

**( A PROGRAM of LOUISIANA Medicaid )**

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# TABLE OF CONTENTS

	Page
I. About the Louisiana KIDMED Program .....	I-1
What services are offered .....	I-1
Who benefits .....	I-1
Why more providers are needed .....	I-2
Fees for screening .....	I-2
Fees for laboratory tests .....	I-2
Fees for immunization .....	I-2
Fees for other medically necessary covered health services .....	I-3
How the program is administered .....	I-3
How Louisiana KIDMED can help you .....	I-3
How to get more information .....	I-4
II. KIDMED Outreach and Beneficiary Linkage .....	II-1
How beneficiaries are informed .....	II-1
How beneficiaries are linked to providers .....	II-2
Linkage at eligibility determination .....	II-2
Provider initiated linkages .....	II-3
CommunityCARE linkages .....	II-3
Notifying providers of beneficiary linkages .....	II-4
Screening Provider Beneficiary Report (RS-07) .....	II-4
New Recipient and Missed Screening List (EPO-10) .....	II-5
Beneficiary requests for changing providers .....	II-5
Provider marketing activities .....	II-5
KIDMED community-based outreach .....	II-6
KIDMED coordination with Title V, WIC, and related programs .....	II-6
KIDMED coordination with WIC .....	II-7
KIDMED coordination with Head Start .....	II-7
KIDMED linkages with local school boards .....	II-8
KIDMED coordination with ChildNet .....	II-8
III. How to Qualify and Enroll as a KIDMED Provider .....	III-1
Enrolling in Medicaid .....	III-1
Enrolling in KIDMED .....	III-1
Enrollment requirements for medical screening .....	III-1
Staffing and training requirements .....	III-4
Equipment and supply requirements .....	III-5
Clinical site review for conditional enrollment .....	III-6
Six-month follow-up review for full enrollment .....	III-8
Denial or suspension of provider enrollment .....	III-8

## TABLE OF CONTENTS *(continued)*

Vision screening provider requirements .....	III-8
Hearing screening provider requirements .....	III-9
Continuing care provider option .....	III-10
Reporting provider changes .....	III-11
Terminating provider participation .....	III-12
 IV. The Screening Periodicity Schedule .....	 IV-1
 V. Conducting the Medical Screening .....	 V-1
Comprehensive health and developmental history .....	V-2
Developmental assessment .....	V-3
Comprehensive unclothed physical exam or assessment .....	V-5
Appropriate immunizations .....	V-7
Laboratory tests .....	V-8
Neonatal screening .....	V-9
Iron deficiency anemia screening .....	V-10
Urine screening .....	V-10
Lead poisoning screening .....	V-11
Lead Poisoning Risk Assessment Questionnaire .....	V-13
Health Education .....	V-14
KIDMED scheduling assistance .....	V-15
Scheduling options for screenings .....	V-16
Option #1: Scheduling your own screening appointments .....	V-16
Option #2: Requesting Louisiana KIDMED schedule screening appointments for you .....	V-17
KIDMED beneficiary reports for providers .....	V-18
Interperiodic medical screening .....	V-19
 VI. Conducting the Objective Vision Screening .....	 VI-1
KIDMED scheduling assistance .....	VI-2
Option #1: Scheduling your own screening appointments .....	VI-2
Option #2: Requesting Louisiana KIDMED schedule screening appointments for you .....	VI-3
KIDMED beneficiary reports for providers .....	VI-3
Interperiodic objective vision screening .....	VI-5

## TABLE OF CONTENTS *(continued)*

VII.	Conducting the Objective Hearing Screening .....	VII-1
	KIDMED scheduling assistance .....	VII-2
	Option #1: Scheduling your own screening appointments .....	VII-2
	Option #2: Requesting Louisiana KIDMED schedule screening appointments for you .....	VII-3
	KIDMED beneficiary reports for providers .....	VII-3
	Interperiodic objective hearing screening .....	VII-5
VIII.	Providing or Referring for Diagnosis and Initial Treatment .....	VIII-1
	Identifying suspected conditions .....	VIII-1
	Diagnosis .....	VIII-1
	Initial treatment .....	VIII-2
	Other preventive health care .....	VIII-2
	Providing or referring for diagnosis, initial treatment, and other health services .....	VIII-3
	Referral reporting requirements .....	VIII-3
	Medicaid reimbursement for diagnosis, treatment, and other health services .....	VIII-4
	KIDMED referral assistance .....	VIII-4
	KIDMED referral tracking system .....	VIII-5
	Nursing, social worker, and nutritionist follow-up services .....	VIII-5
IX.	Documentation and Monitoring .....	IX-1
	Keeping the appropriate documentation .....	IX-1
	The Louisiana KIDMED monitoring program .....	IX-2
	Annual provider monitoring .....	IX-3
	Administrative sanctions .....	IX-5
X.	KIDMED Screening Claim Submission and Processing .....	X-1
	How to complete the KIDMED Screening Claim Form .....	X-1
	Claim type (items 1 through 3) .....	X-2
	Provider (items 2 through 9) .....	X-3
	Beneficiary (item 10 through 24) .....	X-4
	Screening (items 25 through 28) .....	X-5
	Immunization status (items 29 through 30) .....	X-6
	Screening findings (items 31 through 32) .....	X-7
	Referrals for diagnosis and treatment (items 33 through 35) .....	X-7
	Certification and signature (items 36 through 37) .....	X-8
	How KIDMED processes your screening claims .....	X-9



## TABLE OF CONTENTS *(continued)*

XI.	Transportation .....	XI-1
	KIDMED transportation assistance .....	XI-1
	Regional transportation scheduling services .....	XI-2
	Questions or complaints about transportation assistance .....	XI-3

### APPENDICES

Appendix 1.	Sample Medicaid Card
Appendix 2.	List of Medicaid-approved Laboratories
Appendix 3.	KIDMED Brochure
Appendix 4.	WIC Referral Form
Appendix 5.	PE-50 KIDMED Provider Enrollment Supplement Agreement
Appendix 6.	KIDMED Provider Input Form (PR-11)
Appendix 7.	KIDMED Provider Certification/Annual Visit Checklist
Appendix 8.	KIDMED Provider Letter Regarding Facility Review Findings
Appendix 9.	KIDMED Patient Satisfaction Survey
Appendix 10.	Recipient-Physician Continuing Care Agreement
Appendix 11.	Continuing Care Supplement Agreement with Medicaid of Louisiana
Appendix 12.	Screening Periodicity Schedule
Appendix 13.	ChildNet Referral Information
Appendix 14.	ACIP Recommended National Immunization Schedule
Appendix 15.	ChildNet Eligibility Criteria
Appendix 16.	Immunization Brochures
Appendix 17.	Topics for Anticipatory Guidance
Appendix 18.	Adolescent Health Education and Anticipatory Guidance
Appendix 19.	KIDMED Beneficiary Appointment Postcard
Appendix 20.	KIDMED Weekly and Monthly Reports
Appendix 21.	KIDMED Screening Claim Form
Appendix 22.	KIDMED Resubmittal Turnaround Document
Appendix 23.	Providing or Referring Diagnosis and Treatment Flowchart
Appendix 24.	Annual Monitoring Flowchart
Appendix 25.	Lead Screening Flowcharts

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## **I. ABOUT THE LOUISIANA KIDMED PROGRAM**

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## I. About the Louisiana KIDMED Program

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is a Medicaid program that was established by the Federal Government in 1967. The purpose of the program is to provide low-income children with comprehensive health care. Louisiana began EPSDT services in 1972. The screening component of EPSDT is called KIDMED and includes medical, vision, hearing, and dental screening services.

This manual is for KIDMED medical, vision, and hearing screening providers. It explains how to qualify and enroll as a KIDMED provider, what your responsibilities are, how to submit claims for screening services, and what to do if you have questions or problems. It also describes KIDMED's outreach, monitoring, and provider support services. There is a separate Dental Services Provider Manual which covers KIDMED dental screenings. The Dental Services Provider Manual may be requested by calling the Fiscal Intermediary for Louisiana Medicaid at 1-800-473-2783, or 924-5040 in Baton Rouge.

### What services are offered

The KIDMED screening component of EPSDT provides for medical, vision, hearing, and dental screenings. There is a periodicity schedule for each type of screening that shows the ages at which children must be screened. It also shows the specific screening procedures and other components required at each age. This manual describes the content of and protocol for each medical, vision, and hearing screening. When abnormalities or other conditions are found during screening, Medicaid also covers medically necessary diagnosis and treatment services for the screened child. All medically necessary services (doctor visits, hospital services, home health, etc.) covered by Medicaid are unlimited for all children under 21 except for foster care children covered under category 15 (2nd two digits of Medicaid I.D. number).

### Who benefits

Medicaid-eligible children and youth under age 21 are eligible for KIDMED services statewide. In 1992, there were over 468,000 children and youth in Louisiana certified for KIDMED services.

The parents or guardians of KIDMED-eligible children receive monthly eligibility cards from Medicaid showing the child's name and Medicaid identification number so that you can identify those children who are eligible for KIDMED screening services. Beneficiaries eligible for KIDMED and other EPSDT services are shown on the Medicaid card with an asterisk. Appendix 1 shows a sample Medicaid card with a KIDMED-eligible child on it. A newborn is continuously eligible until his or her first birthday if his or her mother was Medicaid-eligible at the time of the birth.

## Why more providers are needed

In 1989, the Federal Government set five-year screening participation goals for each State. Each State must be screening at least 80% of its EPSDT eligible beneficiaries every year by 1995. This requires an 8% annual increase in Louisiana from the 1989 level of 33%. To meet these goals, Medicaid of Louisiana has expanded its outreach into the private sector and is actively seeking greater participation by both public and private providers. Louisiana KIDMED was successful in increasing the State's screening participation rate from 42% in FY91 to 54% in FY92.

## Fees for screening

Provider reimbursement for KIDMED screenings is as follows:

Medical screenings	\$60.00
Objective vision screenings	\$4.00
Objective hearing screenings	\$4.00

You must bill for these screening services on the KIDMED Screening Claim Form (KM-3) and submit the claim to the Louisiana KIDMED program. Section X of this manual contains instructions for completing the form.

## Fees for laboratory tests

Laboratory fees for lead screening and neonatal screening required as part of the medical screening are not included in the \$60.00 medical screening fee and are reimbursed separately in accordance with applicable State law and Medicaid regulations. The independent laboratory must submit claims for these laboratory procedures on the HCFA 1500 claim form directly to the Medicaid Fiscal Intermediary. All other laboratory tests required at a medical screening are included in the \$60.00 reimbursement.

## Fees for immunization

Fees for routine immunizations required as part of the medical screening for children under age six are also not included in the \$60.00 medical screening fee and are reimbursed separately. Fees for these immunizations are listed on page V-8. You must submit claims for immunizations on the HCFA 1500 claim form directly to the Fiscal Intermediary. Only licensed physicians and other qualified Medicaid-enrolled providers may be reimbursed for these services in accordance with applicable State law and Medicaid regulations.

## **Fees for other medically necessary covered health services**

Other medically necessary covered health services are reimbursed separately from the screening fee. You must submit claims for these services on the HCFA 1500 claim form directly to the Fiscal Intermediary. Only qualified Medicaid-enrolled providers may be reimbursed for these services in accordance with applicable State law and Medicaid regulations. Certain EPSDT-related services and fees are described on pages VIII-6, VIII-7, and VIII-8.

## **How the program is administered**

The Bureau of Health Services Financing (BHSF) of the Louisiana Department of Health and Hospitals (DHH) administers the Louisiana Medicaid Program. EPSDT, with its KIDMED screening component, is one of the programs under Louisiana Medicaid. The Bureau sets the standards and requirements that providers must meet in order to participate in KIDMED and signs agreements with qualified, enrolled providers.

Birch & Davis Health Management Corporation (BDHMC) is under contract to DHH to manage the Louisiana KIDMED screening program. The program includes the following five components:

- Beneficiary outreach
- Provider recruitment and enrollment
- Screening administration
- Service coordination
- Monitoring

Louisiana KIDMED's main office is located at 5700 Florida Boulevard, 10th Floor, Baton Rouge, LA 70806. KIDMED regional staff are located throughout the State.

## **How Louisiana KIDMED can help you**

The Louisiana KIDMED office staff can help you with many aspects of the program. KIDMED's provider assistance services are summarized below:

- Louisiana KIDMED provides technical assistance on how to incorporate KIDMED into your practice.
- Louisiana KIDMED operates a toll-free telephone information service for those providers already enrolled as well as those seeking information about the program.
- Louisiana KIDMED assigns a Regional Nurse and a Regional Provider Relations Coordinator to each provider. These representatives assist you as needed in enrolling and carrying out your responsibilities.

- Louisiana KIDMED contacts new Medicaid beneficiaries and provides patient education on the benefits and appropriate utilization of screening services. Louisiana KIDMED offers each beneficiary a choice of KIDMED screening providers.
- Louisiana KIDMED provides you with a monthly report that lists children linked to you for screening and the dates their screenings are due.
- Louisiana KIDMED helps you with referrals for diagnosis and initial treatment for the conditions found in screenings if you need assistance.
- Louisiana KIDMED reminds beneficiaries of their scheduled appointments for screening and any diagnosis and initial treatment appointments.
- Louisiana KIDMED arranges transportation for beneficiaries to KIDMED screening appointments and appointments for diagnosis and initial treatment.
- Louisiana KIDMED facilitates screening claim processing for KIDMED providers and submits them to the Fiscal Intermediary promptly for payment.
- Louisiana KIDMED helps you in resolving screening billing problems and provides free software to bill electronically.
- Louisiana KIDMED maintains a resource directory of Medicaid-enrolled and other providers for referral purposes.

Note: Whenever the word "beneficiary" is used in this manual, it means the child or his parents or guardians as is appropriate.

### How to get more information

<b>1-800-259-8000</b>	<b>928-9683</b> (in Baton Rouge)
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Louisiana KIDMED's toll-free and local Baton Rouge telephone lines are staffed every weekday from 8:00 AM to 8:30 PM. An answering machine takes messages during other hours on both lines. These lines provide you with access to qualified staff who are trained to answer your questions and help you resolve any problems. You may request a visit to your office by your KIDMED Provider Relations Coordinator or your KIDMED Regional Nurse. You may also write to Louisiana KIDMED at 5700 Florida Boulevard, 10th Floor, Baton Rouge, LA 70806, or send a fax to Louisiana KIDMED at (504) 928-9681.

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## II. KIDMED OUTREACH AND BENEFICIARY LINKAGE

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## II. KIDMED Outreach and Beneficiary Linkage

Federal EPSDT regulations provide that all eligible Medicaid beneficiaries under age 21 be informed of the nature and availability of screening services as well as how to access them. This provision includes targeted groups of eligibles, such as foster children, pregnant women, infants, toddlers, and adolescents. Information dissemination is accomplished through outreach activities. Outreach includes face-to-face discussions, telephone conversations, and written communications. The purpose of outreach is to increase participation in the KIDMED screening program.

This section describes how beneficiaries are adequately informed of KIDMED screening services and how the Louisiana KIDMED office links eligible beneficiaries to the screening providers of their choice. The Louisiana KIDMED office maintains a complete current database on all Medicaid beneficiaries under age 21 and on enrolled KIDMED screening providers.

This section also provides information on KIDMED outreach activities, including coordination with the Special Supplemental Food Program for Women, Infants, and Children (WIC), ChildNet, Head Start, and school-based health services. It also describes your outreach responsibilities and the marketing activities in which you may or may not engage as a KIDMED provider. How KIDMED screening services are coordinated in the CommunityCARE program, Louisiana's managed care initiative, is also described in this section.

### How beneficiaries are informed

Information about KIDMED screening services is provided during the initial Medicaid eligibility interview. During the application process, Medicaid applicants or beneficiaries are advised of the benefits of regular preventive health care for their children, the range of KIDMED services available, and how to obtain services. Foster parents, adoptive parents, and administrators of institutions and group homes are informed of KIDMED services each time there is a change in placement. Medicaid applicants and beneficiaries are also informed that the services are provided without cost to them, and that necessary transportation and appointment scheduling assistance is available through the Louisiana KIDMED office. Each applicant or beneficiary is given an attractive brochure in easy-to-understand language that describes KIDMED services and how to access them. KIDMED brochures are available in English, Spanish, and Vietnamese. This brochure is shown in Appendix 3. The applicant or beneficiary completes the tear-off portion of the brochure. The completed tear-off is mailed to the Louisiana KIDMED office for immediate processing.



## How beneficiaries are linked to providers

Louisiana KIDMED linkage procedures are designed to optimize the beneficiary's freedom of choice and eliminate fragmentation and duplication of screening services. The beneficiary's right under Medicaid regulations to choose a provider is protected in KIDMED linkage procedures. Beneficiaries must be given freedom of choice in choosing screening providers except as provided under a federally approved managed care waiver as in the CommunityCARE program. There are a number of different ways that beneficiaries are linked to KIDMED screening providers which are briefly described below:

- KIDMED telephone client service workers contact beneficiaries shortly after certification upon receipt of tear-offs from various outreach sources. The primary outreach sources include local Offices of Family Support, Medicaid eligibility offices, Louisiana Health Care Authority hospitals, enrollment centers, foster parents, schools, Head Start Centers and Early Intervention Centers.
- Beneficiaries may initiate contact to the Louisiana KIDMED office through the KIDMED toll-free telephone number to request screening services with a specific provider.
- KIDMED beneficiaries may be linked to enrolled KIDMED Continuing Care providers who agree to provide KIDMED and other primary care services for a minimum of six months. The Continuing Care option is described on pages III-10 and III-11.
- In parishes where the CommunityCARE program has been implemented, freedom of choice may be waived and beneficiaries who do not select a primary care physician will be assigned to a designated CommunityCARE physician. The CommunityCARE program linkage process is described below.

## Linkage at eligibility determination

Upon receipt of the KIDMED brochure tear-offs completed at the time of Medicaid certification, client service workers at the Louisiana KIDMED office contact the beneficiaries. These telephone outreach workers explain the importance of preventive health care, the screening services available, and how to access them. Each beneficiary is given a choice of screening providers in his/her community along with the address and telephone number of the screening provider he/she has selected. Beneficiaries are encouraged to choose one screening provider who will perform medical, vision, and hearing screenings. Parents of Medicaid-eligible children three years and older are also asked to choose a Medicaid-enrolled dentist for dental screening services. The beneficiary is advised to contact his/her screening provider(s) and schedule screening appointments for eligible children as soon as possible. The importance of keeping screening appointments or calling the provider or the Louisiana KIDMED office in advance to reschedule is stressed.

## Provider initiated linkages

Generally, only the beneficiary may request a linkage to a specific provider. As a provider, you cannot make a request to the Louisiana KIDMED office to link specific beneficiaries to you for screening. However, you may encourage beneficiaries to call the Louisiana KIDMED office toll-free telephone line to request screening services. Beneficiaries may request you to be their screening provider when they call.

Primary care physicians who participate in KIDMED as Continuing Care providers may request that patients under their care be linked to them. This KIDMED provider enrollment option for primary care physicians is explained on pages III-10 and III-11.

## CommunityCARE linkages

CommunityCARE is a managed care program administered by Louisiana Medicaid under a Federal freedom of choice waiver. A number of rural parishes are designated by Louisiana Medicaid to participate in CommunityCARE. The program provides Medicaid beneficiaries with a family physician who is responsible for providing preventive and acute care, referral for specialty care, and after hours coverage to beneficiaries linked to them. Beneficiaries can only be linked to a primary care physician, physician group, rural health clinic, or federally qualified health center enrolled in the CommunityCARE program.

CommunityCARE providers (except those who only see patients over age 21 in their practice) are required to participate in the Louisiana KIDMED program and provide screening services to children under their care. Beneficiaries are given an opportunity to choose a primary care physician participating in CommunityCARE in their parish or adjoining parish. If they do not choose a doctor, one is assigned. Beneficiaries' monthly Medicaid card lists their assigned physician who must provide or authorize most medical care except true emergency care.

Beneficiaries residing in newly designated CommunityCARE parishes are contacted by letter to choose a CommunityCARE primary care physician. If they are currently receiving KIDMED services from a CommunityCARE enrolled physician, they may remain with that provider. Beneficiaries who are not linked to any KIDMED provider, or are linked to a KIDMED provider who is not a qualified CommunityCARE provider, are contacted by letter and asked to choose an enrolled CommunityCARE physician to provide all of their primary care, including KIDMED services. If they do not indicate their choice within a designated time period, they are automatically linked to a CommunityCARE primary care physician in their parish or an adjoining parish.

A primary goal of the CommunityCARE program is to provide a "medical home" to children. Therefore, CommunityCARE physicians must provide all primary and preventive health care to their patients. All care management, including KIDMED screening, diagnosis, and treatment (for under 21 year olds), is the responsibility of the CommunityCARE primary care physician.

## Notifying providers of beneficiary linkages

As a KIDMED screening provider, you will receive a Screening Provider Beneficiary Report (RS-0-07) on a monthly basis; this report will notify you of all beneficiaries linked to you for screening. You will also receive a New Recipient and Missed Screening List (EP-0-10) on a weekly basis; this lists any new beneficiaries added to the eligibility file who have chosen you as their screening provider. Appendix 20 contains samples of these reports and instructions for their use. Each report is described briefly below. Please check these reports as soon as you receive them and revise your office and clinic records accordingly. It is important for you to check these reports before scheduling medical screenings.

If you wish to screen a beneficiary who is not listed on one of these reports, you must first contact the Louisiana KIDMED office toll-free telephone line at 1-800-259-8000 (or 928-9683 in Baton Rouge) to request authorization prior to screening the beneficiary. If you fail to obtain authorization prior to performing the medical screening and the beneficiary is linked to another KIDMED provider, your medical screening claim shall be denied. If the beneficiary is already linked to another provider and now wishes to be screened by you, the procedures outlined on the next page under "Beneficiary requests for provider change" must be followed.

## Screening Provider Beneficiary Report (RS-07)

This is a comprehensive listing of beneficiaries who have chosen you or have been assigned to you through the CommunityCARE program as their medical, vision, or hearing screening provider. The report includes those who are up-to-date with their screenings, those who are due for a screening in a future period, as well as those beneficiaries currently needing a medical, vision, and/or hearing screening. This listing is mailed to you at the end of each month for the upcoming month. Key elements of this listing are:

- **Last Date Screened**--This date is based upon paid screening claims. This last screening may have been done by you as the current screening provider or by the previous screening provider.
- **Next Screening Period**--These are the inclusive dates during which the next screening is due. Those screenings indicating \*INITIAL SCREEN REQUIRED\* are in need of an initial screening. The Louisiana KIDMED office records indicate that these beneficiaries are not known to have had a screening in recent history and must receive a screening as soon as possible. These beneficiaries will also appear on the weekly "New Recipient and Missed Screening List."

Other important features of this report are described on pages V-18 and V-19 and Appendix 20.

## New Recipient and Missed Screening List (EPO-10)

This is a weekly list of new beneficiaries who have chosen you as their screening provider. It gives identifying information on each beneficiary, including the date by which an initial screening must occur. Initial screenings must be scheduled within the time limits given below upon notification by the Louisiana KIDMED office.

- Newborns--immediately
- Children one month to three years of age--within 45 days
- Children three to six years of age--within 60 days
- Children six to 21 years of age--within 120 days

The other features of the New Recipient and Missed Screening List (EPO-10) are described on pages V-18 and V-19 and Appendix 20.

### Beneficiary requests for changing providers

Beneficiaries may change KIDMED providers by contacting the Louisiana KIDMED office toll-free telephone line and requesting a change. When such a request is made, the KIDMED telephone client service worker informs the beneficiary about the available KIDMED providers in their community or parish. Changes are effective the first day of the month following expiration of the 60-day waiting period. For example, if a beneficiary requests a provider change on January 15, 1994, the change will be effective on April 1, 1994.

The "former" KIDMED provider is responsible for forwarding a copy of the child's screening medical records to the new provider upon request from the new provider or when a medical release signed by the beneficiary is received. The provider cannot charge the beneficiary for the screening medical record duplicating and mailing costs.

### Provider marketing activities

As a KIDMED provider, you are encouraged to develop and use outreach materials which identify, inform, and motivate eligible Medicaid beneficiaries in your practice to participate in the KIDMED program. KIDMED will assist you in your outreach efforts by providing you with KIDMED brochures for patients in your practice.

Provider marketing activities include the strategies you develop and use to inform Medicaid beneficiaries of KIDMED services, promote behavior changes which positively affect health, and encourage appropriate utilization of KIDMED services. If you develop any special marketing materials specifically directed to KIDMED beneficiaries, you must submit the materials to the Louisiana KIDMED Outreach Manager for review and approval prior to use. The Louisiana KIDMED office will review and forward the marketing materials to the Louisiana Medicaid Program for approval. You will be notified

promptly by the Louisiana KIDMED office regarding the decision by Louisiana Medicaid on your marketing materials.

This prior approval policy includes marketing materials in all media, including direct mailings and correspondence, brochures, leaflets, flyers, presentation materials used by marketing representatives, and advertisements in newspapers, magazines, radio, television, billboards, and the yellow pages. It includes materials mailed to or aimed at Medicaid beneficiaries and any materials that mention KIDMED, Medicaid, or Title XIX. The Louisiana KIDMED logo is copyright protected and cannot be used on your marketing materials.

■ Do not use the word "free" in your marketing materials as it relates to services offered to Medicaid beneficiaries which are reimbursed by Medicaid. KIDMED and other Medicaid services are financed by tax dollars. You may use the phrase "at no cost to the beneficiary" to describe KIDMED services.

As a KIDMED screening provider, you are prohibited from offering material or financial gain directly or indirectly to Medicaid beneficiaries as an inducement to participate in the Louisiana KIDMED program. This includes a prohibition from offering material or financial gain to other types of providers, such as transportation providers, to induce beneficiaries to choose you as their screening provider. This assures that the beneficiary's decision to participate is not influenced by non-medical factors.

Medicaid eligibility sites and enrollment centers are prohibited from making provider-developed marketing materials available that promote the provider. This ensures that these sites are not used for indirect marketing on behalf of any individual provider.

### **KIDMED community-based outreach**

Louisiana KIDMED uses a combination of innovative outreach strategies to increase KIDMED screening enrollment and utilization. These strategies help extend coverage to beneficiaries who are hard to reach through traditional means, have high resistance to enrollment, are distrustful of agency workers, have little or no contact with the health system, and/or live relatively far from medical providers. Louisiana KIDMED works in collaboration with community and religious organizations and other community groups to develop outreach programs that are culturally and ethnically sensitive to each locale.

### **KIDMED coordination with Title V, WIC, and related programs**

Federal regulations require KIDMED to coordinate services with Title V Maternal and Child Health programs and the Special Supplemental Food Program for Women, Infants, and Children (WIC) offered through the Louisiana Office of Public Health. Coordination requirements also include child health

initiatives with other related programs such as, but not limited to, Head Start, school-related health programs, and ChildNet.

## **KIDMED coordination with WIC**

The WIC program is funded by the US Department of Agriculture. It is designed to provide supplemental nutritious food and nutrition education. It serves as an adjunct to good health care during critical periods of growth and development. WIC beneficiaries include low-income individuals in the following categories who are determined to be at nutritional risk: infants, children up to age five, and pregnant, breast-feeding, and postpartum women. The program provides beneficiaries with drafts redeemable for specific nutritious foods at no cost to the beneficiary. WIC services are available through the local health units, some community centers, and specific other contract non-profit agencies.

Federal law requires coordination between WIC and Medicaid services. The agencies providing WIC services are required to refer Medicaid-eligible families for KIDMED services. Likewise, as a KIDMED screening provider, you are required to refer all eligible women, infants, and children under age five for WIC services. If you complete the WIC referral form (see Appendix 4), you can expedite the WIC eligibility process for your patients. In addition to the referral form, WIC requests a copy of the latest growth grid. The information you provide will help the WIC staff in determining eligibility.

Your KIDMED Regional Nurse or Provider Relations Coordinator will briefly explain to you the WIC referral and certification process during your initial provider certification visit. You will be shown a short video entitled "Physician's Guide to WIC" and advised how to use the WIC referral forms and where to make referrals for WIC services. The referral forms are available from the local health unit. You may not charge the beneficiary or the Office of Public Health for completing the WIC referral form or copying the weight grid form. For additional information about the WIC program, please contact your local health unit or the State WIC Director at (504) 568-5065.

## **KIDMED coordination with Head Start**

Head Start is a comprehensive program of health, nutritional, educational, social, and other services designed primarily for low-income pre-school children. One advantage of the program is strong parental involvement. Head Start and KIDMED share the same child health goals. Approximately 90 percent of Head Start families are also Medicaid-eligible families.

Head Start is a major focus of KIDMED outreach efforts. Head Start centers already have working relationships with community medical providers because Head Start requires its enrollees to have annual medical examinations and appropriate referrals for medically necessary diagnosis and treatment. You are encouraged to become a screening provider and perform the annual physical examinations for the Head Start centers near you. For additional information on how you can coordinate services with Head Start, please contact the Louisiana KIDMED Outreach Manager at 1-800-259-8000, or 928-9683 in Baton Rouge.

## KIDMED linkages with local school boards

Schools are key links in improving child health because they are in regular contact with students and parents. Schools play an important role in identifying children's health problems and improving access to a wide range of health care services.

Medicaid offers schools an opportunity to improve the quality and scope of all their health programs by encouraging enrollment in the KIDMED screening and EPSDT Health Services Programs. Schools help to inform eligible children and families about Medicaid and the Louisiana KIDMED Program. Participating school systems inform their school population about the importance of preventive health care and encourage eligible children and families to participate in Medicaid and KIDMED.

School-based KIDMED and EPSDT health services are performed onsite after obtaining parental consent as required by the school board.

Through close interagency collaboration with Medicaid, EPSDT, and Louisiana KIDMED, the school setting has been used successfully as a key outreach and service delivery resource for the Medicaid-eligible school-age population.

## KIDMED coordination with ChildNet

The Interagency Agreement of ChildNet, the State's Early Intervention Program for developmentally disabled infants and toddlers, provides for an integrated KIDMED/early intervention system. Because the KIDMED screening and ChildNet evaluation and assessment share many common goals and elements, closely linked protocols have been developed for both programs. KIDMED screening providers are required to (1) refer children who fail developmental screening and may meet the ChildNet eligibility criteria to Child Search (shown in Appendix 15) and (2) provide the evaluation (physician's examination) on the child where appropriate. KIDMED providers are also required to share medical information (with parental consent) for the purpose of ChildNet evaluation and assessment at no charge to the parent. Early intervention providers are required to ensure that children they see have received KIDMED services, including immunizations, and are encouraged to coordinate services and share information (with parental consent) with the child's primary care physician.

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### **III. HOW TO QUALIFY AND ENROLL AS A KIDMED PROVIDER**

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### **III. How to Qualify and Enroll as a KIDMED Provider**

This section describes the general conditions for enrolling in Medicaid and how to become a Medicaid provider. It explains the categories of providers that are eligible to enroll in KIDMED and the minimum requirements that must be met in order to qualify. This will help you decide whether or not you can and wish to participate. The section also describes the enrollment process for a KIDMED medical, vision, and/or hearing screening provider. It explains the paperwork you must complete. In addition, if you wish to enroll as a medical screening provider, it will help you prepare for the initial KIDMED orientation and site review visit required for your conditional enrollment.

#### **Enrolling in Medicaid**

As a KIDMED screening provider applicant, you must meet all of the general Medicaid enrollment conditions. Those who are not already enrolled in Medicaid must complete the PE-50 Medicaid Provider Enrollment Form. You may request this form by contacting Louisiana KIDMED at 1-800-259-8000 (or 928-9683 in Baton Rouge). You must complete and return the form to the Provider Enrollment Unit, Bureau of Health Services Financing, Post Office Box 91030, Baton Rouge, LA 70821-9030. Once you are enrolled in Medicaid, you will be assigned a Medicaid Provider I.D. Number and Louisiana KIDMED will be notified of your enrollment in Medicaid.

#### **Enrolling in KIDMED**

All KIDMED screening provider applicants must complete the PE-50 KIDMED Provider Enrollment Supplement Agreement shown in Appendix 5. This is a very simple form that requires you to enter identifying information and indicate your provider category and the types of screening services you agree to provide. It also lists the KIDMED program requirements that are conditions of enrollment. You may request this form from the Louisiana KIDMED office by mail or by phone. When you make your request, you must indicate the type(s) of screening services you wish to provide and your Medicaid provider number, if you are already enrolled in Medicaid. The information packet you receive from the Louisiana KIDMED office will contain the PE-50 KIDMED Provider Enrollment Supplement Agreement, the KIDMED Provider Manual, billing information, a program brochure, and other materials. All required KIDMED enrollment forms should be completed as soon as possible and submitted directly to the Louisiana KIDMED office, 5700 Florida Boulevard, 10th Floor, Baton Rouge, LA 70806. See Appendix 6. The KIDMED Provider Input form must be updated as changes in data occur.

#### **Enrollment requirements for medical screening**

Federal EPSDT guidelines provide that screenings be performed by or under the supervision of a licensed physician or other provider qualified under the law to provide primary medical and health

services. Federal law prescribes minimum qualifications that physicians who provide services to Medicaid eligible beneficiaries must meet.

In order to enroll as a medical screening provider, you must meet the qualifications under one of the provider enrollment categories described below.

- **Physician**--Medical screening services must be provided by or under the medical supervision of a licensed physician, physician group, or "professional medical corporation" as defined by Louisiana Law R.S. 12:951-965. The physician must assume professional responsibility for the services provided and assure that the services are medically necessary and appropriate. The physician must use the same provider number for KIDMED screening as for enrollment in professional services. A separate provider number will not be assigned for KIDMED.

- **Certified Pediatric Or Family Nurse Practitioner**--A certified pediatric or family nurse practitioner is a health care provider who is currently licensed as a registered nurse in Louisiana and who has satisfactorily completed a program of studies accredited by a national accrediting agency recognized by the Louisiana State Board of Nursing. National certification is required along with recognition by the Louisiana State Board of Nursing. The nurse practitioner functions according to protocol established by a directing physician, under the direction of that physician, with the approval of a directing physician, or under the protocol jointly established by a directing physician and nurse practitioner. Any medical situation or condition that arises and is not addressed by protocol or other physician direction must be referred immediately to a directing physician. The certified nurse practitioner must use the same provider number for KIDMED screening as for enrollment in professional services. A separate provider number will not be assigned for KIDMED.

- **KIDMED Clinic**--The clinic itself does not have to be administered by a physician. However, the clinic must be supervised by a licensed Medicaid enrolled physician. There must be an arrangement (provision or plan) with one or more licensed physicians, under which a physician is responsible for the general direction of the clinic that includes the following:

- The periodic review of KIDMED screening and other clinic services furnished by qualified clinic staff
- The supervision and guidance of clinic staff
- The preparation of medical orders for care and treatment of clinic patients
- The physician availability for referral and consultation, and for advice and assistance in the management of medical emergencies

The supervising physician is not required to be an employee of the provider, be full-time, or be present in the facility during the hours that services are provided. The physician must see each KIDMED beneficiary under six years of age at least once a year and older children at least once every two years. The physician must prescribe a plan of care and periodically review the care plan.

This is considered minimal medical supervision of the clinic. The requirement may be satisfied through agreements with one or more physicians. The physician must assume professional responsibility for the services provided and assure that the services are medically necessary and appropriate. State law governing a physician's supervision must also be met (Physician Practice Act).

A copy of the contractual agreement or other documentation of medical supervision and formal affiliation with a Medicaid enrolled physician as described above must be provided to the Louisiana KIDMED office at certification and monitoring visits.

The above requirements apply to both fixed sites and mobile clinic sites. Screenings may be furnished in mobile settings provided there is a fixed clinic site. Each unit must meet Occupational Safety and Health Administration (OSHA) requirements and be inspected and approved by the Louisiana KIDMED office.

- **Federally Qualified Health Center (FQHC)**—An FQHC receives Public Health Service grant funds under authority of Section 329 (Migrant Health Centers), Section 330 (Community Health Centers), or Section 340 (Services to Homeless Individuals), or is otherwise designated as an FQHC ("look-alike"). Screening services furnished in an FQHC must be provided by or under the medical supervision of a licensed physician. An FQHC enrolled as a KIDMED screening provider is issued a separate Medicaid Provider I.D. Number for KIDMED screening services.

- **Rural Health Clinic**—A rural health clinic is a facility certified by the Health Care Financing Administration (HCFA) to furnish primary care services in a rural area that qualifies as an area underserved by health professionals. Staffing includes at least one licensed physician and at least one certified physician assistant or certified nurse practitioner. Patient care services must be furnished at least by mid-level staff under the direction of a licensed physician.

- **Public Health Clinic**—A public health clinic is administered by the state health officer or other health officers of a municipality (i.e., New Orleans). The clinic must follow professionally recognized standard medical protocol. Health services delivered in such settings must be furnished by or under the medical direction of a licensed physician. This requirement does not mean that a physician must be present in the clinic where screening services are provided.

- **Local Education Agency (LEA)**--Screenings may be performed in school settings as part of school nurse programs, special education programs, or school-based health clinics. In order to meet the physician affiliation requirement, an LEA or local school board must directly employ or contract with a licensed physician to perform the following medical direction activities:

- Participate in developing, executing, and periodically reviewing the written policies related to KIDMED screenings and other medical services
- Provide medical training to enhance screening and assessment skills
- Periodically monitor quality of care through onsite observation and medical record reviews
- Provide necessary medical orders
- Provide general medical consultation and guidance
- Give advice and assistance in medical emergencies

The physician must assure that beneficiaries are receiving screening services in a safe and efficient manner in accordance with accepted standards of medical practice. A copy of the contractual agreement or other documentation of formal affiliation with a licensed physician must be provided to KIDMED. An LEA enrolled as a KIDMED medical, vision and/or hearing screening provider is issued a separate Medicaid Provider I.D. Number for KIDMED screening services. This is different from the Medicaid Provider I.D. Number issued for EPSDT Health Services for children with special health care needs.

### Staffing and training requirements

KIDMED medical screenings must be provided by a registered nurse, certified physician assistant, or licensed physician (including licensed osteopath). Pediatric training is required for staff who are screening pediatric age patients under age 13. Examples of pediatric training include recent pediatric physical assessment courses and pediatric experience in a clinical setting within the last two years. At least one member of the medical staff must have current CPR certification and be onsite at all times when services are provided to a child.

## Equipment and supply requirements

The following equipment and supplies are required as age-appropriate:

- Louisiana KIDMED-approved medical records and forms on physical examination, laboratory, health history, and other procedures needed to document each screening component
- Growth grids for plotting height, length, weight, and head circumference
- Urine dip sticks for pH, protein, blood, glucose, leukocytes, and nitrite
- Containers for urine collection
- Blood lead testing collection tubes and forms from a Medicaid-approved lab
- Neonatal metabolic screening materials from a Medicaid-approved lab
- Hemoglobinometer or centrifuge, or equivalent equipment, for iron deficiency anemia screening
- Examination table(s)
- Pediatric scales (balanced)
- Adult scales (balanced)
- Instruments for height measurement
- Denver II Developmental Screening Test kit, forms, and manual for those who screen children under six years of age
- Refrigerator with thermometer for vaccine storage
- Vaccine information pamphlets
- Emergency equipment and medications for those who administer immunizations (equipment must be appropriate size for patient age, i.e., adult, child, and infant airways; oxygen; ambu bag; bite stick; Adrenalin; Benadryl and administration equipment; and suction equipment)
- Sphygmomanometer with cuffs for child and adult
- Gowns or drapes
- Pediatric and adult stethoscopes

- Otoscope
- Head circumference tape measure
- Penlight
- Appropriate blood drawing and disposal equipment including latex gloves, aprons, goggles, and approved sharps container
- Appropriate disinfectant
- Fire extinguisher
- Fire evacuation plan posted
- Exit signs

### Clinical site review for conditional enrollment

Upon receipt of your enrollment form, Louisiana KIDMED Provider Relations staff will contact you to discuss basic program requirements with you and answer any questions you may have about KIDMED. If you meet the provider qualifications listed on the preceding pages in this section and wish to complete the enrollment process, a clinical site review will be scheduled within 30 days at your convenience. The clinical site review may be rescheduled at a later date if you need additional preparation time.

This site visit will be conducted by the KIDMED Regional Nurse and will take about two hours. The KIDMED Regional Nurse will plan this visit with you to minimize disruption of your normal operations. The physician, office manager, and clinic staff responsible for any part of the screening process must participate in the review. However, there are some aspects of the review, such as the review of appointment and scheduling systems, that do not require the presence of the physician and clinical staff. To prepare for this visit, you should thoroughly review this manual, identify any issues that you do not understand, and make a list of the questions you want to ask the KIDMED staff. You will have an opportunity to ask questions, clarify your responsibilities under the program, find out how to incorporate KIDMED services into and/or expand your practice, determine the extent of your participation, find out how to bill and the amount you will be paid for KIDMED services, and learn more about the many provider support services available from the Louisiana KIDMED office.

The KIDMED Regional Nurse will use a checklist (see Appendix 7) to conduct the clinical review. You should have the following information available at the time of the visit.

- General information about your practice
- Evidence of medical supervision

- The names, licensure, certifications, and pediatric training documentation of your clinical staff
- The facility's caseload size
- Clinical structure and appearance
- Equipment and supplies
- Patient flow procedures
- Appointment scheduling system
- Screening and other services available
- Standing orders
- Referral procedures
- Medical records
- Billing procedures
- Surveillance Utilization Review System (SURS) status
- KIDMED-related marketing materials
- CLIA certificate or certificate of waiver

In addition to appropriate staff, equipment, and supplies, you must have a safe, clean, handicapped-accessible facility with adequate space, lighting, furnishings, and examination areas that ensure privacy and are accessible to hand washing facilities. All patient areas including bathrooms are also required to be handicapped-accessible.

The KIDMED Regional Nurse will hold an exit interview with you to discuss the clinical site visit findings. Louisiana KIDMED will send you a letter summarizing the findings of the site review (see Appendix 8). Any deficiencies will be noted, and you will be given 60 days in which to correct them. If corrective action is indicated, a form will be attached to your letter. You must return this form to the Louisiana KIDMED office documenting the corrective action you have taken. Corrective action is subject to verification by the Louisiana KIDMED office. Upon verification that you meet all provider and program requirements, Louisiana KIDMED will make a recommendation regarding your conditional enrollment to the Louisiana Medicaid Program. The Medicaid Director or designee will make the final decision on your conditional enrollment. Louisiana Medicaid will notify you of your conditional enrollment status and whether you can begin billing.

## Six-month follow-up review for full enrollment

Approximately six months after you receive conditional enrollment and begin providing KIDMED screening services, your KIDMED Regional Nurse will contact you. At that time you will schedule a follow-up visit to review your continuing compliance with program regulations (using the same provider certification checklist explained above and employed in the initial review). In addition, the Regional Nurse will observe KIDMED screenings being performed, interview the screening staff, check your equipment and licenses of clinic staff, review your scheduling systems, and audit a sample of your medical records on patients screened. The review may be conducted in tandem with a Medicaid review of other services. A beneficiary satisfaction survey will also be conducted (see Appendix 9). The six-month follow-up review visit will take about four to six hours. The clinical staff must be available for the observation and interview activities but need not be available for the other components.

KIDMED will discuss the review findings with you at an exit interview. You will have an opportunity to ask questions about any aspect of the review or the program. If problem areas are found, a letter requesting a corrective action plan will be sent to you within 30 days from the date of the review. You are expected to prepare and submit your corrective action plan within 10 working days for approval. You will then receive written notification from the Louisiana KIDMED office of approval or disapproval and be advised of any further corrective action required within 10 working days. A site visit will be conducted in most cases by the Louisiana KIDMED staff to validate the corrective action you have taken. The Louisiana KIDMED office will make a recommendation to the Medicaid Program regarding your full enrollment. You will receive a notice from the Louisiana KIDMED office indicating whether or not your enrollment status has been changed from "conditional" to "full." A decision on full enrollment may be delayed if deficiencies are found. Major deficiencies may result in disenrollment. The flowchart in Appendix 24 depicts the process.

