POLICY TITLE: Initial Evaluation of Children's Health		PAGE 1 OF 21
	CHILD AND FAMILY SERVICES AGENCY **Approved by: Roque Gerald** Agency Director **Date: September 1, 2011**	**REVISION HISTORY:**
LATEST REVISION: May 17, 2011	**EFFECTIVE DATE:** September 1, 2011	

I. AUTHORITY	The Director of the Child and Family Services Agency (CFSA) adopts this policy to be consistent with the Agency's mission and applicable Federal and District of Columbia laws and regulations, including 45 CFR § 1340.14; provisions of Title 4, Title 7 and Title 16 of the DC Official Code; 22 DCMR Chapter 6; 29 DCMR Chapters 60, 62, and 63; and the *LaShawn A. v. Gray Implementation and Exit Plan*.
II. APPLICABILITY	All agency employees, contract agency staff and contracted personnel.
III. RATIONALE	Children and youth in out-of-home care require a range of health care services that promote their physical, emotional, developmental and educational well-being. It is important that healthcare assessments occur upon entry into out-of-home care in order for the agency to identify the child's immediate healthcare needs and to gather information that can assist in identifying the most appropriate placement setting. When children are removed, it is crucial to collect as much medical history as possible on the child and family. This information becomes a part of the comprehensive assessment of the child's medical, dental, mental health, developmental and educational needs.
IV. POLICY	It is the policy of CFSA to ensure timely health care screenings and assessments, to include physical, dental, mental/behavioral, and developmental health care, when a child enters out-of-home care. CFSA also ensures that the agency will adhere to best practices in conducting initial health screenings for all children entering out-of-home care and in conducting timely, comprehensive health assessments of children so that all children's health care needs are identified and can be appropriately met. This policy pertains to the initial pre-placement screening and the comprehensive medical evaluation. CFSA will adhere to the requirements of the federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services program (known in the District of Columbia as "HealthCheck"). HealthCheck is the basic framework that guides practice in promoting healthy child development and ameliorating conditions that disable children. HealthCheck ensures access to medical, dental and mental health services to Medicaid-enrolled children under age 21. All healthcare practitioners treating children and youth in care, including private pediatricians, must accept DC Medicaid as a form of reimbursement.

	CFSA will adhere to all other applicable federal and District of Columbia laws and regulations, as well as best practice principles, as defined and recommended by the American Academy of Pediatrics (AAP) and the Child Welfare League of America (CWLA), in the delivery of healthcare services to children and youth in care. CFSA ensures that all records and information related to the healthcare needs of children and youth in out-of-home care be kept confidential and protected from public or unauthorized disclosure. Information may only be released in accordance with federal and District privacy and confidentiality laws and regulations *(see CFSA's policy on Confidentiality).*
V. CONTENTS	**A.** Roles and Responsibilities of the Social Worker: Initial Screening and Comprehensive Evaluation **B.** Initial Medical/Pre-Placement Screening **C.** Information Gathering Prior to Comprehensive Medical Evaluation **D.** Comprehensive Medical Evaluation **E.** Initial Dental Examination **F.** Initial Mental Health/Behavioral Health Screening **G.** Initial Developmental Screening and Assessment
VI. ATTACHMENTS	**A.** Definitions **B.** Cleared for Placement Authorization Form **C.** District of Columbia HealthCheck Periodicity Schedule **D.** District of Columbia Dental Periodicity Schedule
VII. PROCEDURES	**Procedure A: Roles and Responsibilities of the Social Worker: Initial Screening and Comprehensive Evaluation** 1. The Child Protective Services (CPS) social worker, the assigned ("ongoing") social worker or the family support worker (FSW) (or the foster parent for the comprehensive evaluation) shall accompany the child or youth to the medical screening for initial or change in placement, and the comprehensive evaluation at the Healthy Horizons Assessment Center (HHAC), and be responsible for completing the intake procedures for the child or youth. 2. The accompanying adult or the social worker shall escort the child or youth throughout the duration of the appointment, except during physical exams for older youth (or during discussions regarding reproductive health matters with youth of any age) where it may be appropriate for the adult to remain in the waiting room. 3. At the time of placement, the assigned social worker shall provide the foster parent(s), guardian or facility director (each hereafter referred to as "caregiver") with a copy of the *Cleared for Placement Authorization Form* (*see Attachment B*), completed and signed by the HHAC nurse practitioner. This form shall include any diagnoses, medicines, prescriptions, medical equipment for the child or youth and future appointment dates. The social worker shall also receive any educational and/or instructional materials related to any diagnosis and share this information with the caregiver.

