



Back To Basics EPSDT Part 1

1/8/19



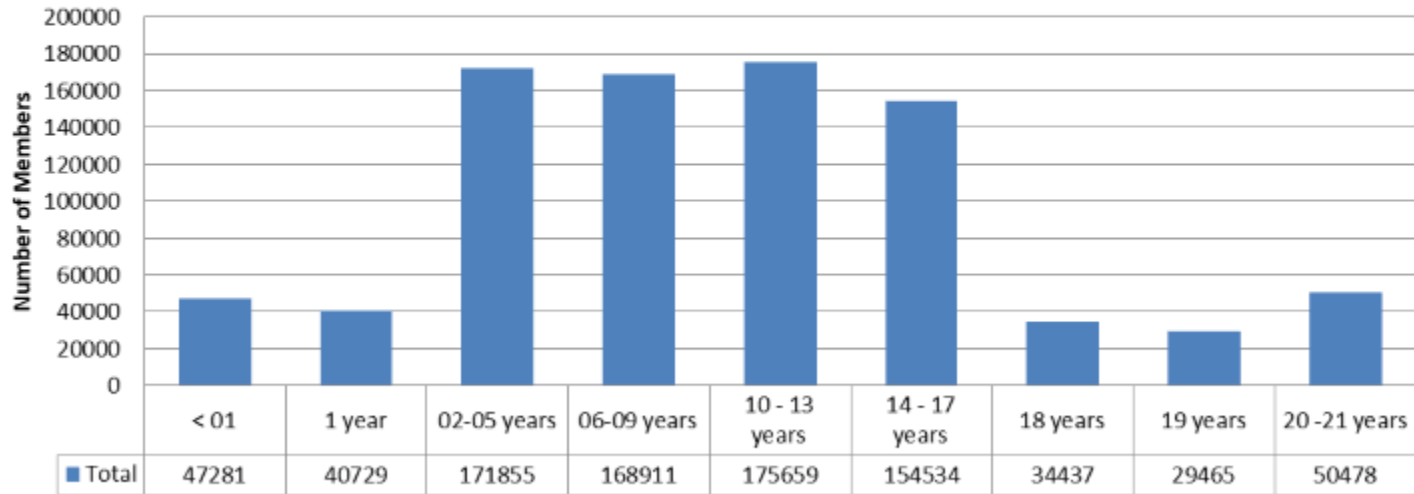
What Does an EPSDT Visit Look Like?

Bright Futures and AHCCCS
Tracking Forms



Current EPSDT Enrollment

December 2018 EPSDT Enrollment (including ACC Expansion)
Total = 873349



Age Group ▾

Select Quality Measures

Measure	CYE 2013	CY 2014	CYE 2015	CYE 2016
Children's Access 12-24 mo	97.4	97.1	95.1	92.1
Children's Access 25 mo-6 y	89.2	88.5	87.7	85.4
Children's Access 7-11 y	91.4	92.4	91.5	90.6
Children's Access 12-19	89.4	90.1	89.3	88
Well child 6+ in 15 months	67.9	71.5	62.1	57.7
Well Child 3-6	65.5	64.9	64.6	61
Adolescent	39.7	40.7	39.9	39.2
Dental	59.2	63.5	63.7	58.6
EPSDT	59.2	63.5	63.7	58.6

Federal Statute 42 CFR 440.345

- Pursuant to federal Medicaid law 42 USC 1396a(a)(10), federal and state regulations, AHCCCS policy, and contract, Title XIX Contractors must cover EPSDT services for persons under the age of 21, including screening, vision, dental, and hearing services as well as any other services listed in the Medicaid Act (regardless of whether or not in the Arizona State Plan) when “necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services.” EPSDT services are defined in 42 USC 1396d(r). For individuals under the age of 21, EPSDT requires that Contractors cover treatments and procedures within any of the categories of Medicaid-covered services listed in 42 USC 1396d(a) if that treatment or service is necessary to “correct or ameliorate” defects or physical and mental illnesses or conditions.

Medicaid.gov

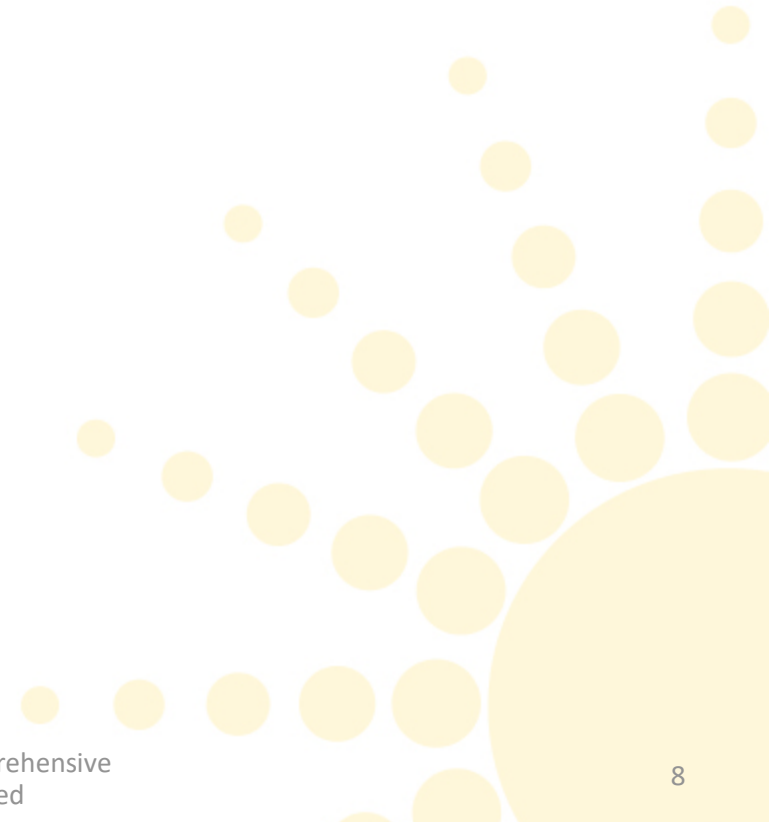
- <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>
- AHCCCS State Plan (Medicaid/CHIP)
<https://www.azahcccs.gov/Resources/StatePlans/>

CMSHHSgov Series (10:58)

- <https://www.youtube.com/watch?v=O3cYN7z3q0M>
- Modules for training staff

Raising Healthy Arizona Kids (5:26)

- <https://vimeo.com/2740145>
- Parental guidance



Bright Futures

- Periodicity Schedule:
<https://www.aap.org/en-us/professional-resources/practice-transformation/managing-patients/Pages/Periodicity-Schedule.aspx>
- AHCCCS aligns except for 30 month EPSDT visit
- New addenda: (SDoH; ACE; PP depression)

AHCCCS Periodicity Schedule

EXHIBIT 430-1
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
EPSDT PERIODICITY SCHEDULE