## Denial or suspension of provider enrollment

Your conditional or full enrollment in KIDMED may be denied, held for review, or suspended at any time if any of the following occur:

- You are indicted for or convicted of a criminal offense related to Medicaid.
- The Office of the Attorney General is conducting a criminal investigation of you.
- You are suspended or terminated from the Louisiana Medicaid Program.
- Medicaid is seeking to withhold and/or recover money inappropriately received by you.
- Your professional license is probationary or has been suspended or revoked.
- You do not comply with Medicaid and/or KIDMED program requirements.

## Vision screening provider requirements

In order to enroll as a vision screening provider, you must meet the qualifications under one of the seven medical screening provider categories listed on pages III-2 through III-4. In addition, licensed



optometrists may apply for enrollment or provide direction in one of the seven categories where applicable.

KIDMED vision screening must be provided by a registered nurse, certified physician assistant, licensed physician, or licensed optometrist with appropriate training. You must provide evidence of applicable licensure of staff performing these services as a condition of enrollment.

The following equipment and supplies are required for objective vision screening:

- Snellen chart, Allen cards plus occluder, Titmus, or equivalent for visual acuity testing
- Polychromatic color perception plates (Ishihara, Stilling, or Hardy-Rand-Ritter)
- Penlight

If you are also a medical screening provider, your equipment and the appropriateness of your maintenance procedures will be assessed during the initial site review for conditional enrollment. If you are not a medical screening provider, you must submit evidence of your equipment and your maintenance procedures in order to enroll.

The Louisiana KIDMED office will contact you within 10 days of receipt of your PE-50 Provider Enrollment Supplement Agreement to discuss your enrollment. If you are applying to enroll as a vision screening provider and not a medical screening provider, no site visit will be conducted for conditional enrollment. A recommendation regarding your enrollment will be made to Louisiana Medicaid. The Medicaid Director or designee will make the final decision on your enrollment. Louisiana Medicaid will notify you of your enrollment status and whether you can begin billing.

### Hearing screening provider requirements

In order to enroll as a KIDMED hearing screening provider, you must meet the qualifications under one of the seven medical screening provider categories listed on pages III-2 through III-4. In addition, licensed audiologists and speech pathologists who are certified by the American Speech and Hearing Association (ASHA) or who have equivalent qualifications with appropriate training may apply for enrollment or provide direction in one of the seven categories where applicable.

KIDMED hearing screening must be provided by a registered nurse, certified physician assistant, licensed physician, licensed audiologist or licensed speech pathologist with appropriate training. You must provide evidence of applicable licensure of staff performing these services as a condition of enrollment.

The following equipment is required for objective hearing screenings:

- Pure tone audiometer or Welsh Allyn audioscope (20 db model)

If you are also a medical screening provider, your equipment and the appropriateness of your maintenance procedures will be assessed during the initial site review for conditional enrollment. If you are not a medical screening provider, you must submit evidence of your equipment and your maintenance procedures in order to enroll.

The Louisiana KIDMED office will contact you within 10 days of receipt of your PE-50 Provider Enrollment Supplement Agreement to discuss your enrollment. If you are applying to enroll as a hearing screening provider and not a medical screening provider, no site visit will be conducted for conditional enrollment. A recommendation regarding your enrollment will be made to Louisiana Medicaid. The Medicaid Director or designee will make the final decision on your enrollment. Louisiana Medicaid Louisiana will notify you of your enrollment status and whether you can begin billing.

### Continuing care provider option

Under the continuing care option, KIDMED screenings are part of a continuum of care delivered by a physician who is familiar with the child's episodes of acute illness and has an ongoing relationship with the parents or guardians as the regular source of the child's medical care. This physician-patient arrangement provides a "medical home" for the child. It also fulfills the general concept that child health services are continuing and comprehensive and that a child should receive examinations, diagnosis, treatment, and referral services from one provider. Your participation as a continuing care provider is encouraged in the belief that you can significantly help improve the delivery and quality of services and, at the same time, contain escalating health care costs.

If you are an enrolled KIDMED medical screening provider and you provide both screening and primary care, you may choose to enroll as a Continuing Care provider. Providers who furnish only screening services are not eligible to provide continuing care.

As a continuing care provider, you become the sole provider of KIDMED medical, vision, and hearing screening services and act as a care manager for children whose parents or guardians have consented to this arrangement both for KIDMED screenings and for care of acute, episodic and chronic illnesses. This arrangement is for a stated period of time. The mutual obligations of both the beneficiary and provider are recognized by a signed enrollment agreement. A sample of the agreement form is shown in Appendix 10. The parents or guardians must agree in writing to use you exclusively as the regular source of continuing care services for their child(ren) for a minimum period of one year. The agreement is automatically renewable unless the parents or guardians notify the Louisiana KIDMED office of withdrawal.

If you choose to enroll as a continuing care provider, you must sign a Continuing Care Supplement Agreement with Louisiana Medicaid. Appendix 11 contains a copy of this agreement. This agreement is in addition to the PE-50 Medicaid Provider Enrollment Form and the KIDMED Provider Enrollment Supplement Agreement. It requires you to agree to the following:

- To explain to each enrollee that KIDMED screening services must be obtained from the continuing care provider
- To provide KIDMED medical, vision, and hearing screening services and childhood immunizations
- To provide physician services as needed for acute, episodic, or chronic illnesses or conditions

- To arrange for such care if it is not usually provided by you or is beyond the scope of your practice
- To provide 24-hour, seven-day-a-week telephone coverage
- To maintain a consolidated health history, including information from other providers
- To enroll beneficiaries for continuing care through written agreement from the parents or guardians and to file the original agreement form in the child's medical record
- To allow an enrollee to withdraw with good cause upon request to the Louisiana KIDMED office 60 days prior to withdrawal
- To refer your enrollees to the Louisiana KIDMED office toll-free telephone line or Medicaid transportation scheduling service to access transportation assistance
- To provide appointment scheduling assistance, including notifying the parents or guardians when a KIDMED screening is due (except for children over 12 months of age, if you elect to have KIDMED schedule those children for you)
- To provide your enrollees with assistance in referrals for services not covered by Medicaid or to refer your enrollees to the Louisiana KIDMED office toll-free telephone line for this assistance
- To maintain admitting privileges at a local hospital that participates in Medicaid and is accessible to your enrollees
- To notify the Louisiana KIDMED office promptly of enrollees by sending or faxing a copy of the agreement signed by the parents or guardians

Upon receipt of the Continuing Care agreement from the primary care physician, KIDMED will assign the child to you for continuing care. You are the only KIDMED provider who can be reimbursed by Medicaid for screening services to children whose parents or guardians sign the agreement with you for continuing care. However, the agreement does not prevent another physician from being paid for emergency or non-screening services.

### Reporting provider changes

Once you are enrolled as a KIDMED medical, vision, and/or hearing screening provider, you must report significant changes in your practice. Changes in basic data, such as provider name, address, telephone number, Medicaid provider number, provider type, or provider category, should be reported immediately to the Provider Enrollment Unit of the Bureau of Health Services Financing at (504) 342-9454. Other changes should be reported to the Louisiana KIDMED office with 30 days advance notification. These includes changes in clinical staff, restrictions on the population you wish to serve, screening services you wish to provide, and appointment scheduling. You may notify the Louisiana

KIDMED office by mail or use the KIDMED office toll-free telephone line to report a change. If you are unsure about how or when to report changes, contact the Louisiana KIDMED office for assistance.

### **Terminating provider participation**

You must notify the Louisiana KIDMED office in writing at least sixty days prior to terminating your participation in the KIDMED Program. This will allow adequate time for the KIDMED telephone client service workers to contact beneficiaries linked to you, inform them of other available KIDMED providers, and request that they select a new provider. KIDMED providers will be assigned to beneficiaries who cannot be contacted by telephone and fail to contact the Louisiana KIDMED office and select a new provider.

You must maintain your KIDMED medical and billing records for at least three years from the date you received your last Medicaid payment. You are also required to forward a copy of the screening medical record to the new provider upon request and the receipt of a medical release signed by the beneficiary. You may not charge the beneficiary for the cost of duplicating or mailing KIDMED screening medical information.

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#### IV. THE SCREENING PERIODICITY SCHEDULE

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## IV. The Screening Periodicity Schedule

This section describes the requirements of the screening periodicity schedule for medical, vision, and hearing screenings. It will help you understand the importance of timeliness and the screening schedule that the Louisiana KIDMED program requires. The periodicity schedule is shown on page IV-3 and in Appendix 12. The national immunization schedule is shown in Appendix 14.

Screenings and immunizations must be performed on time at the ages shown. For example, the screening due when the child is six months old must be performed after he or she has reached the age of six months, but before the seven-month birthday. The screening scheduled for three years of age must be performed between the child's third and fourth birthdays. In addition, the periodic screenings performed on children under two must be performed at least 30 days apart. Screenings performed after the child's second birthday must be at least six months apart. As a provider, you are obligated to follow the periodicity schedule and the specific protocol for each age group.

You have a responsibility for coordinating medical, vision, and hearing screenings. If a child is linked to you for medical, vision and hearing screenings, you must complete the vision and hearing screening on the same day that the medical screening is performed. This is to be done on the same day to prevent the child from having to return at a later date.

It is up to you as the screening provider to ensure that the appointments scheduled for initial and periodic screenings are timely. You also must follow up on missed appointments. Two good faith efforts are required to reschedule a screening appointment. A good faith effort is a successful contact by telephone or letter to the parents or guardians. Claims submitted for KIDMED periodic screenings performed at an inappropriate time will not be paid.

State regulations require that the Louisiana KIDMED office telephone outreach representatives contact all Medicaid beneficiaries requesting KIDMED services by telephone or letter within 30 days of their eligibility determination. After a beneficiary has selected you as the screening provider, the Louisiana KIDMED office will notify you promptly to arrange for the initial screening. This notification process is described in detail in Section II. Initial screenings must be scheduled within the time limits given below upon notification by the Louisiana KIDMED office.

- Newborns--immediately
- Children one month to three years of age--within 45 days
- Children three to six years of age--within 60 days
- Children six to 21 years of age--within 120 days

There are several exceptions to the screening timeliness rule:

- Initial screenings--Depending on when you received notification from the Louisiana KIDMED office to screen a child, the initial screening time may not correspond exactly to the periodicity schedule. After the initial screening, the subsequent periodic screenings must be performed on schedule.

■ Baseline laboratory and Denver II screening must be done at the initial medical screening on all children under age two.

- Off-Schedule Screenings--If a child misses a regular periodic screening, that child may be screened off-schedule in order to bring him or her up-to-date at the earliest possible time. However, remember that all screenings on children under two years of age must be at least 30 days apart, and those on children age two through six must be at least six months apart.

- Interperiodic Screenings--These are medical, vision, or hearing screenings that are provided outside of and in addition to the regular periodic screenings. Any medical provider or a qualified health, developmental, or educational professional who comes into contact with the child outside of the formal health care system may request an interperiodic screening. Examples of organizations whose professionals might make these requests include early intervention or special education programs such as Child Search and ChildNet, Head Start, day care programs, and the Special Supplemental Food Program for Women, Infants, and Children (WIC). In addition, the beneficiary or family may request an interperiodic screening. You must determine and document the need for an interperiodic screening in the medical record.

REQUIRED KIDMED MEDICAL, VISION, AND HEARING SCREENING  
COMPONENTS BY AGE OF RECIPIENT (EFFECTIVE APRIL 1, 1994)

AGE	BIRTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO
MEDICAL SCREENING	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
INITIAL/INTERVAL HISTORY	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MEASUREMENTS																					
Height and Weight	X	X	X	X	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	X	X	X	X	X	X	X	X	X	X
Blood Pressure																					
DEVELOPMENTAL ASSESSMENT	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
UNCLOTHED PHYSICAL EXAM/ASSESSMENT 1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PROCEDURES																					
Immunization 4	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Neonatal Screening																					
Anemia Screening 3																					
Urine Screening 6																					
Lead Risk Assessment 7																					
Blood Lead Screening 4																					
NUTRITIONAL ASSESSMENT	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HEALTH EDUCATION 8	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
VISION SCREENING	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
HEARING SCREENING	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S

- X = Required at visit for this age      S = Subjective by history      O = Objective by Medicaid-approved standard testing method  
 --- = One test must be administered during this time frame
- Baseline lab and Denver II screening must be done at the initial medical screening on all children under age two.
  - The newborn screening examination at birth must occur prior to hospital discharge (if done less than 48 hours after birth, it must be repeated).
  - The physical examination/assessment must be unclothed or undraped and include all body systems.
  - The state health department immunization schedule must be followed per AAP recommendations.
  - Anemia screening is to be done once between one and four years, (as soon as toilet trained), five to 12 years, and between 13 and 20 years.
  - Urine testing (dipstick) is to be done once between one and four years, (as soon as toilet trained), five to 12 years, and between 13 and 20 years.
  - Anticipatory guidance and verbal risk assessment for lead must be done at every medical screening.
  - Screening beginning at six months corresponds to 1991 CDC guidelines. The frequency of screening using the blood lead test depends on the result of the verbal risk assessment.
  - Health education must include anticipatory guidance and anticipatory conference. Youth, ages 12 through 20, must receive more intensive health education which addresses psychological issues, emotional issues, substance usage, and reproductive health issues at each screening visit.



TABLE 3. Recommended schedule for routine active vaccination of infants and children

Vaccine	At birth (before hospital discharge)						4-6 years (before school entry)		
	1-2 months	2 months	4 months	6 months	6-18 months	12-15 months	15 months		
Diphtheria-tetanus- pertussis		DTP OPV	DTP OPV	DTP OPV**			DTPaP/DTP OPV		
Polio, live oral									
Measles-mumps- rubella						MMR			MMR**
<i>Haemophilus</i> <i>influenzae</i> type b conjugate		Hib	Hib	Hib		Hib + + Hib + +			
HbOC/PRP-T --, --		Hib	Hib						
PRP-OMP --, --									
Hepatitis B***	HepB	HepB***	HepB***	HepB***	HepB*** HepB***				
Option 1									
Option 2									

\*Can be administered as early as 6 weeks of age.

--Two DTP and Hib combination vaccines are available (DTP/HbOC [TETRAMUNE<sup>TM</sup>]; and PRP-T [ActHIB<sup>TM</sup>, OmniHIB<sup>TM</sup>] which can be reconstituted with DTP vaccine produced by Connaught).

+ This dose of DTP can be administered as early as 12 months of age provided that the interval since the previous dose of DTP is at least 6 months. *Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTP)* is currently recommended only for use as the fourth and/or fifth doses of the DTP series among children aged 15 months through 6 years (before the seventh birthday). Some experts prefer to administer these vaccines at 18 months of age.

\*\*The American Academy of Pediatrics (AAP) recommends this dose of vaccines at 6-18 months of age.

\*\*The AAP recommends that two doses of MMR should be administered by 12 years of age with the second dose being administered preferentially at entry to middle school or junior high school.

--HbOC: [HibTITER<sup>TM</sup>] (Lederle Praxs). PRP-T: [ActHIB<sup>TM</sup>, OmniHIB<sup>TM</sup>] (Pasteur Merieux). PRP-OMP: [PedvaxHIB<sup>TM</sup>] (Merk, Sharp, and Dohme). A DTP/Hib combination vaccine can be used in place of HbOC/PRO-T.

+ + After the primary infant Hib conjugate series is completed, any of the licensed Hib conjugate vaccines may be used as a booster dose at age 12-15 months.

\*\*For use among infants born to HBsAg-negative mothers. The dose should be administered during the newborn period, preferably before hospital discharge, but no later than age 2 months. Premature infants of HBsAg-negative mothers should receive the first dose of the hepatitis B vaccine series at the time of hospital discharge or when the other routine childhood vaccines are initiated. (All infants born to HBsAg-positive mothers should receive immunophylaxis for hepatitis B as soon as possible after birth.)

\*\*\*Hepatitis B vaccine can be administered simultaneously at the same visit with DTP (or DTaP), OPV, Hib, and/or MMR.

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## V. CONDUCTING THE MEDICAL SCREENING

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## V. Conducting the Medical Screening

This section describes the components of the medical screening and indicates who among your staff may perform each component. In addition, it describes how Louisiana KIDMED can assist you with scheduling medical screening appointments for beneficiaries who have chosen you as a medical screening provider. It also describes KIDMED reports to medical screening providers.

The medical screening has five components as described below. Medicaid reimbursement for a medical screening is \$60.00. A medical screening must be billed on the KM-3 form and submitted directly to the Louisiana KIDMED office. The Medicaid Program will not reimburse you for a higher level office visit if you have been reimbursed for a medical screening on the same date of service. The higher level office visit includes the Evaluation and Management CPT codes 99203 through 99205 and 99213 through 99215.

COMPONENTS OF THE MEDICAL SCREENING	
1.	Comprehensive health and developmental history (including an assessment of both physical and mental health and development)
2.	Comprehensive unclothed physical exam or assessment
3.	Appropriate immunizations according to age and health history (unless medically contraindicated or parents or guardians refuse at the time)
4.	Laboratory tests (including appropriate neonatal, iron deficiency anemia, urine, and blood lead screening)
5.	Health education (including anticipatory guidance)

All components, including specimen collection, must be provided onsite during the same medical screening visit. For example, you cannot send a child to an outside laboratory to have blood drawn.

**NOTE:**

Age appropriate immunizations are a federally required medical screening component. You may not submit a claim for a medical screening unless all required components are administered including appropriate immunizations (unless medically contraindicated or the parents or guardians refuse at the time) according to age and health history. Failure to comply with or properly document this screening requirement constitutes an incomplete screening and is subject to recoupment of the total medical screening fee. See Page V-6a for immunization schedule.

The following is a description of each medical screening component.

## **Comprehensive health and developmental history**

At the initial medical screening, you must obtain a comprehensive health, developmental, and nutritional history from the child's parents, guardians, or a responsible adult familiar with the child, or directly from an adolescent when appropriate. You can gather this history either through an interview or by using an approved questionnaire. The initial history must include all of the following, as age-appropriate:

- Family medical history (health of current family members, identification of family members with chronic, communicable, or hereditary diseases)
- Patient medical history (prenatal problems, neonatal problems, developmental milestones, serious illnesses, surgeries, hospitalizations, allergies, and current health problems and medications)
- Nutritional history (diet, feeding problems, obesity)
- Risk factors that contribute to dental caries
- Immunization history
- Environmental risk (living conditions, water supply, sewage, pets, smokers in home)
- Risk of exposure to lead (see Lead Poisoning Risk Assessment Questionnaire on page V-13)
- Behavioral indicators of stress or emotional problems (educational environment and performance, family and social relationships, hobbies, sports)
- The name of the child's physician(s) and/or source of medical care
- The name of the child's dentist (for children age three and older)

In addition, for all children between 12 and 21 years of age, the initial history must include:

- History of sexual activity
- Use of contraception, if appropriate
- Menstrual history for females
- Obstetrical history, if appropriate

If a parent, guardian, or other responsible adult is not present when the initial history is taken on a child under 12 years of age, you must telephone the parents or guardians or send them a questionnaire to obtain the necessary information. If neither method of contacting them is successful, a member of your staff must visit the parents or guardians to collect the information. You may obtain the initial history from the child if the child is 12 years of age or older and is capable of providing this information.

The health history must be updated at each subsequent medical screening visit to allow for serial evaluation.

#### Who can take the history?

The history may be taken by trained staff but must be interpreted during the physical exam or assessment by a licensed physician, registered nurse, or certified physician assistant. Informational portions relating to nutrition may be taken by a licensed dietician or nutritionist.

### Developmental assessment

Each medical screening visit must include an assessment of the child's growth and development. You must determine whether or not the child has reached the age-appropriate level of development using appropriate criteria for specific age groups as defined below.

As shown on the periodicity schedule, the Denver II Test (full or shortened) must be administered a minimum of six times from two months through five years of age. It cannot be used after the sixth birthday. Assessment of developmental status at visits when the Denver II Test (full or shortened) is not administered is part of the physical exam or assessment and must be conducted via observation, interview, and consideration of the child's history.

For children over six years of age, the developmental screening must include a determination of the child's ability to understand and use appropriate verbal communication. For children between six and twelve years of age, the developmental screening must include an evaluation of school performance as well as peer and family relationships. For adolescents twelve years of age or older, the developmental screening must include a psychosocial assessment, including peer and family relationships, school/job performance, use of drugs, alcohol, and/or tobacco, sexual preparedness and activity, and family planning, when appropriate.

- The Denver II Test (full or shortened) can be administered only by those who have successfully completed the Denver II training program by a certified Master Denver II trainer. The full Denver II developmental test must be utilized for the entire six months of conditional enrollment. When full enrollment status is achieved, a provider must specify which method (full or shortened) will be used. The shortened Denver II may

only be used if the staff person conducting the test has been using the full Denver II for a minimum of six months and approval has been obtained from KIDMED." If you do not have appropriately trained personnel, contact the Louisiana KIDMED office for information on how and where to obtain the training.

In assessing development, you must keep the following in mind:

- Developmental screenings should be culturally sensitive and valid.
- Potential development problems should not be dismissed or excused as "culturally appropriate behavior."
- Developmental screening results should not be used to label or diagnose a child prematurely.

A child must be referred to the Child Search Coordinator for a developmental/psychological evaluation if he or she meets criteria for referral as defined by the Denver II protocol or exhibits any of the following behavior: developmental delays; history of poor school performance; poor social adjustment; and/or emotional or behavioral problems. Appendix 13 contains a list of Child Search Coordinators. The ChildNet Eligibility Criteria are shown in Appendix 15.

The Denver II protocol for referral considerations consists of the following:

If, upon rescreening, the test result is again suspect or untestable, the decision on whether or not to refer should be determined by the clinical judgment of the professional based upon:

- Profile of test results (which items are cautions and delays)
- Number of cautions and delays
- Rate of past development
- Other clinical considerations (clinical history, exam/assessment, etc.)
- Availability of referral resources

In addition, a child must be referred to a licensed physician for a complete medical exam and medically necessary diagnosis and treatment.

**Who can conduct the developmental assessment?**

The Denver II Test (full or shortened) must be conducted by staff members with a working knowledge of child development who have successfully completed training by a certified Master Denver II trainer.

The shortened Denver II may be used initially in place of the full Denver II. This format decreases the number of items administered but allows for the detection of children who are developmentally at risk. Certification in Denver II remains a requirement for staff who administer the test. Criteria for scoring, interpretation, and referrals remain the same as for the full Denver II.

**Instructions:**

**Administer**

- (1) Three items in each sector that fall nearest to and totally to the left of the age line
  - (2) All items in which the age line intersects the blue shaded areas
- If the child passes all items or has one caution, the test is interpreted as normal, and no further items need to be administered.
  - If the child has more than one caution and/or one or more delays, administer all items intersected by the age line and additional items to the left in the appropriate sectors until the child passes three items.

Refer to the Denver II Manual for complete test interpretation and referral considerations.

## **Comprehensive unclothed physical exam or assessment**

At each medical screening visit, a complete physical exam or assessment is essential, with infants totally unclothed and older children suitably draped. As each body area is examined, that part of the body should be undraped or unclothed so that it can be visually inspected. The exam or assessment must be performed using observation, palpation, auscultation, and other appropriate techniques. Complete privacy must be assured. The exam or assessment must include all body parts (or areas) and systems listed below:

- Cranium and face
- Hair and scalp
- Ears
- Eyes
- Nose
- Throat
- Mouth and teeth
- Neck
- Skin and lymph nodes
- Chest and back (using a stethoscope to check for heart and lung disorders)
- Abdomen
- Genitalia
- Musculoskeletal system
- Extremities
- Nervous system

In addition, you must measure the height (or length) and weight of the child. You must weigh infants on an appropriately balanced infant scale. When examining a child under the age of two, you must measure the child's occipito-frontal circumference using a standard head circumference tape. You must plot all measurements on age-appropriate, standardized growth grids for each child, and you must evaluate them.

For children age three and above, the physical exam or assessment must include blood pressure measurement, using appropriate size cuffs.

The physical exam or assessment must include screening for congenital abnormalities of the ears, head, and neck, and for responses to voices and other external auditory stimuli. Hearing loss must be suspected if there is a delay in speech development in children under three years of age. Visualization of the tympanic membrane is also required. The physical exam or assessment must address any functional and structural abnormalities which would interfere with the child's ability to communicate. During the oral inspection, the palate and dental ridge must be visually examined to check for dental anomalies, such as bleeding, inflammation of the gums, and dental caries.

The physical exam or assessment must also include an external scan, visual response assessment (fixation and pupillary reflexes), and muscle balance assessment of each eye. The following must be included:

#### External scan of eyes

Cornea and lens—clarity

Pupils—size, shape, equal, and active

Iris—color, abnormality of shape, and size

Conjunctiva and lids—signs of inflammation or infection, tumors, chronic tearing, ptosis (squint), and trauma

#### Visual response of eyes

Pupillary reflex—response to penlight

Fixation—central and steady

#### Muscle balance of eyes

Convergence—within six inches of nose

Eye alignment—light reflection center in each eye

Cover-uncover test—to detect heterophoria and heterotropia

Tracking—follows penlight in all directions equally with each eye

#### Who can conduct the unclothed physical exam or assessment?

The unclothed physical exam or assessment must be performed by a licensed physician, certified physician assistant, or registered nurse.



## Appropriate immunizations

You must administer age-appropriate immunizations on each child you are screening. The child's immunization status must be reviewed at each medical screening visit. You must ensure that every child is immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, and Haemophilus influenza type B disease, according to the National Immunization Schedules. A copy of the National Immunization Schedule dated September 1992 appears on page V-7A. All KIDMED screening providers including Continuing Care providers as well as CommunityCARE providers must provide necessary immunizations. If the immunization history is based on the verbal report of the parents, guardians, or other responsible adult, the information must be confirmed and properly documented, indicating the source.

**NOTE:**

Age-appropriate immunizations are a federally required medical screening component. You may not submit a claim for a medical screening unless all required components are administered including appropriate immunizations (unless medically contraindicated or the parents or guardians refuse at the time) according to age and health history. Failure to comply with or properly document this screening requirement constitutes an incomplete screening and is subject to recoupment of the total medical screening fee.

A parent's or guardian's refusal to allow immunizations must be documented by a statement signed and dated by the parent or guardian. Medical contraindications preventing immunizations must also be documented.

Federal regulation now requires all health care providers who administer DTP (diphtheria, tetanus toxoid, and pertussis), polio, and MMR (measles, mumps, and rubella) to distribute immunization brochures that explain the risks and benefits of these vaccines. Copies of the brochures are provided in Appendix 16 and may be duplicated. You may also purchase the brochures from the American Academy of Pediatrics by calling the Academy's Publications Department at 1-800-433-9016. Public providers are required to obtain a legal signed consent form from the parents or guardians for each dose and vaccine given. Private providers should ask parents or guardians to sign the informed consent document but are not required to do so. The consent forms are found on the last pages of the brochures.

You must bill separately for immunizations on the HCFA 1500 claim form, not the KIDMED Screening Claim Form, and submit the claim directly to the Medicaid Fiscal Intermediary. Listed below are the procedure codes and maximum Medicaid reimbursement rates for the required childhood immunizations:

TABLE 3. Recommended schedule for routine active vaccination of infants and children

Vaccine	At birth (before hospital discharge)							4-6 years (before school entry)	
	1-2 months	2 months <sup>a</sup>	4 months	6 months	6-18 months	12-15 months	15 months		
Diphtheria-tetanus-pertussis		DTP OPV	DTP OPV	DTP OPV <sup>aa</sup>			DTaP/DTP +	DTaP/DTP OPV	
Polio, live oral									
Measles-mumps-rubella						MMR			MMR <sup>aa</sup>
<i>Haemophilus influenzae</i> type b conjugate		Hib	Hib	Hib		Hib + + Hib + +			
HbOC/PRP-T <sup>aa</sup> , --		Hib							
PRP-OMP <sup>aa</sup> , --									
Hepatitis B <sup>aaa</sup>	HepB <sup>aaa</sup>		HepB <sup>aaa</sup>		HepB <sup>aaa</sup>				
Option 1	HepB <sup>aaa</sup>								
Option 2	HepB <sup>aaa</sup>								

<sup>a</sup>Can be administered as early as 6 weeks of age.

-- Two DTP and Hib combination vaccines are available (DTP/HbOC [TETRAMUNE<sup>TM</sup>]; and PRP-T [ActHIB<sup>TM</sup>, OmnihIB<sup>TM</sup>] which can be reconstituted with DTP vaccine produced by Connaught).

+ This dose of DTP can be administered as early as 12 months of age provided that the interval since the previous dose of DTP is at least 6 months. *Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTP) is currently recommended only for use as the fourth and/or fifth doses of the DTP series among children aged 15 months through 6 years (before the seventh birthday).* Some experts prefer to administer these vaccines at 18 months of age.

<sup>aa</sup>The American Academy of Pediatrics (AAP) recommends this dose of vaccines at 6-18 months of age.

<sup>aaa</sup>The AAP recommends that two doses of MMR should be administered by 12 years of age with the second dose being administered preferentially at entry to middle school or junior high school.

-- HbOC: [HibTITER<sup>®</sup>] (Lederle Praxia). PRP-T: [ActHIB<sup>TM</sup>, OmnihIB<sup>TM</sup>] (Pasteur Merieux). PRP-OMP: [Pedvax-HIB<sup>®</sup>] (Merck, Sharp, and Dohme). A DTP/Hib combination vaccine can be used in place of HbOC/PRO-T.

+ + After the primary Infant Hib conjugate series is completed, any of the licensed Hib conjugate vaccines may be used as a booster dose at age 12-15 months.

<sup>aaa</sup>For use among infants born to HBsAg-negative mothers. The dose should be administered during the newborn period, preferably before hospital discharge, but no later than age 2 months. Premature infants of HBsAg-negative mothers should receive the first dose of the hepatitis B vaccine series at the time of hospital discharge or when the other routine childhood vaccines are initiated. (All infants born to HBsAg-positive mothers should receive immunoprophylaxis for hepatitis B as soon as possible after birth.)

<sup>aaa</sup>Hepatitis B vaccine can be administered simultaneously at the same visit with DTP (or DTaP), OPV, Hib, and/or MMR.

90701	Immunization, active, diphtheria and tetanus toxoid and pertussis vaccine (DTP)	\$22.56
90702	Diphtheria and tetanus toxoid (DT)	\$5.00
90707	Measles, mumps, and rubella virus vaccine (live) (MMR)	\$35.00
90712	Polio virus vaccine (live) (OPV)	\$18.00
90731	Hepatitis B vaccine (HBV)	\$18.29
90737	Haemophilus type b conjugate (Hib)	\$22.00

Rates for other immunizations are contained in the *Professional Services Provider Manual* of the Louisiana Medicaid Program, which you may obtain from the Medicaid Fiscal Intermediary by calling Provider Relations at 1-800-473-2783.

Recently enacted Federal immunization legislation includes a provision prohibiting Medicaid payment of a single antigen vaccine and its administration when the administration of a combined antigen (subject to approval by the Secretary of DHHS) was medically appropriate.

#### Who can administer immunizations?

Immunizations must be administered by a licensed physician, certified physician assistant, registered nurse, licensed practical nurse, or trained medical staff under the supervision of a licensed physician. Immunizations must be prescribed by a licensed physician on a patient-by-patient basis or by standing orders which must be renewed annually.

### Laboratory tests

Age-appropriate laboratory tests are required at selected age intervals. Specimen collection must be performed in-house at the medical screening visit. You may not send a child to an outside laboratory to have blood drawn. Any documented laboratory procedures that have already been provided less than six months prior to the medical screening visit should not be repeated unless they are medically necessary. The cost of required laboratory tests are included in the medical screening fee of \$60.00. Neonatal and lead screening tests are an exception. Separate claims may be submitted on a HCFA 1500 claim form on these laboratory tests to the Medicaid Fiscal Intermediary.

As a medical screening provider, you must comply with the Clinical Laboratory Improvement Amendments Act of 1988 commonly known as "CLIA". You must possess a certificate of registration or a certificate of waiver. The Louisiana KIDMED office will provide you with information on CLIA application procedures.

## Neonatal screening

Neonatal screening includes testing for phenylketonuria (PKU), congenital hypothyroidism, and sickle cell disease. Louisiana Law R.S. 40:1299.1-3 requires hospitals with delivery units to screen all newborns before discharge for these three conditions, regardless of the newborn's length of stay at the hospital. You may obtain results of the initial neonatal screening by contacting the hospital of birth, the health unit in the parish of the mother's residence, or the Office of Public Health (OPH) Central Laboratory if the test was submitted to that laboratory. You may contact the OPH Central Laboratory at (504) 568-8990 for results 10 days after submission. If tests were done through a private laboratory, you must obtain lab results from that laboratory or the hospital of birth.

You are responsible for obtaining neonatal screening results. You must rescreen an infant who was initially screened for PKU before 48 hours of age or if results are not available. This is because cases may be missed if the initial screening occurs too soon after delivery. The rescreening should be completed preferably between one and two weeks of age, but no later than the third week of life.

The initial or repeat neonatal screening results for PKU, hypothyroidism, and sickle cell disease must be documented in the medical record for all children under one year of age. Children over one year of age do not need to be screened for these conditions unless it is medically indicated.

The neonatal screening is not included in the \$60.00 KIDMED screening fee. Neonatal screening tests are billed on the HCFA 1500 claim form and submitted to the Medicaid Fiscal Intermediary for payment. The CPT codes for these tests and the Medicaid maximum fees for these procedures are listed below:

84030	Phenylalanine (PKU), blood	\$ 6.31
83020	Hemoglobin, electrophoresis (e.g., A2, S, C)	\$16.47
85660	Sickling of RBC, reduction, slide method	\$6.55
84436	Thyroxine; total	\$6.20
84437	requiring elution (e.g., neonatal)	\$9.86
84439	free	\$13.85
84443	Thyroid stimulating hormone (TSH)	\$25.62

These tests can be performed only by the Office of Public Health (OPH) Central Laboratory or another Medicaid-approved laboratory using the same testing methodologies. OPH does not charge private providers for the blue border Lab-10 filter paper form used in blood specimen collection for neonatal screening of Medicaid-eligible infants. You can obtain the form at OPH parish health units.

When a positive result is identified from any of the three diseases and a private laboratory is used, the provider must immediately notify the Louisiana Genetic Disease Program Office of OPH by telephone or in writing by fax. Their telephone number is (504) 568-5070 and their fax numbers are (504) 568-2543 or 568-5507. The OPH Genetics Program staff will provide instruction on obtaining confirmatory testing and specialized medical management.

### **Iron deficiency anemia screening**

Iron deficiency anemia screening involves determining hematocrit or hemoglobin values through a fingerprick or venous blood sample. As shown in the periodicity schedule, at least four iron deficiency anemia screenings must be performed on a child between birth and age 21. The first screening occurs between age nine months and age 12 months (or earlier if medically indicated), the second between age one and age four, the third between age five and age 12, and the fourth between age 13 and age 20. This test can be administered more frequently when medically indicated. Anemia screening is included in the \$60.00 KIDMED screening fee when it is required according to the periodicity schedule and cannot be billed separately.

### **Urine screening**

As shown on the periodicity schedule, at least three urine screenings must be performed on a child between birth and age 21. The screenings must occur at the following intervals: between age one and age four (as soon as the child is toilet trained); between age four and age 12; and between age 13 and age 20. You should use dip sticks to test urine samples. The dip sticks must measure pH, protein, blood, glucose, the presence of leukocytes, and nitrite levels. This test can be administered more frequently when medically indicated. Urine screening is included in the \$60.00 KIDMED screening fee when it is required according to the periodicity schedule and cannot be billed separately.

## Lead poisoning screening

Federal regulations on lead toxicity screening have been revised after considering the October 1991 statement of the Centers for Disease Control (CDC), Public Health Service, Preventing Lead Poisoning in Young Children. The CDC statement lowered the blood lead threshold at which follow-up and interventions are recommended for children from 25 to 10 micrograms per deciliter ( $\mu\text{g/dL}$ ). All children ages 6 months to 72 months are considered at risk and must be screened for lead poisoning.

### Risk assessment

Every medical screening visit from 6 months of age to 72 months of age and any other associated visits must be used as an opportunity for anticipatory guidance and risk assessment for lead poisoning. At every medical screening visit, starting at 6 months of age, you must counsel the parents on prevention of childhood lead poisoning, discuss appropriate interventions, and assess the child's risk for lead exposure using the verbal risk assessment on page V-13 at a minimum. On the basis of responses to the questions on the verbal risk assessment, a child is categorized as low or high risk for lead exposure.

- If the answers to all questions are negative, a child is low risk for high doses of lead exposure but must receive blood lead screening by blood lead tests at 12 months and 24 months of age.
- If the answer to any question is positive, a child is considered high risk for high doses of lead exposure. A blood lead test must be obtained at the time a child is determined to be high risk.

The risk category determines the frequency of blood lead screening as described below. Subsequent verbal risk assessments may change a child's risk category. If as a result of a verbal risk assessment or other information conveyed during a screening visit a previously low risk child is recategorized as high risk, that child must be given a blood lead test.

### Low risk

A child at low risk for lead exposure according to the verbal risk assessment must have a screening blood lead test at 12 months of age, preferably using a venous blood sample. If the result of the blood lead test is less than 10  $\mu\text{g/dL}$  of whole blood, the child must be retested at 24 months of age. If the result of the 12-month blood lead test is 10-14  $\mu\text{g/dL}$ , the child must be retested every three to four months. If the results after two consecutive measurements are less than 10  $\mu\text{g/dL}$  or after three consecutive measurements are less than 15  $\mu\text{g/dL}$ , the child must be retested in a year. If any blood lead test result is 15  $\mu\text{g/dL}$  or greater, the child needs individual clinical management, which includes retesting at least every three to four months.

If a child between 12 and 72 months of age has not previously been tested for lead with the blood lead test, the child must receive it immediately, regardless of being determined by the verbal risk assessment to be at low or high risk.

## High risk

A child at high risk for lead exposure must have a blood lead test beginning at 6 months of age, preferably using a venous blood sample. If a child is determined to be high risk at any time between 6 and 72 months of age, a screening blood lead test must be given at every visit in the KIDMED medical screening periodicity schedule to 72 months of age unless the child has received a lead blood test with a result of less than 10  $\mu\text{g/dL}$  within the last six months of a scheduled screening. A child must also be rescreened any time the history suggests lead exposure. A blood lead test result equal to or greater than 10  $\mu\text{g/dL}$  obtained by capillary specimen (finger stick) must be confirmed using a venous sample.

If a blood lead test result is 10-14  $\mu\text{g/dL}$ , a child must be retested more frequently. Once two subsequent consecutive measurements are less than 10  $\mu\text{g/dL}$  or three are less than 15  $\mu\text{g/dL}$ , testing frequency can be decreased to every periodic screening.

A child with a blood lead level of 15-19  $\mu\text{g/dL}$  must be screened every three to four months. You must give the family detailed health education and nutrition counseling. You must also take a detailed environmental history to identify any obvious sources or pathways of lead exposure. When the venous blood lead level is in this range in two consecutive tests three to four months apart, you must contact the local health unit to request an environmental investigation.

A child with a blood lead level of 20  $\mu\text{g/dL}$  or greater must be given the highest priority. If the venous blood lead level is confirmed to be 20  $\mu\text{g/dL}$  or greater, the child must be referred for full medical, environmental, and nutritional testing, and interventions immediately. Such children must continue to receive venous blood lead tests every three to four months or more often if indicated.

A child with a blood lead level of 45  $\mu\text{g/dL}$  or greater must receive urgent medical and environmental follow-up, preferably at a clinic with a staff experienced in dealing with this disease. Symptomatic lead poisoning or a blood lead concentration of 70  $\mu\text{g/dL}$  or greater is a medical emergency, requiring immediate in-patient chelation therapy.

For more information, refer to the 1991 lead guidelines issued by the Centers for Disease Control, entitled *Preventing Lead Poisoning in Young Children*. You may obtain a copy of these guidelines from the Louisiana KIDMED office.

The lead screening is not included in the \$60.00 KIDMED screening fee. The lab that performs the test will bill for the service. Appendix 25 depicts the lead screening protocol.

## LEAD POISONING RISK ASSESSMENT QUESTIONNAIRE

Please answer each question regarding your child \_\_\_\_\_

Name of Child \_\_\_\_\_

1. Does your child live in or regularly visit a house built before 1960?  
Was your child's day care center, preschool, or babysitter's home  
built before 1960? Does the house have peeling or chipping paint?
2. Does your child live in or regularly visit a house built before 1960  
with recent, ongoing, or planned renovation or remodeling?
3. Have any of your children or their playmates had lead poisoning?
4. Does your child live with or frequently come in contact with an adult  
who works with lead? Examples are construction, welding, pottery,  
ceramics, or other trades in your community.
5. Does your child live near an active lead smelter, battery recycling  
plant, or other industry likely to release lead?
6. Do you give your child any folk remedies that may contain lead?
7. Does your child live near a heavily traveled major highway where soil  
and dust may be contaminated with lead?
8. Does your home's plumbing have lead pipes or copper with lead  
solder joints?

Yes	No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child



### Who can conduct laboratory tests?

Iron deficiency anemia screening and urine dip stick testing must be done in-house at the time of the age-appropriate medical screening. Blood must be drawn in-house for the neonatal and lead screenings and tested by a Medicaid-approved lab (see Appendix 2 for listing). Approval to use other labs must be requested from the Louisiana KIDMED office. The child cannot be referred off-site to have blood drawn. Licensed laboratory technicians may perform laboratory procedures. In addition to licensed physicians, certified physician assistants, and registered nurses, licensed practical nurses, technicians, or aides may also perform finger pricks for blood samples and dip stick urine testing. Only licensed physicians, certified physician assistants, registered nurses, licensed practical nurses, and licensed technicians, in accordance with applicable State law, may perform venapunctures for blood samples.

### Health education

Health education is designed to help children and their parents or guardians understand the health status of the child as well as to provide information which emphasizes health promotion and preventive strategies. Health education explains the benefits of a healthy lifestyle, prevention of disease and accidents, and normal growth and development. It must be age-appropriate and culturally sensitive. In addition, it must be appropriate to the child's medical, developmental, and social circumstances. Health education must be provided at and is an important part of every medical screening visit. School-age children must receive health education that emphasizes healthy lifestyles and encourages them to accept responsibility for decisions concerning their own health.

You must give more intensive health education to adolescents age 12 through 20 at every medical screening visit. In addition to general health and medical information, this must cover psychological, emotional, reproductive, and substance abuse issues.

Health education has two components--anticipatory guidance and interpretive conference:

- **Anticipatory guidance**--This provides general age-appropriate, health-related information to the parents or guardians and/or child. It emphasizes health promotion and preventive strategies. It is given in anticipation of health problems or decisions that might occur before the next periodicity visit. Topics may be discussed in groups or individually. The exact approach, priority, and time allotted to any one topic will depend on the child's or adolescent's needs, your judgment, and individual circumstances. Appendix 17 contains a list of recommended age-related topics to be used as a guideline by providers. You

should select topics based on the needs of the individual child. Appendix 18 contains more detailed guidelines for adolescent health education, including a suggested questionnaire for use in determining topic priorities.

**Interpretive conference**—You must share the results of the medical screening and laboratory tests, review the child's health status, discuss any specific medical problems detected in the screening, and explain the need for referral one-on-one with the parents or guardians or directly with the older adolescent. Confidentiality must be assured. If the parents or guardians are not present during the medical screening, you must discuss the screening results with them by telephone or contact the parents or guardians by letter to request an opportunity for discussion. If neither method of contact is successful, you must make a home visit to the parents or guardians. A face-to-face interpretive conference is required by federal regulation. The conference may be held in a setting other than the child's home if agreeable to the parents or guardians. Contacting the parents or guardians should be based on medical judgment if you shared the results directly with the older adolescent.

In instances where no suspected conditions or problems are identified at the screening and there is no need for a referral, you may provide age-appropriate anticipatory guidance and inform the parents or guardians that the screening results were normal by letter or by phone.

#### Who can conduct health education?

The anticipatory guidance may be provided by a licensed physician, certified physician assistant, registered nurse, health educator, or other medical personnel who have appropriate training in health education. The interpretive conference must be held by a licensed physician, certified physician assistant, or registered nurse.