	4. The social worker shall contact the Office of Clinical Practice (OCP)-Clinical and Health Services on-call number at 202-498-8456 if a child or youth is in need of medical care prior to enrollment in Medicaid. 5. If the child or youth is already enrolled in Medicaid, the assigned social worker shall provide the caregiver with the child or youth's Medicaid number within 5 days of placement. 6. The assigned social worker shall consult with the caregiver of the child or youth to discuss the plans for the ongoing health care of the child or youth prior to or at the time of placement. *Note: It is expected that the assigned social worker and the caregiver will work cooperatively to ensure that the medical, dental and mental/behavioral health needs of the child or youth are met. The social worker and the caregiver shall both accompany the child or youth to the comprehensive medical evaluation.*
	Procedure B: Initial Medical/Pre-Placement Screening The initial medical screening identifies health conditions that require prompt medical attention such as acute illnesses, chronic diseases (e.g., asthma, diabetes, seizure disorder), signs of abuse or neglect, signs of infection or communicable diseases (e.g., chicken-pox, scabies, ring worms), hygiene or nutritional problems, and developmental or mental health concerns. Information is gathered at this screening that can assist in placing the child or youth in the most appropriate setting. This initial medical screening serves as the pre-placement screening. 1. Each child and youth entering or re-entering out-of-home care shall receive a medical screening <u>prior</u> to an initial entry, re-entry or change in placement (to include changes in placement between foster homes within the same agency). 2. When there is a private agency-to-agency transfer, it is treated as a new placement; therefore, a pre-placement screening is required. The receiving agency shall contact the HHAC within 45 days of the transfer to schedule the pre-placement screening. 3. Pre-placement and replacement screenings will take place at the HHAC at CFSA. A HHAC nurse practitioner shall consult with the social worker (and youth, as appropriate) regarding the child or youth and perform the screening. 4. When a child or youth receives a medico-legal examination, the child or youth must be brought to the HHAC for a pre-placement screening. The CFSA staff who accompanies the child or youth shall bring any hospital documents to the HHAC to receive the *Cleared for Placement Authorization*. Children or youth who receive a medico-legal examination shall also be scheduled for a comprehensive medical evaluation, 30-day dental evaluation and a mental health assessment.

	5. For children and youth who are currently in care and discharged from the hospital, a pre-placement screening at the HHAC is not needed. For children newly entering or reentering care after discharge from a hospital, a pre-placement screening at the HHAC is required. A pre-placement screening at the HHAC shall be conducted for any child or youth discharged from psychiatric residential treatment facilities (or St. Ann's Infant and Maternity Home) if the next placement is within 100 miles of the District of Columbia. 6. An initial screening may identify, to the extent possible, one or more of the following current medical and behavioral situations: a. Signs of abuse or neglect b. Active medical/psychiatric problems (obvious illnesses or disabilities) c. Current use of medication (if any) or immediate need for medication d. Allergies to food, medication and environmental elements (e.g., pets and pollen) e. Upcoming medical appointments f. Need for eyewear, hearing aids, or other durable medical equipment (e.g., prosthetic devices) 7. The CPS or assigned social worker shall receive two copies of the initial screening documentation and shall place one copy in the placement folder and one copy in the child or youth's case file. HHAC shall provide a *Cleared for Placement Authorization Form* for the placement folder. 8. All references to the HIV status of the child shall be forwarded by the nurse practitioner to the CFSA medical director, to be kept strictly confidential (s*ee HIV and AIDS policy)*. 9. The Office of Clinical Practice shall be responsible for entering all pre-placement medical information in FACES.NET.
	Procedure C: Information Gathering Prior to Comprehensive Medical Evaluation Upon entering care, the CPS social worker, in collaboration with the CPS nurse, the nurse practitioner and/or the nurse care manager (NCM) shall obtain the child's critical medical, dental, behavioral and medication information. Information should be obtained from the birth parents, guardians, or other caregivers; the child (if old enough to convey information); health care practitioners; other service providers (e.g. school nurse, day care center); and existing medical records. (For a child or youth for whom a NCM has been identified, the social worker shall collaborate with the NCM to coordinate and perform tasks for the child or youth. If no NCM has been assigned, all related tasks shall be performed by the social worker. The social worker shall consult with the OCP-Clinical and Health Services administrator, as needed.) *Note: A parental consent for the release of medical information and records, while desirable, is not required by the social worker or nurse at the time of removal. (See policy on Medical Consents.)*

