, 4, 6, and 9 months.

C. Sensory Screening, subjective, by history

1. Vision at ages 1, 2, 4, 6, and 9 months.
2. Hearing at ages 1, 2, 4, 6, and 9 months.

D. Developmental/Surveillance and Psychosocial/Behavioral Assessment to be performed at ages 1, 2, 4, 6, and 9 months. To be performed by history and appropriate physical examination and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

E. Physical Examination to be performed at ages 1, 2, 4, 6, and 9 months. At each visit, a complete physical examination is essential with the infant totally unclothed.

F. Procedures - General

These may be modified depending upon the entry point into the schedule and the individual need.

1. Hereditary/Metabolic Screening to be performed at age 1 month, if not performed either during the newborn evaluation or at the preferred age of 3-5 days. Metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
2. Immunization(s) to be performed at ages 1, 2, 4, 6, and 9 months. Every visit should be an opportunity to update and complete a child's immunizations.
3. Hematocrit or Hemoglobin risk assessment at age 4 months with appropriate testing of high risk factors.

G. Other Procedures

1. Lead screening risk assessment to be performed at ages 6 and 9 months. Additionally, screening should be done in accordance with state law where applicable.
2. Tuberculin surveillance to be performed at ages 1 and 6 months per recommendations of the American Academy of Pediatrics (AAP) Committee on Infectious Diseases, published in the current edition of *AAP Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high risk factors.

H. Anticipatory Guidance to be performed at ages 1, 2, 4, 6, and 9 months. Age-appropriate discussion and counseling should be an integral part of each visit for care.

1. Injury prevention at ages 1, 2, 4, 6, and 9 months.
2. Violence prevention at ages 1, 2, 4, 6, and 9 months.
3. Sleep positioning counseling at ages 1, 2, 4, and 6 months. Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS.

4. Nutrition counseling at ages 1, 2, 4, 6, and 9, months. Age-appropriate nutrition counseling should be an integral part of each visit.

I. .Oral Health Risk Assessment:

The Bright Futures/AAP "Recommendation for Preventative Pediatric Health Care," (i.e., Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. **View the Bright/AAP Periodicity Schedule**

Subsequent examinations should be completed as prescribed by the child's dentist and recommended by the Child Health Services (EPSDT) dental schedule.

J. Developmental Screen to be performed at age 9 months using a standardized tool such as the Ages and Stages Questionnaire (ASQ) or Brigance Screens-II. Any additional test must be approved by DMS prior to use.

215.320 Early Childhood (Ages 12 months–4 years) 1-1-20

A. History (Initial/Interval) to be performed at ages 12, 15, 18, 24, and 30* months and ages 3 and 4 years.

B. Measurements to be performed

1. Height and Weight at ages 12, 15, 18, 24, and 30 months and ages 3 and 4 years.
2. Head Circumference at ages 12, 15, 18, and 24 months.
3. Blood Pressure at 30 months* and ages 3 and 4 years

   * Note for infants and children with specific risk conditions.
4. BMI (Body Mass Index) at ages 24 and 30 months, and ages 3 and 4 years.

C. Sensory Screening, subjective, by history

1. Vision at ages 12, 15, 18, 24, and 30 months
2. Hearing at ages 12, 15, 18, 24, and 30 months and age 3 years.

D. Sensory Screening, objective, by a standard testing method

1. Vision at ages 3 and 4 years. Note: If the 3-year-old patient is uncooperative, re-screen within 6 months.
2. Hearing at age 4 years.

E. Developmental/Surveillance and Psychosocial Behavioral Assessment to be performed at ages 12, 15, 18, 24, and 30 months and ages 3 and 4 years. To be performed by history and appropriate physical examination and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

F. Physical Examination to be performed at ages 12, 15, 18, 24, and 30 months and 3 and 4 years. At each visit, a complete physical examination is essential, with the infant totally unclothed or with the older child undressed and suitably draped.