### KIDMED scheduling assistance

This subsection describes how the Louisiana KIDMED office can assist you with scheduling medical screening appointments for beneficiaries who have chosen you as their medical screening provider. During the clinical site review for initial conditional enrollment, Louisiana KIDMED staff will ask you how many eligible beneficiaries you wish to accommodate. The Louisiana KIDMED office will assure that this number is not exceeded.

## Scheduling options for screening

As a KIDMED medical screening provider, you are responsible for performing medical screenings according to the periodicity schedule for children under 12 months of age whose parents or guardians have chosen you as their screening provider. The Louisiana KIDMED office will send you a report listing beneficiaries who have chosen you and are linked to you as their medical screening provider and when they are due for screenings. This report described on page V-18 and in Appendix 20 will be sent to you at the beginning of each month.

- Be sure to contact the Louisiana KIDMED office immediately if you are unable to screen those children who have chosen you and appear on your list. If you do not make a reasonable effort to screen them according to the periodicity schedule, those children may be reassigned to other enrolled KIDMED providers, or your participation in KIDMED screening may be limited or discontinued.

You may choose to schedule your own screening appointments or you may choose to have the Louisiana KIDMED office schedule your screening appointments. You may change your scheduling option with a 30-day advance notification to the Louisiana KIDMED office. Your scheduling options are explained in detail on the next page.

### Option #1: Scheduling your own screening appointments

If you elect to schedule screening appointments yourself, you are responsible for scheduling the screening within the designated screening period. You must also reschedule missed appointments to ensure that these children are screened within the mandatory periodicity time frame. Two good faith efforts to follow up and reschedule each screening appointment are required. A good faith effort is a successful contact by telephone or letter to the parents or guardians. These efforts must be documented in the medical record or other appropriate source. You also must have an adequate tickler or follow-up system to identify and schedule the next screening due for children under 12 months of age. The next screening due date must be entered in the medical record.

If you are a CommunityCARE or Continuing Care provider, you are responsible for scheduling screening appointments and rescheduling missed screening appointments in accordance with the above procedures for all children identified by the Louisiana KIDMED office as linked to you.

The Louisiana KIDMED office will send appointment reminder letters and make telephone calls to beneficiaries if you wish this done by KIDMED staff. See instructions to the RS-0-07 and EP-0-10 on pages V-18 and V-19 for a description of this service. Contact your KIDMED Provider Relations Coordinator to obtain more information or request this service.

## **Option #2: Requesting Louisiana KIDMED schedule screening appointments for you**

You may choose to have the Louisiana KIDMED office schedule your screening appointments on children 12 months of age and older if you are not an enrolled CommunityCARE or Continuing Care provider. If you elect this option, you must complete a simple questionnaire for Louisiana KIDMED. Your completed questionnaire gives the Louisiana KIDMED office the following information:

- The days of the week and the times that you wish to allocate to KIDMED screenings
- The date you wish to begin screenings
- The number of appointments you wish per hour
- The maximum number of appointments you will take per day
- Holidays on which you do not wish to schedule appointments

The Louisiana KIDMED office will use this information to coordinate your screening schedule. You must give the Louisiana KIDMED office at least 30 days advance notice if you wish to change your screening schedule. You may do this by calling Louisiana KIDMED at 1-800-259-8000 (or 928-9683 in Baton Rouge) or notifying them by mail.

The Louisiana KIDMED office will contact the beneficiary to arrange an appointment within the designated screening period. The Louisiana KIDMED office will also mail a letter to the beneficiary confirming the date and time of the screening appointment. A sample of the letter is shown in Appendix 19. The letter also includes information on what the beneficiary should bring to the screening appointment. In addition, it advises the beneficiary to contact Louisiana KIDMED immediately if the appointment must be rescheduled. The Louisiana KIDMED office will in turn notify you immediately if the beneficiary requests to reschedule. Louisiana KIDMED will also telephone the beneficiary shortly before the appointment date as a final reminder. During this telephone conversation, Louisiana KIDMED will encourage the beneficiary to keep the screening appointment and will make necessary transportation arrangements.

KIDMED client service workers will also call those beneficiaries who have possibly missed their scheduled screening appointments. A list (EP-0-21) is generated which shows those beneficiaries for whom the Louisiana KIDMED office has scheduled appointments but on whom screening claims have not been received. This list is used to call the beneficiary to verify if the screening appointment was kept and to educate them on the necessity of keeping scheduled appointments. When requested by you, the Louisiana KIDMED office will reschedule the missed appointments.

## KIDMED beneficiary reports for providers

The Louisiana KIDMED office will send you monthly and weekly computer-generated lists to facilitate scheduling of screening appointments for KIDMED beneficiaries who have chosen you as their medical screening provider. Appendix 20 contains samples of the lists and instructions for their use. Each list is described briefly below.

- **Screening Provider Beneficiary Report (RS-O-7)**--This is a comprehensive listing of beneficiaries in alphabetical order who have chosen you as their medical, vision, or hearing screening provider. In addition to those beneficiaries currently needing a screening, it includes those who are up-to-date with their screenings and are due for a screening in a future period. It is mailed to you at the end of each month for the upcoming month. Key items on this report include:
  - **Last Date Screened**--This date is based upon paid screening claims. This last screening may have been done by you as the current screening provider or by the previous screening provider.
  - **Next Screening Period**--These are the inclusive dates during which the next screening is due. The next medical screening is to take place within these dates.

Those screenings indicating **\*INITIAL SCREEN REQUIRED\*** are in need of an initial screening. The Louisiana KIDMED office records indicate that these beneficiaries have not had a screening in recent history and must receive a medical screening as soon as possible. These beneficiaries will also appear on the weekly New Recipient Report described below.

- **Appointment Date and Time Given Beneficiary**--The list also serves as a "turn-around" document to provide the Louisiana KIDMED office with information on your screening appointments. If you wish the Louisiana KIDMED office to send appointment reminder letters and make appointment reminder telephone calls, you must enter the screening appointment date and time for each beneficiary scheduled for screening in the report month and mail the completed pages of the report back to the Louisiana KIDMED office immediately. The Louisiana KIDMED office must receive the appointment information at least two weeks prior to the next scheduled appointment. Do not return the report if you do not wish the Louisiana KIDMED office to provide these services.

- **New Recipient And Missed Screening List (EP-0-10)**--This is a weekly list of new beneficiaries who have chosen you as their screening provider. It gives identifying information on each beneficiary, including the date by which a timely screening must occur. It is also a "turn-around" document that lists those beneficiaries for whom a claim has not been received by the Louisiana KIDMED office within 60 days of the scheduled appointment. Rescheduling is required by you or the Louisiana KIDMED office for those beneficiaries who actually missed their screening appointment. You must enter the

screening appointment dates and times on the list and return it to the Louisiana KIDMED office at the end of the week.

Client service workers at the Louisiana KIDMED office will also contact new beneficiaries who require an initial screening to determine if they have made an appointment. If they have, the KIDMED client service worker will again encourage them to keep their appointments. The Louisiana KIDMED office schedules initial appointments whenever possible.

**Provider Scheduling List (EP-0-21)**—This list is sent to you on a weekly basis only if you choose to have KIDMED schedule appointments for you. For each beneficiary, it gives identifying information and the date and time of the screening appointment scheduled by the Louisiana KIDMED office in the following week. It is also a "turn-around" document. You must indicate whether or not a screening was performed. If the screening was not performed, you must give the reason and the next appointment date and time, if you rescheduled. You must return the list to the Louisiana KIDMED office at the end of the week.

### **Interperiodic medical screening**

You may perform an interperiodic medical screening that is medically necessary and is provided in addition to a regular periodic medical screening. Any medical provider or qualified health, developmental, or educational professional who comes into contact with the child outside of the formal health care system may request an interperiodic medical screening. Examples of organizations whose professionals might make these requests include early intervention or special education programs like Child Search and ChildNet.

An interperiodic medical screening requires a complete unclothed physical exam or assessment, health and history update, measurements, health education, and other age-appropriate procedures. Medically necessary laboratory, radiology, or other procedures may also be performed and should be billed separately. You must document the reason for the interperiodic medical screening in the medical record. You are responsible for scheduling interperiodic medical screenings. Information regarding interperiodic medical screenings will not appear on reports from the Louisiana KIDMED office.

Here are the procedure codes and fees that apply to interperiodic medical screenings:

Interperiodic medical screening by a licensed physician or certified physician assistant

99391	Infant (under age 1)	\$32.00
99392	Early childhood (age 1-4)	\$32.00
99393	Late childhood (age 5-11)	\$32.00
99394	Adolescent (age 12-17)	\$45.00
99395	Adult (age 18-21)	\$45.00

Interperiodic medical screening by a registered nurse

X9004	Child (birth-age 12)	\$32.00
X9005	Child (age 13-21)	\$45.00

The above procedure codes should not be used if a physical examination or assessment was not done.

Interperiodic medical screenings and other non-screening procedures must be billed on the HCFA 1500 claim form, not the KIDMED Screening Claim Form, and submitted directly to the Fiscal Intermediary.

Questions related to interperiodic medical screenings should be directed to the Louisiana KIDMED office at 1-800-259-8000 or 926-9683 in Baton Rouge. Questions regarding denied interperiodic claims should be directed to the Provider Relations Department of the Fiscal Intermediary at 1-800-473-2783 (or 924-7051 in Baton Rouge).

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## VI. CONDUCTING THE OBJECTIVE VISION SCREENING

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## VI. Conducting the Objective Vision Screening

All Medicaid-eligible children must receive vision screenings. The purpose is to detect potentially blinding diseases and visual impairments, such as congenital abnormalities and malformations, eye diseases, strabismus, amblyopia, refractive errors, and color blindness. Vision screenings have two components—subjective screening and objective screening. The subjective screening is part of the comprehensive history and physical exam or assessment discussed earlier in the medical screening section. As part of the subjective vision screening component, the history must include any eye disorders of the child or his or her family, a history of any systemic diseases of the child or his or her family which involve the eyes or affect vision, a history of the child's behavior that may indicate the presence or risk of eye problems, and a history of the child's medical treatment for any eye conditions.

This section addresses the objective vision screening component only. Remember that the objective component does not replace the subjective component but must be done in addition to it. Medicaid reimbursement for an objective vision screening is \$4.00. This screening must be billed on the KM-3 form and submitted directly to the Louisiana KIDMED office.

Objective vision screening must include visual acuity, color perception, and muscle balance tests. Visual acuity tests must make use of the Snellen Test or Allen Cards for preschoolers. Equivalent tests such as Timmus, HOTV or Good Light, or Keystone Telebinocular must be used for older children. The muscle balance test must include testing of convergence, eye alignment, tracking, and a cover-uncover test. A color perception screening using polychromatic plates by Ishihara, Stilling, or Hardy-Rand-Ritter must be performed at least once after the child reaches the age of 6. If you are a medical screening provider, the status of your equipment and the appropriateness of your maintenance procedures will be reviewed during the initial site review for conditional enrollment. If you are not a medical screening provider, you must submit evidence of your equipment and your maintenance procedures in order to enroll. Your equipment and procedures will then be reviewed during the follow-up review visit six months after your conditional enrollment, as described in Section III, and during the annual site review, as described in Section IX.

### Who can conduct the objective vision screening?

The objective vision screening must be conducted by a licensed physician, certified physician assistant, registered nurse, or optometrist, provided the designated individual has been trained in conducting vision screenings.

## KIDMED scheduling assistance

As a KIDMED vision screening provider, you are responsible for performing vision screenings according to the periodicity schedule for children whose parents or guardians have chosen you as their screening provider. This must be done concurrently with the medical screening if you are a medical and vision screening provider. The Louisiana KIDMED office will send you a report listing beneficiaries who have chosen you and are linked to you as their vision screening provider and the time periods when they are due for screening. This report described on page VI-4 and in Appendix 20 will be sent to you at the beginning of each month.

- Be sure to contact the Louisiana KIDMED office immediately if you are unable to screen those children who have chosen you and appear on your list. If you do not make a reasonable effort to screen them according to the periodicity schedule, those children may be reassigned to other enrolled KIDMED providers, or your participation in KIDMED screening may be limited or discontinued.

You may choose to schedule your own screening appointments or you may choose to have the Louisiana KIDMED office schedule your screening appointments. You may change your scheduling option with a 30-day advance notification to the Louisiana KIDMED office. Each option is explained in detail below.

### Option #1: Scheduling your own screening appointments

If you elect to schedule screening appointments yourself, you are responsible for scheduling the screening within the designated screening period. You must contact the beneficiary and schedule the appointment. You must also reschedule missed appointments to ensure that these children are screened within the mandatory periodicity time frame. Two good faith efforts to follow up and reschedule missed screening appointments are required. A good faith effort is a successful contact by telephone or letter to the parents or guardians. These efforts must be documented in the medical record or other appropriate source. You must also have an adequate tickler or follow-up system to identify and schedule the next screening due for children linked to you. The next screening due date must be entered in the medical record.

If you are a CommunityCARE or Continuing Care provider, you are responsible for scheduling screening appointments and rescheduling missed appointments in accordance with the above procedures for all children identified by the Louisiana KIDMED office as linked to you.

## **Option #2: Requesting Louisiana KIDMED schedule screening appointments for you**

You may choose to have the Louisiana Kidmed office schedule your screening appointments if you are not an enrolled CommunityCARE or Continuing Care provider. If you elect this option, you must complete a simple questionnaire for the Louisiana KIDMED office. Your completed questionnaire gives KIDMED the following information:

1. the days of the week and the times that you wish to allocate to KIDMED screenings
2. the date you wish to begin screenings
3. the number of appointments you wish per hour
4. the maximum number of appointments you will take per day
5. holidays on which you do not wish to schedule appointments

The Louisiana KIDMED office will use this information to coordinate your screening schedule. You must give the KIDMED office at least 30 days advance notice if you wish to change your screening schedule. You may do this by calling the Louisiana KIDMED office at 1-800-259-8000 (or 928-9683 in Baton Rouge) or notifying the Louisiana KIDMED office by mail.

The Louisiana KIDMED office will contact the beneficiary to arrange an appointment within the designated screening period. The KIDMED office will mail a letter to the beneficiary confirming the date and time of the screening appointment. A sample of the letter is shown in Appendix 19. The letter also includes information on what the beneficiary should bring to the screening appointment. In addition, it advises the beneficiary to contact the Louisiana KIDMED office immediately if the appointment must be rescheduled. The KIDMED office will in turn notify you immediately if the beneficiary requests to reschedule. The KIDMED office will also telephone the beneficiary shortly before the appointment date as a final reminder. During this telephone conversation, the Louisiana KIDMED office will encourage the beneficiary to keep the screening appointment and will make necessary transportation arrangements.

## **KIDMED beneficiary reports for providers**

The Louisiana KIDMED office will send you monthly and weekly computer-generated lists to facilitate scheduling of screening appointments for KIDMED beneficiaries who have chosen you as their vision screening provider. Appendix 20 contains samples of the lists and instructions for their use. Each list is described briefly below.

• **Screening Provider Beneficiary Report (RS-O-7)**--This is a comprehensive listing of beneficiaries in alphabetical order who have chosen you as their screening provider. In addition to those beneficiaries currently needing a screening, it includes those who are up-to-date with their screenings and are due for a screening in a future period. It is mailed to you at the end of each month for the upcoming month.

Key items on this report include:

-- **Last Date Screened**--This date is based upon paid screening claims. This vision screening may have been done by you as the current provider or by the previous screening provider.

-- **Next Screening Period**--These are the inclusive dates during which the next screening is due. The next screening is to take place within these dates.

Those screenings indicating \*INITIAL SCREEN REQUIRED\* are in need of an initial screening. The Louisiana KIDMED office records indicate that these beneficiaries have not had a screening in recent history and must receive a screening as soon as possible. These beneficiaries will also appear on the weekly New Recipient Report described below.

-- **Appointment Date and Time Given Beneficiary**--The list also serves as a "turn-around" document to provide the Louisiana KIDMED office with information on your screening appointments. If you wish the Louisiana KIDMED office to send appointment reminder letters and make appointment reminder telephone calls, you enter the screening appointment date and time for each beneficiary scheduled for screening in the report month and mail the completed pages of the report back to the Louisiana KIDMED office immediately. Do not return the report if you do not wish the Louisiana KIDMED office to provide these services.

• **New Recipient And Missed Screening List (EP-0-10)**--This is a weekly list of new beneficiaries who have chosen you as their vision screening provider. It gives identifying information on each beneficiary, including the date by which a timely screening must occur. It is also a "turn-around" document that lists those beneficiaries who have missed screening appointments requiring rescheduling by the Louisiana KIDMED office or by you. You must enter the screening appointment dates and times on the list and return it to the Louisiana KIDMED office at the end of the week.

Client service workers at the Louisiana KIDMED office will also contact new beneficiaries who require an initial screening to determine if they have made an appointment. If they have, the KIDMED client service worker again will encourage them to keep their appointments. The Louisiana KIDMED office schedules initial appointments whenever possible.

• **Provider Scheduling List (EP-O-21)**--This list is sent to you on a weekly basis only if you choose to have KIDMED schedule appointments for you. For each beneficiary, it gives identifying information and the date and time of the screening appointment scheduled by the Louisiana KIDMED office in the following week. It is also a "turn-around" document. You must indicate whether or not a screening was performed. If the screening was not performed, you must give the reason and the next appointment date and time, if you rescheduled. You must return the list to the Louisiana KIDMED office at the end of the week.

### Interperiodic objective vision screening

You may perform an interperiodic vision screening that is medically necessary and is provided in addition to a regular periodic vision screening. Any medical provider or qualified health, developmental, or educational professional who comes into contact with the child outside of the formal health care system may request an interperiodic objective vision screening. Examples of organizations whose professionals might make these requests include early intervention or special education programs like Child Search and ChildNet. An interperiodic vision screening must contain the same components as an objective periodic vision screening.

You must document the reason for the interperiodic vision screening in the medical record. You are responsible for scheduling interperiodic vision screenings. Information regarding interperiodic vision screenings will not appear on reports from the Louisiana KIDMED office.

The procedure code and fee for an interperiodic vision screening are:

X9007	Objective vision screening	\$4.00
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Interperiodic vision screening must be billed on the HCFA 1500 claim form, not the KIDMED Screening Claim Form, and submitted directly to the Fiscal Intermediary. Questions related to billing interperiodic vision screening should be directed to the Louisiana KIDMED office at 1-800-259-8000 or 928-9683 in Baton Rouge. Questions regarding denied interperiodic claims should be directed to the Provider Relations Department of the Medicaid Intermediary at 1-800-473-2783 (or 924-7051 in Baton Rouge). Other questions regarding vision screening should be directed to the Louisiana KIDMED office.

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## VII. CONDUCTING THE OBJECTIVE HEARING SCREENING

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## VII. Conducting the Objective Hearing Screening

All Medicaid-eligible children must receive hearing screenings. The purpose is to detect central auditory problems, sensorineural hearing loss, conductive hearing impairments, congenital abnormalities, or a history of conditions which may increase the risk of potential hearing loss. Like the vision screenings discussed in Section VI, hearing screenings have two components—subjective screening and objective screening. The subjective screening is part of the comprehensive history and physical exam or assessment discussed earlier in the medical screening section. As part of the subjective hearing screening component, the history must include information about the child's response to voices and other auditory stimuli, delayed speech development, chronic or current otitis media, or other health problems that place the child at risk for hearing loss or other hearing impairments.

This section addresses the objective hearing screening component only. Remember that the objective component does **not** replace the subjective component but must be done in addition to it. Medicaid reimbursement for an objective hearing screening is \$4.00. This screening must be billed on the KM-3 form and submitted directly to the Louisiana KIDMED office.

- Objective hearing screening begins at age four. Objective hearing screening performed prior to age four will not be reimbursed by Medicaid.

Objective hearing screening must test at 1000, 2000, and 4000 Hz at 20 decibels for each ear, using the puretone audiometer, Welsh Allyn audioscope, or other approved instrument. Remember that these instruments must be properly maintained and calibrated annually. If you are also a medical screening provider, the status of your equipment and the appropriateness of your maintenance procedures will be reviewed during the initial site visit for conditional enrollment. If you are not a medical screening provider, you must submit evidence of your equipment and your maintenance procedures in order to enroll. Your equipment and procedures will then be reviewed during the follow-up review six months after your conditional enrollment, as described in Section III, and during the annual site review visit, as described in Section IX.

### Who can conduct the objective hearing screening?

The objective hearing screening must be conducted by a licensed physician, certified physician assistant, registered nurse, licensed audiologist, or licensed speech pathologist, provided the designated individual has been trained in conducting hearing screenings. Audiologists and speech pathologists must be certified by the American Speech and Hearing Association or have equivalent qualifications.

## KIDMED scheduling assistance

As a KIDMED hearing screening provider, you are responsible for performing hearing screenings according to the periodicity schedule for children whose parents or guardians have chosen you as their screening provider. This should be done concurrently at the time of the medical screening if you are a medical and hearing screening provider. The Louisiana KIDMED office will send you a report listing beneficiaries who have chosen you and are linked to you as their hearing screening provider and when they are due for screening. This report described on page VI-3 and in Appendix 20 will be sent to you at the beginning of each month.

- Be sure to contact KIDMED immediately if you are unable to screen those children who have chosen you and appear on your list. If you do not make a reasonable effort to screen them according to the periodicity schedule, those children may be reassigned to other enrolled KIDMED providers, or your participation in KIDMED screening may be limited or discontinued.

You may choose to schedule your own screening appointments or you may choose to have the Louisiana KIDMED office schedule your screening appointments. You may change your scheduling option with a 30-day advance notification to KIDMED. Each option is explained in detail below.

### Option #1: Scheduling your own screening appointments

If you elect to schedule screening appointments yourself, you are responsible for scheduling the screening within the designated screening period. You must contact the beneficiary and schedule the appointment. You must also reschedule missed appointments to ensure that these children are screened within the mandatory time frame. Two good faith efforts to reschedule missed appointments are required. A good faith effort is a successful contact by telephone or letter to the parents or guardians. These efforts must be documented in the medical record or other appropriate source. You must have an adequate tickler or follow-up system to identify and schedule the next screening due for children linked to you. The next screening due date must be entered in the medical record.

If you are a CommunityCARE or a Continuing Care provider, you are responsible for scheduling screening appointments and rescheduling missed appointments in accordance with the above procedures for all children identified by the Louisiana KIDMED office as linked to you.



## **Option #2: Requesting Louisiana KIDMED schedule screening appointments for you**

You may choose to have the Louisiana KIDMED office schedule your screening appointments if you are not an enrolled CommunityCARE or Continuing Care provider. If you elect this option, you must complete a simple questionnaire for KIDMED. Your completed questionnaire gives KIDMED the following information:

- The days of the week and the times that you wish to allocate to KIDMED screenings
- The date you wish to begin screenings
- The number of appointments you wish per hour
- The maximum number of appointments you will take per day
- Holidays on which you do not wish to schedule appointments

The Louisiana KIDMED office will use this information to coordinate your screening schedule. You must give the KIDMED office at least 30 days advance notice if you wish to change your screening schedule. You may do this by calling the Louisiana KIDMED office at 1-800-259-8000 (or 928-9683 in Baton Rouge) or notifying KIDMED by mail.

The Louisiana KIDMED office will contact the beneficiary to arrange an appointment within the designated screening period. The KIDMED office will mail a letter to the beneficiary confirming the date and time of the screening appointment. A sample of the letter is shown in Appendix 19. The letter also includes information on what the beneficiary should bring to the screening appointment. In addition, it advises the beneficiary to contact the Louisiana KIDMED office immediately if the appointment must be rescheduled. The KIDMED office will in turn notify you immediately if the beneficiary requests to reschedule. KIDMED will also telephone the beneficiary shortly before the appointment date as a final reminder. During this telephone conversation, the Louisiana KIDMED office will encourage the beneficiary to keep the screening appointment and will make necessary transportation arrangements.

## **KIDMED beneficiary reports for providers**

The Louisiana KIDMED office will send you monthly and weekly computer-generated lists to facilitate scheduling of screening appointments for KIDMED beneficiaries who have chosen you as their hearing screening provider. Appendix 20 contains samples of the lists and instructions for their use. Each list is described briefly below.

- **Screening Provider Beneficiary Report (RS-0-7)**—This is a comprehensive listing of beneficiaries in alphabetical order who have chosen you as their screening provider. In addition to those beneficiaries currently needing a screening, it includes those who are up-to-date with their screenings and are due for a screening in a future period. It is mailed to you at the end of each month for the upcoming month.

Key items on this report include:

- **Last Date Screened**--This date is based upon paid screening claims. This screening may have been done by you as the current provider or by the previous screening provider.
- **Next Screening Period**--These are the inclusive dates during which the next screening is due. The next screening is to take place within these dates.

Those screenings indicating **\*INITIAL SCREEN REQUIRED\*** are in need of an initial screening. The Louisiana KIDMED office records indicate that these beneficiaries have not had a screening in recent history (according to paid claims) and must receive a screening as soon as possible. These beneficiaries will also appear on the weekly New Recipient and Missed Screening List described below.

- **Appointment Date And Time Given Beneficiary**--This list also serves as a "turn-around" document to provide the Louisiana KIDMED office with information on your screening appointments. If you wish the Louisiana KIDMED office to send appointment reminder letters and make appointment reminder telephone calls, you enter the screening appointment date and time for each beneficiary scheduled for screening in the report month and mail the completed pages of the report back to the Louisiana KIDMED office immediately. Do not return the report if you do not wish the Louisiana KIDMED office to provide these services.
- **New Beneficiary And Missed Screening List (EP-O-10)**--This is a weekly list of new beneficiaries who have chosen you as their screening provider. It gives identifying information on each beneficiary, including the date by which a timely screening must occur. It is also a "turn-around" document that lists those beneficiaries who have missed screening appointments requiring rescheduling by the Louisiana KIDMED office or by you. You must enter the screening appointment dates and times on the list and return it to the Louisiana KIDMED office at the end of the week.

Client service workers at the Louisiana KIDMED office will also contact new beneficiaries who require an initial screening to determine if they have made an appointment. If they have, the client service worker again encourages them to keep their appointments. The Louisiana KIDMED office schedules initial appointments whenever possible.

- **Provider Scheduling List (EP-O-21)**--This list is sent to you on a weekly basis only if you choose to have KIDMED schedule appointments for you. For each beneficiary, it gives identifying information and the date and time of the screening appointment scheduled by the Louisiana KIDMED office in the following week. It is also a "turn-around" document. You must indicate whether or not a screening was performed. If the screening was not performed, you must give the reason and the next appointment date and time, if you rescheduled. You must return the list to the Louisiana KIDMED office at the end of the week.

## Interperiodic objective hearing screening

You may perform an interperiodic hearing screening that is medically necessary and is provided in addition to a regular periodic hearing screening. Any medical provider or qualified health, developmental, or educational professional who comes into contact with the child outside of the formal health care system may request an interperiodic hearing screening. Examples of organizations whose professionals might make these requests include early intervention or special educational programs like Child Search and ChildNet. An interperiodic hearing screening must contain the same components as an objective periodic hearing screening.

You must document the reason for the interperiodic hearing screening in the medical record. You are responsible for scheduling interperiodic hearing screenings. Information regarding interperiodic hearing screenings will not appear on reports from the Louisiana KIDMED office.

The procedure code and fee for an interperiodic objective hearing screening are:

92551	Objective hearing screening	\$4.00
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Interperiodic hearing screening must be billed on the HCFA 1500 claim form, not the KIDMED Screening Claim Form, and submitted directly to Fiscal Intermediary. Questions related to interperiodic hearing screenings should be directed to the Louisiana KIDMED office at 1-800-259-8000 or 928-9683 in Baton Rouge. Questions regarding denied interperiodic claims should be directed to the Provider Relations Department of the Medicaid Fiscal Intermediary at 1-800-473-2783 (or 924-7051 in Baton Rouge).

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**VIII. PROVIDING OR REFERRING FOR DIAGNOSIS  
AND INITIAL TREATMENT**

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## VIII. Providing or Referring for Diagnosis and Initial Treatment

One of the purposes of KIDMED screening services is to assure that health problems are found, diagnosed, and treated early before they become more serious and their treatment more costly. Federal EPSDT regulations provide for Medicaid coverage of "any service necessary to treat or ameliorate a problem, physical or mental illness, or a condition identified in an initial, periodic or interperiodic screening." The Louisiana Medicaid Program may place appropriate limits on certain EPSDT services provided to beneficiaries under age 21 based on medical necessity.

This section describes your responsibilities for identifying suspected conditions during screening and for providing or referring beneficiaries for diagnosis, initial treatment, and other health services. It also explains KIDMED's referral assistance and referral tracking systems. In addition, it identifies selected follow-up services that may be necessary and lists maximum fees for these services.

### Identifying suspected conditions

As a medical, vision, or hearing screening provider, you must identify any general suspected conditions found in screening a child. You must report the presence, nature, and status of the suspected conditions in items 31 and 32 on the KIDMED Screening Claim Form. Page X-7 contains instructions for completing these items. You must provide this information to comply with Federal EPSDT reporting requirements.

### Diagnosis

When a medical, vision, or hearing screening indicates the need for further diagnosis or evaluation of a child's health, the child must receive a complete diagnostic evaluation within 60 days of the screening. The diagnosis may be performed by a licensed physician, other licensed practitioner, or facility qualified to diagnose and evaluate physical or mental health illnesses or conditions in accordance with applicable State law and Medicaid regulations. If you are not a physician and you screened the child, you must refer the child to a licensed physician for a complete examination, if applicable.

Diagnostic services include, but are not limited to, the following:

- Physical examinations
- Dental examinations
- Developmental assessments
- Mental health evaluations
- Laboratory tests
- X-rays

An infant or toddler who meets or may meet the medical or biological eligibility criteria for ChildNet must be referred to the local Child Search Coordinator within two working days of the screening. In addition, the infant or toddler must be referred promptly to a physician for a comprehensive examination as part of the ChildNet assessment if the infant or toddler was not screened by a physician. The examination must be performed within 45 days of the referral to ChildNet.

### Initial treatment

Medically necessary health care, initial treatment, or other measures needed to correct or ameliorate physical or mental illnesses or conditions discovered in a medical, vision, or hearing screening must be initiated within 60 days of the screening.

Treatment services include, but are not limited to, the following:

- Physician services
- Emergency and therapeutic dental or orthodontic care
- Services of a licensed optometrist, podiatrist, chiropractor, or psychologist
- Pediatric nurse practitioner services
- Nurse-midwife services
- Federally Qualified Health Center and rural health clinic services
- In-patient hospital care
- Out-patient hospital services
- Laboratory and X-ray services
- Diabetic supplies
- Eyeglasses
- Hearing aids
- Prosthesis and other durable medical equipment
- Physical, occupational, and speech therapies
- Skilled nursing facility services
- Family planning services
- Home health services
- Rehabilitative services (including psychiatric rehabilitation services)
- Respiratory care service for ventilator-dependent children
- Hospice care
- Case management services
- Mental health services (inpatient or outpatient clinic)

### Other preventive health care

The child may receive other preventive health care services deemed medically necessary as a result of a medical, vision, or hearing screening. These services must be appropriate to the child's age, gender, health history, clinical assessment, and exposure to disease.

The services may include, but are not limited to, the following:

- Blood lipid screenings
- Tuberculosis tests (intradermal PPD only)
- Pinworm slides
- Urine cultures (for females)
- Serologic tests in sexually active adults
- Drug dependency screenings
- Stool specimens for parasites, ova, and blood
- Pregnancy tests
- Papanicolaou smears
- Family planning services
- Prenatal care services
- Other immunizations

### **Providing or referring for diagnosis, initial treatment, and other health services**

When you detect a health or mental health problem in a medical, vision, or hearing screening, you must either provide the services indicated or make an appropriate referral for diagnosis and/or initial treatment without delay. You should make any necessary referrals at the time of screening, if possible. You must give the parents or guardians freedom of choice of providers of these services unless the child is under a continuing care agreement with you. Under a continuing care agreement, you must provide the diagnosis as well as the initial and ongoing treatment if these services are normally available in your practice.

You should not limit referrals for diagnosis and initial treatment solely to services covered by Medicaid or Medicaid-enrolled providers. For uncovered services, you should attempt to locate providers whose services are furnished at little or no expense to the family. You must advise the parents or guardians of any costs associated with uncovered services.

If you provide the diagnostic and/or initial treatment services, you are encouraged to do so at the screening appointment whenever possible. This is less costly. It also increases the likelihood that the child will receive the needed diagnosis and initial treatment. You are responsible for assuring that the necessary services are actually provided to the child within 60 days of the screening. If the child misses a diagnosis or initial treatment appointment with you, you must make at least two good faith efforts to reschedule within the 60-day timeframe. These efforts must be documented. You cannot charge the beneficiary for duplicating or mailing medical information to the referred-to provider. See Appendix 23 Referral for Diagnosis and Treatment Flow Chart.

### **Referral reporting requirements**

You are required to complete referral information on offsite referrals in items 33 through 35 on the KIDMED Screening Claim Form. Pages X-7 and X-8 contain instructions for completing these items. This information includes appointment dates and times, the reason for the referral, and the name and

telephone number of the provider to whom the referral is made. As described below, KIDMED tracks all offsite and in-house referrals to assure that the child receives the necessary diagnosis and/or initial treatment within 60 days of the screening, as required by Federal regulation.

### Medicaid reimbursement for diagnosis, treatment, and other health services

Medicaid reimburses providers for covered diagnosis, treatment, and/or other health services in accordance with applicable State law and Medicaid regulations. You may be reimbursed for medically necessary services performed on the same date as the screening, provided that these services do not duplicate required screening components.

- If you provide these services and are enrolled as a Medicaid provider, you must bill for them on the HCFA 1500 claim form and submit your claims directly to the Medicaid Fiscal Intermediary.

### KIDMED referral assistance

If you do not know of any Medicaid-enrolled specialists or other appropriate referral sources near the child's home, you may call the Louisiana KIDMED office at 1-800-259-8000 or 928-9683 in Baton Rouge to request assistance in locating appropriate referral sources. The Louisiana KIDMED office maintains a computer file of referral physicians and other medical and mental health providers by specialty and parish. Alternatively, you may submit the KIDMED Screening Claim Form immediately, indicating in item 33, 34, and/or 35 that such assistance is needed. Pages X-7 and X-8 contain instructions for completing these items. Upon receipt of your completed claim form, the Louisiana KIDMED office will call you promptly and arrange to help you.

It remains your responsibility to discuss referral options with the parents or guardians. You may make the necessary arrangements directly with the referred-to provider chosen by the family, or you may ask the Louisiana KIDMED office for assistance in scheduling the appointment with that provider. You must obtain a signed release of information from the parents or guardians, forward necessary medical information to the referred-to provider, and request from the referred-to provider a report of the results of the examination or other services provided. You must follow up and verify that the child keeps the appointment and receives the services. This must be documented in the medical record. If the child misses the appointment, you must make at least two good faith efforts to reschedule and document these efforts.

If you request referral assistance from the Louisiana KIDMED office, you must notify them immediately by phone or through the KIDMED Screening Claim Form. You must provide the specific reasons for the referral (or the applicable ICDM-9 code) and indicate that scheduling assistance is needed. The Louisiana KIDMED office will contact the family to discuss referral options and make an appointment for the appropriate diagnosis and/or initial treatment with the provider chosen. The Louisiana KIDMED office will also make any necessary transportation arrangements. In addition, the Louisiana KIDMED office will notify you of the appointment made so that you can forward the necessary medical information



and request a report of the results of the examination or other services from the referral source. In the event that the appointment is missed, the Louisiana KIDMED office will make at least two good faith efforts to reschedule.

CommunityCARE and Continuing Care providers are responsible for the care management of the beneficiaries linked to them. Therefore, these providers are responsible for referral, scheduling, and follow-up on diagnosis and treatment for children linked to them.

### **KIDMED-referral tracking system**

The Louisiana KIDMED office is responsible for following up to ensure that the services required for diagnosis or initial treatment of a problem, condition, or abnormality found in a medical, vision, or hearing screening are initiated within 60 days. The Louisiana KIDMED office is not responsible for arranging or tracking ongoing treatment. Diagnosis and/or treatment can only be considered initiated when the child actually appears at the provider's office for the requested services. It cannot be assumed that diagnosis or initial treatment was initiated on the date the appointment was scheduled.

The Louisiana KIDMED office enters in its information system the name of the referred-to physician or other referred-to provider and the date and time of the appointment for diagnosis and/or initial treatment. The Louisiana KIDMED office generates a monthly list to every referred-to provider showing the child's name and the date and time of the appointment. These providers are asked to annotate and return the list to KIDMED at the end of the week, indicating whether or not the referral appointment was kept and, if not, the reason why. The Louisiana KIDMED office also contacts each referred-to provider by telephone to determine if the child kept the appointment.

The Louisiana KIDMED office also attempts to refer children needing services not covered by Medicaid or for which there are no Medicaid-enrolled providers nearby. Under these circumstances, the Louisiana KIDMED office refers to providers willing to furnish uncovered diagnostic, treatment, or other health services at little or no cost.

### **Nursing, social worker, and nutritionist follow-up services**

Medical, vision, or hearing screening findings may indicate the need for counseling, consultation, or other intervention by ancillary personnel, including registered nurses, certified physician assistants, licensed social workers, and registered dietitians, beyond the basic health education and anticipatory guidance components of the medical screening. These findings may involve a medical, developmental, mental health, or substance abuse problem or condition found in a screening or an ongoing problem or condition. These additional services must be provided in a face-to-face setting with the child, parents, or guardians. They may also be provided face-to-face with another professional in a school setting.

These services may be reimbursed by Medicaid if provided to prevent a specific health or mental health problem or condition, or to treat or alleviate an actual medical or mental health problem or condition. A child must have received an age-appropriate KIDMED screening in order for you to be reimbursed for these services. If you are not enrolled as a medical screening provider, you cannot use these procedure codes and be reimbursed for these services.

You must bill for these services separately on the HCFA 1500 claim form and submit the claim directly to the Medicaid Fiscal Intermediary.

- In order to bill for these services on a screening date, you must indicate at least one suspected condition in items 31 and 32 on the KIDMED Screening Claim Form.

The procedure codes, descriptions, and maximum fees for these services are shown below.

<b>EPSDT follow-up procedure codes, descriptions, and maximum fees</b>		
<b>X0187</b>	Individual counseling, consultation, or other direct intervention by a registered nurse or certified physician assistant. A nursing intervention is defined as a nursing action taken to prevent a potential health problem, or treat or alleviate an actual health problem.	\$15.71

- This procedure code may not be billed for preventive counseling, anticipatory guidance, or health education provided on the date of a medical screening by the same provider since these services are included in the screening fee. This procedure code also may not be billed on the same date that a physician's evaluation and management visit is billed by the same provider.

<b>X0188</b>	Counseling or consultation by a registered dietician or nutritionist	\$15.71
<b>X0189</b>	Counseling or consultation by a board-certified social worker (BCSW) or a Master's level social worker under BCSW supervision	\$15.71

EPSDT New Dx Not Identified at Screening Procedure codes, descriptions, and maximum fees		
X0180	Consultation - EPSDT - New Dx - By Nurse Individual counseling, consultation, or other direct intervention by a registered nurse or certified nurse assistant to address a <u>new</u> health problem not identified at screening. A nursing intervention is defined as a nursing action taken to prevent a potential health problem or treat or alleviate an actual health problem not identified at prior screenings.	\$15.71

☛ This procedure code may not be billed for preventive counseling, anticipatory guidance, or health education provided on the date of a medical screening by the same provider since these services are included in the screening fee. This procedure code also may not be billed on the same date that a physician's evaluation and management visit is billed by the same provider.

X0181	Consultation - EPSDT - New Dx - By Nutritionist Counseling or consultation by a registered dietician or nutritionist to address a <u>new</u> condition not previously identified at prior screenings.	\$15.71
X0182	Consultation - EPSDT - New Dx - By Social Worker Counseling or consultation by a board-certified social worker (BCSW) or a master's level social worker under BCSW supervision to address a <u>new</u> condition not previously identified at prior screenings.	\$15.71

The following procedure codes may be billed only by the Office of Public Health or the New Orleans Health Department:

Public health procedure codes, descriptions, and maximum fees		
<b>X0194</b>	On-site lead poisoning environmental follow-up and inspection by a health department sanitarian in the home of a Medicaid-eligible child diagnosed with lead poisoning <b>NOTE:</b> This does not include testing of a substance sent to a lab for analysis.	\$31.42
<b>X0195</b>	Diagnosis and/or treatment by a licensed physician after the screening date	\$35.60
<b>X1195</b>	Diagnosis and/or treatment by a licensed physician on the screening date	\$35.60
<b>X0197</b>	Children's Special Health Services Clinic visit by a licensed physician and a registered nurse	\$58.40

- ☐ This procedure code may not be used in combination with X0187 and X0180 (registered nurse counseling, consultation, or intervention). However, it may be billed in combination with X0188 (registered dietician or nutritionist counseling or consultation) or X0189 (counseling by a BCSW or Master's level social worker under BCSW supervision).

<b>X1196</b>	Special evaluation, speech and/or hearing, vision, or psychological	\$34.67
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- ☐ A speech and/or hearing evaluation must be performed by a licensed audiologist or licensed speech pathologist. Certification by The American Association of Speech and Hearing (ASHA) or equivalent certificate is also required. A vision evaluation must be performed by a licensed physician or optometrist. A psychological evaluation must be performed by a licensed psychologist.

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## **IX. DOCUMENTATION AND MONITORING**

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## IX. Documentation and Monitoring

This section describes the documentation you are required to maintain on Louisiana KIDMED medical, vision, and hearing screening services. It also explains KIDMED monitoring procedures and what you can expect during annual KIDMED site reviews to enrolled medical, vision, and hearing screening providers.

### Keeping the appropriate documentation

You must retain copies of all KIDMED screening claims and other Medicaid claims for at least three years from the date the claim was paid. You must also maintain complete medical records on all children screened by you for at least three years from the date of service. Appropriate procedures and systems to ensure confidentiality must be in place. Medical records must contain the following:

- The date screening services were performed, the specific tests or procedures performed, the results of these tests and procedures, and the specific staff member who provided the service.
- Each required component of a medical, vision, and hearing screening must be documented separately.
- Documentation of medical contraindication or a written statement from a parent or a guardian on a child screened for whom immunizations were due and not given.
- Identification of any screening component not completed, the medical contraindication or other reason why it could not be completed, and attempts you made to complete the screening.
- Documentation of a medical contraindication or other reason for delay in vision or hearing screening if not performed on the same day as a medical screening when the child is linked to you for all screenings.
- Documentation of all missed appointments and of at least two good faith efforts to reschedule according to the periodicity schedule.
- Referrals you made for diagnosis, initial treatment, or other health services for conditions found in screenings.

Your documentation on referrals must include the date of the referral, the results of specific tests and procedures, and signed releases for information. If you made the referral yourself, your record must also include copies of medical reports or chart notes indicating that diagnosis or initial treatment was completed.

Appendix 7 shows the items the KIDMED Regional Nurse will check during the medical record reviews conducted during the six-month follow-up and annual site visits.

## **The Louisiana KIDMED monitoring program**

The Louisiana Medicaid Program has established administrative procedures in accordance with the Federal statutes and regulations to assure a comprehensive child health program of prevention and treatment through Louisiana KIDMED. This program systematically:

- Seeks out eligible families and adequately informs them of the benefits of prevention and the health services and assistance available
- Helps eligible families use health resources effectively and efficiently
- Assesses eligible children's health needs through initial and periodic exams and assessments
- Assures that medically necessary diagnosis, treatment, and other health services are provided efficiently and in a timely manner, and that duplicated and unnecessary services are avoided
- Assures that KIDMED screening providers adhere to program policies and procedures

Louisiana KIDMED is responsible for assuring compliance with these EPSDT program objectives through its monitoring of KIDMED screening services. As a medical, vision, and/or hearing screening provider, you are monitored to assure compliance with your Medicaid and Louisiana KIDMED provider agreements as well as with the policies and procedures covered in this manual. Policy and procedure areas monitored include the medical appropriateness and accuracy of the screening services, physician direction, your marketing activities, timeliness of initial and periodic screenings, timeliness and accuracy of referrals and follow-up, timeliness of immunizations and follow-up, completeness and accuracy of medical records, timeliness and accuracy of your reports and billing, and the like.