	1. In an effort to prepare for the child's comprehensive medical evaluation, the CPS social worker, nurse practitioner and medical assistant shall prepare all of the medical and medication information obtained from the sources listed above, for review by the nurse practitioner. The nurse practitioner and/or the CPS nurse shall make every effort to gather the following additional information prior to the appointment for the comprehensive medical evaluation: a. Past history and/or current illnesses or health concerns b. Immunization history c. Information on additional health insurance, (if applicable) d. Dental provider e. Medications (prescription and over-the-counter) f. Allergies (food, medication, and environmental) g. Results of diagnostic tests and assessments h. Results of laboratory tests (if applicable) i. Hereditary conditions or diseases j. Details of the mother's pregnancy, labor, and delivery (if the child is age 5 and under and as available for other children) k. Names and addresses of the child's health care practitioner(s) with details of illnesses, accidents, and previous hospitalizations, including psychiatric hospitalizations l. Durable medical equipment and adaptive devices currently used or required by the child (e.g., a wheelchair or feeding pump) m. Any necessary follow up or ongoing treatment for medical problems or concerns n. Information from the child's screening for risk factors (e.g., pregnancy, communicable diseases, HIV/AIDS) 2. Information gathered shall be reviewed by the HHAC nurse practitioner before the comprehensive medical evaluation appointment. 3. Social workers shall assure that the results of the initial medical screening are properly filed in the child's case record. 4. The social worker shall file a copy of the child or youth's insurance card from the parent or guardian in the child or youth's case record.
	Procedure D: Comprehensive Medical Evaluation To obtain a full understanding of the child's health, a comprehensive medical evaluation shall take place within 30 days of the child's initial entry into out-of-home care. This comprehensive medical evaluation, to be completed by the HHAC nurse practitioner, shall build on the information obtained from the family and primary care provider in addition to the outcomes of the initial medical screening (pre-placement screening).

	1. The components of a comprehensive medical evaluation are consistent with the District of Columbia's HealthCheck Program *(see Attachment C)*. 2. The HHAC medical assistant shall make the appointment for the child or youth's comprehensive medical evaluation, and enter the information into FACES.NET within 24 hours of scheduling the appointment. The medical assistant shall contact the caregiver 48 hours prior to the scheduled comprehensive medical evaluation to remind the caregiver of the scheduled appointment. The medical assistant shall document in FACES.NET that the medical evaluation occurred and any information provided. 3. The comprehensive medical evaluation shall include the following items: a. A medical history (building on the information from the initial screening) b. A developmental history c. Physical examination by a qualified healthcare practitioner, including a complete unclothed physical examination in accordance with current recommended medical practice. • The examination shall take into account the age, environmental background, and development of the child. d. Screening tests appropriate for the child or youth's age, identified risks and identified conditions i. Laboratory and sensory screening appropriate for age per the *American Academy of Pediatrics* including appropriate vision, hearing and dental screening ii. Screening for lead poisoning, anemia, tuberculosis and exposure due to higher risk status of children in out of home care iii. Special screening tests for children with specific medical indicators such as: sickle cell, diabetes and seizures. e. Preventative services such as immunizations, health education, and reproductive education as appropriate for the child's age f. Development of a problem list which includes current and previous diagnoses g. Development of a treatment plan consisting of treatment objectives; and treatment methods/interventions/services (types, frequency, and specific healthcare practitioners) 4. For youth in residential facilities (i.e., group homes, shelters, and emergency care facilities), a comprehensive medical and dental examination of each resident shall be conducted by a licensed physician within 14 calendar days of admission into a facility unless a written report of such examination within the timeframes recommended by AAP is provided or available (*see 29 DCMR § 6262*).

