

## SUMMARY FOR

ARKIDS-3-18 (ARKIDS-B); EPSDT-1-18 (Early and Periodic Screening, Diagnostic, and Treatment) services.

### **Statement of Necessity.**

The Arkansas Medicaid State Plan states “Medical Screens are provided based on the recommendations of the American Academy of Pediatrics.” These additions are based on those recommendations.

### **Rule Summary.**

Effective January 1, 2020, Arkansas Medicaid will revise the Child Health Services/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Manual and the ARKids First B Manual to:

- Add one (1) well-child visit for thirty (30) months, seven (7) years, and nine (9) years old to the periodicity schedule to comply with the recommendations of the American Academy of Pediatrics, as required by the Arkansas Medicaid State Plan
- Add specific details concerning well-child screens based on the *Bright Futures Guidelines* of the American Academy of Pediatrics, as required by the Arkansas Medicaid State Plan

Financial Impact:	General Revenue	\$933,577
	Federal Funds	\$2,350,196
	Total	\$3,283,773

**TOC required****215.100 Schedule for Child Health Services (EPSDT) Medical/Periodicity Screening****7-1-051-1-20**

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

From birth ~~through to twelve (12)~~15 months of age, children may receive six (6) periodic screens in addition to the newborn screen performed in the hospital.

Children age ~~fifteen (15)~~ months ~~through to four (4) years may receive five (5) periodic screens.~~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 five (5) years old, the following schedule will apply. There must be at least 365 days between each screen listed below for children age 5 years through 20 years.~~

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**

<del>5 years</del>	<del>10 years</del>	<del>13 years</del>	<del>16 years</del>	<del>19 years</del>
<del>6 years</del>	<del>11 years</del>	<del>14 years</del>	<del>17 years</del>	<del>20 years</del>
<del>8 years</del>	<del>12 years</del>	<del>15 years</del>	<del>18 years</del>	

**Age**

<u>3 years</u>	<u>8 years</u>	<u>13 years</u>	<u>18 years</u>
<u>4 years</u>	<u>9 years</u>	<u>14 years</u>	<u>19 years</u>
<u>5 years</u>	<u>10 years</u>	<u>15 years</u>	<u>20 years</u>
<u>6 years</u>	<u>11 years</u>	<u>16 years</u>	
<u>7 years</u>	<u>12 years</u>	<u>17 years</u>	

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–~~12~~9 months)****~~10-13-031-~~  
1-20**

- A. History (Initial/Interval) to be performed at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.
- B. Measurements to be performed
  1. Height and Weight at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.
  2. Head Circumference at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.
- C. Sensory Screening, subjective, by history
  1. Vision at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.
  2. Hearing at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.
- D. Developmental/~~Behavioral Assessment~~Surveillance and Psychosocial/Behavioral Assessment to be performed at ages 1, 2, 4, 6, and 9 ~~and 12~~ 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 ~~and 12~~ 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 ~~2-43-5~~ 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 ~~and 12~~ months. Every visit should be an opportunity to update and complete a child's immunizations.
3. Hematocrit or Hemoglobin ~~to be performed at age 9 months, which is the preferred age, through 12 months. Consider earlier screening for high-risk infants (e.g., premature infants and low birth weight infants)-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, ~~which is the preferred age, through 12 months~~. Additionally, screening should be done in accordance with state law where applicable.
2. Tuberculin ~~test to be performed at age 12 months. Testing should be done upon recognition of high-risk factors-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 and 12 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 and 12 months.
  2. Violence prevention at ages 1, 2, 4, 6, and 9 and 12 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, and 12 months. Age-appropriate nutrition counseling should be an integral part of each visit.

- I. ~~Dental Referral to be performed at age 12 months. Age 3 years is the preferred age; however, earlier initial dental examinations may be appropriate for some children.~~ 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)

~~10-13-031-~~  
1-20

- A. History (Initial/Interval) to be performed at ages 12, 15, 18, and 24, and 30\* months and ages 3 and 4 years.
- B. Measurements to be performed
1. Height and Weight at ages 12, 15, 18, and 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, and 24, and 30 months
  2. Hearing at ages 12, 15, 18, and 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, ~~and~~ 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, ~~and~~ 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, ~~and~~ 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 ~~for patients at high risk~~ at ages 12, 15, 18, ~~and~~ 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 ~~15, 18~~ 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. ~~Cholesterol screening~~ Risk Assessment for Hyperlipidemia to be performed at ages 24 months ~~and ages 3~~ 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, ~~and~~ 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, ~~and~~ 24, and 30 months and at 3 and 4 years.
  2. Violence prevention to be performed at ages 12, 15, 18, ~~and~~ 24, and 30 months and at 3 and 4 years.
  3. Nutrition counseling to be performed at ages 12, 15, 18, ~~and~~ 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** Dental Referral to be performed. Three years is the preferred age; however, earlier initial dental examinations may be appropriate for some children at ages 15, 18 and 24 months.

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-, 6, 8 and 10~~ years)

~~10-13-031-~~  
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.
  - 3.2. 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.E.~~ 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.F 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. Urinalysis to be performed at age 5 years. 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.G. 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 ~~Cholesterol screening~~ to be performed at ages ~~5, 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 screening to be performed for patients at risk at age 5 years. All sexually active patients should be screened for sexually transmitted diseases (STDs).

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

#### I.H. 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)**

**7-1-051-1-  
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. Hematocrit or Hemoglobin to be performed. Age 13 years is the preferred age, with a range as early as 11 years and as late as 20 years. All menstruating adolescents should be screened annually.
- 3. Urinalysis to be performed. Age 16 is the preferred age that a service may be provided, with a range from as early as 11 years to as late as 20 years. Conduct dipstick urinalysis for leukocytes annually for sexually active male and female adolescents.

#### 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. Cholesterol screeningRisk assessment for Hyperlipidemia to be performed annually with fasting screen if at ages 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20 years. If family history cannot be ascertained and other risk factors are present. S-screening should be at the discretion of the physician.
- 3. STD 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 for sexually transmitted diseases (STDs). 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. Pelvic exam to be performed. The preferred age for exam is age 19 years; however it may be performed as early as age 11 years and as late as 20 years. All sexually active females should have a pelvic examination. A pelvic examination and routine Pap smear should be offered as part of preventive health maintenance between the ages of 18 and 21 years.



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.