Louisiana KIDMED uses information from its management information system and information developed through on-site quality assurance reviews in its monitoring activities. The Louisiana KIDMED Regional Nurses carry out monitoring functions on KIDMED screening providers. Medicaid staff may also periodically monitor other aspects of the Medicaid program.

As described in Section III, monitoring of medical screening providers begins at the initial site visit resulting in a recommendation to Louisiana Medicaid regarding conditional enrollment. The six-month follow-up review for full enrollment is also part of the monitoring process. Unscheduled monitoring visits may take place if special problems arise as demonstrated by program data or by complaints from beneficiaries, other providers, local Medicaid eligibility staff, or other sources.

In carrying out its monitoring activities, KIDMED recognizes the need to conduct compliance reviews to ensure that quality of service and administrative standards are met. At the same time,

KIDMED recognizes a parallel need to work in collaboration with you and help you meet these standards if you are experiencing difficulty. KIDMED understands that a positive, supportive approach rather than a punitive approach toward providers is more likely to stimulate your participation in Louisiana KIDMED screening. Therefore, the KIDMED staff also plays a facilitative role and provides you with technical assistance when appropriate.

## Annual provider monitoring

As a Louisiana-KIDMED medical, vision, and/or hearing screening provider, you are monitored at least annually by a KIDMED Regional Nurse. Annual monitoring consists of the following activities:

- Review of claim histories on beneficiaries screened by you
- Annual site review
- Beneficiary satisfaction survey
- Monitoring report and corrective action, if appropriate

- The Medicaid and Louisiana KIDMED supplemental provider agreements require every provider to make available upon request the medical and billing/payment records of all Medicaid-eligible children receiving screening services to the Louisiana KIDMED staff, Medicaid staff, and other appropriate State and Federal agencies.

## Annual site review

Louisiana KIDMED will give you reasonable advance notice of the annual site review. You can anticipate that the first annual visit will be scheduled approximately 12 months after the six-month full enrollment review. KIDMED will plan each annual visit with you to minimize disruption to your normal operations. The review will take about six hours. The physician, office manager, and other clinical staff responsible for any part of the screening process must participate in the review. However, there are many aspects of the review, such as the record review and the appointment and scheduling systems review, that do not require the presence of the physician and clinical staff. The review will be conducted by your KIDMED Regional Nurse. They may be assisted by your KIDMED Provider Relations Coordinator.

The procedures used during the annual review will be generally the same as those used during the six-month full enrollment review described in Section III. The annual review will consist of the following: observing screening service delivery; re-checking the facility, equipment, and supplies; reviewing current professional licenses and evidence of physician direction; and reviewing a statistical sample of medical records on patients screened by you during the past 12 months for completeness and accuracy. The service delivery observation will focus on the following: compliance with all screening requirements and quality of care standards; your health education and anticipatory guidance activities as well as counseling of parents and adolescents, if appropriate, when a referral is indicated; the appropriateness of the referral; and the actual



referral activities. The medical record review will focus on completeness and accuracy, compliance with screening periodicity standards, and documentation of referrals and follow-up.

The annual review will also include a review of administrative procedures and documentation and evaluation of staff changes that may have occurred since the last site visit. In addition, it will include discussions with you and your staff about the nature and quality of screening outreach efforts, recipient preventive health education efforts, beneficiary appointment compliance or "keep rates," referrals and coordination with WIC services and local health units, and coordination with referral physicians and other diagnosis and treatment resources in the community. Finally, KIDMED staff members will confer with your clinical, professional, and clerical staff to identify problems as well as aspects of the program and KIDMED operations that, from your viewpoint, are working smoothly.

The Louisiana KIDMED office staff will discuss the review findings with you at an exit interview following the site visit, normally on the same day. You will have an opportunity to ask questions about any aspect of the review or the program.

#### **Beneficiary satisfaction survey**

A beneficiary satisfaction survey will be conducted as an integral part of the annual review to assess the parents' or guardians' satisfaction with your services and solicit their opinions on other aspects of the Louisiana KIDMED program. It involves the same survey instrument used during the six-month full enrollment review. This instrument is shown in Appendix 9.

#### **Monitoring report and corrective action, if appropriate**

The Louisiana KIDMED office will send you a written report of annual review findings within 30 days following the site visit. If deficiencies are noted, a corrective action plan must be submitted by the provider to the Louisiana KIDMED office within 10 working days. The corrective action plan must describe the action steps taken to address any deficiencies noted in the monitoring report. Louisiana KIDMED will review the corrective action plan and notify you in writing within seven (7) days if the corrective action plan has been accepted or rejected, or requires modification.

KIDMED will validate implementation of the corrective action plan within 60 to 120 days. Medical records of screenings occurring since the submission of a corrective action plan will be reviewed. A written report of findings will be sent to you within 30 days following the corrective action validation site visit. KIDMED may conduct a follow-up site visit and medical record review if serious problems are found regarding your compliance with program requirements.

A recommendation will be made to Louisiana Medicaid regarding your continued participation as a screening provider. The Louisiana KIDMED office will notify you in writing of Medicaid's decision.

Refer to Appendix 24 for a flowchart outlining the above procedures and timeframes.

### **Administrative sanctions**

Your enrollment as a Louisiana KIDMED medical, vision, and/or hearing screening provider may be suspended or terminated at any time if you fail to comply with Medicaid and Louisiana KIDMED program requirements or if any of the administrative or legal actions listed on page III-12 are taken against you.

When the outcome of a monitoring-site visit identifies serious problems, KIDMED may recommend to Louisiana Medicaid the cessation of claims payments until the deficiencies are corrected and/or immediate referral to the Surveillance Utilization Review System (SURS) unit for investigation and recoupment.

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## X. KIDMED SCREENING CLAIM SUBMISSION AND PROCESSING

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## X. KIDMED Screening Claim Submission and Processing

You must bill for KIDMED medical, vision, and hearing screening services on the KIDMED Screening Claim Form (KM-3). This form is contained in Appendix 21. All other EPSDT-related services must be billed on the HCFA 1500 claim form. This section provides detailed instructions for completing the KIDMED Screening Claim Form. It also describes how KIDMED processes your screening claims and where to direct inquiries about your screening claims.

The KM-3 is a multipurpose form designed to:

- Enable you to receive prompt payment for screening services rendered
- Enable you to adjust or void a previously submitted screening claim
- Fulfill Federal reporting requirements on numbers of screenings and referrals for diagnosis and treatment
- Track immunization status on children to ensure that they receive all appropriate childhood immunizations
- Track referrals on conditions found in screenings to ensure that diagnosis and treatment are initiated promptly
- Provide EPSDT program data on the State's Medicaid-eligible children for policy and program development and evaluation

KIDMED providers who agree to accept a Medicaid beneficiary as a patient must bill Medicaid for all Medicaid-covered services rendered to the beneficiary. You are prohibited from requiring any payment from the beneficiary for covered services. This includes charging the beneficiary for medical reports on services rendered or completing WIC referral forms.

### How to complete the KIDMED Screening Claim Form

You must complete a separate claim form for each beneficiary who receives KIDMED screening services at your facility. You may submit a paper claim, completing the KIDMED screening claim form by hand, or an electronic media claim (EMC), which is computer-generated. Both paper and computer-generated claims require the same information. If you submit paper claims, you must print all information legibly in ink. EMCs can be submitted via tape, diskette, or modem. Software for generating EMCs is

available at no cost from the Louisiana KIDMED office for most IBM-compatible personal computers. It may also be available from your current software provider. If you use a billing service, that service may already have the capability to submit KIDMED EMCs. If you have questions about the EMC submission process, contact the KIDMED EMC Coordinator toll-free at 1-800-259-8000, extension 111 (or 928-9683 in Baton Rouge).

It is important to complete and submit claims quickly in order to assure rapid payment and assist the Louisiana KIDMED office in tracking screenings. Your claim must be received by the Louisiana KIDMED office within 60 days of the date of service. Late claims may not be paid.

You must complete all items on the KIDMED Screening claim form, except for those that are optional as indicated in the instructions below. In some instances, you can skip an item, depending on your entry in a preceding item. For example, if no suspected conditions are found, you do not describe any conditions nor do you complete referral information. If you are not submitting a claim for a medical screening, you do not complete the items related to immunizations.

You must use the correct format for entering dates and times. Items requesting information about dates have six spaces, and you must fill all six using the MMDDYY format. For example, June 1, 1992 should be entered as "060192." When you are asked to enter times, you will see four spaces on the form. Enter times using the 24-hour or military clock. For example, 8:30 AM should be entered as "0830." Noon should be entered as "1200," and 4:15 PM should be entered as "1615."

The KIDMED Screening claim form requires you to enter seven general types of information:

Claim type	Items 1 through 3
Provider	Items 4 through 9
Beneficiary	Items 10 through 24
Screening	Items 25 through 28
Immunization status	Items 29 through 30
Screening findings	Items 31 through 32
Referrals for diagnosis and treatment	Items 33 through 35
Certification and signature	Items 36 through 37

The instructions for completing each item of the KM-3 screening claim form follow:

#### Claim type (items 1 through 3)

1. **Type of claim**—There are three choices in this box. You may choose only one, entering a checkmark as appropriate. Check "original" if this is the original screening claim for this beneficiary for the service date indicated later in item 25. If you check "original," skip directly to item 4.

Check "adjustment" if this claim adjusts a previously submitted claim for this beneficiary for the service date indicated later in item 25. Check "void" if you are voiding a claim already submitted for this beneficiary for the service date indicated later in item 25.

2. Reason--If you checked "adjustment" or "void" in item 1, you must complete item 2 by entering the applicable two-digit code:

	Code	Explanation
Adjustments	02	Adjustment due to provider error
	03	Adjustment not due to provider error
Voids	10	Void due to claim paid for wrong beneficiary
	11	Void due to claim paid to the wrong provider

3. Adjustment ICN--Complete this item only if you completed item 2. Enter the 13-digit Individual Claim Number as listed on the Remittance Advice for the original claim being adjusted or voided.

#### Provider (items 2 through 9)

4. Billing Provider No.--Enter your valid seven-digit Medicaid Provider I.D. Number. If you are a Local Education Agency (LEA) or school board, this provider number is different from your EPSDT Health Services Provider I.D. Number. Federally Qualified Health Centers and rural health clinics also have a separate Medicaid Provider I.D. Number for KIDMED screening services.
5. Billing Provider Name--Enter up to 17 letters of the billing provider's name, starting with the last name first and leaving a space between the last and first names. For example, William Sutherland, M.D., would be entered as "Sutherland (space)Willia." If the billing provider is a facility or agency (such as a school board, health unit, or clinic) rather than an individual, enter the name of the facility or agency.
6. Site Number--This item applies only to providers who have more than one screening site. If you have only one site, skip to item 7. If you have more than one screening site, enter the valid three-digit site code at which the screening was conducted. If the site code has less than three digits, fill the empty spaces to the left with zeros. For example, if the site code is 1, enter "001."
7. Attend Provider No.--Complete this item only when the screening is provided by someone other than the billing provider. Enter the seven-digit Medicaid Provider I.D. Number of the provider who conducted the screening.
8. Attend Provider Name--Complete this item only if you completed item 7, entering up to 17 letters of the attending provider's name, starting with the last name first and using the same format that you used in item 5 above.

9. Refer Provider No.--Complete this item only if the beneficiary is a lock-in or CommunityCARE beneficiary as noted on his or her Medicaid eligibility card. You must obtain a referral from the lock-in or CommunityCARE physician before you can provide screening services. Enter in item 9 the valid seven-digit Medicaid Provider I.D. Number of the referring provider.

**Beneficiary (items 10 through 24)**

10. Medicaid No.--Enter the beneficiary's 13-digit Medicaid number exactly as it appears on the beneficiary's current Medicaid eligibility card. If the beneficiary does not have a card or verification letter (newborns only), you may verify eligibility by contacting the Louisiana KIDMED office or the Medicaid Fiscal Intermediary. Newborns are continuously eligible until their first birthday if born to a Medicaid-eligible mother. A Medicaid card may not be issued on newborns until the second month of life.
11. Patient Last Name--Enter the first 17 letters of the beneficiary's last name, starting at the left of the block, exactly as it appears on the beneficiary's current Medicaid eligibility card. If the name has less than 17 letters, leave the remaining spaces blank.
12. Patient First Name--Enter up to 12 letters of the beneficiary's first name, starting at the left of the block, exactly as it appears on the beneficiary's current Medicaid eligibility card. If the name has less than 12 letters, leave the remaining spaces blank.
13. Date of Birth--Enter the six-digit date of birth for the beneficiary, using the MMDDYY format so that you fill up all the spaces. The beneficiary must be under age 21 on the date of the screening. Do not leave any of the spaces blank.
14. Sex--This item is optional. Enter "M" for male or "F" for female.
15. Race--This item is optional. Enter one of the following codes:
- |         |   |
|---------|---|
| White   | 1 |
| Black   | 2 |
| Other   | 6 |
| Unknown | 9 |
16. Medical Record No.--This item is optional. It may be used to cross-reference your patient's medical record number. Enter up to 18 alphabetical and/or numerical characters of the Medical Record Number contained on the Remittance Advice.
17. Patient Address--This item is optional. Enter the beneficiary's street address or P.O. Box Number, starting at the left of the block. Leave any unused spaces blank.
18. City--This item is optional. Enter up to nine letters of the city in which the beneficiary lives, starting at the left of the block. Leave any unused spaces blank.

19. State--This item is optional. Enter the commonly accepted postal abbreviation for the state ("LA" for Louisiana).
20. Zip Code--This item is optional. Enter the zip code for the beneficiary's address. If you do not know the full nine-digit zip code, enter the first five digits, and leave the remaining four spaces blank.
21. Patient Home Phone--If the beneficiary has a home phone number or a contact phone number, you must complete this item, including the area code. Enter the three-digit area code and seven-digit home or contact phone number.
22. Patient Work Phone--If the beneficiary has a work phone number, you must complete this item, including the area code. Enter the three-digit area code and seven-digit work phone number.
23. Parent/Guardian Last Name--This item must be completed for all beneficiaries living with a parent or guardian. A foster parent or adoptive parent is considered a guardian. Enter up to 17 letters of the parent or guardian's last name, starting at the left of the block. Leave any unused spaces blank. If the beneficiary is not living with a parent or guardian, leave this item blank and skip to item 25.
24. Parent/Guardian First Name--If you complete item 23, you must complete item 24 also, entering up to 12 letters of the parent or guardian's first name, starting at the left of the block. Leave any unused spaces blank.

#### Screening (items 25 through 28)

This part of the claim form documents who performed the screening for which you are submitting the claim. It also documents the screening fee. In addition, it records information about future screenings scheduled.

You may bill for four types of screenings:

- Medical Screening Nurse--This is a medical screening where a registered nurse or certified physician assistant conducted the complete unclothed physical assessment and other required age-appropriate medical screening components, including age-appropriate immunizations.
- Medical Screening Physician--This is a medical screening where a licensed physician conducted the complete unclothed physical exam and other required age appropriate medical screening components, including age appropriate immunizations.



**or** You must check one or the other for a single medical screening, but not both. If both a physician and a registered nurse conducted the screening, the individual performing the physical exam or assessment should be checked.

- **Vision**--This is an objective vision screening conducted by a licensed physician, certified physician assistant, registered nurse, or licensed optometrist. No claim will be paid on a child under age four.
- **Hearing**--This is an objective hearing screening conducted by a licensed physician, certified physician assistant, registered nurse, licensed and ASHA-certified audiologist, or licensed and ASHA-certified speech pathologist. No claim will be paid on a child under age four.

You may bill for a medical, objective vision, and/or objective hearing screening on the same screening claim form in any combination.

25. **Date of Screening**--For each applicable line, enter the date of the screening. For proper reimbursement, you must date each screening type for which you are billing.
26. **Billed Charge**--For each line you completed in item 25, enter the appropriate charge for services rendered, using four digits for dollars and cents. For example, \$60.00 would be entered as "6000."
27. **Next Screening Appointment Date**--If a future screening appointment has been scheduled, enter the six-digit appointment date for each applicable line. If no future appointments have been made at the time you submit the claim, leave this item blank and skip to item 29.
28. **Time**--If a future screening appointment has been scheduled, enter the appointment time.

#### **Immunization status (items 29 through 30)**

29. **Immunization Status**--This item is required for medical screenings only. You must certify with each claim whether or not the beneficiary's immunizations are complete and current for his or her age. Check "Yes" if immunizations are complete and current for this age beneficiary. Check "No" if they are not. If you check "Yes," skip to item 31.
30. **Reason**--If you indicate in item 29 that immunizations are not current and complete, you must check the appropriate box explaining why. Check "A" in the case of medical contraindication. Check "B" if the parents or guardians refuse to permit the immunization. Check "C" if immunizations are off schedule. For example, check "C" if the beneficiary received an immunization at this visit but is still due one for his or her age. Do not check "C" if immunizations are off schedule and you did not immunize.

### Screening findings (items 31 through 32)

31. Presence or absence of suspected conditions--This item relates to screening findings. If you find no suspected conditions, check "no" and skip to item 36. If you do find one or more suspected conditions, check "yes" and proceed to item 32.
32. Nature of suspected conditions and referral strategy--This item documents the general types of suspected conditions identified during the screening and whether or not a referral was made in-house (includes self-referrals) or offsite. Complete it by checking the appropriate boxes. For example, if you found a suspected medical condition for which the beneficiary is already under care by you or any other provider, check the far left box on the first line. If you found a suspected nutritional condition and you have self-referred, check the far right column on the fifth line (E). If you found a suspected psychological/social condition and have made a referral outside your practice, check the middle column on the eighth line (H). Be sure to enter information about all suspected conditions found. Do not make any entries on lines J through L. These lines are reserved for future use by KIDMED.

### Referrals for diagnosis and treatment (items 33 through 35)

The Louisiana KIDMED office uses the information you provide in these items to assist you with referrals and to track referrals made to ensure that medically necessary diagnosis, initial treatment, and other health services are initiated promptly for conditions found in screening.

- Note that each of these items may require you to enter up to eight different kinds of information in the spaces marked A, B, C, D, E, F, H, and I. The amount of information you enter depends on whether or not you make the referral yourself.

- 33-35. Referrals for Suspected Conditions--You must complete at least one of these items if any suspected conditions are listed in item 32 as being referred in-house or offsite. The number of items you complete will depend on how many conditions you found in the screening and on the referrals made. As you will see below, each item may cover up to four conditions, but only one referral provider. If more than four suspected conditions are found, you must fill out at least items 33 and 34. If more than eight suspected conditions are found, you must fill out items 33 through 35. Also, you must complete one item for each referral made.
- 33A. Suspected Condition--Referring back to item 32, enter in item 33A up to four letters (A through I), identifying the type of condition(s). Start at the left of the block, and leave any unused spaces blank.

- 33B. Referral Assist Needed--Indicate whether or not you need assistance from the Louisiana KIDMED office on finding a referral resource or scheduling an appointment with the referred-to provider. In some instances, the referred-to provider will not allow you to schedule an appointment. For example, State Medical Centers require the eligible beneficiary to contact them directly for an appointment. If you check "yes," skip to item 33E.
- 33C. Appointment Date--If you referred the beneficiary either in-house or offsite, enter the date of the appointment.
- 33D. Appointment Time--If you referred the beneficiary either in-house or offsite, enter the time of the appointment.
- 33E. Reason for Referral--Enter the reason for the referral, using up to 40 letters and/or the ICDM-9 diagnostic codes. In addition, if referral assistance is needed because the referred-to provider requires direct contact with the beneficiary, indicate so here.
- 33F. Referred To--If you made your own in-house or offsite referral, enter up to 20 letters of the name of the specific provider to whom the beneficiary was referred, starting with the last name first. Be as specific as possible. For example, if the beneficiary was referred to a large facility, give the name and department onsite. If you self-referred, enter "self" for this item. If you are asking the Louisiana KIDMED office to make the referral, leave this item blank and skip to item 34 if you are reporting on other referrals. Skip to item 36 if you have no other referral information to report.
- 33G. (Blank)--Do not enter any data here. This item is reserved for future use by KIDMED.
- 33H. Phone No.--If you made your own in-house or offsite referral, enter the area code and six-digit phone number of the referred-to provider. If you self-referred, leave this item blank.
- 33I. Transportation Assistance Needed--Check "yes" or "no" indicating whether or not the beneficiary needs transportation to the referral appointment.
- 34. Follow the instructions above for item 33.
- 35. Follow the instructions above for item 33.

#### **Certification and signature (items 36 through 37)**

- 36. You must read and sign the certification statement at the bottom of the screening claim form in order to be paid. You may use a signature stamp if it is initialed by the individual completing the form. Your signature certifies that you have provided all components of the screening, including appropriate immunizations when the medical screening is billed.
- 37. Enter the six-digit date on which you sign or initial the claim form.

## How KIDMED processes your screening claims

The Louisiana KIDMED office normally processes your screening claims on the same day it receives them. Paper claims are visually reviewed to ensure that the following information has been included: billing provider number (item 4), beneficiary's Medicaid number (item 10), and signature or initials if you use a signature stamp (item 36). If any of this information is missing or unintelligible, the Louisiana KIDMED office returns the claim to you with a memo explaining why it is being returned. If all of this information is complete, the claim is assigned a Claim Control Number and microfilmed. Following microfilming, the claim is keypunched by a KIDMED Data Entry Operator.

Electronic media claims submitted via tape or diskette are received by the KIDMED EMC Coordinator. The Louisiana KIDMED office checks these claims to determine that the number of claims and the dollar value of those claims agree with the label and the certification form. KIDMED staff also make a visual check to ensure that the information submitted on the label agrees with the information submitted on the certification form. When the label and the certification form disagree, KIDMED runs the tape or diskette and compares it to the information on the certification form. If the disagreement persists, KIDMED returns the tape or diskette and the certification form to you with a memo explaining why they are being returned. If your submission passes this test, the claims are accepted for further processing.

Electronic media claims submitted via modem are accepted directly for further processing.

Once claims are accepted by the Louisiana KIDMED office, they enter the KIDMED Claims Processing Subsystem. KIDMED runs an approval cycle each night, Monday through Friday. Claims that pass all edits in this cycle are approved. They are written to a tape at KIDMED the next day and delivered by hand to the Medicaid Fiscal Intermediary by noon on that day. For example, if KIDMED receives and accepts your claim on Tuesday, it is processed through the approval cycle Tuesday night. If it is approved, it is sent to the Fiscal Intermediary on tape by noon Wednesday.

### Claims edits

Each KIDMED screening claim is subjected to a series of edits to ensure that the claim is valid, containing all required information, before it is approved and sent to the Medicaid Fiscal Intermediary. Claims that fail one or more edits are pended, rejected, or denied. Most paper claims that fail edits are pended. They are then reviewed by the KIDMED Claims Resolution Department. Since paper claims are keyed by KIDMED's Data Entry Department, an error may occur during the data entry process. A KIDMED Claims Resolution Clerk compares the claim data in the KIDMED computer with the original paper claim you submitted to determine whether or not a data entry error was made. If any such error occurred, the Louisiana KIDMED office corrects the entry, and your claim proceeds to the next approval cycle.

If there was no data entry error by KIDMED and your paper claim failed the edit, your claim is either denied or rejected. KIDMED mails you a denial listing identifying each claim denied and stating the reason for each denial. You must refile each denied claim as an original claim. When your paper claim is rejected, KIDMED sends you a Resubmittal Turnaround Document (RTD). A sample RTD is

shown in Appendix 22. The RTD shows the information as originally submitted and designates space to correct the data. After you enter corrected data, you must sign the RTD and return both pages to KIDMED. Upon receipt of your completed RTD, KIDMED's Claims Resolution Department corrects the data and resubmits the claim to the next approval cycle.

- If you do not return the RTD within 60 days of the date it was generated, your claim will be denied.

KIDMED sends you a memo with each RTD and denial listing informing you whom to call if you have a question.

Electronic media claim submissions usually contain multiple claims on the tape, diskette, or modem transmission. Each claim in the submission is reviewed separately. If any claim fails an edit, that claim is denied. Errorless claims on the same submission pass through the approval cycle. The Louisiana KIDMED office sends you a denial listing of each claim that fails. You must refile each denied claim as an original claim. KIDMED does not send an RTD for electronic media claims.

### **Eligibility problems**

When any claim pends because of questions about the beneficiary's eligibility, the Louisiana KIDMED office researches the claim to identify the problem and resolve it as rapidly as possible. If the problem is the result of a KIDMED error, KIDMED corrects the error. If you made the error, KIDMED generates and sends to you an RTD or denial listing. KIDMED may also call you to discuss the problem. If the problem is the result of an error by the Office of Family Support (OFS) or the Medicaid Eligibility office, KIDMED calls OFS, and OFS takes corrective action.

The Louisiana KIDMED office makes every effort to resolve eligibility problems quickly and efficiently. This may involve telephone conversations with you and other agencies involved. To minimize these problems, you should always review the beneficiary's current Medicaid eligibility card. You should also make a copy of the card for your records. This will help the Louisiana KIDMED office and the Fiscal Intermediary in resolving eligibility problems.

### **Payment of claims**

The Medicaid Fiscal Intermediary is responsible for paying all claims for Medicaid services. As described above, the Louisiana KIDMED office generates a daily tape of approved KIDMED claims every weekday and delivers it by hand to the Fiscal Intermediary by noon. Normally, claims that reach the Fiscal Intermediary by Wednesday are processed on Wednesday night. The Fiscal Intermediary produces checks over the weekend and mails them on Monday. Thus, if the Louisiana KIDMED office receives your claim on Tuesday and your claim passes all the KIDMED edits, you will normally be paid by the Fiscal Intermediary the following week.

## Claims inquiries

If you have questions about KIDMED screening claims, call the KIDMED Claims Resolutions Department at 1-800-259-8000, extension 151 (or 928-9683 in Baton Rouge). If you have specific questions about electronic media claim submission, call the KIDMED EMC Coordinator at 1-800-259-8000, extension 111 (or 926-9683 in Baton Rouge). If you need additional assistance, you may call or request to be transferred to the KIDMED Computer Systems Manager at 1-800-259-8000, extension 107 (or 928-9683 in Baton Rouge). If you experience ongoing claims problems, contact your Regional Provider Coordinator who will provide training and assistance to resolve the problems.

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## XI. TRANSPORTATION

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## **XI. Transportation**

Nonemergency medical transportation is provided at no cost to the beneficiary when all other reasonable means of transportation have been explored and found to be unavailable. The Louisiana Medicaid Program provides emergency and nonemergency transportation services to eligible beneficiaries for medical and health-related Medicaid services. These services include KIDMED screenings as well as medically necessary diagnosis, treatment, and other health services. Trips to the local health unit for WIC certifications are covered. However, trips to pick up WIC coupons are not covered. Trips to the drugstore are also not covered.

Transportation is provided only in the beneficiary's usual "medical trade area" unless there is a medical necessity to obtain medical services outside this area. The usual medical trade area is defined as the beneficiary's parish of residence or a contiguous parish. You must contact the transportation scheduling service to request approval for transportation outside the beneficiary's usual medical trade area.

### **KIDMED transportation assistance**

The Louisiana KIDMED office currently arranges transportation for beneficiaries to appointments for screening and for diagnosis and initial treatment throughout the State.

Requests for transportation must be received from the beneficiary by the Louisiana KIDMED office no later than 48 hours prior to the appointment. KIDMED needs the following information to arrange transportation:

- Beneficiary name
- Beneficiary ID number
- Pick-up point
- Destination
- Date and time of appointment
- Name of preferred provider

Upon receiving a request, the Louisiana KIDMED office checks the beneficiary's eligibility for Medicaid through the KIDMED computerized information system. After determining that the beneficiary is eligible, KIDMED contacts the appropriate Regional Transportation Scheduling Office by telephone or fax. That office then contacts the transportation provider to make the arrangements and authorizes the provider to be paid for the transportation services.

Beneficiaries may contact the Regional Transportation Scheduling Offices directly to request transportation services. Providers should not call the Transportation Scheduling Offices to make arrangements for their patients. The procedures for beneficiaries are described below:



REGIONAL TRANSPORTATION SCHEDULING SERVICES			
Toll Free Numbers			
Region	Parishes		Phone
1-New Orleans	Orleans W. Jefferson Plaquemines	E. Jefferson St. Bernard	1-800-259-8119
2-Baton Rouge	Ascension E. Feliciana Livingston St. Helena Tangipahoa Washington	E. Baton Rouge Iberville Pointe Coupee St. Tammany W. Baton Rouge W. Feliciana	1-800-259-1944
3-Thibodaux	Assumption Lafourche St. Charles	Terrebonne St. John St. James	1-800-864-6034
4-Lafayette	Acadia Evangeline Iberia Lafayette	St. Martin St. Mary Vermillion St. Landry	1-800-864-6034
5-Lake Charles	Allen Beauregard Calcasieu	Cameron Jeff. Davis	1-800-864-6034
6-Alexandria	Avoyelles Catahoula Concordia Grant	LaSalle Rapides Vernon Winn	1-800-446-3490
7-Shreveport	Bienville Bossier Caddo Claiborne DeSoto	Natchitoches Red River Sabine Webster	1-800-259-7235
8-Monroe	Caldwell E. Carroll Franklin Jackson Lincoln Madison	Ouachita Richland Tensas Union W. Carroll Morehouse	1-800-259-1835

## Questions or complaints about transportation assistance

Questions or complaints about transportation scheduling services for KIDMED screening, diagnosis, and initial treatment appointments should be referred to the Transportation Program Manager at Louisiana Medicaid. Complaints regarding specific transportation providers should be referred to the Medicaid Program Integrity Section. Provider complaints will be investigated and appropriate administrative action will be taken on complaints found to be valid.

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## APPENDICES

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# APPENDIX 1(1)

## SAMPLE MEDICAID CARD

LOUISIANA MEDICAL ELIGIBILITY CARD		1 ELIG.	FOR
OFFICE OF FAMILY SUPPORT		↓ 70	
ST. CHARLES		*KIDMED/EPSTD	
P. O. BOX 403			
HAHNVILLE, LA 70057			
ID. NUMBER	ELIGIBLE RECIP. NAME	BIRTH DATE	TPL
0000000000000	*SMITH JOHN	07/22/91	
KIDMED RECIPIENT		MONTH OF ELIGIBILITY	
13 DIGIT MEDICAID ID NUMBER			
JOHN SMITH 999 HARDING ST SOMEWHERE. LA 70047			

## Louisiana Medical Eligibility Card

The Louisiana Medical Eligibility card is commonly referred to as the recipient Medicaid card. The card is approximately 3 1/8 by 8 inches. The texture and color of the card is similar to the color and weight of a manila filing folder.

The Medicaid card is valid only for the month that it is issued. The recipient receives a new card for every month of eligibility. The month of eligibility is indicated in the right hand corner of the card.

KIDMED/EPSTD appears to the right of the card under the word card if there is a recipient on the card who is eligible for KIDMED. A (\*) will be posted to the left of KIDMED/EPSTD (\*KIDMED/EPSTD). The recipient who is eligible for KIDMED has the (\*) to the left of his/her name.

ID Number is the Medicaid number for the recipient. Each recipient has a unique thirteen (13) digit Medicaid ID number.

TPL are the initials for THIRD PARTY LIABILITY. The legend for TPL codes is on the back of the Medicaid card as shown on the following page. The space for TPL may be blank if no third party coverage has been reported.

## APPENDIX 1(2)

### KIDMED INDICATOR

**IMPORTANT: PATIENT MUST SHOW THIS CARD WHEN APPLYING FOR MEDICAL BENEFITS**

The person(s) shown on the reverse side is eligible for the payment of certain medical services authorized by the Medical Assistance Program. Benefits under other insurance coverage, including Medicare must be used first. Eligibility for medical services is effective only for the month shown on the reverse side. Use of this card to obtain medical services to which a person is not entitled will subject that person to arrest and trial under state and federal laws and regulations.

**TFL CODES:** A = MEDICARE A; B = MEDICARE B; C = MEDICARE A&B  
D = PRIVINS-DRUGS; E = AMBUL; F = PRIVINS-NO DRUGS; G = INS/PAY-CHASE.

Effective July 1, 1992, residents of certain parishes will no longer call the parish office to arrange transportation for medical services.

If you live in Avoyelles, Concordia, Catahoula, Grant, LaSalle, Rapides, Vernon, or Winn parish, you should call 1-800-446-3490.

If you live in Alexandria, call 445-7851.

Call 1-800-864-6034 if you live in the following parishes:

Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis, Acadia, Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis, Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, Vermilion.

KEEP THIS CARD SO YOU WILL HAVE THIS NUMBER AVAILABLE IN THE FUTURE

### Verifying Eligibility

You should request to see this card for the current month or contact PARMAX at 1-800-776-6323 or KIDMED at 1-800-259-8000 or 928-9683 in Baton Rouge to verify eligibility. Please keep a copy of the current Medicaid card in your records for the month of each service in the event you may need it to resolve an eligibility related claim problem. The recipient must be Medicaid eligible in the month of service in order for you to receive payment from Medicaid for the services you render. The Medicaid card is written proof of the eligibility.

### Verifying Newborn Eligibility

Parents of newborns may not have this type of proof of eligibility. However, they receive a form letter from Medicaid of Louisiana which verifies the infant's eligibility until a Medicaid card on the infant is received. A sample of the written notification 9BHSF Form MAP-1) is shown on the following page.

An infant is Medicaid eligible to his/her first birthday if the mother was Medicaid eligible at the time of delivery.

Therefore, if the parents have not received a notification form letter or a Medicaid card on their infant, you may determine the infant's eligibility by verifying the mother's eligibility at the time of delivery. If you choose to provide the screening or other medically necessary services without written proof of eligibility, you must hold the claim until a Medicaid number is assigned to the infant. You should advise the parents to notify you immediately upon receipt of the form letter or actual Medicaid card listing the infant on it. You may contact KIDMED 45 to 60 days after the infant's birth to request assistance in verifying eligibility.

**APPENDIX 2(1)**  
**MEDICAID-APPROVED LEAD LABORATORIES**

Smith Kline Beecham Clinical Laboratories  
3600 St. Charles Avenue, 2nd Floor  
New Orleans, LA 70115  
(504) 897-1444

Smith Kline Beecham Clinical Laboratories  
Highland Park Plaza, Suite 202  
Covington, LA 70433  
(504) 893-5227

Smith Kline Beecham Clinical Laboratories  
1545 Line Avenue  
Shreveport, LA 71101  
(318) 221-5060

Smith Kline Beecham Clinical Laboratories  
4648 I-10 Service Rd.  
Metairie, LA 70001  
(504) 889-2307

Smith Kline Beecham Clinical Laboratories  
1514 Doctors Drive  
Bossier City, LA 71111  
(318) 454-5495

Smith Kline Beecham Clinical Laboratories  
4400 General Meyer, Suite 307  
New Orleans, LA 70114  
(504) 454-5495

National Health Laboratories  
913 S. College Rd.  
Lafayette, LA 70503  
(318) 234-6366

National Health Laboratories  
3901 Houma Blvd.  
Suite 100  
New Orleans, LA 70121  
(504) 455-8710

ACCU-PATH Medical Laboratory  
P.O. Box 1918  
El Dorado, AK 71731  
1-800-645-5449  
Revised: April 1, 1994

Ochsner Medical Foundation Laboratories  
1516 Jefferson Highway  
New Orleans, LA 70121  
(504) 838-3510

Roche Biomedical Laboratories  
500 Hall Street  
Monroe, LA 71201  
(318) 387-4071

Roche Biomedical Laboratories  
530 Elmwood Park Blvd  
New Orleans, LA 70123  
(504) 733-3003

Roche Biomedical Laboratories  
855 Belanger Street  
Houma, LA 70360  
(318) 876-7903

Roche Biomedical Laboratories  
806 South Tyler Street  
Covington, LA 70437  
(504) 893-2845

Roche Biomedical Laboratories  
6338 Summa Suite 100  
Baton Rouge, LA 70810  
(504) 769-2777

Roche Biomedical Laboratories  
1702 Oak Park Blvd. #3  
Lake Charles, LA 70601  
(318) 478-5227

Roche Biomedical Laboratories  
2920 Knight St.  
Suite 108  
Shreveport, LA 71105  
1-800-525-6521

Louisiana Reference Laboratories  
6746 Goya Avenue  
Baton Rouge, LA 70806  
(504) 926-9173

**APPENDIX 2(2)**  
**MEDICAID-APPROVED LEAD LABORATORIES**

Louisiana Reference Laboratories  
301 Fourth Street, Suite 3  
Alexandria, LA 71401  
(318) 442-8158

Louisiana Reference Laboratories  
224 St. Landry Suite C  
Lafayette, LA 70506  
(318) 233-9077 or 9558

Met-West/Met Path  
201 Rue Iberville/Ste. 120  
Lafayette, LA 70508  
(318) 234-9985

Met-West/Met Path  
8786 Goodwood Blvd/Ste 108  
Baton Rouge, LA 70806  
(504) 925-0113

Puckett Laboratories of Shreveport, Inc.  
827 Margaret Place, Suite 204  
Shreveport, LA 71101  
1-318-424-6345

Puckett Laboratory  
1937 Veterans Blvd., Suite 212  
Metairie, LA 70005  
1-504-833-7324

Medical Center of East New Orleans  
5640 Read Blvd.  
New Orleans, LA 70127  
1-504-246-0643

Office of Public Health Central Laboratories  
325 Loyola Avenue, 7th Floor  
New Orleans, LA 70112  
(504) 568-5373

\*Exception approved through KIDMED

**LOUISIANA KIDMED**

# 123456789101112

**KIDMED**  
Get Your Kids  
a Healthy Start

**123456789101112**

**Your child should get regular checkups regularly.**

Your child should get regular checkups, especially when he or she is very young. Your child's KIDMED checkups will be scheduled at the following ages:

<input checked="" type="checkbox"/> Newborn	<input checked="" type="checkbox"/> 2 months	<input checked="" type="checkbox"/> 4 months	<input checked="" type="checkbox"/> 6 months	<input checked="" type="checkbox"/> 9 months	<input checked="" type="checkbox"/> 12 months	<input checked="" type="checkbox"/> 15 months	<input checked="" type="checkbox"/> 18 months	<input checked="" type="checkbox"/> 2 years	<input checked="" type="checkbox"/> 3 years	<input checked="" type="checkbox"/> 4 years	<input checked="" type="checkbox"/> 5 years	<input checked="" type="checkbox"/> 6 years	<input checked="" type="checkbox"/> And every two years thereafter.	<input checked="" type="checkbox"/> Dental Checkups (Yearly)
---	--	--	--	--	---	---	---	---	---	---	---	---	---	--

## BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 126 BATON ROUGE, LA


POSTAGE WILL BE PAID BY ADDRESSEE:

LOUISIANA KIDMED  
5700 Florida Blvd., 10th Floor  
Baton Rouge, LA 70806

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES







## KIDMED-For Healthy Kids

KIDMED will save your child on a healthy life. KIDMED will give your child medical and dental checkups, and track their eye and ear and hearing. A KIDMED doctor or nurse will find any health problems your child has and help get them treated.

The checkups and treatment are at no cost to the Medicaid recipient. KIDMED is easy. KIDMED is free. KIDMED is for you and your child.

### KIDMED services

Your child can get these Medicaid services and more from KIDMED:

- Complete Physical Exam
- Dental Exam
- Vision and Hearing Checkups
- Shots (immunizations)
- Blood and Urine Tests
- Sickie Cell (Aspirin) Tests
- Health Education
- Eye Exams and Hearing Aids
- And More

If you or your children are under 21 years of age and receive a monthly Medicaid card, fill out the card and mail it right away. Or call 1-800-259-4444. If you live in Baton Rouge call 504-920-9483. Get started on a healthy life now!

## Getting help from KIDMED is easy as 123

All you need to do is fill out the attached card. Ask the person who gave you the card for help if you need it. Or you can call our toll free KIDMED number at 1-800-259-4444. If you live in Baton Rouge call 504-920-9483.

Be sure you fill out the card completely. Don't forget your phone number. KIDMED will take it from there.


### KIDMED will:

- 1 Help you choose the doctor, clinic, or other health care provider and dentist you want your child to go to.
- 2 Set up your appointment and help you get a ride there and back.
- 3 Pay the bill for KIDMED Services.

If a problem is found, Medicaid will pay for any medically necessary treatment.


**LOUISIANA KIDMED**  
*A Program of Medicaid of Louisiana*  
 5700 Florida Blvd., 10th Floor  
 Baton Rouge, LA 70805

## APPENDIX 3(2)



## KIDMED checkups make a healthy child

Even if your child looks healthy, he or she may have health problems. KIDMED checkups can help find and treat these problems early, and may keep them from getting worse later on. Remember, shots (immunizations) will protect your child from diseases like measles and mumps. Your child needs these shots for day care programs, for kindergarten, and for school.



**Fill out and return**

Medicaid ID Number

Last  First

Name  Parent or Guardian

Address

City / Zip

Home Phone (  )

Work or other (  )

Best time to contact me: ( ) Day ( ) Evening

Current Medical Provider:

Current Dental Provider:

☐ Yes - I want KIDMED services

☐ No - I do not want KIDMED services at this time

If no, reason:

Persons under 21 to be screened:

Medicaid Recipient Number	Name
<input type="text"/>	Last <input type="text"/> First <input type="text"/>

Source Code:

(Husband/Father/Officer only)

APPENDIX 4(1)

DEPARTMENT OF HEALTH AND HOSPITALS - OFFICE OF PUBLIC HEALTH

WIC-17 INFANT/CHILD REFERRAL FOR WIC CERTIFICATION

THIS INFORMATION WILL BE USED TO DETERMINE NUTRITIONAL RISK WHEN THE PATIENT APPLIES FOR WIC BENEFITS AT THE HEALTH CLINIC. COMPLETING THE FORM DOES NOT CONSTITUTE ELIGIBILITY FOR THE PROGRAM.

PATIENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date Medical Information Collected)  
 \*BIRTH LENGTH \_\_\_\_ FT \_\_\_\_ IN \_\_\_\_ / 8 OR CM \_\_\_\_ CURRENT LENGTH \_\_\_\_ FT \_\_\_\_ IN \_\_\_\_ / 8 OR CM \_\_\_\_  
 \*BIRTH WEIGHT \_\_\_\_ LBS \_\_\_\_ OZ OR GR \_\_\_\_ CURRENT WEIGHT \_\_\_\_ LBS \_\_\_\_ OZ OR GR \_\_\_\_  
 \*# WEEKS GESTATION \_\_\_\_ BP LEVEL \_\_\_\_ (IF AVAILABLE)  
 HGB \_\_\_\_ OR HCT \_\_\_\_ % (NOT REQUIRED FOR INFANTS < 6 MONTHS)

\* This information is required for infants less than 12 months of age and desirable for children if it has not previously been provided.

OTHER INDICATIONS OF NUTRITIONAL RISK - PLEASE CHECK APPLICABLE CONDITIONS

FAILURE TO THRIVE	
UNEXPLAINED SLOW DEVELOPMENT OR HISTORY OF HEALTH PROBLEMS ASSOCIATED WITH POOR NUTRITIONAL STATUS List Problem(s):	
HISTORY OR PRESENCE OF NUTRITION RELATED METABOLIC OR CHRONIC DISEASE List Condition:	
HAS DROPPED 2 OR MORE PERCENTILES FOR WT. AND/OR HT. OR WT/HT WITHIN A 6 MONTH PERIOD.	
HISTORY OR PRESENCE OF DIETARY PICA	
OTHER NUTRITION RELATED MEDICAL CONDITION OR DIAGNOSIS List Condition or Diagnosis:	

INFANT FORMULA TYPE \_\_\_\_\_ (ONLY REQUIRED FOR INFANTS)

\_\_\_\_ THIS PATIENT RECEIVES ROUTINE PREVENTIVE HEALTH CARE THROUGH MY MEDICAL PRACTICE.

\_\_\_\_ THIS PATIENT RECEIVES ACUTE AND/OR SPECIALIZED HEALTH CARE THROUGH MY MEDICAL PRACTICE.