PROCEDURES	AGE																
	new born	2-4 days	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr	6 yr	8 yr	Annually 10 – 20 years of age
History Initial/Interval	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Height & Weight, including Body Mass Index (BMI) for those 24 months and older	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Head Circumference	x	x	x	x	x	x	x	x	x	x	x						
Blood Pressure – PCP should assess the need for B/P measurement for children birth to 24 months	+	+	+	+	+	+	+	+	+	+	+	x	x	x	x	x	x
Nutritional Assessment	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Vision	SEE SEPARATE SCHEDULE																
Hearing/Speech	SEE SEPARATE SCHEDULE																
Dev./Behavioral Assess.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Physical Examination	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Immunization	SEE SEPARATE SCHEDULE																
Tuberculin Test								+	+	+	+	+	+	+	+	+	+
Hematocrit/Hemoglobin								x	→	→	→	→	→	→	→	→	← +13 →
Urinalysis														x			← +16 →
Lead Screen /Verbal						x	x		x	x		x	x	x	x		
Lead Screen/Blood Test								x			x	x*	x*	x*	x*		
Anticipatory Guidance	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Dyslipidemia Screening											x		x		x	x	x
Dislipidemia Testing																	x (one time testing between 18 and 20 years of age)
STI Screening																	x (risk assessment for those 11-20)
Cervical Dysplasia Screening																	x (risk assessment for those 11-20)
Dental Referral								+	+	+	+	+	x	x	x	x	x

These are minimum requirements. If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them. 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.

- Key: x = to be completed
 + = to be performed for members at risk when indicated
 ← x → = the range during which a service may be provided, with the x indicating the preferred age
 * = Members not previously screened who fall within this range (36 to 72 months of age) must have a blood lead screen performed

AHCCCS Periodicity Schedule

EXHIBIT 430-1 (con't)

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM VISION PERIODICITY SCHEDULE

Procedure	MONTHS OF AGE												YEARS OF AGE													
	New bom	2-4 Days	by 1 mo	2	4	6	9	12	15	18	24	3*	4	5	6	8	10	11	12	13	14	15	16	17	18	19 through 20 years of age
Vision +	S	S	S	S	S	S	S	S	S	S	S	O	O	O	O	O	O	S	O	S	S	O	S	S	O	S

These are minimum requirements: If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them.

Key: S = Subjective, by history
 O = Objective, by a standard testing method
 * = If the patient is uncooperative, rescreen in 6 months.
 + = May be done more frequently if indicated or at increased risk.

Revised: 4/1/2007, 8/1/2005

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM HEARING AND SPEECH PERIODICITY SCHEDULE

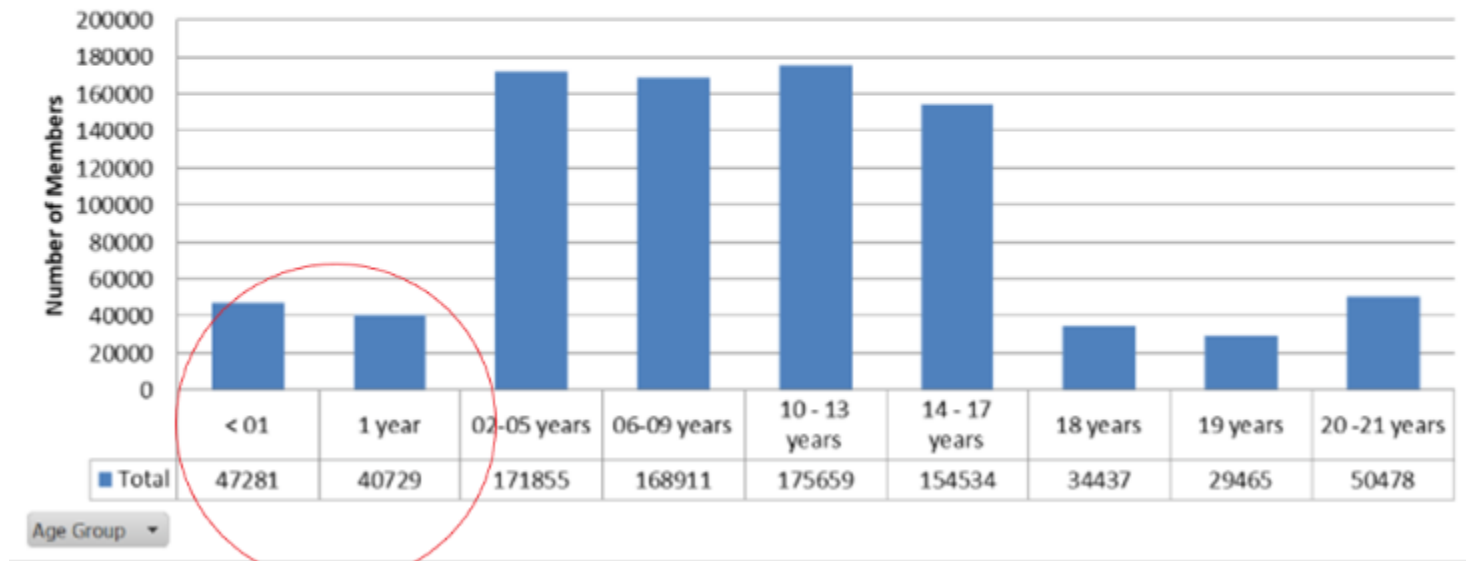
Procedure	MONTHS OF AGE													YEARS OF AGE														
	New bom	2-4 days	2 weeks	By 1 mo	6 weeks	2	4	6	9	12	15	18	24	3	4	5	6	8	10	11	12	13	14	15	16	17	18	Through 20 years of age
Hearing/ Speech+	O**	S	O**			S	S	S	S	S	S	S	S	S	O	O	O	O	O	S	O	S	S	O	S	S	O	S

These are minimum requirements: If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them.

Key: S = Subjective, by history
 O = Objective, by a standard testing method
 * = All children, including newborns, meeting risk criteria for hearing loss should be objectively screened.
 + = May be done more frequently if indicated or at increased risk
 ** = All newborns should be screened for hearing loss at birth and again 2 to 6 weeks afterward if indicated by the first screening or if a screening was not completed at birth.