	5. In an effort to provide support for the completion and follow up to the medical evaluation, the OCP – Clinical and Health Services Administration shall ensure the following provisions: a. Examinations for the child or youth shall be scheduled or assistance shall be provided to the caregiver to schedule the examination within the required timeframe. The child or youth's available medical history shall be provided to the HHAC nurse practitioner at the time of the exam or as soon as possible thereafter. b. The nurse practitioner shall ensure that the examination is completed and all appropriate actions are taken, including the filling of prescriptions. 6. While the social worker, with the support of the OCP nurse, has primary responsibility for ensuring that the child or youth receives appropriate health care during placement, it is important that the caregiver cooperate with the medical, dental, and mental healthcare practitioners and follows their instructions for the health care of the child or youth. 7. The assigned social worker shall consult jointly with the CFSA medical director or designee and the birth parent(s) and caregiver for case plan development for children with special needs, to occur within the timelines for case plan development. CFSA defines "children with special needs" as "any child or youth that has a chronic physical, developmental, behavioral, or emotional condition that requires health and related services of a type or amount beyond that required by children generally". This includes children who require medication or treatment for a recurring condition that if left untreated may lead to serious illness. 8. For follow-up visits and referrals, the caregiver shall make the appointment and accompany the child or youth to the appointment. a. The birth parents shall be encouraged to attend the appointment, when appropriate. b. If the caregiver is unable to accompany the child or youth to the appointment, the caregiver shall notify the assigned social worker who shall arrange to accompany the child or youth. c. The assigned social worker may attend the appointment, in any event. Results of all visits shall be documented in FACES.NET by the social worker. The social worker shall also place copies of any related documents into the child or youth's official case record. If there are any questions or concerns, the social worker shall consult with OCP. *Note: All follow-up appointments and referrals must be made with providers who accept District of Columbia Medicaid. The caregiver should verify acceptance of District of Columbia Medicaid with the healthcare provider.*

	Procedure E: Initial Dental Examination The HealthCheck guidelines require dental screenings for children as early as 6 months of age. An initial dental examination must be conducted within 30 days of placement (or 14 calendar days if placed in a residential facility). The examination shall be performed by the HHAC nurse practitioner. The HHAC medical assistant shall schedule a dental examination to be completed within 30 days of the child or youth's entry into foster care, and document in FACES.NET that the examination occurred. It is important that the medical assistant follows up with the dentist and documents all information provided into FACES.NET. Because children and youth coming into care tend to have had delayed or no previous dental care, they should be referred to a dentist as early as 6 months after the first tooth erupts or 12 months of age (whichever comes first) for establishment of a dental home. Once established, it is recommended and is the right of every child enrolled in Medicaid to see the dentist every six months *(see Attachment D: District of Columbia Dental Periodicity Schedule)*.
	Procedure F: Initial Mental Health/Behavioral Health Screening Removal from the home, a history of abuse or neglect, separation from parents and siblings, changing schools and changing foster homes are examples of stressors that may be evident when a child or youth enters out-of-home care. The HealthCheck program requires an assessment of mental health development for all Medicaid eligible children and youth. The purpose of the mental/behavioral health screening is to obtain a complete picture of the child or youth and to identify any emotional and behavioral needs, issues or problems or risk arising from the child or youth's situation. Psychiatric and psychological services must be made available as appropriate to the needs of children and youth in out-of-home care. 1. The initial mental/behavioral health screening shall occur within 30 days of the child or youth coming into care. The HHAC medical assistant shall schedule the mental/behavioral health screening, and the NCM shall coordinate activities with the screening and follow-up, if required. All children ages one year and older will receive a standardized mental health screening administered by the Department of Mental Health Specialist co-located at CFSA. Depending on the age of the child, participation by the birth parents or legal guardians will be required. The social worker may be asked to assist in engaging birth parents or legal guardians in this critical evaluation. 2. For children and youth who are newly entering care and their initial placement is in an out-of-home facility (i.e., group home, shelter, emergency care facility), a preliminary mental health screen by a qualified mental health practitioner shall be conducted within 3 business days of admission. An evaluation and assessment, including a standardized diagnostic mental health assessment shall be completed within 15 calendar days of admission by a qualified mental health practitioner unless an examination has been conducted 30 days prior to admission (see *29 DCMR Chapter 62*). For youth in an independent living placement, refer to *29 DCMR 6342*.