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PHYSICIAN, NURSE OR NUTRITIONIST'S SIGNATURE & TITLE

PHYSICIAN'S REFERRAL

Please provide nutrition/therapeutic diet counseling for this patient on:

PLEASE ATTACH A COPY OF THE MOST RECENT AGE/SEX SPECIFIC GROWTH GRID. THIS WILL GREATLY FACILITATE THE ELIGIBILITY DETERMINATION PROCESS AND MAY EFFECT NUTRITIONAL RISK IDENTIFICATION. THANK YOU.

APPENDIX 4(2)

DEPARTMENT OF HEALTH AND HOSPITALS - OFFICE OF PUBLIC HEALTH

WIC-17 WOMAN'S REFERRAL FOR WIC CERTIFICATION

THIS INFORMATION WILL BE USED TO DETERMINE NUTRITIONAL RISK WHEN THE PATIENT APPLIES FOR WIC BENEFITS AT THE HEALTH CLINIC. COMPLETING THE FORM DOES NOT CONSTITUTE ELIGIBILITY FOR THE PROGRAM.

PATIENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date Medical Information Collected)  
 HEIGHT \_\_\_\_ FT \_\_\_\_ IN \_\_\_\_ / 8 PREPREGNANCY WEIGHT \_\_\_\_ LBS \_\_\_\_ / 4  
 CURRENT HGB \_\_\_\_ OR HCT \_\_\_\_ % CURRENT WEIGHT \_\_\_\_ LBS  
 PREGNANT WOMAN: LMP DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ POSTPARTAL WOMAN: DELIVERY DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 EDC DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ LOWEST PREGNANCY HCT \_\_\_\_ % OR %

OTHER INDICATIONS OF NUTRITIONAL RISK - PLEASE CHECK APPLICABLE CONDITIONS

FREQUENT CONCEPTION: <25 MONTHS BETWEEN DATES OF CONCEPTION

HIGH PARITY: > 4 DELIVERIES OF A VIABLE INFANT

INADEQUATE WEIGHT GAIN: <2LBS/MONTH DURING 2ND & 3RD TRIMESTER

EXCESSIVE WEIGHT GAIN: >6LBS/MONTH DURING 2ND & 3RD TRIMESTER

HISTORY OR PRESENCE OF:  
 SUBSTANCE ABUSE: >10 CIG/DAY OR 1 OZ. ALCOHOL/DAY OR DRUG  
 DEPENDENCE List Problem(s): \_\_\_\_\_

OBSTETRICAL COMPLICATIONS  
 List Complication(s): \_\_\_\_\_

NUTRITION RELATED METABOLIC OR CHRONIC DISEASE  
 List Condition: \_\_\_\_\_

A STILLBORN, PREMATURE OR LOW BIRTH WEIGHT INFANT,  
 NEONATAL DEATH OR AN INFANT WITH A CONGENITAL ABNORMALITY

PREVIOUS ABORTION OR MISCARRIAGE

DIETARY PADDISM OR PICA

OTHER NUTRITION RELATED MEDICAL CONDITION OR DIAGNOSIS  
 List Condition or Diagnosis: \_\_\_\_\_

THIS PATIENT RECEIVES ROUTINE PRENATAL OR POSTPARTAL CARE THROUGH MY  
 PRACTICE.

THIS PATIENT RECEIVES ACUTE AND/OR SPECIALIZED HEALTH CARE THROUGH MY  
 MEDICAL PRACTICE.

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ PHYSICIAN, NURSE OR NUTRITIONIST'S SIGNATURE & TITLE

PHYSICIAN'S REFERRAL  
 Please provide nutrition/therapeutic diet counseling for this patient on:

PLEASE ATTACH A COPY OF THE MATERNAL GROWTH GRID. THIS WILL GREATLY FACILITATE  
 THE ELIGIBILITY DETERMINATION PROCESS AND MAY EFFECT NUTRITIONAL RISK  
 IDENTIFICATION. THANK YOU.

# APPENDIX 5(1)

## PE-60 KIDMED PROVIDER ENROLLMENT SUPPLEMENT AGREEMENT

In order to facilitate your enrollment as a KIDMED provider in Medicaid of Louisiana, you must provide the information that is requested below.

Name of Provider: \_\_\_\_\_ Medicaid Provider #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address of KIDMED site(s):  
 Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ Telephone \_\_\_\_\_

Check the KIDMED service(s) you wish to provide:

\_\_\_\_\_ Medical Screening \_\_\_\_\_ Vision \_\_\_\_\_ Hearing

Check the category of medical screening provider you qualify under:

\_\_\_\_\_ Public Health Clinic \_\_\_\_\_ Rural Health Clinic \_\_\_\_\_ Certified Pediatric or Family Nurse  
 \_\_\_\_\_ Federally Qualified \_\_\_\_\_ Local Education Agency \_\_\_\_\_ KIDMED Clinic  
 \_\_\_\_\_ Health Center (FQHC) \_\_\_\_\_ Physician

If you qualify under the KIDMED clinic category, complete the following on the physician you are affiliated with or who is providing the medical services.

Physician Name \_\_\_\_\_ License # \_\_\_\_\_ Medicaid Provider # \_\_\_\_\_

The Agreement, made by and between Medicaid of Louisiana and \_\_\_\_\_ (Provider), sets forth the terms of participation in KIDMED medical, vision, and hearing screening services. The parties, intending to be legally bound, agree as follows:

1. The provider agrees to adhere to all general enrollment conditions of Medicaid of Louisiana.
2. The provider agrees to comply with all applicable KIDMED requirements for physician affiliation/medical direction, staffing, equipment, services, timeliness standards, and reasonable standards of medical and other health professional practices set forth in the KIDMED Provider Manual.
3. The provider agrees to maintain sufficient qualified and trained staff, facilities, equipment, and supplies to provide the agreed upon services and to notify KIDMED within 10 days whenever he/she is unable to provide the required services as set forth in the KIDMED Provider Manual.
4. The provider agrees to ensure that recipients are allowed to choose providers freely, except as provided under a Medicaid approved managed care program.
5. The provider agrees to provide screening services to Medicaid recipients under the age 21 who are receiving diagnosis, treatment, and/or other health services reimbursed by Medicaid or to refer them to KIDMED to select a screening provider.
6. The provider agrees that the submission by or on behalf of the provider of any claim shall be certification that the specific KIDMED services for which payment is claimed were provided to the person identified as the recipient.
7. The provider agrees to maintain records necessary to disclose the extent of KIDMED services provided to recipients on whom claims have been filed for three years from the date of service, to provide this information, as requested, to KIDMED or its authorized representative, and to cooperate with on-site reviews and other monitoring activities.

## APPENDIX 5(2)

### PE-60 KIDMED PROVIDER ENROLLMENT SUPPLEMENT AGREEMENT (Continued)

8. Publicly financed providers agree to use Medicaid funds received for these services solely for the provision and/or enhancement of health services to children. These Medicaid funds may be used for the direct provision of these services and to defray the administrative cost of providing these services.
9. The provider agrees to submit KIDMED claims within 60 days of the date of service for recipients under the age of 21.
10. The provider agrees to submit KIDMED claims using the KIDMED Universal Claim Form or through approved electronic means to KIDMED and authorizes KIDMED to submit these claims to the Medicaid Fiscal Agent electronically for payment.
11. The provider agrees to participate in KIDMED site visits and provider training.
12. The provider agrees to refer pregnant and postpartum recipients and children under the age of 5 to WIC and promote participation in WIC.
13. The provider agrees to refer any suspected child abuse, neglect, and/or sexual abuse of recipients under the age of 21 promptly to the Office of Community Services in the parish where the recipient resides.
14. The provider agrees to refer eligible recipients and families who may present grievances which may arise from KIDMED services provided under this agreement to KIDMED.
15. Medicaid of Louisiana agrees to reimburse the provider for KIDMED services covered by Medicaid in accordance with applicable statutes and regulations and the schedule of maximum fees for KIDMED services.
16. The effective date of this agreement shall be the date on which it is signed by Medicaid of Louisiana.
17. This agreement may be terminated by either party 30 days after receipt of a written notice by the other party.
18. The provider agrees to schedule appointments for recipients under 12 months old.
19. The provider agrees to obtain KIDMED approval on marketing materials prior to distribution.

I certify that the information provided on this form is true to the best of my knowledge.

\_\_\_\_\_  
Provider-authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medicaid Director or Designee

\_\_\_\_\_  
Date

APPENDIX 6(1)

Provider Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**KIDMED PROVIDER INPUT FORM**

1. Number of sites (offices): \_\_\_\_\_
2. Name of contact: \_\_\_\_\_
3. Date of site visit: \_\_\_\_\_
4. Appointment scheduling indicator (Circle one of the following):  
Y = KIDMED will schedule appointments  
N = Physician will schedule appointments  
X = Physician undecided
5. Provider site provides own transportation indicator. (Circle one of the following):  
N = No transportation      H = Handivan available  
B = Bus available      A = Ambulance available      O = Other: \_\_\_\_\_
6. Age of youngest child that provider will accept for screenings: \_\_\_\_\_
7. Age of oldest child that provider will accept for screenings: \_\_\_\_\_
8. Site will screen:  
M = Accepts males only    F = Accepts females only    B = Accepts both
9. Type of medical screening available (Circle one of the following):  
N = Nurse      P = Physician      B = Both
10. Medically fragile indicator (Circle one of the following):  
Y = Accepts medically fragile    N = Rejects medically fragile
11. Pregnant women indicator (Circle one of the following):  
Y = Accepts pregnant women      N = Does not accept pregnant women

# KIDMED PROVIDER INPUT FORM (Continued)

12. Language indicator (Circle one of the following):

Y = Accepts non-English speaking patients  
N = Does not accept non-English speaking patients

13. The number of date ranges for a provider site which specify particular days and hours available for appointment scheduling: \_\_\_\_\_

14. Appointment schedule start date: (MM/DD/YY) \_\_\_\_\_

15. Appointment schedule end date: (MM/DD/YY) \_\_\_\_\_

16. The number of screening appointments that KIDMED may make for a particular number of minutes for a provider site: \_\_\_\_\_

17. The number of minutes between appointments that KIDMED will use to schedule screenings for a provider site: (The number of minutes are limited to: 5, 10, 15, 30, or 60.) \_\_\_\_\_

18. The maximum number of appointments to be scheduled per day: \_\_\_\_\_

19-32. Days of the week and times each day that KIDMED appointments could be made:

DAY OF THE WEEK	START TIME?	END TIME?
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

33. Vacation start date: (MM/DD/YY) \_\_\_\_\_

34. Vacation end date: (MM/DD/YY) \_\_\_\_\_

35. Does provider site use standard holiday calendar to mark days available for appointment scheduling? Please circle one of the following:

Y = Yes N = No

36. Specific dates in which a provider is unavailable for appointment scheduling: (MM/DD/YY)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Individual Completing Form

## KIDMED PROVIDER INITIAL CERTIFICATION CHECKLIST

## Direct submission or billing agent? \_\_\_\_\_ Name of billing agent \_\_\_\_\_



# APPENDIX 7(A2)

III. LICENSES/CONTRACTS		SAT	NA	N/A
A.	Were all licenses viewed?			
B.	Are all licenses current?			
C.	Is there evidence of physician affiliation/medical direction including attached copy of physician contract?  Explain: _____ _____			
IV. DENVER II CERTIFICATION		SAT	NA	N/A
A.	Name _____ Certification Certificate attached?			
B.	Name _____ Certification Certificate attached?			
C.	Is there a Denver II kit?			
D.	Are there Denver II forms available?			
E.	Is there a Denver II manual available?			
V. SCREENING PERSONNEL AND AREA OF RESPONSIBILITY		SAT	NA	N/A
A.	Are all areas of responsibilities delineated appropriately?  If not, explain: _____ _____  <div> <div>Personnel</div> <div>Responsibilities</div> </div> MD _____ RN _____ NP _____ LPN _____ Other _____			
VI. PEDIATRIC TRAINING		SAT	NA	N/A
A.	Is there evidence of Pediatric Training to include heart and lung auscultation (Physical Examination)?  Explain: _____ _____			
B.	Is there evidence of CPR Training?			

# APPENDIX 7(A3)

VI. IMMUNIZATIONS		SAT	NA	N/A
A.	Are there Medical Standing Orders for administration of immunizations?			
B.	Are there Medical Standing Orders for anaphylaxis?			
C.	Are there vaccine information pamphlets (DTP, Polio, MMR)?			
If not applicable to any of the above, explain: _____				
_____				
VII. CLINICAL STRUCTURE		SAT	NA	N/A
A.	Is the waiting/reception area adequate?			
If not, why not _____				
B.	Is seating capacity adequate?			
If not, why not _____				
C.	Is there a separate waiting area for sick and well children?			
D.	Is there a sink with antimicrobial cleanser readily accessible to examination rooms?			
E.	Is there a door in each examination and consultation room?			
F.	Is there an examination table in each examination room?			
G.	Is there order and cleanliness in each of the _____ examination rooms (number) and each of the _____ consultation rooms? (number)			
H.	Are all _____ exits clearly identified? (number)			
I.	Is a fire extinguisher accessible?			
J.	Is fire alarm pull accessible? (OPTIONAL AT THIS TIME)			
K.	Is evacuation plan posted?			
L.	Are there handicapped ramps?			
M.	Are bathroom entrances at least 36" inside diameter?			
N.	Are there bathroom handrails?			
O.	Is general organization and appearance of entire facility acceptable?			
If not, explain _____				

# APPENDIX 7(A4)

IX. EQUIPMENT/SUPPLIES	SAT	NA	N/A
A. Are there pediatric scales available?			
B. Are there adult scales available?			
C. Are scales balanced per manufacturing instructions?			
D. Is there a log available to reflect balancing of scales?			
E. Is there equipment to measure height for an adult?			
F. Is there equipment to measure length for a child?			
G. Is there an audiometer or audioscope?  Model _____ Serial No. _____			
H. If there is an audioscope, is the range 20 decibels to 1000 Hz			
I. Is the audiometer/audioscope calibration current?  Date calibrated _____			
J. Is there Pen Light?			
K. Is there a Titmus or Snellen Eye Chart, Allen Cards, and Polychromatic color perception plate or equivalent equipment?			
L. Is there a refrigerator available for vaccines?			
M. Is there a thermometer inside the freezer?			
N. Is there a thermometer inside the refrigerator?			
O. Is there a log available for temperature recording?			
P. Is there a tape measure for measuring head circumference?			
Q. Is there an Infant blood pressure cuff?			
R. Is there a Pediatric blood pressure cuff?			
S. Is there an Adult blood pressure cuff?			
T. Is the CLIA Certification/Application or Waiver present?			
U. Are latex gloves, goggles, and aprons available?			
V. Is there an approved Sharps Container?			
W. Is there an HCT or Hgb?			
X. Is the log for HCT or Hgb equipment available?			
Y. Are containers for urine collection available?			
Z. Are there urine dipsticks with Nitrate and Leukocytes?  Expiration date _____			
AA. Are there lead screening materials?			

# APPENDIX 7(A5)

IX	EQUIPMENT/SUPPLIES CONTINUED	SAT	NA	N/A
AB.	Is there a CDC Medicaid approved lab used? Name _____			
AC.	Are there Neonatal screening materials including Lab 10 or equivalent collection method? If an equivalent collection method is used, name the type _____			
AD.	Is a Medicaid approved neonatal lab used? Name _____			
AE.	Are gowns and drapes available?			
AF.	Is there a Pediatric stethoscope?			
AG.	Is there an Adult stethoscope?			
AH.	Is there an Otoscope?			
AI.	Are there appropriate cleaning and disinfecting procedures?			
AJ.	Does emergency equipment include Infant airways?			
AK.	Does emergency equipment include Child airways?			
AL.	Does emergency equipment include Adult airways?			
AM.	Does emergency equipment include suction equipment?			
AN.	Does emergency equipment include Ambu bag?			
AO.	Does emergency equipment include an Infant mask?			
AP.	Does emergency equipment include a child mask?			
AQ.	Does emergency equipment include an adult mask?			
AR.	Does emergency equipment include padded tongue depressor?			
AS.	Does emergency equipment include oxygen?			
AT.	Is there an emergency medical tray box available?			
AU.	Does emergency medical tray include Adrenaline?			
AV.	Does emergency medical tray include Benedryl?			
AW.	Is there a log to document checking of emergency medical tray monthly?			

# APPENDIX 7(A6)

X PATIENT FLOW	SAT	NR	N/A
<p>A. Is the appointment system appropriate?</p> <p>Explain: _____</p> <p>_____</p> <p>_____</p>			
<p>B. Are appointment timeframes appropriate?</p> <p>Explain: _____</p> <p>_____</p> <p>_____</p>			
<p>C. Is registration system appropriate?</p> <p>Explain: _____</p> <p>_____</p> <p>_____</p>			
<p>D. Is the system for follow-up on missed appointments appropriate?</p> <p>Explain: _____</p> <p>_____</p> <p>_____</p>			
<p>E. Is the system for tracking periodicity appropriate?</p> <p>Explain: _____</p> <p>_____</p> <p>_____</p>			

# APPENDIX 7(A7)

XL DIAGNOSIS AND TREATMENT SERVICES		SAT	NI	NA
<p>A. Is the system to follow up on referrals appropriate?</p> <p>Explain: _____</p> <p>_____</p> <p>Diagnosis and treatment provided on site or referred out? _____</p> <p>Additional services available on site (Check One):</p> <p>Psychological _____ Nutritional _____ Speech _____</p> <p>Dental _____ Audiological _____ O.T. _____</p> <p>Social Services _____ Other(s) _____ P.T. _____</p> <p>List names and addresses of providers usually referred to:</p> <p>_____</p> <p>_____</p> <p>_____</p>				
XII WIC SERVICES		SAT	NI	NA
<p>A. Are WIC procedures appropriate?</p> <p>Explain _____</p> <p>_____</p> <p>Was WIC video tape given for viewing? YES _____ NO _____</p>				
XIII MEDICAL RECORDS (ATTACH FORMS)		SAT	NI	NA
A. Does medical record document health history - initial and update?				
B. Does medical record document physical exam components?				
C. Does medical record document growth charts (male & female) (0-36 months/2-18 yrs)?				
D. Does medical record document nutritional status?				
E. Does medical record document anticipatory guidance?				
F. Does medical record document interpretive conference?				
G. Does medical record document immunization status?				
H. Does medical record document use of consents?				
I. Does medical record document developmental status?				
J. Does medical record document vision screening?				
K. Does medical record document hearing screening?				

# APPENDIX 7(A8)

XIII. MEDICAL RECORDS CONTINUED		EAT	SLA	SLA
L.	Does medical record document lab data: urine, blood, neonatal, SHCT/Hgb?			
M.	Does medical record document referral documentation and follow up?			
N.	Does medical record document method used to post periodicity?			
XIV. MARKETING MATERIALS				
Attach copies to be forwarded to the Outreach Manager				

OTHER COMMENTS:

Signature of site visitor \_\_\_\_\_

Title \_\_\_\_\_

Initials \_\_\_\_\_

# APPENDIX 7(B1)

## KIDMED PROVIDER MONITORING CHECKLIST

Provider Name \_\_\_\_\_

Date of Visit \_\_\_\_\_ Provider No. \_\_\_\_\_ Site No. \_\_\_\_\_

• Current Number of Linkages: \_\_\_\_\_ • Age Range: \_\_\_\_\_ thru \_\_\_\_\_

### • Recipients Within Periodicity

Age Ranges	Provider		Parish	State
	#	%	%	%
0 to <1				
1 to <5				
5 to <15				
15 to <21				
Total				

### • Referrals

Month/Yr						
	Provider	Statewide	Provider	Statewide	Provider	Statewide
Medical						
Vision						
Hearing						
Dental						
Nutritional						
Developmental						
Abuse/Neglect						
Psychosocial						
Speech/Lang						
Other						
Total						



Error Text	Number

Initial Screening Compliance

# Recipients Receiving Timely Initial Screenings	% Recipients Receiving Timely Initial Screenings	# Recipients Not Receiving Timely Initial Screenings	% Recipients Not Receiving Timely Initial Screenings

I. GENERAL INFORMATION

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parish \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Specialty of Physicians (e.g., Family Practice, Pediatrics, OB/GYN) \_\_\_\_\_

Total Number of Patients \_\_\_\_\_ Total Number of Patients Under 21 \_\_\_\_\_

Approximate percentage of active patients currently receiving Medicaid benefits \_\_\_\_\_

Are claims being submitted hard-copy or electronically? \_\_\_\_\_

Direct submission or billing agent? \_\_\_\_\_ Name of billing agent \_\_\_\_\_

II. Clinical Staff (Physicians, RN's, LPN's, Nurse Practitioners, etc.)

Name	Title	License - If physician, put number. If RN, initial that license was viewed.	Expiration Date	Physician's Provider No.

# APPENDIX 7(B3)

III. LICENSES/CONTRACTS		SAT	NA	N/A
A.	Were all licenses viewed?			
B.	Are all licenses current?			
C.	Is there evidence of physician affiliation/medical direction including attached copy of physician contract?  Explain: _____ _____			
IV. DENVER II CERTIFICATION		SAT	NA	N/A
A.	Name _____ Certification Certificate attached?			
B.	Name _____ Certification Certificate attached?			
C.	Is there a Denver II kit?			
D.	Are there Denver II forms available?			
E.	Is there a Denver II manual available?			
V. SCREENING PERSONNEL AND AREA OF RESPONSIBILITY		SAT	NA	N/A
A.	Are all areas of responsibilities delineated appropriately?  If not, explain: _____ _____  <div> <div>Personnel</div> <div>Responsibilities</div> <div>MD _____</div> <div>PN _____</div> <div>NP _____</div> <div>LPN _____</div> <div>Other _____</div> </div>			
VI. PEDIATRIC TRAINING		SAT	NA	N/A
A.	Is there evidence of Pediatric Training to include heart and lung auscultation (Physical Examination)?  Explain: _____ _____			
B.	Is there evidence of CPR Training?			

# APPENDIX 7(B4)

VI. IMMUNIZATIONS		SAT	NA	N/A
A.	Are there Medical Standing Orders for administration of immunizations?			
B.	Are there Medical Standing Orders for anaphylaxis?			
C.	Are there vaccine information pamphlets (DTP, Polio, MMR)?			
If not applicable to any of the above, explain: _____ _____				
VII. CLINICAL STRUCTURE		SAT	NA	N/A
A.	Is the waiting/reception area adequate? If not, why not _____			
B.	Is seating capacity adequate? If not, why not _____			
C.	Is there a separate waiting areas for sick and well children?			
D.	Is there a sink with antimicrobial cleanser readily accessible to examination rooms?			
E.	Is there a door in each examination and consultation room?			
F.	Is there an examination table in each examination room?			
G.	Is there order and cleanliness in each of the _____ examination rooms (number) and each of the _____ consultation rooms? (number)?			
H.	Are all _____ exits clearly identified? (number)			
I.	Is a fire extinguisher accessible?			
J.	Is fire alarm pull accessible? (OPTIONAL AT THIS TIME)			
K.	Is evacuation plan posted?			
L.	Are there handicapped ramps?			
M.	Are bathroom entrances at least 36" inside diameter?			
N.	Are there bathroom handrails?			
O.	Is general organization and appearance of entire facility acceptable? If not, explain _____			

APPENDIX 7(R5)

DC	EQUIPMENT/SUPPLIES	BAT	NA	N/A
A.	Are there pediatric scales available?			
B.	Are there adult scales available?			
C.	Are scales balanced per manufacturing instructions?			
D.	Is there a log available to reflect balancing of scales?			
E.	Is there equipment to measure height for an adult?			
F.	Is there equipment to measure length for a child?			
G.	Is there an audiometer or audioscope?  Model _____ Serial No. _____			
H.	If there is an audioscope, is the range 20 decibels to 1000 Hz			
I.	Is the audiometer/audioscope calibration current?  Date calibrated _____			
J.	Is there Pen Light?			
K.	Is there a Titmus or Snellen Eye Chart, Allen Cards, and Polychromatic color perception plate or equivalent equipment?			
L.	Is there a refrigerator available for vaccines?			
M.	Is there a thermometer inside the freezer?			
N.	Is there a thermometer inside the refrigerator?			
O.	Is there a log available for temperature recording?			
P.	Is there a tape measure for measuring head circumference?			
Q.	Is there an Infant blood pressure cuff?			
R.	Is there a Pediatric blood pressure cuff?			
S.	Is there an Adult blood pressure cuff?			
T.	Is the CLIA Certification/Application or Waiver present?			
U.	Are latex gloves, goggles, and aprons available?			
V.	Is there an approved Sharps Container?			
W.	Is there an HCT or Hgb?			
X.	Is the log for HCT or Hgb equipment available?			
Y.	Are containers for urine collection available?			
Z.	Are there urine dipsticks with Nitrate and Leukocytes?  Expiration date _____			
AA.	Are there lead screening materials?			

## APPENDIX 7(B6)

IX. EQUIPMENT/SUPPLIES CONTINUED		BAT	NA	N/A
AE.	Is there a CDC Medicaid approved lab used? Name _____			
AE.	Are there Neonatal screening materials including Lab 10 or equivalent collection method? If an equivalent collection method is used, name the type _____			
AD.	Is a Medicaid approved neonatal lab used? Name _____			
AE.	Are gowns and drapes available?			
AF.	Is there a Pediatric stethoscope?			
AG.	Is there an Adult stethoscope?			
AH.	Is there an Otoloscope?			
AI.	Are there appropriate cleaning and disinfecting procedures?			
AJ.	Does emergency equipment include infant airways?			
AK.	Does emergency equipment include Child airways?			
AL.	Does emergency equipment include Adult airways?			
AM.	Does emergency equipment include suction equipment?			
AN.	Does emergency equipment include Ambu bag?			
AO.	Does emergency equipment include an infant mask?			
AP.	Does emergency equipment include a child mask?			
AQ.	Does emergency equipment include an adult mask?			
AR.	Does emergency equipment include padded tongue depressor?			
AS.	Does emergency equipment include oxygen?			
AT.	Is there an emergency medical tray box available?			
AU.	Does emergency medical tray include Adrenaline?			
AV.	Does emergency medical tray include Benedryl?			
AW.	Is there a log to document checking of emergency medical tray monthly?			

APPENDIX 7(B7)

X	PATIENT FLOW	SAT	NA	N/A
A.	Is the appointment system appropriate? Explain: _____ _____ _____			
B.	Are appointment timeframes appropriate? Explain: _____ _____ _____			
C.	Is registration system appropriate? Explain: _____ _____ _____			
D.	Is the system for follow-up on missed appointments appropriate? Explain: _____ _____ _____			
E.	Is the system for tracking periodicity appropriate? Explain: _____ _____ _____			

# APPENDIX 7(83)

XI. DIAGNOSIS AND TREATMENT SERVICES		EAT	NA	N/A
<p>A. Is the system to follow up on referrals appropriate?</p> <p>Explain: _____</p> <p>_____</p> <p>Diagnosis and treatment provided on site or referred out? _____</p> <p>Additional services available on site (Check One):</p> <p>Psychological _____ Nutritional _____ Speech _____</p> <p>Dental _____ Audiological _____ O.T. _____</p> <p>Social Services _____ Other(s) _____ P.T. _____</p> <p>List names and addresses of providers usually referred to:</p> <p>_____</p> <p>_____</p> <p>_____</p>				

XII. WIC SERVICES		EAT	NA	N/A
<p>A. Are WIC procedures appropriate?</p> <p>Explain _____</p> <p>_____</p>				

MARKETING MATERIALS		EAT	NA	N/A
<p>Attach copies to be forwarded to the Outreach Manager</p>				

XIV. OBSERVATION OF SCREENINGS		EAT	NA	N/A
<p>A. Was observed medical screening adequate?</p> <p>If not, explain _____</p> <p>_____</p>				
<p>B. Was observed Denver II screening adequate?</p> <p>If not, explain _____</p> <p>_____</p>				
<p>C. Was observed vision screening adequate?</p> <p>If not, explain _____</p> <p>_____</p>				
<p>D. Was observed hearing screening adequate?</p> <p>If not, explain _____</p> <p>_____</p>				

Signature of site visitor \_\_\_\_\_

Title \_\_\_\_\_

# APPENDIX 8(2)

## FORM X11A) INITIAL CONDITIONAL VISIT OUTCOME

Visit Type: Conditional Other Provider Name: \_\_\_\_\_

Category	Problems/Deficiencies	Action Recommended	Time Frame	Date Corrected
General Information				
Clinical Staff				
Licenses/Contracts				
Denver II Certification				
Screening Personnel and Area of Responsibility				
Pediatric Training				
Immunizations				
Clinical Structure				
Equipment/Supplies				
Patient Flow				
Diagnosis and Treatment Services				
WIC Services				
Medical Records				
Marketing Materials				

Revised April 1, 1994

PR-04  
September 8, 1993

Data Returned to LA KIDMED

Provider Signature \_\_\_\_\_



APPENDIX 9(1)

KIDMED PATIENT SATISFACTION SURVEY

Full Name of Parent  
Street  
City

PARENT OR GUARDIAN OF (CHILDREN):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our records indicate that \_\_\_\_\_ your child (children) \_\_\_\_\_ received a screening at \_\_\_\_\_ Louisiana KIDMED is interested in your opinion about the quality of KIDMED services you and your family received during that screening visit. We need this information in order to know how well the KIDMED program is performing and what changes need to be made to improve the program. You can help us accomplish this task by answering the following questions and returning the survey form in the enclosed self addressed and stamped envelope by \_\_\_\_\_.

1. How do you feel about the services you received?  
\_\_\_\_\_ I like the way I was treated.  
\_\_\_\_\_ I do not like the way I was treated.  
\_\_\_\_\_ I have no opinion.
2. Did your child (children) receive an unclothed physical exam?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
3. Did the doctor or nurse discuss with you some or any of the following topics during the screening visit? Please check any of the topics that were discussed with you.  
\_\_\_\_\_ Nutrition/Diet  
\_\_\_\_\_ Wic (Women Infants and Children Program) Program  
\_\_\_\_\_ Skin Care/Hygiene  
\_\_\_\_\_ Oral/Dental Hygiene  
\_\_\_\_\_ Age Appropriate Normal Development/Behavior  
\_\_\_\_\_ Parenting  
\_\_\_\_\_ Safety  
\_\_\_\_\_ Immunizations (Shots)  
\_\_\_\_\_ Discipline
4. Who performed the examination on your child?  
\_\_\_\_\_ Doctor  
\_\_\_\_\_ Nurse  
\_\_\_\_\_ Other (Please specify if known below)  
\_\_\_\_\_

APPENDIX 9(2)

5. How long did the actual examination take?  
\_\_\_\_\_ Minutes  
\_\_\_\_\_ Hour(s)
6. Were urine and/or blood samples taken during the examination?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
7. How long did you wait before your child was seen by the doctor or nurse?  
\_\_\_\_\_ Minutes  
\_\_\_\_\_ Hour(s)
8. How long did it take you to get your screening appointment?  
\_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Month(s)
9. Did anyone help you obtain transportation to get to your screening appointment?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, who helped you?  
\_\_\_\_\_  
\_\_\_\_\_
10. How did you find out about the KIDMED program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Can you name some of the services that the KIDMED program gives you and your children?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Have you ever called the Louisiana KIDMED toll free number for services (1-800-259-4444)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, how do you feel about the way you were treated by the telephone representatives?  
\_\_\_\_\_ I like the way I was treated.  
\_\_\_\_\_ I do not like the way I was treated.  
\_\_\_\_\_ I have no opinion.
13. Did you have to pay for any services at your screening appointment?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, what did you have to pay for.  
\_\_\_\_\_  
\_\_\_\_\_

APPENDIX 9(3)

14. Did you receive anything free as an incentive (reward) to go to the screening appointment?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what did you receive?

\_\_\_\_\_  
\_\_\_\_\_

15. Did the doctor or nurse find a health problem or condition in the screening of your child?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

16. If a health problem or condition was found, please check below what action was taken by the doctor or nurse who found the condition.

\_\_\_\_\_ My child was treated at the screening appointment.  
\_\_\_\_\_ My child was given an appointment to come back for treatment.  
\_\_\_\_\_ My child was referred somewhere else for treatment.  
\_\_\_\_\_ Nothing was done.

17. If your child was referred somewhere else for treatment, please write below where he or she was referred.

\_\_\_\_\_  
\_\_\_\_\_

18. Did you keep your child's appointment for treatment?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If not, why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. If you have any other comments you would like to make about the KIDMED program, please write them here.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. If we need to contact you regarding this survey, please give us your current telephone number where we can reach you during the day. Telephone ( ) \_\_\_\_\_.

If you have any questions on how to answer this survey, please contact Sharon Howard at KIDMED 1-800-259-4444 or (504) 928-9683 if you live in Baton Rouge.

Thank you for completing this survey.

APPENDIX 10

RECIPIENT-PHYSICIAN CONTINUING CARE AGREEMENT

I, \_\_\_\_\_, parent/responsible party, for the Medicaid eligible person(s) listed below, agree to participate in this program under the following circumstances and stipulations.

I understand that:

- (1) The enrollment period with, \_\_\_\_\_, a Continuing Care Physician, is for a one-year period that will automatically be renewed unless I give notice in writing at least sixty (60) days prior to the enrollment-end date;
- (2) I should always call my Continuing Care Physician first in any medical emergency. He will provide or arrange for medical care for my child on a 24-hour/day, 7-day-a-week basis;
- (3) My Continuing Care Physician may have to refer my child to another specialist for diagnosis and treatment, and I have the freedom of choice of such physicians;
- (4) If my child loses his/her Medicaid eligibility, participation in this and all other Medicaid services terminates;
- (5) I may change physicians under the following circumstances:
  - (a) The physician no longer participates in the Continuing Care Plan or;
  - (b) The physician is ineligible for Medicaid participation;
  - (c) I give a 60-day notice to end my agreement for Continuing Care coverage with this physician.
- (6) My Continuing Care Physician cannot refuse to treat my child on the basis of race, sex, religion, age, national origin, color or handicap.

Children who will be covered under this plan:

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Medicaid I.D. No. \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Medicaid I.D. No. \_\_\_\_\_

\_\_\_\_\_  
Parent/Responsible Party

\_\_\_\_\_  
Witness

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Medicaid I.D. No. \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Medicaid I.D. No. \_\_\_\_\_

\_\_\_\_\_  
Continuing Care Provider

\_\_\_\_\_  
Witness

APPENDIX 11(1)

CONTINUING CARE SUPPLEMENT AGREEMENT  
WITH MEDICAID OF LOUISIANA

In order to facilitate your enrollment as a Continuing Care provider in Medicaid of Louisiana, you must provide the information that is requested below:

Name of Provider: \_\_\_\_\_

Current Medicaid Provider Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of Office Site(s):

Street Address	City/Town	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

The agreement, made by and between Medicaid of Louisiana and \_\_\_\_\_ (Provider) sets forth the terms of participation as Continuing Care Provider.

The Physician provider agrees to provide the following services as set forth below:

- To conduct a continuous open enrollment period during which the Continuing Care Provider shall enroll eligible recipients without regard to health status
- To provide for an enrollment period of one year to each recipient enrolled. Each enrollee shall be automatically re-enrolled at the end of the enrollment period, unless the enrollee notifies the Continuing Care Provider or Medicaid of Louisiana, in writing, of intent not to re-enroll at least 60 days prior to enrollment end-date
- To enroll recipients for continuing care KIDMED physician services through written consent from the parent or guardian and file the consent form in the child's medical record
- To allow an enrollee to withdraw from enrollment upon written request to KIDMED 60 days prior to withdrawal
- To provide physician services as needed for acute, episodic, or chronic illnesses or conditions, or arrange for such care if it is not usually provided by the continuing care physician

#### APPENDIX 11(2)

- To maintain a consolidated health history, including information from other providers
- To explain to each enrollee that KIDMED screening services must be obtained from the Continuing Care provider
- To ensure that the enrollee understands how to access KIDMED's transportation assistance
- To provide appointment scheduling assistance, including notifying the parents or guardians when a KIDMED screening is due (except for children over 12 months of age if you elect to have KIDMED schedule those children for you)
- To provide necessary, age-appropriate immunization
- To provide referral assistance for services not covered by Medicaid
- To maintain admitting privileges at a local hospital that participates in Medicaid and is accessible to your enrollees
- To notify the Louisiana KIDMED office promptly of enrollees by sending or faxing a copy of the agreement signed by the parents or guardians

#### Medicaid of Louisiana and KIDMED

- To provide necessary transportation assistance for an enrollee
- To pay only the Continuing Care physician provider for KIDMED services

It is expressly understood that signing this option does not prevent payment to any other physician for regular physician services provided to eligible Medicaid recipients.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**REQUIRED KIDMED MEDICAL, VISION, AND HEARING SCREENING  
COMPONENTS BY AGE OF RECIPIENT (EFFECTIVE APRIL 1, 1994)**

AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
YR	YR	YR	YR	YR	YR	YR	YR	YR	YR	YR	YR	YR	YR	YR	YR	YR	YR	YR	YR	YR
MEDICAL SCREENING	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
INITIAL/INTERVAL HISTORY	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MEASUREMENTS																				
Height and Weight	X	X	X	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	X	X	X	X	X	X	X	X	X
Blood Pressure																				
DEVELOPMENTAL																				
ASSESSMENT	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
UNCLOTHED PHYSICAL EXAM/ASSESSMENT <sup>1</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PROCEDURES																				
Immunization <sup>4</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Neonatal Screening																				
Anemia Screening <sup>3</sup>																				
Urine Screening <sup>4</sup>																				
Lead Risk Assessment <sup>7</sup>																				
Blood Lead Screening <sup>8</sup>																				
NUTRITIONAL ASSESSMENT	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HEALTH EDUCATION <sup>9</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
VISION SCREENING	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
HEARING SCREENING	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S

X = Required at visit for this age

S = Subjective by history

O = Objective by Medbold-approved standard testing method

One test must be administered during this time frame

1 Baseline lab and Denver II screening must be done at the initial medical screening on all children under age two.

2 The newborn screening examination at birth must occur prior to hospital discharge (if done less than 48 hours after birth, it must be repeated).

3 The physical examination/assessment must be unclothed or undraped and include all body systems.

4 The state health department immunization schedule must be followed per AAP recommendations.

5 Anemia screening is to be done once between 9 and 12 months or earlier if medically indicated, one year to four years, five years to 12 years, and between 13 and 20 years.

6 Urine testing (dipstick) is to be done once between one and four years, (as soon as toilet trained), five to 12 years, and between 13 and 20 years.

7 Anticipatory guidance and verbal risk assessment for lead must be done at every medical screening.

8 Screening beginning at six months corresponds to 1991 CDC guidelines. The frequency of screening using the blood lead test depends on the result of the verbal risk assessment.

9 Health education must include anticipatory guidance and interpretive conference. Youth, ages 12 through 20, must receive more intensive health education which addresses psychological issues, emotional issues, substance usage, and reproductive health issues at each screening visit.