G. Procedures – General

These may be modified depending upon the entry point into the schedule and the individual need.

1. Immunization(s) to be performed at ages 12, 15, 18, 24, and 30 months and 3 and 4 years. Every visit should be an opportunity to update and complete a child's immunizations.
2. Hematocrit or Hemoglobin risk assessment at 4 months with appropriate testing and follow up action if high risk to be performed at ages 12, 15, 18, 24, and 30 months and ages 3 and 4 years.

H. Other Procedures

Testing should be done upon recognition of high risk factors.

1. Lead screening risk assessment to be performed at ages 12 and 24 months. Additionally, screening should be done in accordance with state law where applicable, with appropriate action to follow if high risk positive.
2. Tuberculin test to be performed at ages 12 and 24 months and ages 3 and 4 years. Testing should be done upon recognition of high-risk factors per recommendations of the Committee on Infectious Diseases, published in the current edition of *AAP Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high risk factors.
3. Risk Assessment for Hyperlipidemia to be performed at ages 24 months and 4 years with fasting screen. If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.

I. Anticipatory Guidance to be performed at ages 12, 15, 18, 24, and 30 months and at ages 3 and 4 years. Age-appropriate discussion and counseling should be an integral part of each visit for care.

1. Injury prevention to be performed at ages 12, 15, 18, 24, and 30 months and at 3 and 4 years.
2. Violence prevention to be performed at ages 12, 15, 18, 24, and 30 months and at 3 and 4 years.
3. Nutrition counseling to be performed at ages 12 15, 18, 24, and 30 months and 3 and 4 years. Age-appropriate nutrition counseling should be an integral part of each visit.

J. Oral Health Risk Assessment:

The Bright Futures/AAP "Recommendation for Preventative Pediatric Health Care," (i.e., Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. **View the Bright/AAP Periodicity Schedule**

Subsequent examinations should be as prescribed by the dentist and recommended by the Child Health Services (EPSDT) dental schedule.

K. Developmental Screen to be performed at ages 18 months and 30 months using standardized tools such as the Ages and Stages Questionnaire (ASQ) or Brigance Screens-II. Any additional tests must be approved by DMS prior to use.

L. Autism Screen to be performed at ages 18 and 24 months (or 30 months if screen was not completed at 24 months) using a standardized tool such as the Modified Checklist for Autism in Toddlers (M-CHAT) or the Pervasive Developmental Disorders Screening Tests-II (PDDSDT-II) Stage1. Any additional test must be approved by DMS prior to use.

215.330 Middle Childhood (Ages 5-10 years) 1-1-20

A. History (Initial/Interval) to be performed at ages 5, 6, 7, 8, 9, and 10 years.

B. Measurements to be performed

1. Height and Weight at ages 5, 6, 7, 8, 9, and 10 years.
2. BMI (Body Mass Index) at all ages.
3. Blood Pressure at ages 5, 6, 7, 8, 9, and 10 years.

C. Sensory Screening, objective, by a standard testing method.

1. Vision at ages 5, 6, 8, and 10 years.
2. Hearing at ages 5, 6, 8, and 10 years.

D. Sensory Screening, subjective, by history.

1. Vision at ages 7 and 9.
2. Hearing at ages 7 and 9.

E. Developmental/Surveillance and Psychosocial Behavioral Assessment to be performed at ages 5, 6, 7, 8, 9, and 10 years. To be performed by history and appropriate physical examinations and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

F. Physical Examination to be performed at ages 5, 6, 7, 8, 9, and 10 years. At each visit, a complete physical examination is essential with the child undressed and suitably draped.

G. Procedures - General

These may be modified depending upon entry point into schedule and individual need.