3. For youth who have been previously placed in another facility, a written plan for providing effective mental health services should be developed and followed which includes an evaluation within 7 calendar days of admission in the current placement to determine whether another mental health screen or evaluation is required. If it is determined that another mental health screen is required, the screening must be conducted by a qualified mental health practitioner within 7 days of the determination.

4. For all children and youth in care, the screening shall include the following:
   a. A mental and behavioral health screening conducted by a qualified mental healthcare practitioner
   b. A list of the child or youth's strengths
   c. A referral for additional testing and assessment, if clinically indicated

5. The mental healthcare practitioner obtains a complete picture of the child by obtaining the child's history from the social worker, CPS nurse and/or birth parent.
   a. A mental health and psychiatric history shall be obtained by interviewing the child or youth and whenever possible, the family and current and previous caregivers covering the following information:
      i. Identifying information
      ii. Past psychiatric history
      iii. Past and current psychiatric medications
      iv. Identification of individual strengths and assets
      v. Identification of individual deficits and liabilities
      vi. Developmental history
      vii. School history
      viii. Family history
      ix. Social and behavioral history
      x. Medical history
      xi. Drug and alcohol history
      xii. Trauma and abuse history
      xiii. Circumstances of placement, family life events, and traumatic events
   b. A mental status examination shall include interviewing the child or youth and examining the child or youth's appearance, behavior, feeling (affect and mood), perception thinking, and orientation to time, place, and person.
   c. Observation for signs and symptoms of the following situations:
      i. Risk for suicide, self-mutilating behaviors, and violence
      ii. Substance exposure, misuse, abuse, and addiction
      iii. Maltreatment, including physical, sexual, emotional abuse, and neglect
      iv. Risk of placement disruption
      v. Risky sexual behavior
      vi. Risk of antisocial behavior

Procedure G: Initial Developmental Screening and Assessment

Many children and youth in foster care have not grown up in an environment that supports the achievement of developmental milestones. Factors of abuse and neglect, family violence, substance abuse, and problems associated with poverty and unemployment all create risks for a child or youth's healthy development. The HealthCheck, which requires screening for developmental delays, also serves as the initial screening tool. The purpose of the initial developmental assessment is to examine the child or youth's growth and development in relation to his or her age and expected milestones.

1. An initial developmental screening shall be conducted for children ages 6 and under during the comprehensive evaluation.

2. Children under the age of 36 months are referred through OCP to the Office of the State Superintendent of Education (OSSE) for a developmental assessment. The components of a developmental assessment shall include the following information:
   a. An assessment of:
      i. Gross motor skills
      ii. Fine motor skills
      iii. Cognitive skills
      iv. Expressive and receptive language
      v. Social interactions
      vi. Age appropriate activities of daily living skills.
   b. Creation of an individual family service plan by OSSE for identified needs, including treatment goals; treatment objectives; and treatment methods, interventions and services (i.e. types, frequency and specific healthcare practitioners).

(*See also CFSA's policy on Preventative and Ongoing Healthcare Services.*)

3. All children aged 3 to 5 years old who enter foster care and appear to have developmental or learning delays shall be referred through OCP to DCPS Early Stages for screening and assessment. If it is determined that the child has developmental or educational delays, DCPS will provide specialized services as needed. Screenings, assessments, and the provision of services through DCPS Early Stages are available for all eligible children regardless of the location of the child's placement. *For further information, see CFSA policy on Educational Services*.

Definitions

Children with Special Needs: any child or youth that has a chronic physical, developmental, behavioral, or emotional condition that requires health and related services of a type or amount beyond that required by children generally**.** This includes children who require medication/treatment for a recurring condition that if left untreated may lead to serious illness.