APPENDIX 13(1)  
CONTACT INFORMATION:  
REFERRALS TO CHILD SEARCH/CHILDNET

Acadia Parish

Ms. Esther Trahan  
Child Search Coordinator  
Acadia Parish Schools  
Post Office Drawer 309  
Crowley, LA 70527-0309  
(318) 783-3668

Allen Parish

Ms. Ella Brown  
Child Search Coordinator  
Allen Parish Schools  
Post Office Drawer C  
Oberlin, LA 70655  
(318) 639-4311

Ascension Parish

Mrs. Penny Diez  
Child Search Coordinator  
Ascension Parish Schools  
611 North Burnside Avenue  
Gonzales, LA 70737  
(504) 473-7981

Assumption Parish

Mrs. Yvonne Bayham  
Child Search Coordinator  
Assumption Parish Schools  
Post Office Drawer B  
Napoleonville, LA 70390  
(504) 369-2977

Avoyelles Parish

Ms. Donna Bordelon  
Child Search Coordinator  
Avoyelles Parish Schools  
201 Tunica Drive West  
Marksville, LA 71351  
(318) 253-5982

Beauregard Parish

Ms. Barbara Schaeffer  
Child Search Coordinator  
Beauregard Parish Schools  
202 West Third Street  
Post Office Box 938  
DeRidder, LA 70634  
(318) 462-2100

Bienville Parish

Ms. Jean Kid  
Child Search Coordinator  
Bienville Parish Schools  
Post Office Box 418  
Arcadia, LA 71001  
(318) 263-9416

Bogalusa City Schools

Ms. Debbie Adams  
Child Search Coordinator  
Bogalusa City Schools  
Post Office Box 310  
113 Cumberland Street  
Bogalusa, LA 70427-0310  
(504) 735-1392



APPENDIX 13(2)

Bossier Parish

Ms. Betty Adams  
Child Search Coordinator  
Bossier Parish Schools  
2500 Viking Drive  
Bossier City, LA 71111  
(318) 746-6890

Caddo Parish

Ms. Marilyn Parker  
Child Search Coordinator  
Caddo Parish Schools  
5948 Union Street  
Shreveport, LA 71108  
(318) 631-5110

Calcasieu Parish

Ms. Kris Fontenot  
Child Search Coordinators  
Calcasieu Parish Schools  
2423 Sixth Street  
Lake Charles, LA 70601  
(318) 491-1652  
(318) 491-1657

Caldwell Parish

Mr. Melvin Robinson  
Child Search Coordinator  
Caldwell Parish Schools  
Post Office Box 1019  
Columbia, LA 71418  
(318) 649-6181

Cameron Parish

Ms. Willyne Kestel  
Child Search Coordinator  
Cameron Parish Schools  
Post Office Box W  
Cameron, LA 70631  
(318) 775-7570

Catahoula Parish

Ms. Mary Trunzler  
Child Search Coordinator  
Catahoula Parish Schools  
Post Office Box 308  
Jonesville, LA 71342  
(318) 339-9853

Claiborne Parish

Mr. Blanche Tucker  
Child Search Coordinator  
Claiborne Parish Schools  
415 Main Street  
Homer, LA 71340  
(318) 927-2496

Concordia Parish

Ms. Carolyn Read  
Child Search Coordinator  
Concordia Parish Schools  
200 Florida Avenue  
Ferryday, LA 71334  
(318) 757-8545

DeSoto Parish

Ms. Joyce Smelley  
Child Search Coordinator  
DeSoto Parish Schools  
Post Office Box 975  
Mansfield, LA 71052  
(318) 872-6550

East Baton Rouge Parish

Ms. Addie Hester  
Child Search Coordinator  
East Baton Rouge Parish Schools  
9147 Elm Grove Garden Drive  
Baton Rouge, LA 70807  
(504) 778-6594

## APPENDIX 13(3)

### East Carroll Parish

Mr. Al Rawls  
Child Search Coordinator  
East Carroll Parish Schools  
Post Office Box 792  
Lake Providence, LA 71254  
(318) 559-3770

### East Feliciana Parish

Ms. Jackie Lacy  
Child Search Coordinator  
East Feliciana Parish Schools  
Post Office Box 397  
Clinton, LA 70714  
(504) 683-8582

### Evangeline Parish

Ms. Penny Berthelot  
Child Search Coordinator  
Evangeline Parish Schools  
607 Evangeline Drive  
Ville Platte, LA 70586  
(318) 363-5501

### Franklin Parish

Ms. Sue McDuffie  
Child Search Coordinator  
Franklin Parish Schools  
1809 Prairie Road  
Winnsboro, LA 71295  
(318) 435-9046

### Grant Parish

Mr. Ollie Goudeau  
Child Search Coordinator  
Grant Parish Schools  
Post Office Box 208  
Colfax, LA 71417  
(318) 627-5944

### Iberia Parish

Ms. Flavia Eldridge  
Child Search Coordinator  
Iberia Parish Schools  
Post Office Box 200  
New Iberia, LA 70562  
(318) 365-2343

### Iberville Parish

Ms. Barbara Paul  
Child Search Coordinator  
Iberville Parish Schools  
Post Office Box 151  
Plaquemine, LA 70764  
(504) 687-4341 or 387-2998

### Jackson Parish

Ms. Gloria B. Roebuck  
Child Search Coordinator  
Jackson Parish Schools  
Post Office Box 705  
Jonesboro, LA 71251  
(318) 259-3960

### Jefferson Parish

Ms. Sheila Richardson  
Child Search Coordinator  
Jefferson Parish Schools  
501 Manhattan Blvd.  
Harvey, LA 70058  
(504) 349-7934

### Jefferson Davis Parish

Mr. G.W. Crumby  
Child Search Coordinator  
Jefferson Davis Parish Schools  
200 Block First Street  
Jennings, LA 70546  
(318) 824-6693, 824-1357 or  
824-1358

APPENDIX 13(4)

Lafayette Parish

Ms. Leslie Jaubert  
Child Search Coordinator  
Lafayette Parish Schools  
Post Office Drawer 2158  
Lafayette, LA 70502  
(318) 232-3843

Lafourche Parish

Mrs. Joyce F. Thibodeaux  
Child Search Coordinator  
Lafourche Parish Schools  
Pupil Appraisal Center  
Post Office Box 879  
Thibodaux, LA 70302  
(504) 447-8181

LaSalle Parish

Ms. Melinda Jones  
Child Search Coordinator  
LaSalle Parish Schools  
Post Office Drawer 90  
Jena, LA 71342  
(318) 992-5971

Lincoln Parish

Ms. Sharon V. Thomas  
Child Search Coordinator  
Lincoln Parish Schools  
Lincoln Center-Arlington Street  
Ruston, LA 71270  
(318) 251-9082

Livingston Parish

Ms. Julia Carnes/Louise Newman  
Child Search Coordinator  
Livingston Parish Schools  
Post Office 1130, Hwy 190  
Livingston, LA 70754  
(504) 686-7044

Madison Parish

Susan Cagnolati  
Child Search Coordinator  
Madison Parish Schools  
301 South Street  
Tallulah, LA 71282  
(318) 574-3616

Morehouse Parish

Ms. Betty Carroll  
Child Search Coordinator  
Morehouse Parish Schools  
Post Office Box 872  
Bastrop, LA 71220  
(318) 282-1674

Natchitoches Parish

Mrs. Jerry Beck  
Child Search Coordinator  
Natchitoches Parish Schools  
Post Office Box 16  
Natchitoches, LA 71457  
(318) 352-2358

Orleans Parish

Ms. Barbara Gasdaglis  
Child Search Coordinator  
Orleans Parish Schools  
3510 General DeGaulle Drive  
New Orleans, LA 70114  
(504) 365-8905  
(504) 365-8900

Ouachita Parish

Ms. Sharon Roth  
Child Search Coordinator  
Ouachita Parish Schools  
800 Claiborne Street  
West Monroe, LA 71291  
(318) 388-2541

## APPENDIX 13(5)

### Plaquemines Parish

Mr. Robert Ziegler  
Child Search Coordinator  
Plaquemines Parish Schools  
Post Office Box 969  
Port Sulphur, LA 70083  
(504) 564-2743

### Pointe Coupee Parish

Ms. Dorothy C. Mounger  
Child Search Coordinator  
Pointe Coupee Parish Schools  
Post Office Box 149  
New Roads, LA 70760  
(504) 638-4267 or 638-4295

### Rapides Parish

Ms. Betty Sally  
Child Search Coordinator  
Rapides Parish Schools  
J.B. Lafargue Special Ed. Center  
4515 New York Avenue  
Alexandria, LA 71302  
(318) 442-0085

### Red River Parish

Ms. LaWanna Fowler  
Child Search Coordinator  
Red River Parish Schools  
Post Office Box 350  
Coushatta, LA 71019  
(318) 932-3427

### Richland Parish

Mrs. Bennie McKay  
Child Search Coordinator  
Richland Parish Schools  
Post Office Box 599  
Rayville, LA 71269  
(318) 728-5964

### Sabine Parish

Ms. Chris Nolen  
Child Search Coordinator  
Sabine Parish Schools  
Post Office Box 1079  
Many, LA 71449  
(318) 256-6841

### St. Bernard Parish

Ms. Betsy Murphy  
Child Search Coordinator  
St. Bernard Parish Schools  
East Chalmette Circle at Lacoste  
Chalmette, LA 70043  
(504) 277-8144

### St. Charles Parish

Ms. Joan Lucky  
Child Search Coordinator  
St. Charles Parish Schools  
Post Office Box 46  
Luling, LA 70070  
(504) 785-6289 Ext. 160

### St. Helena Parish

Mr. Wayne Meadows  
Child Search Coordinator  
St. Helena Parish Schools  
Post Office Box 540  
Greensburg, LA 70441  
(504) 222-6598

### St. James Parish

Ms. Pamela Zeringue  
Child Search Coordinator  
St. James Parish Schools  
Post Office Box 338  
Lutcher, LA 70071  
(504) 869-5375

APPENDIX 13(6)

St. John Parish

Ms. Josie Clement  
Child Search Coordinator  
St. John Parish Schools  
Post Office Drawer AL  
Reserve, LA 70084  
(504) 652-9250 or 652-7233

St. Landry Parish

Ms. Carol Ambres  
Child Search Coordinator  
St. Landry Parish Schools  
251 Blair Street  
Opelousas, LA 70570  
(318) 948-3646

St. Martin Parish

Ms. Elaine Flanagan  
Child Search Coordinator  
St. Martin Parish Schools  
701 West Bridge Street  
Breaux Bridge, LA 70517  
(318) 332-3388

St. Mary Parish

Ms. Marilyn Oyler  
Child Search Coordinator  
St. Mary Parish Schools  
Post Office Drawer 580  
Franklin, LA 70538  
(318) 828-1767

St. Tammany Parish

Ms. Lynn Reeves  
Child Search Coordinator  
St. Tammany Parish Schools  
706 West 28th Street  
Covington, LA 70433  
(504) 898-3311

Tangipahoa Parish

Ms. Dorothy Bell  
Child Search Coordinator  
Tangipahoa Parish Schools  
301 South Pine Street  
Hammond, LA 70403  
(504) 542-7197

Tensas Parish

Mr. Danny R. Cannon  
Child Search Coordinator  
Tensas Parish Schools  
Post Office Box 318  
St. Joseph, LA 71366  
(318) 766-3791

Terrebonne Parish

Ms. Edwina Yakupzack  
Child Search Coordinator  
Terrebonne Parish Schools  
Post Office Box 5097  
Houma, LA 70360  
(504) 851-1550

Union Parish

Ms. Emmilyn Albritton  
Child Search Coordinator  
Union Parish Schools  
Post Office Box 308  
Farmerville, LA 71241  
(318) 368-9343

Vermilion Parish

Ms. Judy LeBlanc  
Child Search Coordinator  
Vermilion Parish Schools  
Post Office Drawer 520  
Abbeville, LA 70511-0520  
(318) 898-5761

## APPENDIX 13(7)

### Vernon Parish

Ms. Jackie Curtis  
Child Search Coordinator  
Vernon Parish Schools  
201 Belview Road  
Leesville, LA 71446  
(318) 238-4100

### Washington Parish

Ms. Mattie Seals  
Child Search Coordinator  
Washington Parish Schools  
616 Barker Drive  
Franklinton, LA 70438  
(504) 839-9816

### Webster Parish

Ms. Ann Croxton  
Child Search Coordinator  
Webster Parish Schools  
Post Office Box 520  
Minden, LA 71055  
(318) 371-7052

### West Baton Rouge Parish

Mr. Donald Simpson  
Child Search Coordinator  
West Baton Rouge Parish Schools  
670 Rosedale Street  
Port Allen, LA 70767  
(504) 343-8309

### West Carrol Parish

Mr. Gene Stephens  
Child Search Coordinator  
West Carrol Parish Schools  
Post Office Box 220  
Oakgrove, LA 71263  
(318) 428-8520

### West Feliciana Parish

Ms. Amy Batts  
Child Search Coordinator  
West Feliciana Parish Schools  
Post Office Box 1910  
St. Francisville, LA 70775  
(504) 635-5299

### Winn Parish

Ms. Barbara Johns  
Child Search Coordinator  
Winn Parish Schools  
Post Office Box 430  
Winnfield, LA 71483  
(318) 628-3913

### St. Parent Pupil Education Program Coordinator

Ms. Donna Embree  
Louisiana School for the Deaf  
Box 3074  
2888 Brightside  
Baton Rouge, LA 70821-3074  
(504) 769-8160, Ext. 331

### Caddo Parish

Ms. Rosalie Lott  
Director, Special Education  
Caddo Parish Schools  
5948 Union Parish  
Shreveport, LA 71108  
(318) 631-5110

### Monroe City Schools

Ms. Lori Hunt  
Child Search Coordinator  
Monroe City Schools  
Post Office Box 4180  
Monroe, LA 71203  
(318) 388-3747

TABLE 3. Recommended schedule for routine active vaccination, infants and children

Vaccine	At birth (before hospital discharge)					4-6 years (before school entry)			
	1-2 months	2 months	4 months	6 months	12-15 months	15 months			
Diphtheria-tetanus- pertussis		DTP OPV	DTP OPV	DTP OPV**		DTaP/DTaP + OPV			
Polio, live oral									
Measles-mumps- rubella					MMR				
<i>Haemophilus</i> <i>influenzae</i> type b conjugate		Hib	Hib	Hib	Hib + + Hib + +				
HbOC/PRP-T --, --		Hib	Hib						
PRP-OMP --, --									
Hepatitis B***	HepB*** HepB***				HepB*** HepB***				
Option 1									
Option 2									

\*Can be administered as early as 6 weeks of age.

--Two DTP and Hib combination vaccines are available (DTaP/HbOC [TETRAMUNE™]; and PRP-T [ActHIB™, OmnihIB™] which can be reconstituted with DTP vaccine produced by Connaught).

+ This dose of DTP can be administered as early as 12 months of age provided that the interval since the previous dose of DTP is at least 6 months. *Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTP) is currently recommended only for use as the fourth and/or fifth doses of the DTP series among children aged 15 months through 6 years (before the seventh birthday).* Some experts prefer to administer these vaccines at 18 months of age.

\*\*The American Academy of Pediatrics (AAP) recommends this dose of vaccines at 6-18 months of age.

--The AAP recommends that two doses of MMR should be administered by 12 years of age with the second dose being administered preferentially at entry to middle school or junior high school.

--HbOC: [HibTITER®] (Lederle Praxia). PRP-T: [ActHIB™, OmnihIB™] (Pasteur Merieux). PRP-OMP: [PedvaxHIB®] (Mark, Sharp, and Dohme). A DTP/Hib combination vaccine can be used in place of HbOC/PRO-T.

+ + After the primary infant Hib conjugate series is completed, any of the licensed Hib conjugate vaccines may be used as a booster dose at age 12-15 months.

\*\*\*For use among infants born to HBsAg-negative mothers. The dose should be administered during the newborn period, preferably before hospital discharge, but no later than age 2 months. Premature infants of HBsAg-negative mothers should receive the first dose of the hepatitis B vaccine series at the time of hospital discharge or when the other routine childhood vaccines are initiated. (All infants born to HBsAg-positive mothers should receive immunoprophylaxis for hepatitis B as soon as possible after birth.)

\*\*\*Hepatitis B vaccine can be administered simultaneously at the same visit with DTP (or DTaP), OPV, Hib, and/or MMR.

## APPENDIX 15(1)

### CHILDNET ELIGIBILITY CRITERIA

The Department of Education ensures that Louisiana has adopted the following criteria for determining a child's eligibility for ChildNet in accordance with 34 CFR 303.300 of IDEA.

Eligibility for ChildNet includes those infants and toddlers, ages birth through two years inclusive (0 - 36 months), and their families meeting Criteria A or B.

#### A. Established Medical Conditions

Established medical conditions include those diagnosed physical or mental conditions that have a high probability of resulting in a developmental delay. Examples of these established medical conditions are listed below.

1. Children born with genetic disorders, including but not limited to:
  - Major chromosomal abnormalities -  
(Trisomy 21, Fragile X, Turner's Syndrome, etc.)
  - Single gene defects -  
(PKU, Hypothyroidism, Tuberous Sclerosis, etc.)
  - Anomalies or syndromes of unknown etiology -  
(Spina Bifida, Hydrocephalus, Prader-Willi Syndrome, etc.)
2. Children contracting congenital infections, neonatal infections that affect the Central Nervous System and/or the Auto-Immune system including, but not limited to:
  - Cytomegalovirus (CMV), Human Immunodeficiency Virus (HIV), Bacterial Meningitis, Neurosyphilis, etc.
3. Children found to have sensory impairments, including but not limited to:
  - Visual impairment which, even with correction, significantly interferes with normal development.
  - Hearing impairment, either permanent or fluctuating, which significantly interferes with normal development.
4. Children found to have chronic or degenerative orthopedic and/or neurologic conditions, including but not limited to:
  - Cerebral Palsy, seizure disorders, neuromuscular disorders, etc.
  - Conditions arising from catastrophic events occurring after the neonatal period, such as accidental amputation, encephalopathy with sequelae, etc.



## APPENDIX 15(2)

5. Neonatal grade III/IV intraventricular hemorrhage, posthemorrhagic hydrocephalus, periventricular leukomalacia, or other significant intracranial hemorrhage.
6. Technology dependence for ongoing medically fragile conditions including, but not limited to:  
  
Home Oxygen, home ventilation, home hyperalimentation, or tracheostomy, etc.
7. Both exposure to known teratogens or drugs known to cause birth defects and findings of effects, including but not limited to:  
  
Fetal alcohol syndrome, fetal hydantoin syndrome, etc.
8. Psychiatric disturbances of infancy or childhood, including but not limited to:  
  
Infantile autism, pervasive developmental disorder, nonorganic failure to thrive, etc.

Established Medical Conditions must be determined by a licensed medical doctor. In the case of a hearing impairment, a licensed audiologist or licensed medical doctor must make the determination.

### B. Developmental Delay

Children who, even without an "Established Medical Condition" as defined in A are determined to be delayed in one or more of the following areas:

1. Cognitive Development
2. Physical Development, including vision and hearing  
(Eligibility based on vision and/or hearing problems must be made based on the diagnosis of a licensed medical doctor (vision) or a licensed medical doctor or licensed audiologist (hearing) as stated in A.)
3. Communication Development
4. Social or Emotional Development
5. Adaptive Development

The determination of a developmental delay must be made by a multidisciplinary evaluation team which includes the child's family and qualified professionals, as recognized by the Lead Agency. This determination must be based on informed clinical opinion derived from multisource data such as family input, observations, informal assessment procedures and the results of appropriate formal instruments when such instruments are in compliance with the nondiscriminatory procedures as described in the Evaluation and Assessment component in this application.

- A. The multidisciplinary evaluation team will share their findings and observations as well as the implications of these findings on the overall schema of the child and family.

#### APPENDIX 15(3)

B. Team members must reach a consensus on the following. A positive response on two or more of the following indicates eligibility. A positive response to only one may indicate the need for additional investigative assessment.

1. Parental concern over the child's development in any of the developmental areas
2. Results of appropriate formal diagnostic instruments indicate delays in any of the developmental areas
3. Concerns arising from professional observations and informal assessment of the child and the child's interactions with his environment in any of the developmental areas
4. Review of medical/health and other pertinent history which may indicate problems in any of the developmental areas

Continuing eligibility for early intervention services is determined through the multidisciplinary evaluation/assessment activities which are accomplished through the Individualized Family Service Plan process, the family chooses to no longer participate in the early intervention services, or until the child becomes three (3) years of age, whichever occurs first.

At the present time, the State of Louisiana has not included children who are considered environmentally "at risk" of having substantial developmental delays in the state policy. Following a review of the final reports from the two pilot projects investigating the impact of including "at risk" children, the Eligibility Subcommittee presented possible modifications in the eligibility criteria to the Lead Agency and the State Interagency Coordinating Council. Infants and toddlers determined eligible for ChildNet services under the initial criteria remain eligible for early intervention services until they turn three years of age, their parents elect to withdraw them from early intervention services or it is determined through the IFSP process that early intervention services are no longer warranted.

# Polio

## What You Need to Know

### For Clinic/Office Use

Clinic/Office Address: \_\_\_\_\_  
Date Vaccine Administered: \_\_\_\_\_  
Vaccine Manufacturer: \_\_\_\_\_  
Vaccine Lot Number: \_\_\_\_\_  
Site of Injection: \_\_\_\_\_  
Signature of Vaccine Administrator: \_\_\_\_\_  
Title of Vaccine Administrator: \_\_\_\_\_



## VACCINE ADMINISTRATION RECORD

The doctor or clinic may keep this record in your medical file or your child's medical file. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

"I have read or have had explained to me the information in this pamphlet about polio and polio vaccines. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the polio vaccines and ask that the vaccine checked below be given to me or to the person named below for whom I am authorized to make this request."

Vaccine to be given:    OPV (Oral polio vaccine) ☐    IPV (Inactivated polio vaccine) ☐

Information about person to receive vaccine (Please print.)				
Name:	Last	First	Middle Initial	Birthdate
				Age
Address:	Street	City	County	State
				Zip
Signature of person to receive vaccine or person authorized to make the request (parent or guardian):				
X _____				Date: _____

# WHAT VACCINES DOES YOUR STATE REQUIRE?

To protect as many children as possible from these diseases, all states require certain vaccines before the child goes to child-care or school. Ask your doctor or nurse what shots your state requires.

Department of Health and  
Human Services  
Public Health Service  
Centers for Disease Control  
Polio 10/15/91

Revised April 1, 1994.

## **Please read this pamphlet before you or your child gets a dose of vaccine!**

As recently as the 1950s, polio was a common disease in the United States. Parents feared this disease for good reasons. In 1952, more than 20,000 people were paralyzed by polio. Because children and adults now receive vaccines, there are only a few cases of polio each year in the United States.

The benefits of polio vaccine are greater than any possible risks for almost all people. A person who receives vaccines benefits from the protection they provide. When many people are vaccinated, everyone benefits because the chance of spreading the disease is reduced.

Every vaccine and medicine has risks as well as benefits. Most vaccine reactions are mild. But a few people may get very sick after getting vaccines. Some should not get the polio vaccine or should delay getting it.

There are 2 kinds of vaccines that can protect you or your child against polio. Read this pamphlet before you or your child gets the vaccine. Talk it over with your doctor or nurse. Then, together, you can decide what is best for you or your child.

This pamphlet tells you more about:

The disease polio	page 1
The benefits of the vaccines	page 2
The risks of the vaccines	page 3
When your child should routinely get vaccines	page 4
When the vaccines should be delayed or not be given	page 6
What to look for and to do after getting the polio vaccine	pages 7 & 8

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**HAVE THE PROBLEM REPORTED:**

The Public Health Service is interested in finding out if any serious problems may be related to OPV and IPV, especially those that occur within 4 weeks after getting the vaccine.

If you believe that the person receiving the vaccine had a serious problem or died because of the vaccine:

Call this number:

And ask the doctor or health department to report the problem on a Vaccine Adverse Event Report form.

*If you think the problem was not reported, you should report the problem yourself. You can get the form by calling this toll-free number: 1-800-822-7967.*

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**GET INFORMATION ABOUT POSSIBLE HELP:**

A U.S. government program provides compensation for some persons injured by vaccines. For more information, call this toll-free number:

1-800-338-2382

OR contact:

The U.S. Claims Court  
717 Madison Pl., NW  
Washington, DC 20005

(202) 633-7257

Use this form or write on a piece of paper exactly what happened, what day it happened, and the time it happened.

Time of Vaginal and Date Received:

problems

[illegible]

polio is a very dangerous disease caused by a virus. Some children and adults who get a serious case of polio become paralyzed. This means that they are unable to move parts of their bodies. They may even die from the disease.

The serious cases of polio cause severe muscle pain and sometimes make the person unable to move one or both legs or arms and may make it difficult to breathe without the help of a machine. Mild cases of polio may last only a few days and may cause the person to have a fever, sore throat, stomachache, and headache.

There are no drugs or other special treatments that will cure people who get polio. How sick people get with the disease and how much they recover are different for each person. Most people who are paralyzed by polio will have some weakness in an arm or leg for the rest of their lives. Many of those people will be seriously disabled.

Although there are few cases of polio in the United States now, there are still many thousands of cases of polio each year in other countries. Therefore, it is important to protect our children with vaccines so that they cannot get the disease when someone brings the virus into the United States from another country.

### WHAT ABOUT THE VACCINES AND THEIR BENEFITS?

There are 2 types of polio vaccines. Most experts recommend the live oral polio vaccine, which is called OPV. "Live" means that the polio virus used in the vaccine is still alive but has been made very weak. This type of vaccine is given as drops in the mouth. The other vaccine is called IPV (inactivated polio vaccine). "inactivated" means that the polio virus used in the vaccine has been killed. This type of vaccine is given as a shot.

At least 90 out of every 100 people who get 3 or more doses of either OPV or IPV will be protected against polio. For healthy children and teenagers up to their 18th birthday, most experts recommend OPV drops rather than IPV shots. This is because OPV is easier to take and is more effective in preventing the spread of polio.

The best way to be protected against polio is to get 4 doses of polio vaccine. Most babies should get 2 doses by 4 months of age and a third dose at 15 to 18 months of age. The fourth dose is given at 4 to 6 years of age.

These doses may be the drops given in the mouth (OPV) or the shots (IPV).

If there is a case of polio in your neighborhood or where your child goes to school or child-care, your child may need another dose of vaccine. Your doctor may also suggest that your child get another dose before taking a trip to any country where polio is common.

Adults who are going to countries where polio is common should also get at least one dose of either OPV (if they have had this type of vaccine before) or IPV. If an adult has never had OPV, he or she should get IPV. It would be best to get 3 doses before going. If there is only enough time to get one dose, either OPV or IPV should be given before leaving the country.

### SHOULD PREGNANT WOMEN RECEIVE THE VACCINES?

The polio vaccines are not known to cause any problems to the unborn babies of pregnant women. Doctors usually do not recommend giving any drugs or vaccines to pregnant women unless there is a special need. However, if a pregnant woman needs immediate protection, OPV is recommended.

### WHAT TO LOOK FOR AND TO DO AFTER GETTING THE POLIO VACCINE:

This pamphlet lists the problems (on pages 3, 6 and 7) that may occur after receiving either OPV or IPV.

As with any other serious medical problem, if the person has a serious or unusual problem after getting the vaccine, **CALL A DOCTOR OR GET THE PERSON TO A DOCTOR PROMPTLY.**



### WHEN SHOULD THE VACCINES BE DELAYED?

Polio drops (OPV) or shots (IPV) should be delayed for any person who:

- Is sick with something more serious than a minor illness such as a common cold. Delay the vaccination until the person is better.

### WHEN SHOULD THE VACCINES NOT BE GIVEN?

IPV should be given instead of OPV to a person who:

- Is born with or develops any disease that makes it hard for the body to fight infection, such as cancer, leukemia, or lymphoma (cancer of the lymph glands).
- Has AIDS or infection with the virus that causes AIDS.
- Is taking special cancer treatments such as x-rays or drugs or is taking other drugs, such as prednisone or steroids, that make it hard for the body to fight infection.

The close contact that occurs in the home makes it possible for the virus that is present in OPV drops to be passed on to another member of the household. Doctors usually advise that if any person in the home has any of the medical conditions listed above, IPV should be used instead of OPV.

IPV should not be given to a person who:

- Has had an allergy problem with the antibiotics neomycin or streptomycin so serious that it required treatment by a doctor.

Be sure to talk to the doctor or nurse about which polio vaccine you or your child should get.

### WHAT ARE THE RISKS OF THESE VACCINES?

Both OPV and IPV vaccines cause problems in very few people.

#### OPV drops:

- Very rarely, OPV causes polio in the person who gets the drops.
- For the person who gets the vaccine, the chance of becoming paralyzed is higher after getting the first dose of vaccine than after the second, third, or fourth doses. Paralysis after the first dose happens about once for every 1 1/2 million doses of drops given. But paralysis after later doses happens only about once for every 40 million doses given.

- OPV drops very rarely can cause polio in people who are in close contact with the person who gets the vaccine. This happens only to people not already protected by polio vaccine.

- The chance of a person in close contact with the one who gets the vaccine becoming paralyzed is higher after the first dose of vaccine than after the second, third, or fourth doses. Paralysis after the first dose happens about once for every 2 million doses of drops given. But paralysis after later doses happens only about once for every 14 million doses given. If the parent or other adult household contact of a child receiving OPV has never received polio vaccine, this person should consider, if possible, being vaccinated with IPV before or at the same time as the child. Vaccination of the child should not be delayed. Talk with your doctor or nurse if you have any questions.

#### IPV shots:

- IPV can cause a little soreness and redness where the shot was given.

There is a very rare chance that other serious problems or even death could occur after getting either vaccine. Such problems could happen after taking any medicine or after receiving any vaccine.

## WHEN SHOULD YOUR CHILD GET THE POLIO VACCINE AND OTHER VACCINES?

Below are all of the vaccines that most infants and children should get and the age when most experts suggest they should get each dose of vaccine.

RECOMMENDED SCHEDULE OF VACCINATIONS FOR ALL CHILDREN						
Vaccine	2 Months	4 Months	6 Months	12 Months	15 Months	4-5 Years (Before School Entry)
DTP	DTP	DTP	DTP	DTP	DTP*	DTP
POLIO	POLIO	POLIO			POLIO*	POLIO
MMR					MMR†	MMR‡
HIB						
Option 1§	HIB	HIB	HIB			
Option 2§	HIB	HIB		HIB		
6-18 Months						
Vaccine	Birth-1-3 Months	4 Months				
HB					HB†	
Option 1	HB	HB†			HB†	
Option 2		HB†	HB†		HB†	

DTP: Diphtheria, Tetanus, and Pertussis Vaccine  
 Polio: Live Oral Polio Vaccine drops (OPV) or Killed (Inactivated)

Polio Vaccine shots (IPV)

MMR: Measles, Mumps, and Rubella Vaccine

HIB: Haemophilus b Conjugate Vaccine

HB: Hepatitis B Vaccine

\* Many experts recommend these vaccines at 18 months.

† In some areas this dose of MMR vaccine may be given at 12 months.

‡ Many experts recommend this dose of MMR vaccine be given at entry to middle school or junior high school.

§ HIB vaccine is given in either a 4-dose schedule (1) or a 3-dose schedule (2), depending on the type of vaccine used.

¶ Hepatitis B vaccine can be given simultaneously with DTP, Polio, MMR, and Haemophilus b Conjugate Vaccine at the same visit.

## ARE THE BENEFITS OF THE VACCINES GREATER THAN THE RISKS?

Yes, for almost all people.

Polio can be a very serious disease. Almost all people who get the vaccines are protected from this disease. Only a small number of people have problems after getting the vaccines. The problems that may happen after receiving vaccine occur much less often than when the person has the disease.

Experts believe that most people should receive polio vaccine. After reading this pamphlet and talking with your doctor or nurse, you can decide whether there is any reason for you or your child to delay or not get the polio vaccine.

There are several reasons why some people may need to delay getting polio vaccine or should not get it at all.

APPENDIX 16(9)

# Measles, Mumps, and Rubella

## What You Need to Know



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Public Health Service  
Centers for Disease Control  
Atlanta, Georgia 30333

CDC  
DEPARTMENT OF HEALTH & HUMAN SERVICES

### For Clinic/Office Use

Clinic/Office Address: \_\_\_\_\_  
Date Vaccine Administered: \_\_\_\_\_  
Vaccine Manufacturer: \_\_\_\_\_  
Vaccine Lot Number: \_\_\_\_\_  
Site of Injection: \_\_\_\_\_  
Signature of Vaccine Administrator: \_\_\_\_\_  
Title of Vaccine Administrator: \_\_\_\_\_

## VACCINE ADMINISTRATION RECORD

The doctor or clinic may keep this record in your medical file or your child's medical file. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

"I have read or have had explained to me the information in this pamphlet about measles, mumps, and rubella diseases and MMR, Measles-Rubella, Measles, Mumps, and Rubella vaccines. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the MMR, measles, mumps, and rubella vaccines and ask that the vaccine checked below be given to me or to the person named below for whom I am authorized to make this request."

Vaccine to be given: MMR ☐ Measles and Rubella ☐ Measles ☐ Mumps ☐ Rubella ☐

Information about person to receive vaccine (Please print.)					
Name:	Last	First	Middle Initial	Birthdate	Age
Address:	Street	City	County	State	Zip
Signature of person to receive vaccine or person authorized to make the request (parent or guardian):					
X _____				Date: _____	

## Please read this pamphlet before you or your child gets a vaccine!

**WHAT VACCINES DOES YOUR STATE REQUIRE?**

To protect as many children as possible from these diseases, all states require certain vaccines before the child goes to child-care or school. Ask your doctor or nurse what vaccines your state requires.

Before vaccines were available to protect against measles, mumps, and rubella, nearly everyone caught these diseases while growing up. The use of vaccines against these diseases has greatly reduced the number of people getting these illnesses.

The benefits of the vaccines to prevent these three diseases are greater than the possible risks for almost all people. A person who receives vaccines benefits from the protection they provide. When many people are vaccinated, everyone benefits because the chance for spread of disease is reduced.

Serious health problems are caused by these diseases. Therefore, it is important to be protected by the vaccines. Usually, vaccines for all 3 diseases are combined and are given together as 1 shot, called the MMR vaccine. Usually it is given 2 times, first at 15 months of age and again before school entry (4 to 6 years of age), or before entering middle school or junior high school.

Every vaccine and medicine has both benefits and risks. Most problems that occur after vaccines are mild, but a few people may have a serious problem. While most people should get MMR, a few people should not, and a few others should delay getting the vaccine.

This pamphlet tells you more about:

The diseases measles, mumps, and rubella	pages 1 & 2
The benefits of the vaccines	page 2
The risks of the vaccines	pages 3 & 4
When your child should routinely get vaccines	page 5
When the vaccines should be delayed or not be given	page 6
What to look for and to do after the shot	pages 7 & 8

Department of Health and  
Human Services  
Public Health Service  
Centers for Disease Control

MMR 10/15/91

## APPENDIX 16(12)

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### HAVE THE PROBLEM REPORTED:

The Public Health Service is interested in finding out if any serious problems may be related to MMR, measles-rubella, mumps, or rubella vaccines, especially those that occur within 4 weeks after the shot.

If you believe that the person receiving the vaccine had a serious problem or died because of the shot:

Call this number:

And ask the doctor or health department to report the problem on a Vaccine Adverse Event Report form.

*If you think the problem was not reported, you should report the problem yourself. You can get the form by calling this toll-free number: 1-800-822-7967.*

---

### GET INFORMATION ABOUT POSSIBLE HELP:

A U.S. government program provides compensation for some persons injured by vaccines. For more information, call this toll-free number:

1-800-338-2382

OR contact:

The U.S. Claims Court  
717 Madison Place, NW  
Washington, DC 20005

(202) 633-7257

Use this form or write on a piece of paper exactly what happened, what day it happened, and the time it happened.

Type of Vaccine and Date Received:

THE LOST BOY OF

SEPT 2

**MEASLES** is a serious disease. It is very easily passed from one person to another. It causes a high fever, cough, and a rash and lasts for 1 to 2 weeks. In recent years, 3,000 to 28,000 cases of measles have been reported yearly in the United States and outbreaks still occur. One out of every 10 children who catch measles will also have an ear infection or pneumonia.

Measles can also cause an infection of the brain that could lead to convulsions (seizures), fits, spasms, twitching, jerking, or staring spells), hearing loss, and mental retardation. This happens to about 1 out of every 1,000 children reported to have the disease. In the United States, 1 child out of every 500 to 10,000 who gets measles dies from it.

Infants and adults who catch measles are often much sicker and are more likely to suffer longer or die than elementary school children and teenagers with measles.

**MUMPS** causes fever, headache, and swollen, painful glands under the jaw. Mumps sometimes can be a very serious disease. It lasts for several days and it is easily passed from person to person. In recent years, 4 500 to 13 000 cases of mumps have been reported each year in the United States and outbreaks still occur.

Mumps can cause a mild inflammation of the coverings of the brain and spinal cord (meningitis) in about 1 person in every 10 who get it. Swelling or inflammation of the brain is reported in about 1 case out of every 200. Before there was a mumps vaccine, many children had hearing loss caused by mumps. About 1 out of every 4 teenage or adult males with mumps will have a painful swelling of the testicles for several days. This usually does not make the person unable to father children.

Teenagers and adults, especially males, who catch mumps are often much sicker and more likely to suffer longer than children do.

**RUBELLA** is also called German measles. In recent years, only a few hundred cases of rubella were reported each year. It is usually a mild disease that lasts for a short time. BUT if a pregnant woman catches the disease, rubella is very dangerous to her unborn baby. Up to half of the women who catch rubella when they are pregnant will lose their babies or have babies born with heart disease, or babies who will be blind or deaf, or who have problems with learning. In the United States, before there was a rubella vaccine, many thousands of babies with these serious health problems were born to mothers who caught rubella while they were pregnant.

People who catch rubella usually have mild fever, swollen glands in the neck, and a rash that lasts up to 3 days. Rubella may cause soreness in the joints and swelling of the joints (arthritis). This may happen in up to 70 out of every 100 women. Usually this lasts only for a week or two but in rare cases it may last for months or years, or may come and go.

People who do not get the rubella vaccine are in danger of catching rubella and passing it on to a pregnant woman. About 1 out of every 10 women in the United States is not protected against rubella.

### **WHAT ABOUT THE VACCINES AND THEIR BENEFITS?**

The vaccines to protect against all 3 diseases are usually given together in 1 shot, called the MMR vaccine. One MMR shot protects 90 to 99 people out of every 100 against measles, mumps, and rubella if they get the vaccine at the right age. Usually a child gets the first MMR at 15 months of age, but sometimes it should be given at 12 months of age, or even earlier during an outbreak. To protect the few children not protected by the first MMR, a second MMR is recommended when a child enters school for the first time or when a child enters middle school or junior high school.

These vaccines protect nearly all people for a very long time, probably for life. However, if an outbreak of measles occurs, doctors may recommend a second MMR shot. Teenagers and adults who do not know if they are protected against these diseases should ask their

### **WHICH PEOPLE MAY BE MORE LIKELY TO HAVE A CONVULSION AFTER RECEIVING MMR?**

The chance of a child having a convulsion with fever after receiving measles vaccine is small. However, the risk is up to 5 times greater if the child has ever had a convulsion before. It is also greater if the child's brother, sister, or parent has ever had a convulsion.

Most experts agree that people who have had a convulsion should still get the MMR vaccine. Also, people who have a family member who has had a convulsion should get the MMR vaccine.

The overall chance of convulsion after getting the vaccine is still rare. It is usually the fever that causes the convulsion. Most experts believe that convulsions with fever do not cause any permanent damage to the child.

Be sure to tell the doctor or nurse who is giving the shot about any history of convulsions. Talk with them about medicines or other ways you can reduce fever from the shot.

If there was a problem after receiving the first MMR or separate shots for measles, mumps, or rubella, be sure to tell the doctor or nurse before receiving a second shot of the vaccine.

### **WHAT TO LOOK FOR AND TO DO AFTER THE SHOT**

Talk with the doctor or nurse who gives the shot about medicines or other ways you can treat fever from the vaccine.

This pamphlet lists the problems (on pages 3, 4, 6, and 7) that may occur after receiving MMR or other shots for measles, mumps, or rubella.

As with any serious medical problem, if the person has a serious or unusual problem after getting the vaccine, **CALL A DOCTOR OR GET THE PERSON TO A DOCTOR PROMPTLY.**



### **WHEN SHOULD THE VACCINES BE DELAYED OR NOT BE GIVEN?**

There are several reasons some people may need to delay getting the MMR vaccine or not get the shot at all. These reasons also apply to measles vaccine, mumps vaccine, and rubella vaccine.

Tell the doctor or nurse if the person who is going to get the vaccine:

- Is sick with something more serious than a minor illness such as a common cold. Delay the vaccination until the person is better.
- Has ever had an allergy problem after eating eggs that was serious enough to require the attention of a doctor. This does not matter if the person is only receiving the rubella vaccine.
- Has had an allergy problem to an antibiotic called neomycin so serious that it required treatment by a doctor.
- Is born with or develops any disease that makes it hard for the body to fight infection, such as cancer, leukemia, lymphoma (cancer of the lymph glands).
- Is taking special cancer treatments such as x-rays or drugs, or is taking other drugs such as prednisone or steroids that make it hard for the body to fight infection.
- Has received gamma globulin during the past 3 months.
- Is pregnant or thinks she is pregnant.

All people who do not get the vaccine because of one of the reasons listed above should check again with the doctor or nurse about getting the vaccines at a later time.

### **SHOULD PREGNANT WOMEN RECEIVE THE VACCINES?**

Women who are pregnant, who think they are pregnant, or who might get pregnant in the next 3 months, should not get MMR or other vaccines for measles, mumps, or rubella. This is recommended even though these vaccines are not known to cause problems for pregnant women or their unborn babies. It is safe, however, to give a shot to a child whose mother is pregnant.

If a woman is pregnant and does not know if she is protected against rubella, she should tell her doctor. A woman who receives any of these vaccines should not get pregnant for the next 3 months. A woman who needs protection against any of these diseases should be given the vaccines right after her baby is born.

### **WHAT ARE THE RISKS OF THESE VACCINES?**

Most people who get the MMR vaccine will not have a problem. Others will have minor problems, such as a sore or red arm that lasts for 1 to 2 days. Rarely, a person may have a serious problem.

If you or your child receives the MMR, there is a chance that any of the problems listed below could happen. If problems occur, they almost always happen after the first shot. If you or your child receives only the measles vaccine, or the mumps vaccine, or the rubella vaccine, you should only look for the problems listed for the vaccine received.

#### ***Mild or Moderate Problems From the Vaccines***

##### **MEASLES VACCINE:**

- A rash may occur from 1 to 2 weeks after receiving the measles vaccine. About 5 children out of every 100 will get a rash.
- A fever of 103°F or higher after receiving the first shot of measles vaccine, even though the child may not act sick. About 5 to 15 young children out of every 100 who receive the vaccine get such a fever. This could happen from 1 to 2 weeks after receiving the vaccine and usually lasts 1 or 2 days. The fever occurs less often after a second shot.

##### **MUMPS VACCINE:**

- A little swelling of the glands in the cheeks and under the jaw that lasts for a few days. This could happen from 1 to 2 weeks after getting the mumps vaccine. This happens rarely.

##### **RUBELLA VACCINE:**

- Swelling of the lymph glands in the neck or a rash that lasts 1 or 2 days. This could happen 1 to 2 weeks after getting the rubella vaccine in about 1 child out of every 7 who get the vaccine.
- Mild pain or stiffness in the joints that may last up to 3 days. This could happen from 1 to 3 weeks after getting the shot. This problem happens to about 1 child out of every 100 who get the shot and to about 25 adults out of every 100. Women have this problem more than men and it may happen in up to 40 women out of every 100. Rarely, pain or stiffness can last for months or longer and can come and go.

## WHEN SHOULD YOUR CHILD GET THE MMR VACCINES AND OTHER VACCINES?

Below are all of the vaccines that most infants and children should get and the age when most experts suggest they should get each dose of vaccine.

RECOMMENDED SCHEDULE OF VACCINATIONS FOR ALL CHILDREN						
Vaccine	2 Months	4 Months	6 Months	12 Months	15 Months	4-6 Years (Before School Entry)
DTP	DTP	DTP	DTP	DTP	DTP	DTP
POLIO	POLIO	POLIO		POLIO	POLIO	POLIO
MMR					MMR	MMR
HIB						
Option 1§	HIB	HIB	HIB		HIB	
Option 2§	HIB	HIB		HIB		
Vaccine	Birth	1-2 Months	4 Months	6-18 Months		
HB						
Option 1	HB	HB		HB		
Option 2		HB	HB	HB		

DTP: Diphtheria, Tetanus, and Pertussis Vaccine  
 Polio: Live Oral Polio Vaccine drops (OPV) or Killed (Inactivated) Polio Vaccine shots (IPV)

MMR: Measles, Mumps, and Rubella Vaccine

HIB: *Haemophilus b* Conjugate Vaccine

HB: Hepatitis B Vaccine

\* Many experts recommend these vaccines at 18 months.

† In some areas this dose of MMR vaccine may be given at 12 months.

‡ Many experts recommend this dose of MMR vaccine be given at entry to middle school or junior high school.

§ HIB vaccine is given in either a 4-dose schedule (1) or a 3-dose schedule (2), depending on the type of vaccine used.

¶ Hepatitis B vaccine can be given simultaneously with DTP, Polio, MMR,

● Painful swelling of the joints (arthritis) happens to fewer than 1 child out of every 100 who get the rubella vaccine. About 10 adults out of every 100 can also have this problem, which usually lasts a few days to a week. Rarely, this swelling has been reported to last longer, or to come and go. Damage to the joints is very rare.

● Pain or numbness, or "pins and needles" feeling in the hands and feet that lasts for a short time. This happens rarely.

### More Serious Problems From These Vaccines

● Children 6 months through 6 years of age who get the vaccines can, in rare cases, have a brief convulsion (fits, seizures, spasms, twitching, jerking, or staring spells). This usually occurs 1 to 2 weeks later, and usually comes from the fever caused by the measles vaccine. Very rarely, hearing loss has been reported, but it is not known whether hearing loss is ever caused by these vaccines. Very rarely, a person can have inflammation of the brain after receiving the vaccine. This usually clears up completely. These brain problems have been reported to happen about 1 time for every million MMR shots given.

● There is a rare chance that other serious problems and even death could occur after getting the vaccines. Such problems could happen after taking any medicine or after receiving any vaccine.

## ARE THE BENEFITS OF THE VACCINES GREATER THAN THE RISKS?

Yes, for almost all people.

These diseases make some people very ill. Almost all people who get the vaccines are protected from these diseases. A small number of people have problems after getting the vaccines. The problems that may happen after receiving the vaccine occur much less often than when a person has the disease.

Experts believe that most people should receive these vaccines. After reading this pamphlet and talking with your doctor or nurse, you can decide whether there is any reason for you or your child to delay.

# Diphtheria, Tetanus, and Pertussis

What You Need to Know

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## For Clinic/Office Use

Clinic/Office Address: \_\_\_\_\_

Date Vaccine Administered: \_\_\_\_\_

Vaccine Manufacturer: \_\_\_\_\_

Vaccine Lot Number: \_\_\_\_\_

Site of Injection: \_\_\_\_\_

Signature of Vaccine Administrator: \_\_\_\_\_

Title of Vaccine Administrator: \_\_\_\_\_



## VACCINE ADMINISTRATION RECORD

The doctor or clinic may keep this record in your medical file or your child's medical file. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

"I have read or have had explained to me the information in this pamphlet about diphtheria, tetanus (lockjaw), and pertussis (whooping cough) disease and DTP, Pertussis, DT, Td, and Tetanus vaccines. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the DTP, Pertussis, DT, Td, and Tetanus vaccines and ask that the vaccine checked below be given to me or to the person named below for whom I am authorized to make this request."

Vaccine to be given:    DTP ☐    Pertussis ☐    DT ☐    Td ☐    Tetanus ☐

Information about person to receive vaccine (Please print.)				
Name:	Last	First	Middle Initial	Birthdate
				Age
Address:	Street	City	County	State
				Zip
Signature of person to receive vaccine or person authorized to make the request (parent or guardian):				
X _____				Date: _____

## WHAT VACCINES DOES YOUR STATE REQUIRE?

To protect as many children as possible from these diseases, all states require certain vaccines before the child goes to child-care or school. Ask your doctor or nurse what vaccines your state requires.

## **Please read this pamphlet before you or your child gets a vaccine!**

Before vaccines were available, most children caught pertussis. Also, hundreds of people became ill with tetanus each year and thousands became ill with diphtheria.

The benefits of the vaccines to prevent these three diseases are greater than the possible risks for almost all people. A person who receives vaccines benefits from the protection they provide. When many people are vaccinated, everyone benefits because the chance for spread of disease is reduced.

These diseases may cause serious health problems. Therefore, it is important to be protected by vaccine shots. Usually, the vaccines for all three diseases are combined and are given together as one shot. This is called the DTP vaccine. DTP vaccine is usually given 5 times before a child reaches age 7 years.