The 6 X 15 Measure

December 2018 EPSDT Enrollment (including ACC Expansion)
Total = 873349



EPSDT - Newborn

3-5 Days Old

AHCCCS EPSDT Tracking Form

ORAL HEALTH: Daily Gum Cleaning with Washcloth or Infant Toothbrush (Parent Education Completed)

NUTRITIONAL SCREENING: **Breastfeeding** *Frequency/Duration:* _____ **Supplements:** _____ Vit D

Formula Type: _____ *Amount/Duration:* _____ **Adequate Weight Gain** Yes No **Receiving WIC Services**

DEVELOPMENTAL SURVEILLANCE: Rooting Reflex Startle Suck & Swallow Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Gun Safety Drowning Prevention Choking Prevention

Car/Car Seat Safety (*Rear-Facing*) Safe Sleep Shaken Baby Prevention Safe Bathing/Water Temperature

Passive Smoke Safety at Home/Child-Proofing Sun Safety Pacifier Use Bottle Propping Infant Bonding

Support Systems/Resources Infant Crying/Appropriate Interventions Other: _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Child

Appropriate Bonding/Responsive to Needs Infant Hands to Mouth/Self-Calming Baby Blues/Postpartum Depression Other _____

Well Child Visits – Infant (5:00)

- <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=2ahUKEwia86aivKzfAhWIIjQIHdAmBp4QtwIwAHoECAkQAQ&url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DyedMu9C70m4&usg=AOvVaw2527q2JmWcDaHgDG4vWH7f>
- Harvard Vanguard Series

CDC Recommendations: Legend

Range of recommended ages for all children	Range of recommended ages for catch-up immunization	Range of recommended ages for certain high-risk groups	Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making	No recommendation
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Birth to 15 months

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos
Hepatitis B¹ (HepB)	1 st dose	←2 nd dose→			←3 rd dose→			
Rotavirus² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2			
Diphtheria, tetanus, & acellular pertussis³ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			←4 th dose→
Haemophilus influenzae type b⁴ (Hib)			1 st dose	2 nd dose	See footnote 4		←3 rd or 4 th dose, See footnote 4 →	
Pneumococcal conjugate⁵ (PCV13)			1 st dose	2 nd dose	3 rd dose		←4 th dose→	
Inactivated poliovirus⁶ (IPV: <18 yrs)			1 st dose	2 nd dose	←3 rd dose→			
Influenza⁷ (IIV)					Annual vaccination (IIV) 1 or 2 doses			
Measles, mumps, rubella⁸ (MMR)					See footnote 8		←1 st dose→	
Varicella⁹ (VAR)							←1 st dose→	
Hepatitis A¹⁰ (HepA)							←2 dose series, See footnote 10 →	
Meningococcal¹¹ MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)					See footnote 11			
Tetanus, diphtheria, & acellular pertussis¹³ (Tdap: ≥7 yrs)								
Human papillomavirus¹⁴ (HPV)								
Meningococcal B¹²								
Pneumococcal polysaccharide⁵ (PPSV23)								

EPSDT – 1 Month

1 Month Old

AHCCCS EPSDT Tracking Form

ORAL HEALTH: Daily Gum Cleaning with Washcloth or Infant Toothbrush (Parent Education Completed)

NUTRITIONAL SCREENING: **Breastfeeding** *Frequency/Duration:* _____ **Supplements:** _____ Vit D

Formula Type: _____ *Amount/Duration:* _____ **Adequate Weight Gain** Yes No **Receiving WIC Services**

DEVELOPMENTAL SURVEILLANCE: Responds to Sounds Responds to Parent's Voice Follows With Eyes to Midline

Awake For 1 Hour Stretches Beginning Tummy Time Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Gun Safety Drowning Prevention Choking Prevention

Car/Car Seat Safety (*Rear-Facing*) Safe Sleep Shaken Baby Prevention Safe Bathing/Water Temperature

Passive Smoke Safety at Home/Child-Proofing Sun Safety Bottle Propping Infant Bonding

Support Systems/Resources Infant crying/Appropriate Interventions Other _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Child

Infant Hands to Mouth/Self-Calming Appropriate Bonding/Responsive to Needs Postpartum Depression Other _____

EPSDT – 2 Months

2 Months Old

AHCCCS EPSDT Tracking Form

ORAL HEALTH: Daily Gum Cleaning with Washcloth or Infant Toothbrush (Parent Education Completed)

NUTRITIONAL SCREENING: **Breastfeeding** *Frequency/Duration:* _____ **Supplements:** _____ Vit D
 Formula Type: _____ *Amount/Duration:* _____ **Adequate Weight Gain** Yes No **Receiving WIC Services**

DEVELOPMENTAL SURVEILLANCE: Some Head Control Tummy Time/Lifts Head, Neck With Forearm Support Social Smile
 Coos Begins Imitation of Movement and Facial Expressions Makes Eye Contact Fixes/Follows With Eyes to Midline
 Startles At Loud Noises Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Gun Safety Drowning Prevention Choking Prevention
 Car/Car Seat Safety (*Rear-Facing*) Safe Sleep Shaken Baby Prevention Safe Bathing/Water Temperature Passive Smoke
 Safety at Home/Child-Proofing Sun Safety Pacifier Use Bottle Propping Infant Bonding Support Systems/Resources
 Infant Crying/Appropriate Interventions Parent Reads to Child Other _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Child
 Appropriate Bonding/Responsive to Needs Infant Hands to Mouth/Self-Calming Enjoys Interacting With Others
 Postpartum Depression Other _____

EPSDT – 4 Months

4 Months Old

AHCCCS EPSDT Tracking Form

ORAL HEALTH: Daily Gum Cleaning with Washcloth or Infant Toothbrush (Parent Education Completed)

NUTRITIONAL SCREENING: **Breastfeeding** *Frequency/Duration:* _____ **Supplements:** _____ Vit D

Formula Type: _____ *Amount/Duration:* _____ **Adequate Weight Gain** Yes No **Receiving WIC Services**

Cereal Type: _____ **Plan to Introduce Solids** _____ **Soda/Juice**

DEVELOPMENTAL SURVEILLANCE: Babbles and Coos Laughs Begins to Roll Front to Back Pushes Up With Arms

Controls Head Well Reaches For Objects Interest in Mirror Images Pushes Down With Legs When Feet on Surface

Appropriate Eye Contact Tummy Time Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Gun Safety Drowning Prevention Choking Prevention

Car/Car Seat Safety (*Rear-Facing*) Safe Sleep Shaken Baby Prevention Safe Bathing/Water Temperature

Passive Smoke Safety at Home/Child-Proofing Sun Safety Bottle Propping Support Systems/Resources

Infant Crying/Appropriate Interventions Discuss Child Temperament Establish Daily Routines/Infant Regulation

Establish Nighttime Sleep Routine/Sleep Through Night (Greater 5 hours) Parent Reads to Child Other _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Baby

Infant Hands to Mouth/Self-Calming Smiles When Hears Parents' Voices Appropriate Bonding/Responsive to Needs

Easily Distracted/Excited by Discovery of Outside World Postpartum Depression Other _____

EPSDT – 6 Months

6 Months Old

AHCCCS EPSDT Tracking Form

VERBAL LEAD RISK ASSESSMENT: Child At Risk Yes No (If Yes, Appropriate Action to Follow) Lives in High Risk Zip Code Yes No

ORAL HEALTH: Parent Cleaning Baby's Gums With Washcloth/Infant Toothbrush Fluoride Supplement **Fluoride Varnish by PCP**

NUTRITIONAL SCREENING: **Breastfeeding** Frequency/Duration: _____ **Supplements:** _____ Vit D

