

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 7, 1994

ALL-COUNTY LETTER NO. 94-105

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL LICENSED ADOPTION AGENCIES

REASON FOR THIS TRANSMITTAL

- State Law Change
 Federal Law or Regulation Change
 Court Order or Settlement Agreement
 Clarification Requested by One or More Counties
 Initiated by SDSS

SUBJECT: CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
HEALTH AND DENTAL PERIODICITY SCHEDULES

REFERENCE: MPP Sections 31-206.36 and 31-405.1(g)

The purpose of this letter is to provide you with the Child Health and Disability Prevention (CHDP) Program's health and dental periodicity schedules. In California the CHDP Program provides for the screenings required by the federal Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. The EPSDT regulations require states to provide screening and treatment services to Medicaid eligible children up to the age of 21. Screenings include, at a minimum, a health and developmental history (including an assessment of both physical and mental health development); a comprehensive unclothed physical examination; immunizations; laboratory tests; health education (including anticipatory guidance); and vision, dental and hearing services.

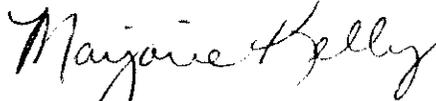
The attached schedules will assist counties in meeting the requirements outlined in the Manual of Policy and Procedures (MPP) Sections 31-206.36 and 31-405.1(g). The MPP specifies the social workers' responsibilities for case planning and placement, including ensuring that children receive medical and dental care with an emphasis on prevention. Services provided must be equivalent to the CHDP preventive health and dental assessment requirements.

The CHDP health assessment periodicity schedule entitled, "Health Assessment Procedures Required for Various Age Groups," identifies the time intervals between health assessments required for all foster care children. However, the CHDP program allows, but does not require, CHDP-eligible foster care children age two or above to receive annual health exams. As indicated on the schedule, more frequent health assessments are required for children under the age of two.

The attached CHDP dental care schedule requires that preventive dental care be provided at age three years and annually thereafter. A CHDP health assessment is not required prior to a dental referral. A child at any age should be referred to a dentist any time a dental problem is known or suspected. Dental services may be provided to Medi-Cal eligible children by direct referral to a Denti-Cal provider.

Questions regarding the need for more frequent CHDP assessments, CHDP eligibility, or the attached periodicity schedules should be directed to the CHDP program in your local health department.

If you have any questions concerning MPP Division 31 Regulations, contact your California State Department of Social Services Children's Services Operations Consultant at (916) 445-2832.



MARJORIE KELLY
Deputy Director
Children and Family Services Division

Attachments

PERIODICITY SCHEDULE FOR PREVENTIVE DENTAL CARE BY AGE
 Child Health and Disability Prevention Program

PROCEDURE	YEARS																			
	Age	<3	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Interval to next visit	**	1 YR																		
Annual Preventive Dental Visit		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Reference: CHDP Legislation, Health and Safety Code, Section 6843

****Note:** Children under age three (3) should be referred to a dentist if a problem is suspected or found. Early signs of conditions such as Baby Bottle Tooth Decay may be detected before more serious problems develop by examining the mouths of infants and very young children.

HEALTH ASSESSMENT PROCEDURES REQUIRED FOR VARIOUS AGE GROUPS¹
Child Health and Disability Prevention Program

SCREENING PROCEDURE	AGE OF PERSON BEING SCREENED														
	Under 1 Mo.	1-2 Mos.	3-4 Mos.	5-6 Mos.	7-9 Mos.	10-12 Mos.	13-15 Mos.	16-23 Mos.	2 Yrs.	3 Yrs.	4-5 Yrs.	6-8 Yrs.	9-12 Yrs.	13-16 Yrs.	17-20 Yrs.
Interval Until Next Exam	1 Mo.	2 Mos.	2 Mos.	2 Mos.	3 Mos.	3 Mos.	3 Mos.	6 Mos.	1 Yr.	1 Yr.	2 Yrs.	3 Yrs.	4 Yrs.	4 Yrs.	None
HISTORY AND PHYSICAL EXAMINATION	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dental Assessment															
Nutritional Assessment															
Developmental History and Assessment															
Health Education															
PELVIC EXAM ⁴														X	
VISION SCREENING															
Spellen or Equivalent Visual Acuity Test										X ²	X	X	X	X	X
Clinical Observation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HEARING SCREENING															
Audiometric										X ²	X	X	X	X	X
Nonaudiometric		X	X	X	X	X	X	X	X	X	X	X	X	X	X
TUBERCULIN TEST ³						X					X				
LABORATORY TESTS															
Hematocrit or Hemoglobin					X					X	X	X	X	X	X
Urine Dipstick or Urinalysis											X	X	X	X	X
VDR, RPR, OR AKI ⁴															
Gonorrhea Culture ⁴															
Papanicolaou (Pap) Smear ⁴															
Chlamydia Test ⁴															
Phenylketonuria (PKU)	X														
Blood Lead Level				X ⁶	X ⁶	X ⁷	X ⁸								
Sickle Cell															
Ova/Parasites															
IMMUNIZATIONS—administer as necessary to make status current ⁵		X	X	X	X	X	X	X	X	X	X	X	X	X	X

May be done once if both anemic and from specific target groups (see guidelines).
To be done when health history warrants.

NOTE: PERSONS COMING UNDER CARE WHO HAVE NOT RECEIVED ALL THE RECOMMENDED PROCEDURES FOR AN EARLIER AGE SHOULD BE BROUGHT UP-TO-DATE AS APPROPRIATE.

- 1 Required unless medically contraindicated or deemed inappropriate by the screening provider or refused by the person.
- 2 Spellen and audiometric examinations should be done at this age if possible.
- 3 Recommended more frequently in high risk populations such as recent immigrant and refugee families.
- 4 Recommended for sexually active adolescents.
- 5 Summary of Pediatric Immunization Recommendations, California Department of Health Services, Infectious Disease Section, April 1991.
- 6 Complete lead screening questionnaire each visit age 6 to 72 months. Blood lead test, if any yes answer.
- 7 Test all infants for blood lead level at approximately one year of age. Also complete lead screening questionnaire at each visit, test if any yes answer.
- 8 Test all children over one year and less than 72 months of age that were not previously tested. Also complete questionnaire at each visit, test if any yes answer.