Cleared for Placement Authorization Form: A form completed and signed by the nurse practitioner following the medical screening exam. The form is provided to the social worker and shall include any diagnoses, medicines, prescriptions, and future appointments and shall be provided for the placement folder that accompanies the child or youth to their new residence.

HealthCheck: The federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services program is known in the District of Columbia as "HealthCheck". HealthCheck is the basic framework that guides practice in promoting healthy child development and ameliorating conditions that disable children. HealthCheck ensures access to medical, dental and mental health services to Medicaid-enrolled children under age 21.

Healthy Horizons Assessment Center (HHAC)**:** The Healthy Horizons Assessment Center is the Child & Family Services Agency on-site clinic that provides health screenings for children entering, re-entering, exiting, and changing placements while in foster care.

Medical Assistant: Staff member of the HHAC whose responsibilities include obtaining vital signs and preparing charts for children and youth at the pre-placement health screening, scheduling appointments for the child or youth's comprehensive medical evaluation and initial dental and mental/behavioral health screenings, entering information into FACES.NET, and providing support to the NCM.

Nurse Care Manager (NCM)**:** The nurse care manager is the licensed registered nurse serving as the designated CFSA representative for children and youth who require health and related services of a type or amount beyond that required by children generally. The NCM ensures that the health care needs of these children and youth are coordinated, provided, and monitored in a timely fashion.

Nurse Practitioner: Staff member of the HHAC whose responsibilities include conducting the pre-placement health screening and the comprehensive medical evaluation, and reviewing results with the social worker, NCM, child or youth (if appropriate) and caregiver. The Nurse Practitioner is also available as a resource to birth parents to answer questions and discuss any diagnoses.

CHILD & FAMILY SERVICES AGENCY
Healthy Horizons Assessment Center

Cleared for Placement Authorization Form (Intake)

Office of the Deputy Director for Clinical Practice

Date: _____

Dear Caregiver:

_____ was examined in the CFSA Healthy Horizons Assessment Center. He/she has been cleared for placement into your home.

We have information that we would like to share with you about the health needs of the child that were identified at their visit to the Healthy Horizons Assessment Center. Please look at the information and the instructions to support you in making sure that the child/youth makes a smooth transition into your home.

Discharge Instructions for Caregiver:

Diagnoses Identified for the child at the time of the screening visit:

Diagnosis 1: _____ Diagnosis 3: _____

Diagnosis 2: _____ Well Child, no diagnoses identified. ____

Medications proscribed for child:

Medication 1: _____ Medication 3: _____

Medication 2: _____ No medications identified. ____

Because this child is entering foster care, he/she must receive a dental screening, a comprehensive Health Check assessment, and a mental health screening. The screenings needed are listed below. If an appointment has been scheduled, the date and time are listed. If no date and time are recorded, a CFSA representative will be contacting you to schedule these visits or you may contact the Healthy Horizons Assessment Center at (202) 727 8096.

Dental Screening Date/Time: _____ Location:_____

Health Check assessment Date/Time: _____Location: CFSA Healthy Horizons Center

Mental Health Screening Date/Time: _____ Location:_____

Please be advised that in accordance with the Health Insurance Portability Act (HIPAA), as well as other local federal and privacy laws and regulations, the information included herein is privileged and confidential and should not be disclosed to any person or entity without the express consent of the Agency.

For any questions regarding medical concerns, please contact the Healthy Horizons Assessment Center at 202-727 -8096. You may contact the Healthy Horizons Assessment Center 24 hours a day 7 days a week.

Thank you.

Nurse Practitioner Signed: Print: Date:

_____ _____ _____

District of Columbia HealthCheck Periodicity Schedule

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

	INFANCY[4]									EARLY CHILDHOOD[4]			MIDDLE CHILDHOOD[4]						ADOLESCENCE[4]										
Age[5]	Prenatal[1]	Newborn[2]	2-4d[3]	by 1m	2m	4m	6m	9m	12mo	15mo	18mo	24mo	3y	4y	5y	6y	8y	10y	11y	12y	13y	14y	15y	16y	17y	18y	19y	20y	21y[†]
HISTORY																													
Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																													
Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•																	
Blood Pressure													•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING																													
Vision		S	S	S	S	S	S	S	S	S	S	S	O[6]	S	O	O	O	O	S	O	S	S	O	S	S	O	S	S	S
Hearing		O[7]	S	S	S	S	O	S	S	S	S	S	S	S	O	O	O	O	S	O	S	S	O	S	S	O	S	S	S
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT[8]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Physical Examination[9]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Procedures-General[10]																													
Hereditary/Metabolic Screening[11]		←•	———	——→																									
Immunization[12]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin[13, 14]								←•	——→	*	*	*	*	*	*	*	*	*	←———	———	•[14]	———	———	———	———	———	———	———	——→
Urinalysis[15]													←•	———	——→				←———	———	———	———	———	•[15]	———	———	———	———	——→
PROCEDURES-PATIENTS AT RISK																													
Lead Screening[16]							←——	—→	•	*	*	•	*	*	*	*													
Tuberculin Test[17] (PPD)									•	*	*	*	←———	———	——→	*	•	•	•	•	•	•	•	•	•	•	•	•	•
Cholesterol Screening[18]													*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
STD Screening[19]																			*	*	*	*	*	*	*	*	*	*	*
Pelvic Exam[20]																			*	*	*	*	*	*	*	*	←*	*	*→
ANTICIPATORY GUIDANCE[21]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Injury Prevention[22]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Violence Prevention[23]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Sleep Positioning Counseling[24]		•	•	•	•	•	•																						
Nutrition Counseling[25]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
DENTAL EVALUATION/REFERRAL[26]									←——	O	O	——→	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

KEY: • = to be performed * = to be performed for patients at risk S = subjective, by history O = objective, by a standard testing methods

←•→ = the range during which a service may be provided, with the dot indicating the preferred age. ←O→ 12m thru 24 m

[†]HealthCheck provides preventive care services from birth until the child's 21st birthday.

General Guidelines

1. Prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (1996).
2. Every infant should have a newborn evaluation after birth. Breastfeeding should be encouraged, and instruction offered as recommended in the AAP statement "Breastfeeding and the Use of Human Milk" (1997).
3. For newborns discharged in less than 48 hours after delivery refer to AAP statement "Hospital Stay for Healthy Term Newborn" (1995).
4. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.
5. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
6. If the patient is uncooperative, re-screen within 6 months.
7. All newborns should be screened per the AAP Task Force on Newborn and Infant Hearing Loss: Detection and Intervention (1999).
8. By history and appropriate physical examinations: If suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.
9. At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
10. These may be modified, depending upon entry point into schedule and individual need.
11. Metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
12. Every visit should be an opportunity to update and complete a child's immunizations as per AAP (American Academy of Pediatrics) guidelines.
13. See AAP Pediatric Nutrition Handbook (1998) for a discussion of universal and selective screening options. Consider earlier screening for high-risk infants (premature infants and low birth weight infants). See also "Recommendations to Prevent and Control Iron Deficiency in the United States". MMWR. 1998; 47.
14. All menstruating adolescents should be screened annually.
15. Conduct dipstick urinalysis for leukocytes annually for sexually active male and female adolescents.
16. For children at risk of lead exposure refer to the District of Columbia "Childhood Lead Poisoning Screening and Reporting Emergency Act of 2002". After 26 months, blood lead level testing is required twice up to age 6, if not done previously. If family history cannot be ascertained and other risk factors are present, a lead blood level should be drawn.
17. TB testing per recommendations of the Committee on Infectious Diseases, published in the current edition of "Red Book; Report of the Committee on Infectious Diseases". Testing should be done upon recognition of high-risk factors.
18. Cholesterol screening for high-risk patients per AAP statement "Cholesterol in Childhood" (1998). If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
19. All sexually active patients should be screened for sexually transmitted diseases (STDs). Refer to STD practice guidelines.
20. 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.
21. Age-appropriate discussion and counseling should be an integral part of each visit for care per the AAP Guidelines for Health Supervision III (1998).
22. From birth to age 12, refer to the AAP injury prevention program (TIPP™) as described in A Guide to Safety Counseling in Office Practice (1994).
23. Violence prevention and management for all patients per AAP Statement "The Role of the Pediatrician in Youth Violence Prevention in Clinical Practice and the Community Level" (1999).
24. 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. Consult the AAP statement "Changing Concepts of Sudden Infant Death Syndrome: Implications for Infant Sleeping Environment and Sleep Position" (2000).
25. Age-appropriate nutrition counseling should be an integral part of each visit per the AAP Handbook of Nutrition (1998).
26. Between 12 months and 24 months, one documented dental evaluation must be performed. Referrals to the dentist must begin at 3 years of age.