Formula Type: _____ **Amount/Duration:** _____ **Adequate Weight Gain** Yes No **Receiving WIC Services**

Cereal Type: _____ **Plan to Introduce Solids** _____ **Soda/Juice**

DEVELOPMENTAL SURVEILLANCE: Using A String of Vowels Rolls Over Transfers Small Objects Vocal Imitation

Sits With Support Explores With Hands and Mouth Peek-a-Boo/Patty Cake Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Gun Safety Drowning Prevention Choking Prevention

Car/Car Seat Safety (Rear-Facing) Safe Sleep Shaken Baby Prevention Passive Smoke Safety at Home/Child-Proofing

Sun Safety Refrain From Jump Seat/Walker Sleep/Wake Cycle Introduce Cup Begin Using High Chair

Wary of Strangers Introduce Board Books Parent Reads to Child Other _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Baby

Appropriate Bonding/Responsive to Needs Recognizes Familiar People Distinguishes Emotions by Tone of Voice

Self-Calming Enjoys Social Play Postpartum Depression Other _____

EPSDT – 9 Months

9 Months Old

AHCCCS EPSDT Tracking Form

DEVELOPMENTAL SCREENING TOOL COMPLETED: ASQ PEDS

VERBAL LEAD RISK ASSESSMENT: Child At Risk Yes No (If Yes, Appropriate Action to Follow) Lives in High Risk Zip Code Yes No

ORAL HEALTH: White Spots on Teeth: Yes No Parent Cleaning Baby's Gums With Infant Toothbrush
 Fluoride Supplement Fluoride Varnish by PCP (Once Every 6mo)

NUTRITIONAL SCREENING: Breastfeeding Formula Amount: _____ Supplements: _____ Vit D Receiving WIC Services
Adequate Weight Gain Yes No Plan to Introduce Table Foods _____ Drinks From Cup Soda/Juice

DEVELOPMENTAL SURVEILLANCE: Sits Independently Pulls to Stand/Cruising Plays Peek-A-Boo Uses Words "Mama/Dada"
 Waves Bye-Bye Wary of Strangers Immature Pincer Repeats Sounds/Gestures for Attention Explores Environment Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Gun Safety Drowning Prevention
 Choking Prevention/Soft Texture Finger Foods Car/Car Seat Safety (Rear-Facing) Safe Sleep Shaken Baby Prevention
 Passive Smoke Safety at Home/Child-Proofing Sun Safety Sleep/Wake Cycle TV Screen Time Exploration/Learning
 Redirection/Positive Parenting Language/Read to Child/Introduce Board Books Follow Child's Lead in Play
 Parent Communicates to Child "What Things Are" (Ball, Cat, Etc.) Other _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Child
 Appropriate Bonding/Responsive to Needs Self-Calming Growing Independence Shows Preference for Certain People/Toys
 Cries When Primary Caregiver Leaves Postpartum Depression Other: _____

EPSDT – 12 Months

12 Months Old

AHCCCS EPSDT Tracking Form

VERBAL LEAD RISK ASSESSMENT: (*Blood Lead Test Required*) Child At Risk Yes No Lives in High Risk Zip Code Yes No

ORAL HEALTH: White Spots on Teeth: Yes No Daily Brushing (*Twice by Parent*) Fluoride Supplement Fluoride Varnish by PCP
First Dental Appointment Completed Scheduled Dental Home: Provider Name _____ (*Once Every 6mo*)

NUTRITIONAL SCREENING: Breastfeeding Whole Milk Amount _____ Milk Intake/Weaning
 Adequate Weight Gain Solids: _____ Soda Juice Supplements

DEVELOPMENTAL SURVEILLANCE: First Steps "Mama/Dada" Specific Uses Single Words Scribbles Precise Pincer Grasp
 Follows Simple One Step Requests Looks for Hidden Objects Extends Arm/Leg for Dressing Points to Objects
 Plays, Hides Object/Pushes Ball Back and Forth Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Gun Safety Drowning Prevention Choking Prevention
 Car/Car Seat Safety (*Rear-Facing*) Passive Smoke Safety at Home/Child-Proofing Sun Safety Discipline/Praise
 Following Child's Lead in Play Ignore Tantrums/Give Attention to Positive Behaviors Other _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Child
 Self-Calming Prefers Primary Caregiver Over All Others Shy/Anxious With Strangers Tantrums Other _____

EPSDT – 12 Month (3:32)

- <https://www.youtube.com/watch?v=90w3FtNQFT8>
- Focus on anticipatory guidance

EPSDT – 15 Months

15 Months Old

AHCCCS EPSDT Tracking Form

VERBAL LEAD RISK ASSESSMENT: Child At Risk Yes No (If Yes, Appropriate Action to Follow) Lives in High Risk Zip Code Yes No

ORAL HEALTH: *White Spots on Teeth:* Yes No Daily Brushing (Twice Daily by Parent) Fluoride Supplement

Fluoride Varnish by PCP (Once Every 6 Months) First Dental Appointment Completed Scheduled Dental Home Provider: _____

NUTRITIONAL SCREENING: Feeds Self Breastfeeding Whole Milk Nutritionally Balanced Diet Junk Food Soda/Juice

Solids Activity Supplements _____ Overweight Underweight Observation Referral

DEVELOPMENTAL SURVEILLANCE: Says 3-6 words Says No Wide Range of Emotions Repeats Words from Conversation

Uses Utensils Understands Simple Commands Climbs Stairs Walking Puts Objects In/Out of Container Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency /911 Gun Safety Drowning Prevention Choking Prevention

Car/Car Seat Safety (Rear-Facing) Safety at Home/Child-Proofing Sun Safety Helmet Use Growing Independence

Defiant Behavior/Offer Child Choices Gentle Limit Setting/Redirection/Safety Reading/Parent Asks Child "What's that?"

Follow Child's Lead in Play Offer Opportunity to Scribble/Explore Other _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Child

Appropriate Bonding/Responsive to Needs Self-Calming Frustration/Hitting/Biting/Impulse Control Communication/Language

Social Interaction/Eye Contact/Comforts Others Begins to Have Definite Preferences Other: _____

EPSDT – Signs of Autism (6:37)

- <https://www.youtube.com/watch?v=z7NeBs5wNOA>
- Emphasis on early detection beginning at the 12 month EPSDT visit