Every vaccine has risks as well as benefits. Most problems that happen after receiving vaccines are mild, but a few people will have a serious problem. While most infants and children under 7 years of age should get the DTP, a few should delay getting this vaccine and a few others should get the DT vaccine (diphtheria and tetanus vaccine) instead. Another tetanus and diphtheria vaccine (Td) is used to protect older children and adults. Tetanus vaccine (T) is still used by some doctors, but the combined Td vaccine is recommended by most experts.

This pamphlet tells you more about:

The diseases diphtheria, tetanus, and pertussis	page 1
The benefits of the vaccines	page 2
The risks of the vaccines	page 3
When your child should routinely get vaccines	page 4
When your child should delay getting or not get the DTP vaccine	pages 5 & 6
What to look for and to do after the shot	pages 7 & 8

Department of Health and  
Human Services  
Public Health Service  
Centers for Disease Control  
DTP 10/15/91

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**HAVE THE PROBLEM REPORTED:**

The Public Health Service is interested in finding out if any serious problems may be related to DTP, Pertussis, DT, T, or Td vaccines, especially those that occur within 4 weeks after the shot.

If you believe that the person receiving the vaccine had a serious problem or died because of the shot:

*Call this number:*

And ask the doctor or health department to report the problem on a Vaccine Adverse Event Report form.

*If you think the problem was not reported, you should report the problem yourself. You can get the form by calling this toll-free number:*  
1-800-822-7967.

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**GET INFORMATION ABOUT POSSIBLE HELP:**

A U.S. government program provides compensation for some persons injured by vaccines. For more information, call this toll-free number:

1-800-338-2382

OR contact:

The U.S. Claims Court  
717 Madison Place, NW  
Washington, DC 20005

(202) 633-7257

**If you or your child does have a reaction to the vaccine, you can help your doctor by writing down exactly what happened.**

Use this form or write on a piece of paper exactly what happened, what day it happened, and the time it happened.

Type of Vaccine and Date Received:

Problems

Day and Time Problem Started

## WHAT ARE THESE DISEASES?

**PERTUSSIS**, sometimes called whooping cough, may be a mild or serious disease. It is very easily passed from one person to another. Pertussis can cause spells of coughing and choking that make it hard to eat, drink, or breathe. The coughing can last for several weeks.

The information on pertussis that follows is based on cases that were reported from doctors and health-care providers. In recent years, as many as 4,200 cases of pertussis have been reported yearly in the United States and outbreaks still occur. Many cases, including those with less serious illness, do not get reported.

Pertussis is most dangerous to babies (children less than 1 year old). Even with modern medical care, complications occur. About half of the babies reported to have pertussis are so sick that they must go into the hospital. As many as 16 out of 100 babies with pertussis get pneumonia, and as many as 2 out of 100 may have convulsions (seizures, fits, spasms, twitching, jerking, or staring spells). About 1 baby out of 200 has brain problems that may last all his or her life. About 1 out of every 200 babies with pertussis dies of it. Serious illness is less likely in older children and adults.

**DIPHTHERIA** is a very serious disease. It can make a person unable to breathe, cause paralysis, or heart failure. About 1 out of every 10 people who get diphtheria dies of it.

Only a few cases of diphtheria were reported in the United States during the past few years. This is mostly because people have had shots to protect them.

**TETANUS**, sometimes called lockjaw, is a very serious disease that can occur after a cut or wound lets the germ into the body. Tetanus makes a person unable to open his or her mouth or swallow, and causes serious muscle spasms. People with tetanus usually have to stay in the hospital for a long time. In the United States, tetanus kills 3 out of every 10 people who get the disease. Since 1975, only 50 to 90 cases of tetanus have been reported each year.

Almost no cases occur in children or young adults because children and young adults have taken the shots and are usually protected.

## WHAT ABOUT THE VACCINES AND THEIR BENEFITS?

The vaccines to protect children younger than 7 years old against all 3 diseases are usually given together as one shot. This is called the DTP vaccine (Diphtheria, Tetanus, and Pertussis). Most children should get 5 DTP shots before they go to school. Most babies should get 3 DTP shots by 6 months of age.

Three or more DTP shots keep:

- 70 to 90 children out of 100 from getting pertussis if exposed to it, and usually protect the child through the elementary school years. The others who have had the DTP vaccine but get pertussis usually have a milder illness than if they had not had the vaccine.
- At least 85 children out of 100 from getting diphtheria for at least 10 years.
- At least 95 children out of 100 from getting tetanus for at least 10 years.

Pertussis vaccine should not be given to a few children. Other vaccines are available for these children and for adults:

- DT vaccine (Diphtheria and Tetanus) is given to children under age 7 years who should not receive pertussis vaccine.
- Td vaccine (Tetanus and diphtheria) is specially made for children age 7 years and older and for adults.

## WHICH CHILDREN MAY BE MORE LIKELY TO HAVE A CONVULSION AFTER RECEIVING DTP?

The chance of a child having a convulsion with fever after receiving DTP vaccine is up to 9 times greater if the child has had a convulsion before. It is about 3 times greater if the child's brother, sister, or parent has ever had a convulsion.

Most experts agree that unless the convulsion occurred within 3 days after getting DTP vaccine, children who have had a convulsion should still get the DTP vaccine. Also children who have a family member who has had a convulsion should get the DTP vaccine.

It is usually the fever that causes the convulsion. Most experts believe that convulsions with fever do not cause any permanent damage to the child.

Be sure to tell the doctor or nurse who is giving the shot about any history of convulsions. Talk with them about the medicines or other measures to reduce fever and soreness from the vaccines.

## WHAT TO LOOK FOR AND TO DO AFTER THE SHOT

Talk with the doctor or nurse who gives the shot about taking medicines or other measures to reduce fever and soreness from the vaccine.

This pamphlet lists the problems (on pages 3, 6, and 7) that may occur after receiving DTP or other shots for diphtheria, tetanus, or pertussis.

As with any serious medical problem, if the person has a serious or unusual problem after getting the vaccine, **CALL A DOCTOR OR GET THE PERSON TO A DOCTOR PROMPTLY.**



### WHEN SHOULD THE DTP VACCINE NOT BE GIVEN?

Your child should not get another DTP shot if any of the problems listed below happened after an earlier DTP and had no other obvious cause. Talk with your doctor or nurse about any of these problems.

- Serious problems of the brain *within 7 days* after getting DTP.
- Serious allergic problem (swelling in the mouth, throat, or face, or difficulty breathing) *within a few hours* after getting DTP.
- The presence of a brain problem that is getting worse, such as uncontrolled convulsions.

Many experts believe that a child should not get another DTP shot if any of the problems listed below happened after an earlier DTP shot and had no other obvious cause. However, for some children, the benefits outweigh the risks. Talk with your doctor or nurse about any of these problems.

- Temperature of 105°F or higher *within 2 days* after getting DTP.
- Shock-collapse (becoming blue or pale, limp and not responsive) *within 2 days* after getting DTP.
- Convulsion *within 3 days* after getting DTP.
- Crying that cannot be stopped and which lasts for more than 3 hours at a time *within the 2 days* after getting DTP.

If you know or think that any of these problems happened after getting DTP, tell a doctor or nurse before that child receives another DTP or any other vaccine. If a child should not be given DTP, usually the child should get DT vaccine instead.

### SHOULD PREGNANT WOMEN RECEIVE Td?

Babies born under unclean conditions to women who have no protection against tetanus have an increased risk of getting tetanus as newborns. This can be prevented by giving Td vaccine to women. Women who have not received Td or T earlier should be given the vaccine when they are pregnant.

Td and T vaccines are not known to cause special problems for pregnant women or their unborn babies. While doctors usually do not recommend giving any drugs or vaccines to pregnant women, a pregnant woman who needs Td vaccine should get it.

### WHAT ARE THE RISKS OF THESE VACCINES?

#### DTP

Most children have little or no problem from the DTP shot. Many children will have fever or soreness, swelling, and redness where the shot was given. Usually these problems are mild and last 1 to 2 days. Some children will be cranky, drowsy, or not want to eat during this time.

Less often—that is, following 1 DTP shot in 100 to 1 shot in 1,000—a more serious problem can happen:

- Crying without stopping for 3 hours or longer
- A temperature of 105°F or higher
- An unusual, high-pitched cry

Even less often—following 1 DTP shot in 1,750—a child may have:

- A convulsion (seizures, fits, spasms, twitching, jerking, or staring spells), usually from high fever that may happen after the shot
- Shock-collapse (become blue or pale, limp, and not responsive)

Rarely, brain damage that lasts for the child's life has been reported after getting DTP. However, most experts now agree that DTP has not been shown to be a cause of brain damage. If DTP ever causes brain damage then such an event would be very rare. There is no test that can tell in advance if your child will have any of these problems following DTI vaccination.

#### DT, Td, and T

DT, Td, and T vaccines cause few problems. They may cause mild fever or soreness, swelling, and redness where the shot was given. These problems usually last for 1 to 2 days, but this does not happen nearly as often as with DTP vaccine. Sometimes, adults who get these vaccine too often can have a lot of soreness and swelling where the shot was given.

There is a rare chance that other serious problems or even death could occur after getting DTP, Pertussis, DT, T, or Td. Such problems could happen after taking any medicine or after receiving any vaccine.

## SHOULD WE SHAPE THE BENEFITS OF THE VACCINES GREATER THAN THE RISKS?

Yes, for almost all people.

Children, especially infants, who catch pertussis are often seriously ill. People with diphtheria or tetanus usually are seriously ill. Most people who have had 3 or more shots of DTP are protected from these diseases for many years. If children have the DTP shots but get pertussis, the illness is usually milder than if they had not had the shots. The number of children who have had a serious problem after receiving DTP is unknown, but is probably very small.

Experts believe that most children should receive DTP shots. If a child should not receive DTP, the child should usually receive DT. After reading this pamphlet and talking with your doctor or nurse, you can decide together what is best for your child.

WHEN SHOULD A SHOT BE DELAYED?

There are several reasons for a child to delay getting the DTP shot. If the child:

- Is sick with something more serious than a minor illness such as a common cold, delay the vaccination until your child is better.
- Has ever had a convulsion or other brain problem or seems not to be developing normally (until it is clear that your child is not getting worse or having more convulsions).

Such children should be carefully examined by a doctor before a decision is made.

If your child is sick or if you are not sure if a shot should be delayed, talk to your doctor or nurse. Then you can decide together what is best for your child.

DTaP; Diphtheria, Tetanus, and Pertussis Vaccine  
DTaP-IPV; Diphtheria, Tetanus, and Pertussis Vaccine drops (OPV) or Killed (Inactivated)

POD VACENIA VODENICEV

**MM-19: Measles, Mumps, and Rubella Vaccine**

**M10: Haemophilus b Conjugate Vaccine**

HB: Hepatitis B Vaccine

• Admin records recommend these vaccines at 10 months.

Many experts recommend that you have a 12-month supply of food on hand.

Many experts recommend this dose of MMR vaccine be given at entry to middle school or junior high school.

§ Hib vaccine is given in either a 4-dose schedule (1) or a 3-dose schedule (2), depending on the type of vaccine used.

(2) *degraded* or *degraded* use.

## APPENDIX 17(1)

### TOPICS FOR ANTICIPATORY GUIDANCE

#### HEALTH EDUCATION

##### BIRTH

The following guidelines are suggested for the first complete examination, which is usually completed within the first 24 hours of life and preferably completed within the first 6 to 12 hours.

##### Common Findings

Providers should explain findings which may be present or which may be expected to develop during this age period. Some such findings are listed below:

Umbilical cord: Stump separation and care  
Penis: Circumcision and cleaning  
Vagina: Discharge  
Skin and hair: Coloration (jaundice, mottling, peripheral cyanosis)  
Nervous system: Moro reflex, chin quiver  
Head: Molding, cephalohematoma  
Breasts: Swelling, discharge  
Eyes: Color change

##### Procedures

Providers should explain any procedures which may be done during this time period. Some such procedures are listed below:

Metabolic screening  
Circumcision  
Blood glucose testing

##### Nutrition and Feeding

Breast/formula feeding  
Timing and amount of feedings  
Preparation of formula  
Supplements

Spitting up  
Weight loss  
Stool types and changes  
WIC program

##### Hygiene

Bathing  
Diapering  
Umbilical cord care

Skin, hair/scalp care  
Appropriate clothing and bedding

##### Parenting Practices

Bonding  
Holding and handling  
Showing affection

Sibling reactions  
When to consult a physician  
Postpartal adjustments and depression

## APPENDIX 17(2)

### Development and Behavior

Crying  
Pacifier use

Sleep patterns  
Individuality

### Injury Prevention

Car safety seats - purchase or rental and use  
Household water temperature  
Crib safety  
Danger of leaving infant unattended, alone or with young child or pet

### Individual Concerns or Problems

Examination/assessment findings  
Specific family concerns

### BY ONE MONTH

#### Injury Prevention

Car safety seat use  
Danger of leaving infant unattended  
Home environment hazards  
    Smoke detectors  
    Dangers associated with toys, necklaces, cords  
    Burn prevention

#### Hygiene\*

Bathing  
Diapering

Appropriate clothing and bedding  
Skin care

#### Nutrition and Feeding

Breast/formula feeding  
    Timing  
    Amounts  
    Preparation

Supplements  
Spitting up  
WIC program

#### Parenting Practices

Holding and handling  
Stimulation and parent/infant interaction  
How to deal with illnesses, accidents  
Choosing care providers

#### Development and Behavior

Individuality  
Sleep  
Bowel and bladder

Crying  
Self-comforting behaviors

## **APPENDIX 17(3)**

### **Individual Concerns or Problems**

Examination/assessment findings  
Specific family concerns

### **TWO MONTHS**

Injury Prevention\*

Immunizations\*

Fever control

Nutrition/Feeding\*

Supplements  
Solid foods - delaying introduction

Parenting Practices\*

Family relations  
Interaction with infant  
Discipline

### **Individual Concerns or Problems**

Examination/assessment problems  
Specific family concerns

### **FOUR MONTHS**

Injury Prevention\*

Ingestion of harmful objects or substances (PICA)  
Mobility dangers  
Mouthing, dangers of small objects

Hygiene\*

Teething

Nutrition/Feeding\*

Immunizations\*

Parenting Practices

Demonstrating affection  
Discipline

## APPENDIX 17(4)

### Development and Behavior\*

Milestones and development variability  
Social behavior —  
Sleep patterns  
Safe toys  
Self-comforting behaviors (thumbsucking)

### Individual Concerns or Problems

Examination/assessment problems  
Specific family concerns

## SIX MONTHS

### Injury Prevention

Dangers of mouthing  
Childproofing environment

Use of gates  
Dangers of plastic bags

### Hygiene\*

### Immunizations\*

### Nutrition/Feeding\*

Nursing bottle caries and possible otitis media  
Solid foods

### Parenting Practices\*

Speech stimulation  
Parent/child games

### Development and Behavior

Teething  
Stranger awareness

### Individual Concerns or Problems

Examination/assessment problems  
Specific family concerns

## **APPENDIX 17(5)**

### **NINE MONTHS**

#### **Injury Prevention°**

Change to toddler safety seats when infant weighs 20lbs  
Water safety  
Mobility dangers  
Burn safety  
Poison-proofing home

#### **Hygiene°**

Shoes  
Nursing bottle mouth

#### **Immunizations°**

#### **Nutrition/Feeding°**

Weaning  
Appetite  
Finger foods

#### **Parenting Practices°**

#### **Discipline**

#### **Development and Behavior**

Cognitive growth  
Discipline, use of "No"

#### **Individual Concerns or Problems**

Examination/assessment problems  
Specific family concerns

### **12 MONTHS**

#### **Injury Prevention°**

Toddler safety seats  
Water safety  
Burn safety

Poison-proofing home  
Protection from falls

#### **Nutrition/Feeding**

Weaning  
Finger foods

## APPENDIX 17(6)

### Parenting Practices\*

Encouraging speech development

### Development and Behavior

Independent behaviors and language development  
Interaction with parents and siblings versus playing alone

### Individual Concerns or Problems

Examination/assessment problems  
Specific family concerns

## 15 MONTHS

### Injury Prevention\*

Change to toddler car safety seat  
Safety cap use  
Prevention of falls  
Electrical injuries  
Plastic bags and balloons

### Hygiene\*

Toilet training (readiness signs)

### Immunizations\*

### Nutrition/Feeding\*

Weaning  
Self-feeding

Weight gain and growth  
Snacks

### Parenting Practices\*

TV viewing  
Positive reinforcement of good behavior  
Day care

### Development and Behavior

Imitative behavior  
Play/exploration

Negative behavior  
Self-comforting behaviors

### Individual Concerns or Problems

Examination/assessment problems  
Specific family concerns



## APPENDIX 17(7)

### 18 MONTHS

#### Injury Prevention\*

Stair and window safety  
Play supervision

#### Hygiene\*

Toilet training  
Tooth brushing

#### Immunizations\*

#### Nutrition/Feeding\*

Snacks  
Family meals  
Food likes/dislikes

#### Parenting Practices\*

TV viewing  
Discipline  
Day care

#### Development and Behavior

Sleep practices  
Play/exploration  
Sharing

Self-care and self-expression  
Self-comforting behaviors

#### Individual Concerns or Problems

Examination/assessment problems  
Specific family concerns

### TWO YEARS

#### Injury Prevention

Play supervision  
Age-appropriate toys

#### Hygiene\*

Toilet training  
Tooth brushing

## APPENDIX 17(8)

### Nutrition/Feeding\*

Supplements  
Feeding problems

### Parenting Practices

Parent/child interaction  
    Reading to child  
    Talking to child  
    Toys

TV limits  
Day care  
Siblings

### Development and Behavior\*

#### Sleep

Naps  
    Discuss change from crib to regular bed

#### Curiosity

Speech development  
Structured toys  
Physical activity  
Verbal and listening skills  
Use of books  
Peer contact

### Individual Concerns or Problems

Examination/assessment findings  
Specific family concerns

## THREE YEARS

### Injury Prevention\*

Car seatbelt use  
Knife and firearm storage  
Play and safety supervision activities  
Strangers

### Hygiene\*

### Nutrition/Feeding

Balanced diet/junk food  
Self-feeding  
Supplements

### Parenting Practices\*

Consistency in parental approach  
Offering choices  
Out-of-home experiences

Discipline techniques  
Nursery school

## APPENDIX 17(9)

### Development and Behavior\*

Self-discipline  
Cooperative play

Questioning behavior  
Sexual identification

### Individual Concerns or Problems

Examination/assessment findings and specific family concerns

## FOUR YEARS

### Injury Prevention\*

Car seatbelt use  
Play supervision  
Safe toys

Bike riding  
Home safety rules  
Teach name, address, and telephone number

### Hygiene\*

Need for privacy  
Toilet training

### Immunizations\*

### Nutrition/Feeding

Portion size  
Family meals

### Parenting Practices\*

Sex education questions  
Peer interactions  
Sleep  
Chores and responsibilities

Appropriate play  
Exploratory trips  
TV  
Parental limits versus independence

### Developmental and Behavior\*

Communication skills  
Cognitive skills

Peer and parent relationships  
Separation

### Individual Concerns or Problems

Examination/assessment findings  
Specific family concerns

**APPENDIX 17(10)**

**FIVE YEARS**

**Injury Prevention\***

Bike safety  
Fire safety  
Memorize name, address, and telephone number

**Hygiene\***

**Self-care**

Toilet  
Dental  
Dressing

**Nutrition/Feeding**

Eating habits  
Snacks  
Meal time atmosphere

**Parenting Practices\***

Testing by child  
Chores and responsibilities  
Sex education  
Discipline

**Normal Development/Behavior\***

Discipline  
Chores  
Peer interaction  
School readiness

Following directions and rules  
Fantasy play  
Physical skills

**Individual Concerns or Problems**

Examination/assessment findings  
Specific family concerns

## APPENDIX 17(11)

### SIX YEARS

#### With Child

Health habits and self-care  
Diet and weight  
Physical activity  
Dental hygiene  
Bike and skate safety  
Sleep  
TV  
Water and vehicle safety  
Communication with parents and peers

#### With Parents

Good parenting practices  
Home rules and limits  
Spending time with child  
Supervision  
Allowance  
Encouraging self-esteem  
Encouraging out-of-home activities, hobbies, physical activity  
Safety

### EIGHT YEARS

#### With Child

Health habits and self-care  
Diet and weight  
Physical activity  
Dental hygiene  
Bike and skateboard safety  
Sleep  
Stereable use  
Communication with parents  
Siblings  
Peer activities

#### With Parents

Good parenting practices  
Establishing rules  
Communication  
Supervision  
Allowance  
Parental role model  
Age-appropriate independence

## APPENDIX 17(12)

### TEN YEARS

#### With Child

##### Health habits and self-care

- Diet and weight
- Physical activity
- Dental hygiene
- Bike, skateboard, and trampoline safety
- Drug, alcohol, and tobacco use
- Sleep
- Sex education at home and at school
- Seatbelt use
- TV and video games
- Social interaction
- Educational activities

#### With Parents

##### Good parenting practices

- Rules and expectations
- Communication and time with child
- Supervision
- Allowance
- Affection
- Safety concerns
- Power tools
- Water
- All terrain vehicles
- Firearms
- Sex education
- TV

### TWELVE YEARS

#### With Child

##### Health habits and self-care

- Diet and appropriate weight
- Physical activities
- Dental hygiene
- Sleep
- Risk-taking behavior
- Drug, alcohol, and tobacco use
- Physical growth and maturation
  - Acne
  - Menstruation
  - Breast or testes self-examination
- Sex education as is appropriate to age, development, activity, and family situation

## APPENDIX 17(13)

- Social interaction
  - Communication with family and peers
  - Extracurricular activities
  - Job
- Academic activity

### With Parents

- Good parenting practices
  - Establishing activities
  - Spending time with adolescent
  - Supervision
  - Communications
  - Role model
  - Sex education
  - Promoting independence
  - Decision making

## FOURTEEN YEARS

### With Adolescent

- Health habits and self-care
  - Diet and appropriate weight
  - Physical activities and athletics
  - Dental hygiene
  - Bike and vehicle safety
  - Drug, alcohol, and tobacco use
  - Sleep
  - Personal safety practices
- Sex education appropriate to individual and family concerns
- Social interaction
  - Communication with family and peers
  - Extracurricular activities
  - Job
  - TV
- Educational activities

### With Parents

- Good parenting practices
  - Establishing rules
  - Spending time with adolescent
  - Communication
  - Supervision
  - Privacy
  - Allowance
  - Role model
  - Independence
  - Showing affection

## APPENDIX 17(14)

### SIXTEEN YEARS

#### With Adolescent

- Health habits and self-care
  - Diet and appropriate weight
  - Physical activities and athletics
  - Dental hygiene
  - Vehicle safety
  - Drug, alcohol, and tobacco use
  - Sleep
  - Personal safety practices
- Sex education appropriate to individual and family concerns
- Social interaction
  - Communication with family and peers
  - Extracurricular activities
  - Job
- Educational activities

#### With Parents

- Good parenting practices
  - Establishing rules
  - Spending time with adolescent
  - Communication
  - Supervision
  - Privacy
  - Allowance
  - Role model
  - Independence
  - Showing affection
  - Decision making
  - TV

### EIGHTEEN YEARS

#### With Adolescent

- Health habits and self-care
  - Diet and appropriate weight
  - Physical activity
  - Dental hygiene
  - Vehicle safety
  - Drug, alcohol, and tobacco use
  - Sleep
  - Personal safety practices
  - Pap smear
- Sex education appropriate to individual and family concerns



## APPENDIX 17(15)

### Social interaction

- Communication with family and peers

- Extracurricular activities

- Job

- Home separation

- Academic activities

- Plans for future

### TWENTY YEARS

#### With Patient

#### Health habits and self-care

- Diet and appropriate weight

- Physical activities

- Dental hygiene

- Drug, alcohol, and tobacco use

- Sleep

- Breast and testes self-examination

- Personal safety

- Vehicle safety

- Risk-taking behavior

- Sex education appropriate to the individual

#### Social interaction

- Communication with family and peers

- Extracurricular activities

- Job

- Educational activities

- Plans for future

## APPENDIX 18(1)

### ADOLESCENT HEALTH EDUCATION AND ANTICIPATORY GUIDANCE

While KIDMED recognizes the need for enhanced health education efforts focused on the adolescent period. It is also aware that any KIDMED health education is only a portion of the sum total of processes and experiences whereby these adolescents adopt health behaviors and develop their ability to make responsible decisions concerning their own health and that of the community in which they live. The following materials have been developed to provide some guidelines for KIDMED medical screening providers serving this age group.

There are two components to KIDMED health education: an interpretive conference and anticipatory guidance. During the interpretive conference, specific screening results of the individual are to be discussed with the adolescent and/or the parents. This must be done in a one-on-one setting in which confidentiality can be ensured.

Anticipatory guidance provides more general health-related information appropriate for the adolescent and emphasizes health promotion and preventive strategies. Anticipatory guidance is given in anticipation of health decisions or problems that the adolescent can be expected to encounter or that the adolescent will be at risk of developing at this time or prior to the next KIDMED medical screening periodicity visit. As such, anticipatory guidance topics may be discussed in groups or individually. The exact approach, priority, and time allotted to any topic will depend on the adolescent's need, the provider's judgment, and the individual circumstances.

It is important to keep in mind that there is no universally "right" health curriculum or program. Each provider will need to determine the health needs of the population being served and then tailor the program to the health, psychological, and educational needs of the individual adolescent and his/her family.

The list of topics (Appendix 17) is presented only as a guide. Not all topics are appropriate for all adolescents, nor can all listed topics be covered in any one visit. In addition, more relevant topics should be substituted as is appropriate to the individual adolescent, provider, and circumstances of the topics. The topics are based on suggestions of the American Academy of Pediatrics. However, both an interpretive conference and anticipatory guidance are required at each KIDMED medical screening periodicity visit, and both, including the topics covered and the health care provider conducting the health education, must be documented.

Medical screening providers may wish to develop a brief questionnaire to determine the health education needs of the individual adolescent and give priority to these topics. An example of such a questionnaire is included in this Appendix.

## APPENDIX 18(2)

### SUGGESTED TOPICS FOR ADOLESCENT ANTICIPATORY GUIDANCE

1. Physical growth and development, including the changes of puberty.
2. Safety/injury prevention. Specifically target seat belt use.
3. Substance use/abuse, including alcohol, tobacco (smoking and chewing), drugs, and other (marihuana, inhalants, etc.). Specifically target drinking or drug use and driving and smoking dangers.
4. Sexual practices (may be a part of number one (above) for the younger adolescent but a separate topic for the older/sexually active ones).
5. Psychosocial growth and development, including family, peer, and school relationships.
6. Nutrition. Specifically target eating a low fat diet.
7. Dental health.
8. Preventive health practices, including regular health care, physical fitness. Specifically target regular aerobic exercise, self-examination, and immunizations.

## APPENDIX 18(3)

### SAMPLE ADOLESCENT HEALTH EDUCATION QUESTIONNAIRE

Please respond to the following questions by circling "Yes" or "No." When you are called, take this sheet with you and hand it directly to the interviewer. It will be kept confidential in your medical record.

- |     |   |                 |    |
|-----|---|-----------------|----|
| 1.  | Are you satisfied with your general health?   | Yes             | No |
| 2.  | Do you go to a dentist regularly to have your teeth cleaned and checked?  | Yes             | No |
| 3.  | Are you satisfied with the way you are growing?   | Yes             | No |
| 4.  | Are you satisfied with your weight?   | Yes             | No |
| 5.  | Do you think you can answer most questions about your health history?   | Yes             | No |
| 6.  | Do you have any concerns about what you should be eating?   | Yes             | No |
| 7.  | Are you on a special diet?  | Yes             | No |
| 8.  | Do you have questions/concerns about drinking alcohol or using drugs?   | Yes             | No |
| 9.  | Has your school work been generally satisfactory?   | Yes             | No |
| 10. | Do you work regularly or frequently to earn money?  | Yes             | No |
| 11. | Do you drive?   | Yes             | No |
| 12. | Do you wear a seat belt when in a car?  | Yes             | No |
| 13. | Do you wear a helmet when on a motorcycle/bicycle?  | Yes             | No |
| 14. | Do you know how to swim?  | Yes             | No |
| 15. | Do you exercise regularly?  | Yes             | No |
| 16. | Would you like to obtain printed information or talk about any of the following? If yes, identify which topics by marking them with a check mark. |                 |    |
|     | Health  | Smoking         |    |
|     | Emotions (feelings)   | Alcohol         |    |
|     | Getting along with family   | Drugs           |    |
|     | Getting along with friends  | Work            |    |
|     | Dating  | School          |    |
|     | Sex   | Stress          |    |
|     | HIV/AIDS  | Other (specify) |    |
|     | Pregnancy   |                 |    |
|     | Birth Control   |                 |    |
| 17. | Do you feel good about your home life?  | Yes             | No |
| 18. | Do you feel good/satisfied about your relationship with your friends?   | Yes             | No |
| 19. | Do you have any regrets about your behavior?  | Yes             | No |

## **APPENDIX 18(4)**

### **SUMMARY OF OFFICE INTERVENTIONS FOR ADOLESCENT HEALTH PROMOTION (FROM AAP ADOLESCENT HEALTH UPDATE)**

#### **IDENTIFY THOSE AT RISK**

Screening questions  
Family behaviors  
Peer behaviors

#### **CLEARLY STATE DESIRED BEHAVIOR**

Personalize to patient  
Get patient commitment  
Set realistic goal, target date

#### **PROVIDE MEANINGFUL HEALTH INFORMATION**

Stress immediate physical or social consequences (rather than long term)  
Emphasize immediate benefits of desired behavior (health performance, status, or respect in eyes of peers)  
Give alternatives

#### **GIVE RESOURCES FOR HELP**

Office handouts, "how to" or self-help pamphlets  
Referrals to support groups and appropriate professionals  
Peer refusal skills

#### **JOIN FORCES WITH OTHER PARTNERS**

Families (role-modeling, joint behavior changes)  
Schools (support strong interactive health education programs)  
Communities and organizations

#### **FOLLOW UP**

Reinforce future visits  
Express continued interest  
Realize that behavior change is slow and incremental

## APPENDIX 18(5)

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APPENDIX 19

LOUISIANA KIDMED

TOLL FREE NUMBER: 1-800-259-4444

IN BATON ROUGE CALL: 928-9683

DATE: JANUARY 09, 1994

MEDICAID #: 1234567890000

John Doe  
C/O Jane Doe  
123 Kidmed Street  
Baton Rouge, LA 70000-0000

Dear John Doe:

This letter is to remind you that you have an appointment with Approved Provider, MD on 01/22/94 at 00:00 A.M.

It is very important that this appointment is kept. If there is an important reason why you can not keep this appointment, call KIDMED immediately at 1-800-259-4444 or in Baton Rouge 928-9683.

If you have not already arranged for transportation and are in need of transportation for this appointment, please call us.

GIVE YOUR KIDS A HEALTHY START IN LIFE!

## APPENDIX 20(1)

### New Recipient and Missed Screen List (EP-0-10)

The enclosed report is being provided to you by Louisiana KIDMED. The New Recipient and Missed Screen List is being provided to you on a weekly basis. After appearing on this list for one week, beneficiaries will then appear on your next monthly "Screening Provider Beneficiary Report" (RS-0-07). If you have any questions about this report, please feel free to call us on our toll-free telephone number, 1-800-259-8000.

- The New Recipient and Missed Screen List is a comprehensive listing of all new beneficiaries who have chosen you as their screening provider and who are in need of an initial screening. These children are identified on the list by the designation "NEW BENE".

Federal regulations require a new beneficiary to be scheduled for a screening within the specified time limits given below:

- 45 days for children one month to three years of age.
- 60 days for children three years to six years of age.
- 120 days for children over the age of six years.

- The New Recipient and Missed Screen List is also a listing of beneficiaries who have missed a previously scheduled appointment with you and who need to have their appointment re-scheduled. These children are identified on the list by the designation "Missed".
- The report lists identifying information such as MEDICAID ID#, NAME, ADDRESS, SEX, DATE OF BIRTH, AND TELEPHONE NUMBER for each beneficiary.
- The TYPE of screening, Medical (M), Vision (V), and Hearing (H), is also included.
- The INITIAL SCREENING DUE date is the last day a screening can be scheduled for a "New Beneficiary" in order to conform to the time limits given above.
- MISSED APPOINTMENT DATE is the date of the missed appointment according to our records.
- The APPOINTMENT DATE AND TIME GIVEN BENEFICIARY column should be completed and returned ONLY if you wish KIDMED to send appointment reminder letters and to make appointment reminder calls. If you do not wish KIDMED to provide these services, do not return the completed EP-0-10.

It is hoped that this report will help you in your endeavor to provide timely screenings to KIDMED beneficiaries. As always, we appreciate your participation in the KIDMED program and look forward to working with you.



# APPENDIX 20(2)

LAFFETW2 EPM010  
 RUN: 04/23/92 00:36:27  
 CYCLE: 04/23/92

LOUISIANA KIDNEY ESDT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS  
 NEW RECIPIENT AND MISSED SCREEN LIST

REPORT NO: EP-O-10  
 PAGE NO: 95

PROVIDER:

SCHED-IND: N

LA 70182-0000

RECIPIENT NAME  
 MEDICAID NUMBER PHONE

PARENT / GUARDIAN

SCREEN TYPE  
 MEDICAL VISION HEARING

APPOINTMENT NEW / MISSED  
 NEW RECIPIENT

APPOINTMENT DUE DATE  
 08/15/92

APPOINTMENT DATE TIME  
 / / :

TOTAL RECIPIENTS FOR ABOVE PROVIDER: 1

## APPENDIX 20(3)

### SCREENING PROVIDER BENEFICIARY REPORT (RS-0-07)

The enclosed report is being provided to you by Louisiana KIDMED. If you have any questions about this report, please feel free to call us on our toll-free telephone number, 1-800-259-8000.

- The Screening Provider Beneficiary Report is a comprehensive listing of all eligible KIDMED beneficiaries who have chosen you as their screening provider.
- The report lists identifying information such as MEDICAID ID#, NAME, ADDRESS, SEX, DATE OF BIRTH, and TELEPHONE NUMBER for each beneficiary.
- The LINKAGE BEGIN DATE is the date on which the beneficiary was linked to you for screening services.
- The TYPE of screening, Medical (M), Vision (V), and Hearing (H), is also included.
- The LAST DATE SCREENED is shown for each type of screening. This date is based upon paid screening claims in our file. The last screening may have been done by you as the current screening provider or by the previous screening provider. This item should help reduce duplicate screenings and screenings which are not within the proper screening period.
- The NEXT SCREENING PERIOD is the inclusive dates in which the next medical, vision, or hearing screening is due. Included are those beneficiaries currently needing a screening. Also included are those beneficiaries who are up-to-date with their screenings but are due for a screening in a future period.
- Those screenings indicating - INITIAL SCREEN REQUIRED - are in need of an initial screening. Our records indicate that these beneficiaries have not had a screening in recent history and should receive a screening as soon as possible.
- The APPOINTMENT DATE AND TIME GIVEN BENEFICIARY column should be completed and returned ONLY if you wish KIDMED to send appointment reminder letters and to make appointment reminder calls. If you do not wish KIDMED to provide these services, do not return the completed RS-0-07.

It is hoped that this report will help you in your endeavor to provide timely screenings to KIDMED beneficiaries. As always, we appreciate your participation in the KIDMED program and look forward to working with you.

# APPENDIX 20(4)

LOUISIANA KIDNEY EPST INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS  
SCREENING PROVIDER BENEFICIARY REPORT  
BASED ON SCREENING CLAIMS PAID

REPORT NO: RS-O-07  
PAGE NO: 1

RSM015  
RUN: MM/DD/YY BE:MM:SS  
MONTH: XXXXXXXX, YYYY

PROVIDER  
ID NO.  
999999

PROVIDER  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XX 99999-9999

MEDICAID ID/ LINKAGE BEGIN DATE	BENEFICIARY NAME	MAILING ADDRESS	SEX	D.O.B.	TELEPHONE NUMBER(S)	LOCN	T Y P E	LAST DATE SCREENED	NEXT SCREENING PERIOD	APPOINTMENT DATE AND TIME GIVEN BENEFICIARY DATE / TIME
99-99-9-999999-99	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X	MM/DD/YY	999 999-9999	X	M	- INITIAL MM/DD/YY	SCREEN REQUIRED - (MM/DD/YY-MM/DD/YY)	/ /
MM/DD/YY		XX 99999-9999			999 999-9999	X	H	MM/DD/YY	(MM/DD/YY-MM/DD/YY)	: :
99-99-9-999999-99	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X	MM/DD/YY	999 999-9999	X	M	- INITIAL MM/DD/YY	SCREEN REQUIRED - (MM/DD/YY-MM/DD/YY)	/ /
**		XX 99999-9999			999 999-9999	X	H	MM/DD/YY	(MM/DD/YY-MM/DD/YY)	: :
MM/DD/YY		XX 99999-9999			999 999-9999	X	H	MM/DD/YY	(MM/DD/YY-MM/DD/YY)	: :
99-99-9-999999-99	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X	MM/DD/YY	999 999-9999	X	M	- INITIAL MM/DD/YY	SCREEN REQUIRED - (MM/DD/YY-MM/DD/YY)	/ /
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99-99-9-999999-99	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X	MM/DD/YY	999 999-9999	X	M	- INITIAL MM/DD/YY	SCREEN REQUIRED - (MM/DD/YY-MM/DD/YY)	/ /
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99-99-9-999999-99	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X	MM/DD/YY	999 999-9999	X	M	- INITIAL MM/DD/YY	SCREEN REQUIRED - (MM/DD/YY-MM/DD/YY)	/ /
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99-99-9-999999-99	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X	MM/DD/YY	999 999-9999	X	M	- INITIAL MM/DD/YY	SCREEN REQUIRED - (MM/DD/YY-MM/DD/YY)	/ /
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MM/DD/YY		XX 99999-9999			999 999-9999	X	H	MM/DD/YY	(MM/DD/YY-MM/DD/YY)	: :
99-99-9-999999-99	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X	MM/DD/YY	999 999-9999	X	M	- INITIAL MM/DD/YY	SCREEN REQUIRED - (MM/DD/YY-MM/DD/YY)	/ /
**		XX 99999-9999			999 999-9999	X	H	MM/DD/YY	(MM/DD/YY-MM/DD/YY)	: :
MM/DD/YY		XX 99999-9999			999 999-9999	X	H	MM/DD/YY	(MM/DD/YY-MM/DD/YY)	: :
99-99-9-999999-99	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X	MM/DD/YY	999 999-9999	X	M	- INITIAL MM/DD/YY	SCREEN REQUIRED - (MM/DD/YY-MM/DD/YY)	/ /
**		XX 99999-9999			999 999-9999	X	H	MM/DD/YY	(MM/DD/YY-MM/DD/YY)	: :
MM/DD/YY		XX 99999-9999			999 999-9999	X	H	MM/DD/YY	(MM/DD/YY-MM/DD/YY)	: :

\* SIGNIFIES THAT THIS RECIPIENT IS ON THE REPORT FOR THE FIRST TIME THIS MONTH.

## APPENDIX 20(5)

### PROVIDER SCHEDULE LIST (EP-0-21)

The enclosed report is being provided to you by Louisiana KIDMED. If you have any questions about this report, please feel free to call us on our toll-free telephone number, 1-800-259-8000.

- The Provider Schedule List provides a listing of beneficiaries who have an appointment with you in the upcoming week. These appointments may have been made by the staff at KIDMED or may have been made by your staff and transmitted to us via the Screening Provider Beneficiary Report (RS-0-07) or the New Recipient and Missed Screen List (EP-0-10).
- The report lists identifying information such as MEDICAID ID#, NAME, ADDRESS, SEX, DATE OF BIRTH, and TELEPHONE NUMBER for each beneficiary.
- The TYPE of screening, Medical(M), Vision (V), Hearing (H), and Dental (D), is also included.
- The time shown for the APPOINTMENT DATE & TIME is in military time (15:00 = 3:00 p.m.).
- Under SCREENING PERFORMED YES/NO IF NO, REASON please check (Y) if the screening took place or (N) if it did not. If you checked (N), please indicate the reason using the codes at the bottom of the list.
- If the beneficiary missed their originally scheduled appointment date and time, and you were able to reschedule, please indicate the new appointment date and time in the RESCHEDULED APPT. DATE AND TIME GIVEN BENEFICIARY section.

It is hoped that this report will help you in your endeavor to provide timely screening to KIDMED beneficiaries. As always, we appreciate your participation in the KIDMED program and look forward to working with you.

REPORT NO: E3-0-21  
PAGE NO: 2

## APPENDIX 20(6)

PROVIDER:

LA 70760-0000

RECIPIENT-ID	RECIPIENT NAME / PHONE LOCATION INDICATOR	SCREEN TYPE	APPOINTMENT DATE	APPOINTMENT TIME	SCREENING PERFORMED YES / NO & REASON	RESCHEDULED DATE	APPOINTMENT TIME
		HEARING	04/20/92	14:00	(Y) (N) (R)	/ /	:
		MEDICAL VISION					
	**UNABLE TO CONTACT		**DROPPED	**	**TRANSPORTATION ASSISTANCE NEEDED		

TOTAL NUMBER OF SCHEDULE A POSSESSORS

# APPENDIX 21

MAIL TO  
LOUISIANA KIDMED  
5700 FLORIDA BLVD. 10TH FLOOR  
BATON ROUGE, LA 70806  
(800) 259-8000  
920-9683 (IN BATON ROUGE)

## KIDMED MEDICAID OF LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS MEDICAL, VISION AND HEARING SCREENING SERVICES

1	ORIGINAL
2	ADJUSTMENT
3	VOID
2 REASON	3 ADJUSTMENT ICD

PRINT OR TYPE ONLY - USE BLACK INK

4 BILLING PROVIDER NO	5 BILLING PROVIDER NAME	6 SITE NO	7 ATTEND PROVIDER NO	8 ATTEND PROVIDER NAME	9 REFER PROVIDER NO
10 MEDICAID NO	11 PATIENT LAST NAME	12 PATIENT FIRST NAME	13 DATE OF BIRTH	14 SEX	15
16 MEDICAL RECORD NO	17 PATIENT ADDRESS	18 CITY	19 ST	20 ZIP CODE	
21 PATIENT HOME PHONE	22 PATIENT WORK PHONE	23 PARENT/GUARDIAN LAST NAME	24 FIRST NAME		
25 DATE OF SCREENING MONTH/DAY/YEAR		26 BILLED CHARGE	27 NEXT SCREENING APPOINTMENT DATE MONTH/DAY/YEAR	28 TIME HR MIN	29 IMMUNIZATIONS
MEDICAL SCREENING NURSE		\$			29 ARE IMMUNIZATIONS COMPLETE AND CURRENT FOR THIS AGE PATIENT?
MEDICAL SCREENING PHYSICIAN		\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
VISION		\$			30 IF IMMUNIZATIONS ARE NOT COMPLETE AND CURRENT AS OF THIS SCREENING, CHECK REASON:
HEARING		\$			A. <input type="checkbox"/> MEDICALLY CONTRAINDICATED
TOTAL BILLED AMOUNT		\$			B. <input type="checkbox"/> PARENTAL REFUSAL
					C. <input type="checkbox"/> OFF SCHEDULE

**SUSPECTED CONDITIONS**  
31 ARE THERE SUSPECTED CONDITIONS? ☐ YES ☐ NO  
IF YES YOU MUST CHECK AT LEAST ONE OF THE BOXES BELOW AND COMPLETE THE NEXT SECTION IF REFERRED OFF-SITE OR IN-HOUSE.

32

UNDERCARE	
REFERRAL OFFSITE	
REFERRAL IN-HOUSE	
A. MEDICAL	
B. VISION	
C. HEARING	
D. DENTAL	
E. NUTRITIONAL	
F. DEVELOPMENTAL	
G. ABUSE/NEGLECT	
H. PSYCHOLOGICAL/SOCIAL	
I. SPEECH/LANGUAGE	
J.	
K.	
L.	