Updated 10/03

District of Columbia Department of Health
Medical Assistance Administration
Dental Periodicity Schedule

The District of Columbia Department of Health Medical Assistance Administration (DC DOH MAA) Dental Health Periodicity Schedule follows the American Academy of Pediatric Dentistry Periodicity Schedule oral health recommendations in consultation with local medical communities. This schedule is designed for the care of children who have no contributing medical conditions and are developing normally. The DC DOH MAA Dental periodicity schedule will be modified for children with special health care needs or if disease or trauma manifests variations from normal.

Age	Birth -12 months	12 -24 months	24 months – 3 years	3 -6 years	6 -12 years	12 years & Older
Clinical Oral screening[1]	•	•	•	•		
Assess oral growth and development[2]	•	•	•	•	•	•
Referral for Regular & Periodic Dental care[3]		If at risk	•	•	•	•
Counseling for nonnutritive Habits[4]	•	•	•	•	•	•
Oral hygiene counseling[5]	•	•	•	•	•	•
Dietary Counseling[6] Injury prevention counseling[7]	•	•	•	•	•	•
Fluoride Supplementation[8]		•	•	•	•	•
Radiographic Assessment[9]			•	•	•	•
Pit & Fissure Sealants[10]			•	•	•	•
Assessment & Treatment of Developing Malocclusion				•	•	•
Assessment and Removal of 3rd molars						•
Substance Abuse Counseling					•	•
Anticipatory Guidance[11]	•	•	•	•	•	•

1. The Primary Care Physician/Pediatrician should perform the first/initial oral health screening following AAP guidelines.
2. An oral assessment can be done by the Primary Care Physician/Pediatrician up to age 3. Every infant should receive an oral health risk assessment from his/her primary health care provider or qualified health care professional by 6 months of age that includes: (1) assessing the patient's risk of developing oral disease using the AAPD Caries-risk assessment tool; (2) providing education on infant oral health; and (3) evaluating and optimizing fluoride exposure.
3. All children should be referred to a dentist for the establishment of a dental home no later than age 3. Children determined by the PCP/Pediatrician to be at risk for dental caries should be referred to a dentist as early as 6 months after the first tooth erupts, or 12 months of age (whichever comes first) for establishment of a dental home. Children at risk are defined as:
    - Children with special health care needs
    - Children of mothers with a high caries rate
    - Children with demonstrable caries, plaque, demineralization, and or staining
    - Children who sleep with a bottle or breastfeed throughout the night
    - Later-order offspring
    - Children in families of low socioeconomic status.

    Once dental care is established with a dental professional, it is recommended and is the right of every child enrolled in Medicaid to see the Dentist every six months.
4. At first discussion of the need for additional sucking: digits vs. pacifiers; then the need to wean from the habit before malocclusion or skeletal dysphasia occur.
5. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism. Counseling is given to parents/guardians/caregivers up to age 2. At age 2, the provider should include the patient/child in the counseling. For children 12 years and older, counseling need only be done with the child/patient if the dentist feels this is appropriate – Otherwise include the parents.
6. At every screening discuss the role of refined carbohydrates, frequency of snacking, etc.
7. Initial discussions should include play objects, pacifiers, and car seats; when learning to walk, include injury prevention. For school-age children and adolescent patients, counsel regarding sports and routine playing.
8. Fluoride supplementation as indicated including a topical fluoride varnish, as indicated by the child's risk for caries and periodontal disease and the water source. (Performed by dental professional only)
9. As per AAPD "Clinical guideline on prescribing dental radiographs." (Performed by dental professional only)
10. For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and/ or fissures; placed as soon as possible after eruption. (Performed by dental professional only)
11. Appropriate oral health discussion and counseling should be an integral part of each visit for care. (Performed by dental professional only)