18 Months to 18 Years

Vaccines	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B¹ (HepB)	←3 rd dose→								
Rotavirus² (RV) RV1 (2-dose series); RV5 (3-dose series)									
Diphtheria, tetanus, & acellular pertussis³ (DTaP: <7 yrs)	←4 th dose→			5 th dose					
Haemophilus influenzae type b⁴ (Hib)									
Pneumococcal conjugate⁵ (PCV13)									
Inactivated poliovirus⁶ (IPV:<18 yrs)	←3 rd dose→			4 th dose					
Influenza⁷ (IIV)	Annual vaccination (IIV) 1 or 2 doses				Annual vaccination (IIV) 1 dose only				
Measles, mumps, rubella⁸ (MMR)				2 nd dose					
Varicella⁹ (VAR)				2 nd dose					
Hepatitis A¹⁰ (HepA)	→2 dose series, See footnote 10 ←								
Meningococcal¹¹ MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	See footnote 11					1 st dose		2 nd dose	
Tetanus, diphtheria, & acellular pertussis¹³ (Tdap: ≥7 yrs)						Tdap			
Human papillomavirus¹⁴ (HPV)						See footnote 14			
Meningococcal B¹²								See footnote 12	
Pneumococcal polysaccharide⁵ (PPSV23)									See footnote 5

EPSDT – 18 Months

18 Months Old

AHCCCS EPSDT Tracking Form

DEVELOPMENTAL SCREENING TOOL COMPLETED: ASQ MCHAT PEDS

VERBAL LEAD RISK ASSESSMENT: Child At Risk Yes No (If Yes, Appropriate Action to Follow) Lives in High Risk Zip Code Yes No

ORAL HEALTH: White Spots on Teeth: Yes No Daily Brushing (Twice Daily by Parent) Fluoride Supplement

Fluoride Varnish by PCP (Once Every 6 Months) First Dental Appointment Completed Scheduled Dental Home Provider: _____

NUTRITIONAL SCREENING: Feeds Self Breastfeeding Whole Milk Nutritionally Balanced Diet Junk Food Soda/Juice

Solids Activity Supplements _____ Overweight Underweight Observation Referral

DEVELOPMENTAL SURVEILLANCE: Uses a cup Walks Says 10-20 Words Says "No" Name One Picture/2 Colors

Follows Simple Rules/Bring Me the Book Knows Animal Sounds Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Gun Safety Drowning prevention Choking Prevention

Car/Car Seat Safety (Rear-Facing) Safety at Home/Child-Proofing Sun Safety Helmet Use Never Leave Toddler Alone

Sibling Interaction Discipline/Limits Growing Independence Encourage Expression of Wide Range of Emotions

Read to Child Other _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Child

Appropriate Bonding/Responsive to Needs Self-Calming Frustration/Hitting/Biting/Impulse Control Communication/Language

Demonstrates Increasing Independence Defiant Behavior/Offer Child Choices Other _____

Well Child Visit – 18 months (10:22)

- https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=2ahUKEwia86aivKzfAhWIIjQIHdAmBp4QtwIwAXoECAgQAQ&url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DKfY635WtgJY&usg=AOvVaw0MjzJFB Bnpc44fj_sG7r7q

EPSDT – 24 Months

24 Months Old

AHCCCS EPSDT Tracking Form

DEVELOPMENTAL SCREENING TOOL COMPLETED: ASQ MCHAT PEDS

VERBAL LEAD RISK ASSESSMENT: (*Blood Lead Test Required*) Child At Risk Yes No Lives in High Risk Zip Code Yes No

ORAL HEALTH: *White Spots on Teeth:* Yes No Daily Brushing (*Twice Daily by Parent*) Fluoride Supplement
First Dental Appointment Completed Scheduled Dental Home: Provider Name _____

NUTRITIONAL SCREENING: Feeds Self Nutritionally Balanced Diet Junk Food Soda/Juice
 Activity Supplements Overweight Underweight Observation Referral

DEVELOPMENTAL SURVEILLANCE: Kicks a Ball Stacks 5-6 Blocks 50 Word Vocabulary Walks Upstairs/Runs Well
 Put Two Words Together Jumps Up Follows Two Step Commands Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Gun Safety Drowning Prevention Choking Prevention
 Car /Car Seat Safety (*Forward Facing*) Safety at Home/Child-Proofing Sun Safety Trike/Bike Safety (*Helmet Use*)
 Establish Daily Routine Discipline/Redirection/Praise Provide Opportunities for Success/Choice Praise for Effort/Success
 Encourage/Support Wide Range of Emotions Read to Child Other _____

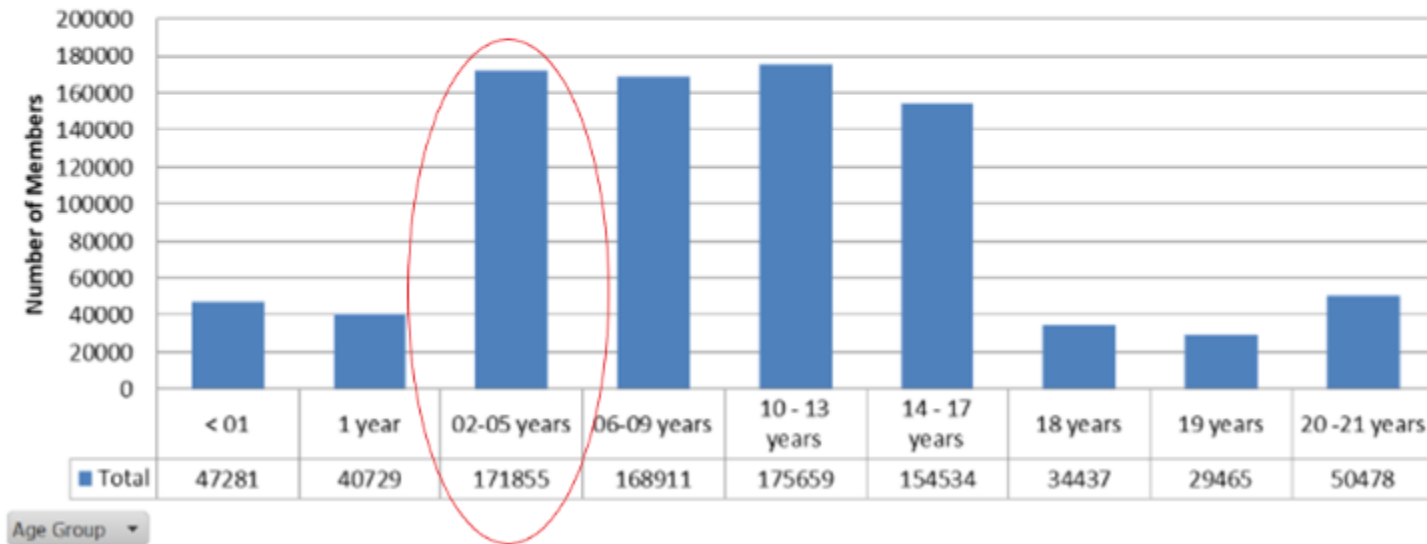
SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Child
 Appropriate Bonding/Responsive to Needs Self-Calming Frustration/Hitting/Biting/Impulse Control Communication/Language
 Sense of Humor Demonstrates Increasing Independence Plays Alongside Peers Other _____