1. Immunization(s) to be performed at ages 5, 6, 7, 8, 9, and 10 years. Every visit should be an opportunity to update and complete a child's immunizations.
2. Hematocrit or Hemoglobin to be performed for patients at high risk at age 5, 6, 7, 8, 9, and 10 years.
3. High Cholesterol screening to be performed at least once between the ages of 9 and 11, using a non-HDL cholesterol test that does not require fasting. Abnormal results should be followed up with a fasting lipid profile.

H. Other Procedures

Testing should be done upon recognition of high-risk factors.

1. Tuberculin test to be performed at ages 5, 6, 7, 8, 9, and 10 years. Testing should be done upon recognition of high-risk factors.
2. Risk Assessment for Hyperlipidemia to be performed at ages 6, 7, 8, 9, and 10 years with fasting. If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
3. Oral Health Risk Assessment:

   The Bright Futures/AAP "Recommendation for Preventative Pediatric Health Care," (i.e., Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. **View the Bright/AAP Periodicity Schedule**

   Subsequent examination should be as prescribed by the dentist and recommended by the Child Health Services (EPSDT) dental schedule.

I. Anticipatory Guidance to be performed at ages 5, 6, 7, 8, 9, and 10 years. Age-appropriate discussion and counseling should be an integral part of each visit for care.

1. Injury prevention to be performed at ages 5, 6, 7, 8, 9, and 10 years.
2. Violence prevention to be performed at ages 5, 6, 7, 8, 9, and 10 years.
3. Nutrition counseling to be performed at ages 5, 6, 7, 8, 9, and 10 years. Age-appropriate counseling should be an integral part of each visit.

215.340 Adolescence (Ages 11-20 years) 1-1-20

Developmental, psychosocial and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

A. History (Initial/Interval) to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years.

B. Measurements to be performed

1. Height and Weight at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years.
2. Blood Pressure at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years.
3. BMI (Body Mass Index) at all ages.

C. Sensory Screening, subjective, by history

1. Vision at ages 11, 13, 14, 16, 17, 19, and 20 years.
2. Hearing at ages 11, 12, 13, 14, 16, 17, 18, 19, and 20 years.

D. Sensory Screening, objective, by a standard testing method

1. Vision at ages 12, 15, and 18 years.
2. Hearing at ages 12, 15, and 18 years.

E. Developmental/ Surveillance and Psychosocial/Behavioral Assessment to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years. To be performed by history and appropriate physical examination, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

F. Physical Examination to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years. At each visit, a complete physical examination is essential, with the child undressed and suitably draped.

G. Procedures – General

These may be modified, depending upon entry point into schedule and individual need.

1. Immunization(s) to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years. Every visit should be an opportunity to update and complete a child's immunizations.
2. High Cholesterol screening to be performed at least once between the ages of 17 and 21, using a non-HDL cholesterol test that does not require fasting. Abnormal results should be followed up with a fasting lipid profile.

H. Other Procedures

Testing should be done upon recognition of high risk factors.

1. Tuberculin test to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years.
2. Risk assessment for Hyperlipidemia to be performed annually with fasting screen if family history cannot be ascertained and other risk factors are present. Screening should be at the discretion of the physician.

3. Sexually Transmitted Infection (STI) screening to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years. All sexually active patients should be screened. Hematocrit or Hemoglobin to be performed for those patients at high risk at ages 11-20 years.
4. HIV screening to be performed one time between ages 15 and 18 years. Additionally, all adolescents should be screened for HIV, making every effort to preserve confidentiality of the adolescent, according to the AAP statement. **View the AAP screening statement**. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
5. Depression screening to be performed each year between ages 12 through 20 using screening tools such as the Patient Health Questionnaire (PHQ)-2 or other tools available in the Guidelines for Adolescent Depression in Primary Care (GLAD-PC) toolkit.

I. Anticipatory Guidance to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years. Age-appropriate discussion and counseling should be an integral part of each visit for care.

1. Injury prevention to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years.
2. Violence prevention to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years.
3. Nutrition counseling to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years. Age-appropriate nutrition counseling should be an integral part of each visit.