30 Month EPSDT

- See Bright Futures
- NOT a separately covered AHCCCS service

Well Child 3 Years to 6 Years Participation

December 2018 EPSDT Enrollment (including ACC Expansion)
Total = 873349



EPSDT – 3 years

3 Years Old

AHCCCS EPSDT Tracking Form

VERBAL LEAD RISK ASSESSMENT: Child At Risk Yes No (If Yes, Appropriate Action to Follow) Lives in High Risk Zip Code Yes No

ORAL HEALTH: White Spots on Teeth: Yes No Daily Brushing (Twice Daily by Parent) Fluoride Supplement

Last Dental Appointment: _____ Future Dental Appointment Scheduled Dental Home: Provider Name _____

NUTRITIONAL SCREENING: Nutritionally Balanced Diet Junk Food Soda/Juice Supplements _____
 Activity/Family Exercise Overweight Underweight Observation Referral

DEVELOPMENTAL SURVEILLANCE: Uses Imaginary Characters Matches Colors and Shapes Counts to 5 Knows Gender
 Names Self & Others Begins to Play Interactive Games Stand on One Foot Communication/Language Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Gun Safety Drowning Prevention Choking Prevention
 Car /Car Seat Safety (Forward Facing) Safety at Home/Child-Proofing Sun Safety Sports/Helmet Use TV Screen Time
 Supervise Outdoor Play Positive Discipline/Redirect/Reinforce Limits Establish Routine for: Bed/Meals/Toileting Preschool
 Provide Opportunities for Fantasy Play/Problem Solving Allow Child to Play Independently/Be Available if Child Seeks You Out
 Encourage Literacy Other _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Child
 Manage Anger "Monster" Fear Frustration/Hitting/Biting/Impulse Control Separates Easily from Parent
 Objects to Major Change in Routine Shows Interest in Other Children Kind to Animals Other _____

EPSDT – 4 Years

4 Years Old

AHCCCS EPSDT Tracking Form

VERBAL LEAD RISK ASSESSMENT: Child At Risk Yes No (Appropriate Action to Follow) Lives in High Risk Zip Code Yes No

ORAL HEALTH: White Spots on Teeth: Yes No Daily Brushing (Twice Daily by Parent) Fluoride Supplement

Last Dental Appointment: _____ Future Dental Appointment Scheduled Dental Home: Provider Name _____

NUTRITIONAL SCREENING: Nutritionally Balanced Diet Junk Food Soda/Juice Supplements _____
 Activity/Family Exercise Overweight Underweight Observation Referral

DEVELOPMENTAL SURVEILLANCE: Sings a Song Draws a Person with 3 Parts Names Self & Others Names 4 Colors/3 Shapes
 Counts 1-7 Objects Out Loud (Not Always in Order) Shows Interest in Other Children Dresses Self Brushes Own Teeth
 Asks/Answers - Who, What, Where, Why Follows 2 Unrelated Directions Balances/Hops on One Foot Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Gun Safety Drowning Prevention Choking Prevention
 Car /Car Seat Safety (Forward Facing) Safety at Home/Child-Proofing Sun Safety Sports/Helmet Use Good and Bad Touches
 Positive Discipline/Redirect Reading/Preschool School Readiness
 Allow Child to Play Independently/be Available if Child Seeks You Out Other _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Child
 Self-Calming Separates Easily from Parent Kind to Animals Objects to Major Change in Routine Has Words for Feelings
 Other _____

EPSDT – 4 Years (6:21)

- https://www.youtube.com/watch?v=IbHHIb_aEYMI
- Can you spot some problems?
 - BP
 - Visual Acuity
 - Hearing

EPSDT – 5 years

5 Years Old

AHCCCS EPSDT Tracking Form

VERBAL LEAD RISK ASSESSMENT: Child At Risk Yes No (If Yes, Appropriate Action to Follow) Lives in High Risk Zip Code Yes No

ORAL HEALTH: White Spots on Teeth: Yes No Twice Daily Brushing/Flossing (With Parent Assistance) Fluoride Supplement

Last Dental Appointment: _____ Future Dental Appointment Scheduled Dental Home: Provider Name _____

NUTRITIONAL SCREENING: Nutritionally Balanced Diet/5 Servings Fruits & Veggies Junk Food Soda/Juice Supplements _____

Activity/Family Exercise (1hr/day) Overweight Underweight Observation Referral

DEVELOPMENTAL SURVEILLANCE: Uses Imaginary Characters Matches Colors and Shapes/Prints Some Numbers and Letters

Counts to 10 Follows Simple Directions Listens and Attends Can Button & Zip Clothing Independently

Goes to Bathroom Independently Holds Pencil/Cuts with Scissors Cooperates More in Group Setting

Good Articulation/Language Skills Hops/Skips Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Gun Safety Drowning Prevention Choking Prevention

Car /Car Seat Safety (Booster Seat) Safety at Home Sun Safety Sports/Helmet Use Bullying Good and Bad Touches

TV Screen Time Begins to Agree with Rules Dictates Story to Adults Listens to Authority Figure & Follows Instructions

School Readiness Communication with Teachers Other _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Child

Self-Calming Wants to Please & Be with Friends Shows Empathy for Others Positive about Self & Abilities

Tells Stories of Convenience (Lying) Other _____

EPSDT – 6 Years

6 Years Old

AHCCCS EPSDT Tracking Form

VERBAL LEAD RISK ASSESSMENT: Child At Risk Yes No (If Yes, Appropriate Action to Follow) Lives in High Risk Zip Code Yes No

ORAL HEALTH: White Spots on Teeth: Yes No Twice Daily Brushing/Flossing (with Parent Assistance) Sealants **Fluoride Supplement**

Last Dental Appointment: _____ Future Dental Appointment Scheduled Dental Home: Provider Name _____

NUTRITIONAL SCREENING: Nutritionally Balanced Diet/5 Servings Fruits & Veggies Junk Food Soda/Juice Supplements _____

Activity/Family Exercise (1hr/day) ~~Overweight~~ ~~Underweight~~ ~~Observation~~ ~~Referral~~

DEVELOPMENTAL SURVEILLANCE: Expressive & Understandable Language School Attendance Reading at Grade Level

Follows Simple Directions Prints Some Letters & Numbers Balances on One Foot Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Gun Safety Drowning Prevention Choking Prevention

Car /Car Seat Safety (Booster Seat) Safety at Home Sun Safety Sport/Helmet Use Bullying Street safety

TV Screen Time Positive Discipline/Redirect Provide Opportunities for Social Interaction Age Appropriate Chores

Daily Reading Other _____

SOCIAL-EMOTIONAL HEALTH(OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Child

Frustration/Impulse Control Communication/Language Has Friends Plays Well with Others/By Self Feels Capable

Is Liked by Other Children Expresses Full Range of Emotions Anger Control Other _____

Well Child Visit – 7 Years (3:26)

- <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=8&ved=2ahUKEwia86aivKzfAhWIIjQIHdAmBp4QtwIwA3oECAUQAQ&url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DfDbrZlz6O7s&usg=AOvVaw29F8WMtX1RS60ryAgO5mjW>

EPSDT – 7 to 8 Years

7-8 Years Old

AHCCCS EPSDT Tracking Form

ORAL HEALTH: *White Spots on Teeth:* Yes No Daily Brushing 2x Daily/Flossing Dental Sealants Fluoride Supplement
Last Dental Appointment: _____ Future Dental Appointment Scheduled Dental Home: Provider Name _____

NUTRITIONAL SCREENING: Nutritionally Balanced Diet/5 Servings Fruits & Veggies Low-Fat Milk Junk Food Soda/Juice
 Supplements _____ Activity/Family Exercise (1hr/day) **Overweight** **Underweight** Observation Referral

DEVELOPMENTAL SURVEILLANCE: School Attendance Reading at Grade Level School Performance IEP/504 Plan
 Discuss Body Changes Has Friends Does Chores When Asked Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Gun Safety Drowning Prevention Choking Prevention
 Car /Car Seat Safety (*Booster Seat*) Safety at Home Sun Safety Sport/Bike Helmet Use Bullying/Fighting
 Street Safety Smoke-Free Environment Positive Discipline Reading Other _____

SOCIAL-EMOTIONAL HEALTH(OBSERVED BY CLINICIAN/PARENT REPORT): Family Adjustment/Parent Responds Positively to Child
 Frustration /Impulse Control Communication/Language Comfortable Body Image Encourage Independence
 Praise Strengths Other _____

EPSDT – 9 to 12 Years

9-12 Years Old

AHCCCS EPSDT Tracking Form

HEALTH RISK ASSESSMENT: Early Adolescent GAPS (*Beginning at 10 Years*) Other _____

ORAL HEALTH: *White Spots on Teeth:* Yes No Daily Brushing 2x Daily/Flossing Dental Sealants Fluoride Supplement
Last Dental Appointment: _____ Future Dental Appointment Scheduled Dental Home: Provider Name _____

NUTRITIONAL SCREENING: Nutritionally Balanced Diet 5 Servings of Fruits & Veggies Junk Food Soda/ Energy Drinks
 Supplements _____ Activity/Family Exercise (1hr/day) Overweight Underweight Observation Referral

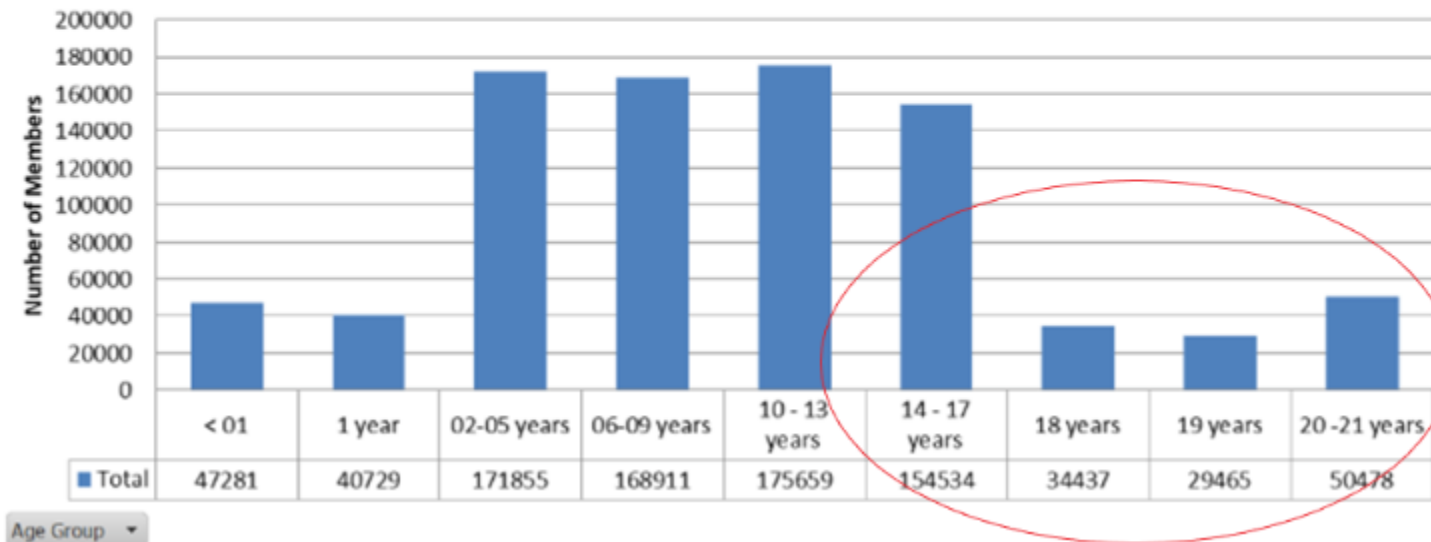
DEVELOPMENTAL SURVEILLANCE: School Attendance Reading at Grade Level Discuss Body Changes Dating
 Sexuality/Orientation Performing Well in School Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Gun Safety Drowning Prevention Choking Prevention
 Car/Seat Belt Safety Safety at Home Sports/Injury Prevention Bullying /Violence Prevention Sun Safety
 Safety Rules with Adults Sex Education/STI Monitor TV/Computer Time Peer Refusal Skills Self-Control
 Depression/Anxiety Tobacco/Alcohol/Drugs/Rx Drugs/Inhalants Risks of Tattoos/ Piercing
 After-School Activities/Supervision Educational Goals/Activities Other _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): Comfortable Body Image Feels Good About Self
 Is Child Happy? Social Interaction Other _____

Adolescent Measure

December 2018 EPSDT Enrollment (including ACC Expansion)
Total = 873349



HHS.gov TAG Talks

- <https://www.hhs.gov/ash/oah/tag/resources/multimedia/index.html>
- Drug use
- Bullying
- Transition to adulthood

EPSDT – 13 to 17 Years

13-17 Years Old

AHCCCS EPSDT Tracking Form

HEALTH RISK ASSESSMENT: HEADDSS GAPS Other _____

ORAL HEALTH: *White Spots on Teeth:* Yes No Daily Brushing 2x Daily/Flossing Fluoride Supplement

Last Dental Appointment: _____ Future Dental Appointment Scheduled Dental Home: Provider Name _____

NUTRITIONAL SCREENING: Nutritionally Balanced Diet 5 Servings of Fruits & Veggies Junk Food Soda/ Energy Drinks
 Supplements _____ Activity/Exercise (1hr/day) Overweight Underweight Observation Referral

DEVELOPMENTAL SURVEILLANCE: School Attendance Reading at Grade Level Dating Sexuality/Orientation
 Risk-Taking Other _____

ANTICIPATORY GUIDANCE PROVIDED: Emergency/911 Violence Prevention/Gun Safety/Bullying Drowning/Sun Safety
 Car/Seat Belt/Driving Safety Safety at Home Sports/Injury prevention Peer Refusal Skills Age Appropriate Limits
 Sexual Orientation/Dating Sex Education/STI/Resources Availability of Family Planning Services Social Interaction
 Tobacco/Alcohol/Drugs/Rx Drugs/Inhalants Risks of Tattoos/ Piercing Educational Goals/Activities Job/Career Planning
 Community Involvement After-School Activities/Supervision Other _____

SOCIAL-EMOTIONAL HEALTH(OBSERVED BY CLINICIAN/PARENT REPORT): Comfortable Body Image Mental Health Concerns
 Dealing with Stress Depression/Anxiety Decision-Making Other _____

GAPS

- Guidelines for Adolescent Preventative Services
- Organize, restructure and redefine health care for children and adolescents ages 11 – 21
- Allows identification of at-risk patients and provide them with information about changing unhealthy behavior.

GAPS Recommendations

[View/Print Figure](#)

Recommendation 1

From ages 11 to 21 all adolescents should have an annual routine health visit.

Recommendation 2

Preventive service should be age and developmentally appropriate, and should be sensitive to individual and sociocultural differences.

Recommendation 3

Physicians should establish office policies regarding confidential care for adolescents and the way parents will be involved in that care. These policies should be made clear to adolescents and their parents.

Recommendation 4

Parents or other adult caregivers of adolescents should receive health guidance at least once during early adolescence, once during middle adolescence and, preferably, once during late adolescence.

Recommendation 5

All adolescents should receive health guidance annually to promote better understanding of their physical growth, their psychosocial and psychosocial development, and the importance of becoming actively involved in decisions regarding their health care.

Recommendation 6

All adolescents should receive health guidance annually to promote the reduction of injuries.

Recommendation 7

All adolescents should receive health guidance annually about dietary habits, including the benefits of a healthy diet and ways to achieve a healthy diet and safe weight management.

Recommendation 8

All adolescents should receive health guidance annually about the benefits of exercise and should be encouraged to engage in safe exercise on a regular basis.

Recommendation 9

All adolescents should receive health guidance annually regarding responsible sexual behaviors, including abstinence. Latex condoms to prevent sexually transmitted diseases (including HIV infection) and appropriate methods of birth control should be made available with instructions on ways to use them effectively.

Recommendation 10

All adolescents should receive health guidance annually to promote avoidance of tobacco, alcohol and other abusable substances, and anabolic steroids.

Recommendation 11

All adolescents should be screened annually for hypertension according to the protocol developed by the National Heart, Lung, and Blood Institute's Second Task Force on Blood Pressure Control in Children.

Recommendation 12

Selected adolescents should be screened to determine their risk of developing hyperlipidemia and adult coronary heart disease, following the protocol developed by the Expert Panel on Blood Cholesterol Levels in Children and Adolescents.

Recommendation 13

All adolescents should be screened annually for eating disorders and obesity by determining weight and stature, and asking about body image and dieting patterns.

Recommendation 14

All adolescents should be asked annually about their use of tobacco products, including cigarettes and smokeless tobacco.

Recommendation 15

All adolescents should be asked annually about their use of alcohol and other abusable substances, and about their use of over-the-counter or prescription drugs, including anabolic steroids, for nonmedical purposes.

Recommendation 16

All adolescents should be asked annually about involvement in sexual behaviors that may result in unintended pregnancy and STDs, including HIV infection.

Recommendation 17

Sexually active adolescents should be screened for STDs.

Recommendation 18

Adolescents at risk for HIV infection should be offered confidential HIV screening with the ELISA and a confirmatory test.

Recommendation 19

Female adolescents who are sexually active and women 18 or older should be screened annually for cervical cancer by use of a Papanicolaou test.

Recommendation 20

All adolescents should be asked annually about behaviors or emotions that indicate recurrent or severe depression or risk of suicide.

Recommendation 21

All adolescents should be asked annually about a history of emotional, physical or sexual abuse.

Recommendation 22

All adolescents should be asked annually about learning or school problems.

Recommendation 23

Adolescents should receive a tuberculin skin test if they have been exposed to active tuberculosis, have lived in a homeless shelter, have been incarcerated, have lived in or come from an area with a high prevalence of tuberculosis, or currently work in a health care setting.

Recommendation 24

All adolescents should receive prophylactic immunizations according to the guidelines established by the federally convened Advisory Committee on Immunization Practices.

FIGURE 1.

Guidelines for Adolescent Preventive Services. STD = sexually transmitted disease; HIV = human immunodeficiency virus; ELISA = enzyme-linked immunosorbent assay.

Example of the Tool

[View/Print Figure](#)

Name _____ Date of Birth _____

Procedure	Age of adolescent										
	Early				Middle				Late		
	11	12	13	14	15	16	17	18	19	20	21
Screening history (recommendation number)											
Eating disorders (13)											
Tobacco use (14)											
Alcohol/drug use (15)											
Sexual activity (16)											
Depression (20)											
Risk for suicide (20)											
Physical, sexual, or emotional abuse (21)											
School performance (22)											
Physical assessment											
Comprehensive examination (1)											
Blood pressure (11)											
Body mass index (13)											
Tests											
Cholesterol (12)											
Gonorrhea, Chlamydia, human papilloma virus (17, 18)											
HIV, syphilis (17, 18)											
Pap smear (19)											
Tuberculosis (23)											
Immunizations											
Measles, mumps, rubella (24)											
Tetanus-diphtheria (24)											
Hepatitis B virus (24)											
Varicella (24)											
Health guidance											
Parenting (4)											
Development (5)											
Injury prevention (6)											
Diet and fitness (7, 8)											
Lifestyle (9, 10)											

FIGURE 2.
Health Service Record from the Guidelines for Adolescent Preventive Services (GAPS).

Guidance

- Reassurance that information remains confidential
- Appropriate use of screening tests (i.e., sexually active adolescents)
- Use of mnemonics
- Delegate some responsibility to ancillary health care providers

Mnemonics

[View/Print Figure](#)

H = Home, habits
E = Education, employment, exercise
A = Accidents, ambition, activities, abuse
D = Drugs (tobacco, alcohol, others), diet, depression
S = Sex, suicide

FIGURE 3.

HEADS—A mnemonic useful in the evaluation of adolescent patients.

[View/Print Figure](#)

S = Sexuality
A = Accident, abuse
F = Firearms/homicide
E = Emotions (suicide/depression)

T = Toxins (tobacco/alcohol, others)
E = Environment (school, home, friends)
E = Exercise
N = Nutrition
S = Shots (immunization status, school performance)

FIGURE 4.

SAFE TEENS—A mnemonic useful in the evaluation of adolescent patients.

Sick Visit / EPSDT Visit

- AMPM 430 D 1 – 4
- Allowed with separate documentation

Updating the Process

- See proposed revisions for AMPM 430
- EHR equivalents to AHCCCS paper tracking forms
- Obtaining tracking data from other sources
- Exploring interface with HIE

Questions?



Thank You.