### REFERRALS FOR SUSPECTED CONDITIONS

33	A SUSPECTED COND	B REFERRAL ASSIST NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	C APPOINTMENT DATE (MONTH/DAY/YEAR)	D TIME (HR:MIN)
E REASON FOR REFERRAL				
F REFERRED TO		G		
H PHONE NO. ( )		I TRANSPORTATION ASSISTANCE NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
34	A SUSPECTED COND	B REFERRAL ASSIST NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	C APPOINTMENT DATE (MONTH/DAY/YEAR)	D TIME (HR:MIN)
E REASON FOR REFERRAL				
F REFERRED TO		G		
H PHONE NO. ( )		I TRANSPORTATION ASSISTANCE NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
35	A SUSPECTED COND	B REFERRAL ASSIST NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	C APPOINTMENT DATE (MONTH/DAY/YEAR)	D TIME (HR:MIN)
E REASON FOR REFERRAL				
F REFERRED TO		G		
H PHONE NO. ( )		I TRANSPORTATION ASSISTANCE NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

I CERTIFY THAT THE SERVICE LISTED HAS BEEN RENDERED BY A QUALIFIED SCREENING PROVIDER, THAT THE CHARGE IS WITHIN THE DEPARTMENT'S PAYMENT RATE FOR KIDMED SCREENING AND THE PAYMENT HAS NOT BEEN RECEIVED. I AGREE TO ADHERE TO THE PUBLISHED REGULATIONS CONCERNING SCREENING AND KIDMED ADMINISTRATIVE PROCEDURES. I HAVE PERFORMED A COMPLETE SCREENING AS STATED IN THE KIDMED PROVIDER MANUAL.

I CERTIFY THAT ANY MEDICAL SCREENINGS LISTED ABOVE INCLUDE THE FOLLOWING MINIMUM SET OF ACTIVITIES:

- A COMPREHENSIVE HEALTH AND DEVELOPMENTAL HISTORY.
- A COMPREHENSIVE UNCLOTHED PHYSICAL EXAM OR ASSESSMENT.
- APPROPRIATE IMMUNIZATIONS ACCORDING TO AGE AND HEALTH HISTORY (UNLESS MEDICALLY CONTRAINDICATED OR PARENT REFUSED AT THE TIME);
- LABORATORY TESTS (INCLUDING APPROPRIATE LEAD/BLOOD LEVEL ASSESSMENT); AND
- HEALTH EDUCATION (INCLUDING ANTICIPATORY GUIDANCE).

I HAVE READ AND UNDERSTAND THE ABOVE NOTICE PLUS THE NOTICE ON THE BACK OF THIS FORM AND DO HEREBY CERTIFY THAT I AM IN COMPLIANCE THEREWITH.

03/01/92  
KAM-3

36 SIGNATURE OF PROVIDER

37 DATE

FISCAL AGENT COPY

Revised April 1, 1994

APPENDIX 22(1)

CPW400  
RUN: 06/23/92 22:21:39  
CYCLE: 06/23/92

LOUISIANA KIDNEY EPST INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS  
ADDRESS PAGE

REPORT NO: CP-O-50  
RPT PAGE NO: 1  
PAGE NO: 1

PROVIDER:

# APPENDIX 22(2)

CPW400  
 RUN: 06/25/92 22:21:39  
 \*\*CLE: 06/25/92

LOUISIANA KIDNEY ERSOT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS  
 RESUBMITTAL TURNAROUND DOCUMENT

REPORT NO: CP-O-50  
 RPT PAGE NO: 2  
 PAGE NO: 2

PROVIDER: 1084310

CCN: 2169000104001

1. CLAIM TYPE: ORIGINAL		2. REASON:		3. ADJUSTMENT TCN: 00000000000000	
4. BILLING PROVIDER NO:		6. SITE NO:		7. ATTENDING PROVIDER NO: 00000000	
10. MEDICAID NO:		11. PAT LAST NME:		12. PAT FIRST NME:	
16. MED REC NO:		13. DOB:		9. REFERRING PROVIDER NO: 00000000	
21. PAT HOME I: ( )		22. PAT WORK I: (000) 000-0000		23. PARENT/GUARDIAN LAST NAME:	
				24. FIRST NAME:	

SCRN TYPE MED/NURS	25. DATE OF SCREEN:	26. BILLED CHG:	27. NEXT APPT DATE: / /	28. TIME: 00:00	29. ARE IMMUNIZATION COMPLETE AND CURRENT FOR THIS AGE PATIENT:
					30A. MEDICALLY CONTRAINDICATED
					30B. PARENTAL REFUSAL:
					30C. OFF SCHEDULE:

\*\*\* RETURN REASON \*\*\* ERROR CODE: 017 MESSAGE: PATIENT LAST NAME/MEDICAID NUMBER MISMATCH

CONTINUED NEXT PAGE



APPENDIX 22(3)

CPW400  
 HUM: 06/25/92 22:21:39  
 CLE: 06/25/92

LOUISIANA KIDNED EPST INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS  
 RESUBMITTAL TURNAROUND DOCUMENT

REPORT NO: CP-O-50  
 RPT PAGE NO: 3  
 PAGE NO: 3

CCN: 2169000104001

PROVIDER: 1084310

J1. ARE THERE SUSP COND: Y		J3A. SUSP COND:		J3B. REF ASST NEED:		J3C. APPT DATE:		J3D. TIME:	
J2. SUSPECTED CONDITIONS:									
U	O	I	DESCRIPTION						
-	-	-	A. MEDICAL						
-	-	-	B. VISION						
-	-	-	C. HEARING						
-	-	-	D. DENTAL						
-	-	-	E. NUTRITIONAL						
-	-	-	F. DEVELOPMENTAL						
-	-	-	G. ABUSE/NEGLECT						
-	-	-	H. PSYCHOLOGICAL						
-	-	-	I. SPEECH/LANGUAGE						
-	-	-	J.						
-	-	-	K.						
-	-	-	L.						
J3F. REFERRED TO:				J3G.					
J3H. PHONE NO: (000) 000-0000				J4I. TRANSPORTATION ASSISTANCE NEEDED:					
J3A. SUSP COND:				J3B. REF ASST NEED:		J3C. APPT DATE:		J3D. TIME:	
J3E. REASON FOR REFERRAL:				J3F. REFERRED TO:					
J3F. REFERRED TO:				J3G.					
J3H. PHONE NO: (000) 000-0000				J4I. TRANSPORTATION ASSISTANCE NEEDED:					

CORRECT AND RESUBMIT THIS COPY

THIS CORRECTED COPY MUST BE RECEIVED  
 BEFORE 08/24/92 OR THIS CLAIM WILL  
 BE DENIED.

I HEREBY AMEND/CORRECT, AS INDICATED ABOVE, THE MEDICAID CLAIM IDENTIFIED ON THIS SHEET AND REQUEST THE REPROCESSING OF THE SAID CLAIM BE MADE WITH THE INFORMATION PROVIDED ON THIS DOCUMENT. ALL INFORMATION ON THE CLAIM IDENTIFIED ABOVE AND NOT AMENDED SHALL REMAIN AS IS. I HEREBY CERTIFY THAT THE CLAIM FOR SERVICES AND INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT PAYMENT OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND ANY FALSIFICATION, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER FEDERAL AND STATE LAWS.

PROVIDER SIGNATURE: \_\_\_\_\_ DATE OF SIGNATURE: \_\_\_\_\_

PLEASE RETURN TO: KIDNED  
 5100 PLYMOUTH BLVD

# APPENDIX 22(4)

CPW400  
 RUN: 06/25/92 22:21:39  
 -CYCLE: 06/25/92

LOUISIANA KIDNEY EPST INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS  
 RESUBMITTAL TURNAROUND DOCUMENT

REPORT NO: CP-O-30  
 RPT PAGE NO: 4  
 PAGE NO: 4

PROVIDER:

CCN: 2169000104002

1. CLAIN TYPE: ORIGINAL		2. REASON:		3. ADJUSTMENT ICN: 000000000000	
4. BILLING PROVIDER NO:		6. SITE NO:		7. ATTENDING PROVIDER NO: 0000000	
10. MEDICAID NO:		11. PAT LAST NME:		12. PAT FIRST NME:	
16. HED REC NO:		22. PAT WORK #: (000) 000-0000		23. PARENT/GUARDIAN LAST NAME: DAVIS	
21. PAT HOME #:		24. FIRST NAME: HARRIET		25. REFERRING PROVIDER NO: 0000000	

SCRN TYPE VISION	25. DATE OF SCREEN:	26. BILLED CHG:	27. NEXT APPT DATE: / /	28. TIME:
29. ARE IMMUNIZATION COMPLETE AND CURRENT FOR THIS AGE PATIENT:				
30A. MEDICALLY CONTRAINDICATED				
30B. PARENTAL REFUSAL:				
30C. OFF SCHEDULE:				

... RETURN REASON ... ERROR CODE: 017 MESSAGE: PATIENT LAST NAME/MEDICAID NUMBER MISHATCH

CONTINUED NEXT PAGE

CPH400  
RUN: 06/25/92 22:21:39  
?CLEI: 06/25/92

CCN: 2189000104002

# APPENDIX 22(5)

LOUISIANA KIDNED EPSED INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS  
RESUBMITTAL TURNAROUND DOCUMENT

REPORT NO: CP-O-50  
RPT PAGE NO: 5  
PAGE NO: 5

PROVIDER: 1004310

31. ARE THERE SUSP COND:		33A. SUSP COND:		33B. REF ASST NEED:		33C. APPT DATE:		33D. TIME:	
32. SUSPECTED CONDITIONS:		33E. REASON FOR REFERRAL:		ACUITY RT 20 30 1 LFT 20 40 3					
U	O	I	DESCRIPTION	33F. REFERRED TO: DR WYBLE		33G.			
-	-	-	A. MEDICAL	33H. PHONE NO: (318) 942-3613		33I. TRANSPORTATION ASSISTANCE NEEDED: N			
-	-	-	B. VISION	34A. SUSP COND:		34B. REF ASST NEED:		34C. APPT DATE: / /	
-	-	-	C. HEARING	34E. REASON FOR REFERRAL:		34D. TIME: 00:00			
-	-	-	D. DENTAL	34F. REFERRED TO:		34G.			
-	-	-	E. NUTRITIONAL	34H. PHONE NO: (000) 000-0000		34I. TRANSPORTATION ASSISTANCE NEEDED:			
-	-	-	F. DEVELOPMENTAL	35A. SUSP COND:		35B. REF ASST NEED:		35C. APPT DATE: / /	
-	-	-	G. ABUSE/NEGLECT	35E. REASON FOR REFERRAL:		35D. TIME: 00:00			
-	-	-	H. PSYCHOLOGICAL	35F. REFERRED TO:		35G.			
-	-	-	I. SPEECH/LANGUAGE	35H. PHONE NO: (000) 000-0000		35I. TRANSPORTATION ASSISTANCE NEEDED:			
-	-	-	J.						
-	-	-	K.						
-	-	-	L.						

CORRECT AND RESUBMIT THIS COPY

THIS CORRECTED COPY MUST BE RECEIVED  
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PROVIDER SIGNATURE:

DATE OF SIGNATURE:

PLEASE RETURN TO:

KIDNED  
5700 FLORIDA BLVD  
10TH FLOOR  
BATON ROUGE, LA 70806

CPW400  
 RUN: 06/25/92 22:21:39  
 CYCLE: 06/25/92

# APPENDIX 22(6)

LOUISIANA KIDNEY EPST INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS  
 RESUBMITTAL TURNAROUND DOCUMENT

REPORT NO: CP-O-50  
 RPT PAGE NO: 6  
 PAGE NO: 6

PROVIDER:

CCN: 2169000104003

1. CLAIM TYPE: ORIGINAL		2. REASON:		3. ADJUSTMENT ICD: 00000000000000	
4. BILLING PROVIDER NO:		5. SITE NO:		6. REFERRING PROVIDER NO: 00000000	
10. MEDICAID NO:		11. PAT LAST NME:		12. PAT FIRST NME:	
16. HED REC NO:		22. PAT WORK 1: (000) 000-0000		23. PARENT/GUARDIAN LAST NAME: DAVIS	
21. PAT HOME 1: ( ) -		24. FIRST NAME: HARRIET		25. DOB:	

SCRN TYPE HEARING	25. DATE OF SCREEN:	26. BILLED CHG:	27. NEXT APPT DATE: / /	28. TIME: 00:00	29. ARE IMMUNIZATION COMPLETE AND CURRENT FOR THIS AGE PATIENT:
					30A. MEDICALLY CONTRAINDICATED
					30B. PARENTAL REFUSAL:
					30C. OFF SCHEDULE:

... RETURN REASON ... ERROR CODE: 017 ; MESSAGE: PATIENT LAST NAME/MEDICAID NUMBER MISMATCH

CONTINUED NEXT PAGE

CPW400  
RUN: 06/25/92 22:11:39  
CYCLE: 06/25/92

CCN: 2169000104003

# APPENDIX 22(7)

LOUISIANA KIDNED EPSDT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS  
RESUBMITTAL TURNAROUND DOCUMENT

PROVIDER: 1084310

REPORT NO: CP-O-50  
RPT PAGE NO: 7  
PAGE NO: 7

31. ARE THERE SUSP COND:		33A. SUSP COND:		33B. REF ASST NEED:		33C. APPT DATE:		33D. TIME:	
32. SUSPECTED CONDITIONS:		33E. REASON FOR REFERRAL:		33F. REFERRED TO:		33G.		33I. TRANSPORTATION ASSISTANCE NEEDED:	
U O I DESCRIPTION		33H. PHONE NO:		34A. SUSP COND:		34B. REF ASST NEED:		34C. APPT DATE:	
A. MEDICAL		34E. REASON FOR REFERRAL:		34F. REFERRED TO:		34G.		34D. TIME:	
B. VISION		34H. PHONE NO: (000) 000-0000		34I. TRANSPORTATION ASSISTANCE NEEDED:		34J.		34E. TIME:	
C. HEARING		35A. SUSP COND:		35B. REF ASST NEED:		35C. APPT DATE:		35D. TIME:	
D. DENTAL		35E. REASON FOR REFERRAL:		35F. REFERRED TO:		35G.		35E. TIME:	
E. NUTRITIONAL		35H. PHONE NO: (000) 000-0000		35I. TRANSPORTATION ASSISTANCE NEEDED:		35J.		35F. TIME:	
F. DEVELOPMENTAL								35G. TIME:	
G. ABUSE/NEGLECT								35H. TIME:	
H. PSYCHOLOGICAL								35I. TIME:	
I. SPEECH/LANGUAGE								35J. TIME:	
J.								35K. TIME:	
K.								35L. TIME:	
L.								35M. TIME:	

CORRECT AND RESUBMIT THIS COPY

THIS CORRECTED COPY MUST BE RECEIVED  
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I HEREBY AMEND/CORRECT, AS INDICATED ABOVE, THE MEDICAID CLAIM IDENTIFIED ON THIS SHEET AND REQUEST THE REPROCESSING OF THE SAID CLAIM BE MADE WITH THE INFORMATION PROVIDED ON THIS DOCUMENT. ALL INFORMATION ON THE CLAIM IDENTIFIED ABOVE AND NOT AMENDED SHALL REMAIN AS IS. I HEREBY CERTIFY THAT THE CLAIM FOR SERVICES AND INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT PAYMENT OF THIS CLAIM WILL BE MADE FROM FEDERAL AND STATE FUNDS, AND ANY FALSIFICATION, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER FEDERAL AND STATE LAWS

PROVIDER SIGNATURE: \_\_\_\_\_

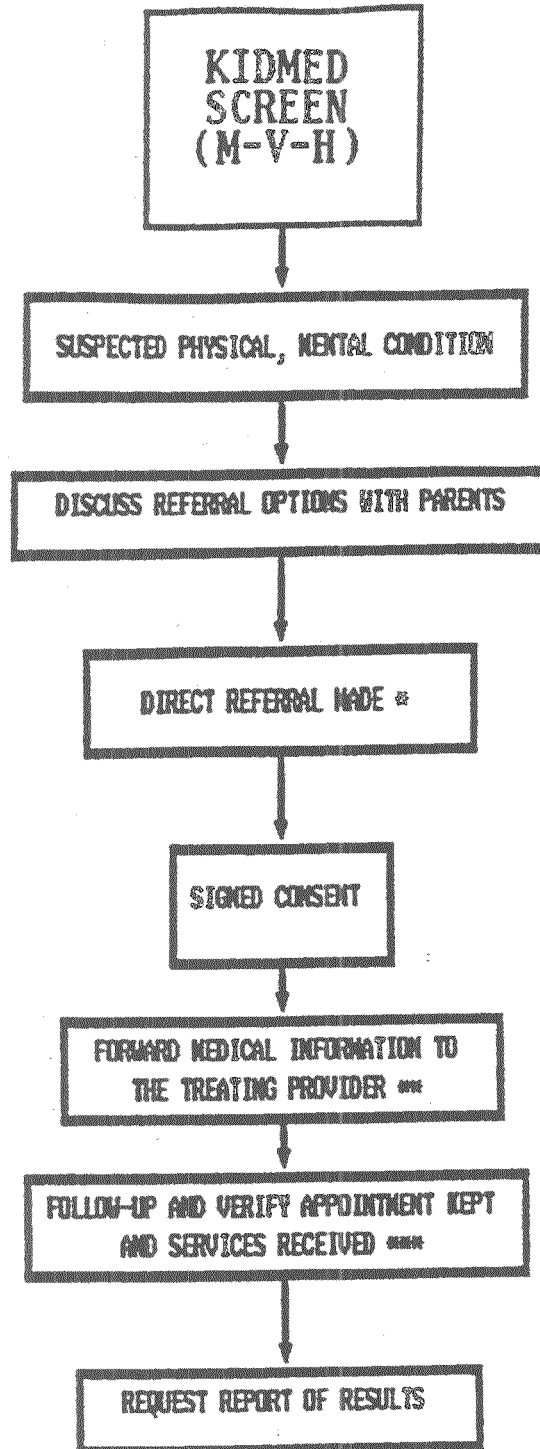
DATE OF SIGNATURE: \_\_\_\_\_

PLEASE RETURN TO:

KIDNED  
5700 FLORIDA BLVD  
10TH FLOOR  
BATON ROUGE, LA 70806

# Providing or Referring Diagnosis and Treatment

APPENDIX 23



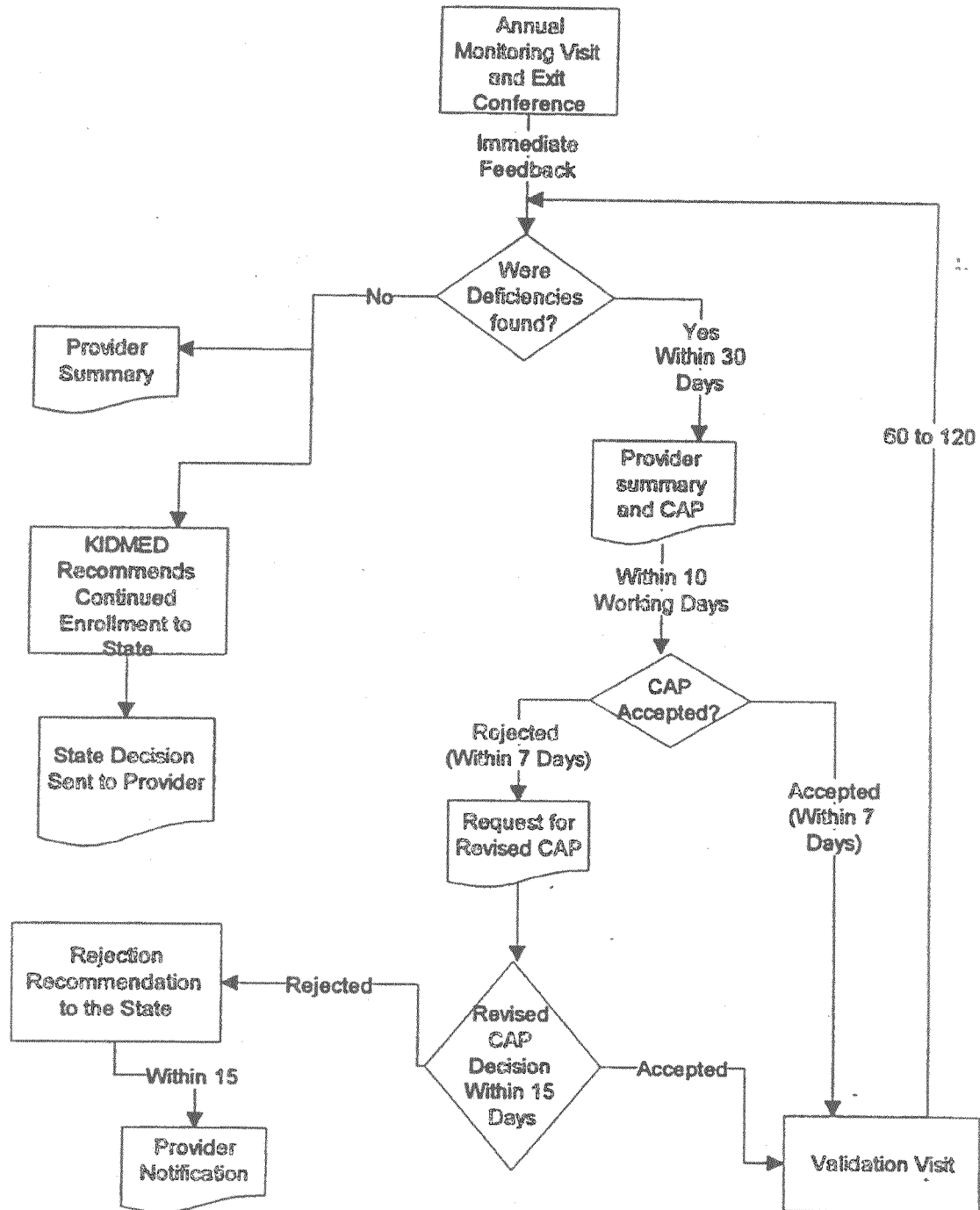
\* Referring provider is responsible for assuring services are provided within 60 days of screening.

\*\*\* You can not charge the beneficiary for duplicating or mailing medical information.

\*\*\*\* Two good faith efforts to reschedule missed appointments must be made within the 60 day time frame AND documented in the medical record.

Revised April 1, 1994

# Flow Chart for KIDMED Certification/Monitoring



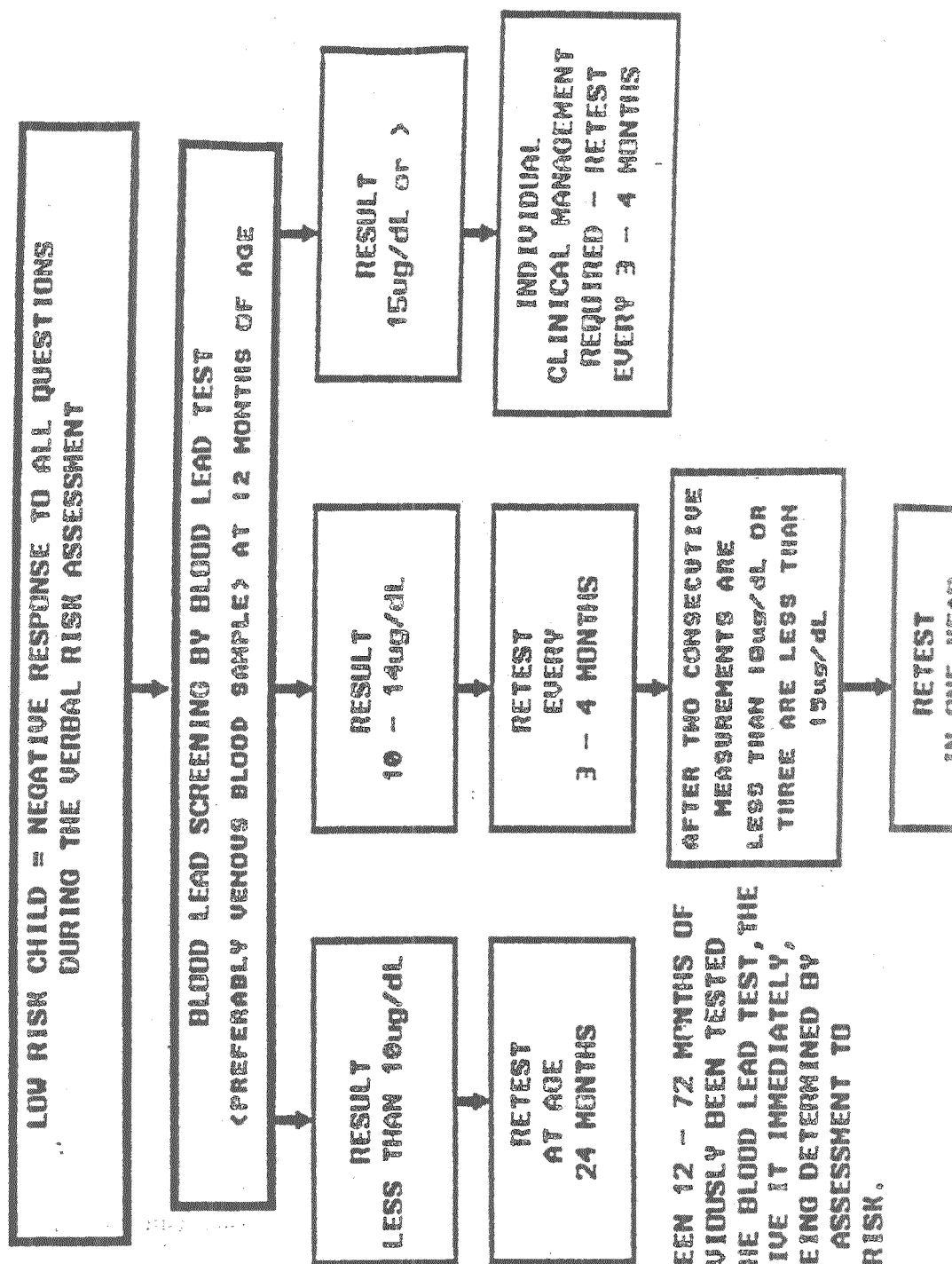
Cap = Corrective Action Plan

Revised April 1, 1994

## LEAD SCREENING

All children age 6 months to 72 months are considered at risk and must be screened for lead poisoning. At every medical screening visit starting at 6 months of age, parents must be counseled on prevention of childhood lead poisoning, discuss appropriate interventions, and assess the child's risk for lead exposure using the Verbal Risk Assessment.

Revised April 1, 1994



**NOTE:**  
IF A CHILD BETWEEN 12 - 72 MONTHS OF AGE HAS NOT PREVIOUSLY BEEN TESTED FOR LEAD WITH THE BLOOD LEAD TEST, THE CHILD MUST RECEIVE IT IMMEDIATELY, REGARDLESS OF BEING DETERMINED BY THE VERBAL RISK ASSESSMENT TO BE LOW OR HIGH RISK.

RETEST  
IN ONE YEAR

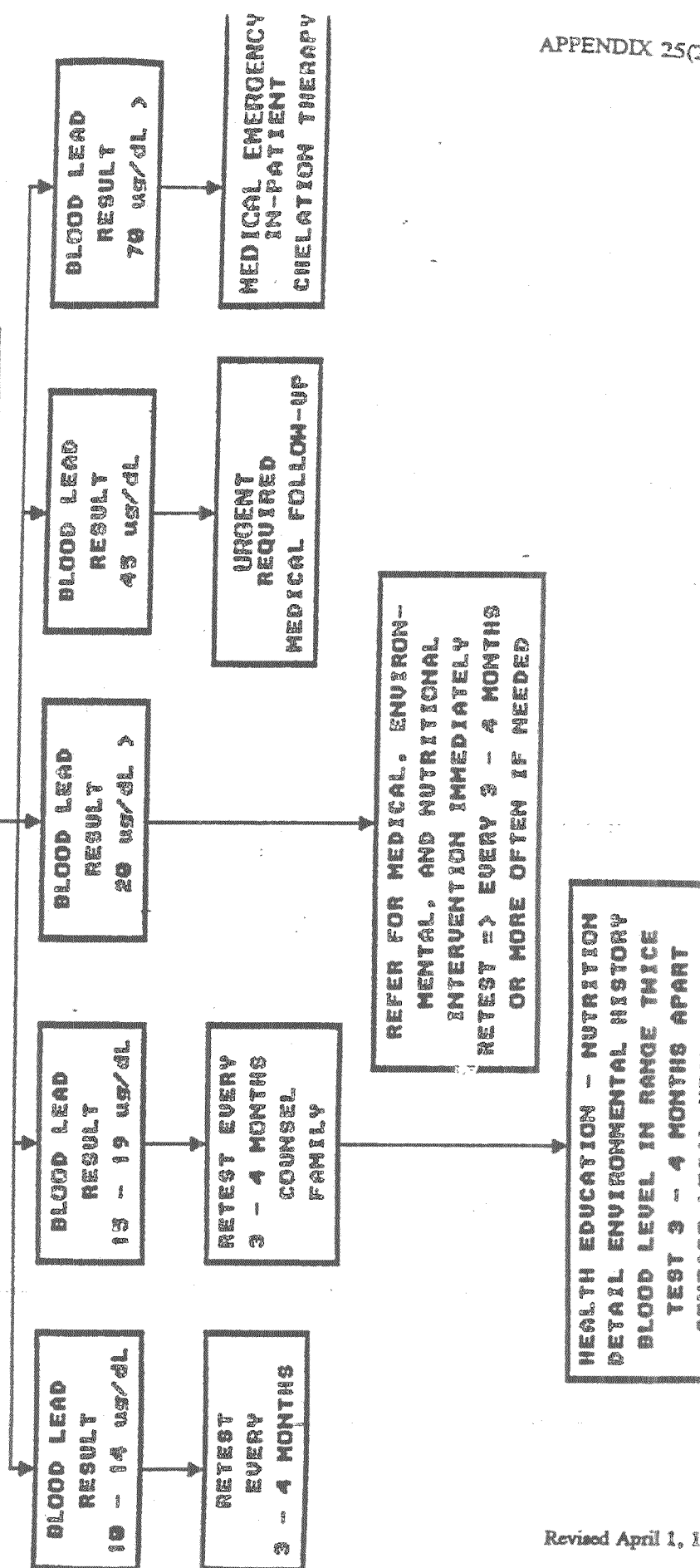


**HIGH RISK CHILD = A POSITIVE RESPONSE TO ANY QUESTION DURING THE VERBAL RISK ASSESSMENT**

**BLOOD LEAD SCREENING BY BLOOD LEAD TEST (PREFERABLE VENOUS BLOOD SAMPLE) AT 6 MONTHS OF AGE**

**IF A CHILD IS DETERMINED TO BE HIGH RISK AT ANY TIME BETWEEN 6 AND 72 MONTHS OF AGE, A SCREENING BLOOD LEAD TEST MUST BE ADMINISTERED AT EVERY VISIT IN THE KIDMED MEDICAL SCREENING PERIODICITY SCHEDULE TO 72 MONTHS OF AGE UNLESS THE CHILD HAS RECEIVED A LEAD BLOOD TEST WITH A RESULT OF LESS THAN 10ug/dL WITHIN THE LAST SIX MONTHS OF A SCHEDULED SCREENING.**

**LEAD SCREENING RESULTS DETERMINE MORE FREQUENT SCREENING**



## INDEX

### A

Adolescent(s), II-1, V-1, V-3, V-15, V-16, V-21, IX-3

Allen Cards, III-9, VI-1

American Academy of Pediatrics, V-7

Anemia screening, III-5, V-11, V-15

Anticipatory guidance, V-1, V-12, V-15, V-16, VIII-5, VIII-6, VIII-7, IX-3

Appointment scheduling, II-1, III-7, III-11

Audiometer/otoscope, III-9, VII-11

### B

Billing, I-4, III-1, III-7, III-9, III-10, III-12, IV-12, VI-5, IX-2, IX-3, X-2, X-3, X-6, X-9

Birch & Davis Health Management Corporation, Inc. (BDHMC), I-3

Blood pressure, V-6

Blood test, V-12

Blood lead level test, V-12

Bureau of Health Services Financing (BHSF), I-3

### C

Centers for Disease Control and Prevention (CDC), V-12

Certification, II-2, II-7, III-2, III-3, III-4, III-7, III-8, V-5, VIII-8, X-2, X-8, X-9

Certified pediatric or family nurse practitioner, III-2

Certified physician assistant, III-3, III-4, III-9, V-3, V-6, V-15, V-21, VI-6, VII-1, VIII-5, VIII-6, X-5, X-6

Childnet, II-1, II-7, II-8, IV-2, V-4, V-20, VI-5, VII-5, VIII-2

Child Search, II-8, IV-2, V-4, V-20, VI-5, VII-5, VIII-2

Conditional enrollment, III-1, III-6, III-7, III-8, III-9, III-10, V-3, V-16, VI-1, IX-2

Congenital hypothyroidism, V-10

Consent, signed, V-7

Continuing care, II-2, II-3, III-10, III-11, V-7, V-17, V-18, VI-2, VI-3, VII-2, VII-3, VIII-3, VIII-5

## D

Day care, IV-2, V-14

Dental screening, I-1, I-4, II-2

Denver II Developmental Screening Test, III-5, IV-2, V-3, V-4, V-5

Developmental assessment, V-3, VIII-1

Developmental history, V-1, V-2

Diagnosis, I-1, II-3, II-7, III-10, V-4, VIII-1, VIII-3, VIII-4, VIII-8, IX-1, IX-2, IX-4, X-1, X-2, X-7, XI-1, XI-3

Diagnosis and initial treatment, I-4, VIII-3, XI-1

Diphtheria, tetanus toxoid, and pertussis (DTP), V-7, V-8

Dip sticks, III-5, V-11

Disenrollment, III-8

## E

Enrollment, I-3, II-3, II-6, II-8, III-1, III-2, III-6, III-7, III-8, III-9, III-10, III-11, V-3, V-16, VI-1, VII-1, IX-2, IX-3, IX-4, IX-5

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), I-1, I-2, I-3, II-1, II-8, III-1, III-4, VIII-1, VIII-6, VIII-7, IX-2, X-1, X-3

Environmental, V-2, V-13, VIII-8

Follow-up, V-13, VIII-8

History, V-13

Inspection, VIII-8

Investigation, V-13

Equipment and supplies, III-5, III-7, III-9

Medical screening, I-2, III-1, III-2, III-4, III-8, III-9, III-10

Vision screening, I-2, II-1, III-8, III-9

Hearing screening, I-2, III-9, III-10, III-11

## F

Federally Qualified Health Center (FQHC), III-3

Fingerprick, V-11

## G

Good Faith effort, IV-1, V-17, VI-2, VII-2, VIII-3, VIII-4, VIII-5, IX-1

## H

Hardy-Rand-Ritter, III-9, VI-6

HCFA, I-2, I-3, III-3, V-7, V-8, V-10, V-21, VI-5, VII-5, VIII-4, VIII-6, X-1

Head circumference, III-5, III-6, V-6

Health Care Financing Administration (HCFA), I-2, I-3, III-3

Health and developmental history, V-1, V-2

Health education, V-1, V-13, V-15, V-16, V-20, VIII-5, VIII-6, VIII-7, IX-3, IX-4

Health educator, V-15

Hearing screening, I-2, II-2, II-4, III-1, III-4, III-9, III-10, III-11, IV-1, V-19, VII-1, VII-2, VII-3, VII-5, VIII-1, VIII-2, VIII-3, VIII-5, IX-1, IX-2, IX-3, IX-5, X-1, X-6

Objective, I-2, III-9, VII-1, VII-5, IX-1, IX-2, IX-3, IX-5, IX-6

Provider, I-2, V-19, VII-2, VII-3

Subjective-VII-1

Hematocrit, V-11

Hemoglobin, V-11

Hemophilus B influenza, V-7, V-8

Hepatitis B, V-7, V-8

High risk, V-12, V-13

High-dose lead exposure, V-11

## I

Immunization, I-2, II-8, III-5, III-10, IV-1, IV-3, V-1, V-2, V-7, V-8, VIII-3, IX-1, IX-2, X-1, X-2, X-5, X-6, X-8

Immunization schedules, IV-4, V-7

Initial diagnosis and treatment, IV-1, IV-2

Initial screening, IV-1, IV-2, V-10, V-19, V-20, VII-4, VIII-8

Interperiodic screening, IV-1, IV-2, VI-5, VII-5, VIII-8

Interpretive conference, V-15, V-16

Iron deficiency anemia screening, III-5, V-1, V-11, V-15

Ishihara, III-9, VI-1

## K

### KIDMED

Claims, I-1, I-2, I-3, II-4, IV-1, V-8, V-18, V-19, V-21, VII-4, VII-5, VIII-4, IX-1, IX-5, X-1, X-2, X-9, X-10, X-11

Clinic, III-2

Regional Registered Nurse, I-3, I-4, II-7, III-6, III-7, III-8, IX-2, IX-3

Regional Provider Relation Coordinator, I-3, I-4, II-7, V-18, IX-3, X-11

Reports and lists, I-4, V-16, V-17, V-18, V-19, VI-2, VI-3, VI-4, VI-5, VII-2, VII-3, VII-4, VIII-5, X-10

Screening Claim Form, I-2, V-7, V-21, VI-5, VII-5, VIII-1, VIII-3, VIII-4, VIII-6, X-1, X-2, X-6, X-8

Toll-free "800" phone, I-4, III-1, III-11, III-12, V-17, V-20, VI-3, VI-5, VII-3, VII-5, VIII-4, X-2, X-11, XI-2

KM-3, I-2, V-1, VI-1, VII-1, X-1, X-2

## L

Laboratory test, I-2, V-1, V-8, V-15, V-16, VIII-1

Laboratories, list of Medicaid approved, III-5, V-10, V-14

Lead poisoning screening, V-12, VIII-8

Lead Poisoning Risk Assessment Questionnaire, V-12, V-14

Local education agency, III-4, X-3

Low risk, V-12

## M

Measles, mumps, rubella (MMR), V-7, V-8

Medicaid card, II-3, X-4

Medicaid of Louisiana, I-2

Medical home, II-3, III-10

Medical screening, I-2, II-4, III-1, III-2, III-8, III-9, III-10, IV-1, IV-2, V-1, V-2, V-3, V-5, V-7, V-8, V-12, V-13, V-15, V-16, V-17, V-19, V-20, V-21, VI-1, VI-2, VII-1, VII-2, VIII-5, VIII-6, VIII-7, IX-1, IX-2, X-2, X-5, X-6, X-8

Provider, III-1, III-2, III-8, III-9, III-10, IV-1, IV-2, V-1, V-8, V-16, V-17, V-19, VI-1, VII-1, VIII-6, IX-2

Monitoring, I-1, I-3, III-3, IX-1, IX-2, IX-3, IX-4, IX-5

## N

Neonatal screening, I-2, V-10, V-11

New Recipient and Missed Screening List, II-4, II-5, V-19, VI-4, VII-4

Nurse practitioner, certified pediatric or family, III-2, III-3, VIII-2

## O

Objective hearing screening, I-2, III-9, VII-1, VII-5, X-6

Objective vision screening, I-2, III-9, VI-1, VI-5, X-6

Occipito-frontal circumference, V-6

Occupational Safety and Health Administration (OSHA), III-3

Office of Family Support (OFS), X-10

Office of Public Health (OPH), II-6, II-7, V-10, V-11, VIII-8

Central Laboratory (OPH), V-10, V-11

Off-schedule screening, IV-2

## P

PE-50 Medicaid Provider Enrollment Form, III-1, III-10

PE-50 KIDMED Provider Enrollment Supplement Agreement, III-1, III-9, III-10

Periodic screening, I-1, IV-1, IV-2, V-13, VIII-1, IX-2

Periodicity schedule, I-1, IV-1, IV-2, V-3, V-11, V-13, V-17, VI-2, VII-2, IX-1

Phenylketonuria (PKU), V-10

Physical exam/assessment, unclothed, V-1, V-5, V-6, V-20, VI-1, VII-1, VIII-1, X-5, X-6

Equipment, III-5

Physician, I-2, II-2, II-3, II-7, II-8, III-1, III-2, III-3, III-4, III-6, III-9, III-10, III-11, V-2, V-3, V-4, V-6, V-15, V-21, VI-1, VIII-1, VIII-2, VIII-4, VIII-5, VIII-6, VIII-7, VIII-8, IX-2, IX-3, IX-4, X-4, X-5, X-6

Physician assistant, certified, V-3, V-6, V-15, V-21, VI-1, VII-1, VIII-5, VIII-6, X-5, X-6

Polio, V-7, V-8

Provider categories, III-8, III-9

Provider Enrollment Unit, III-1, III-2

Provider Scheduling List, V-20, VI-5, VII-4

Public health clinic, III-3

## R

Referrals, medical, I-4, II-7, III-11, VIII-3, VIII-4, IX-1, IX-2, IX-4, X-1, X-2, X-7, X-8

Regional Registered Nurse, I-3, I-4, II-7, III-6, III-7, III-8, IX-2, IX-3

Regional Provider Relations Coordinator, I-3, I-4, II-7, V-18, IX-3, X-11

Registered nurse, III-2, III-4, III-9, V-3, V-6, V-15, V-21, VI-1, VII-1, VIII-5, VIII-6, VIII-7, VIII-8, X-5, X-6

Rural Health Clinic, II-3, III-3, VIII-2, X-3

## S

Screening Appointment List,

Screening components, VIII-4, X-5

Screening fees, I-2, I-3, V-20, VI-5, VII-5, VIII-6, VIII-7, VIII-8

Services to providers, I-1, III-6, IX-4

Sickle cell disease, V-10

Site review/visit, V-16, VI-1, VII-1, IX-1, IX-2, IX-3, IX-4, IX-5

Snellen chart/test, III-9

Stilling, III-9, VI-1

## T

Titmus, III-9, VI-1

Transportation, I-4, II-6, III-11, V-18, VI-3, VII-3, VIII-4, X-8, XI-1, XI-2, XI-3

## U

Unclothed physical exam or assessment, V-1, V-5, V-6, V-20, X-5

Urine screening, V-11, VIII-3

## V

Venous blood, V-11, V-12, V-13

Vision screening, III-8, III-9, VI-1, VI-2, VI-3, VI-4, VI-5, VII-1, X-6

Objective, I-2, III-9, VI-1, VI-5, X-6



Provider, I-2, III-1, III-8, III-9, VI-2, VI-3, VI-4  
Subjective, VI-1

## W

Welsh Allyn Autoscope, III-9

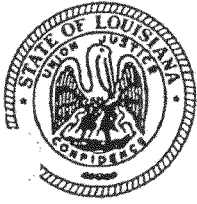
Women, Infants, and Children program (WIC), II-1, II-6, II-7, IV-2, VII-1, IX-4, X-1, XI-1

# MANUAL UPDATES

It is very important to read all the following documentation, as it contains information in addition to that found in the Louisiana KIDMED Manual issued April 1, 1994.

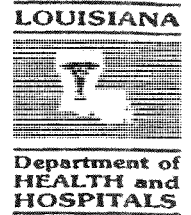
Please note that the following pages were issued after the printing of the manual.

The information in the 1998 KIDMED Provider Training packet, Medicaid Issues for 1998, was published in September, 1998.



M. J. "Mike" Foster, Jr.  
GOVERNOR

STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS



David W. Hood  
SECRETARY

June 30, 1998

To: KIDMED Providers

From: Thomas D. Collins  
Director

Re: Updated Reimbursement Listing for KIDMED Manual

Enclosed is a listing of current reimbursement amounts for KIDMED services. Please make this a part of your KIDMED Manual.

We appreciate your efforts as a KIDMED provider with the Louisiana Medicaid program and look forward to your continued participation.

## Louisiana KIDMED Manual—Current Reimbursement Amounts

The following list has been compiled to update the payable amount for procedure codes which have an incorrect reimbursement amount in the KIDMED manual. For more complete information, including description of each code and any billing restrictions, see the KIDMED manual.

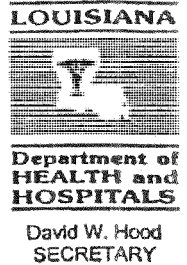
Manual Section	Procedure Codes	Current Reimbursement
<b>SCREENING CODES</b>		
V	Initial Medical Screening by a Physician—X9000 <sup>1</sup>	\$51.00
V	Periodic Medical Screening by a Physician—X9001 <sup>1</sup>	\$51.00
V	Initial Medical Screening by a Nurse—X9002 <sup>1</sup>	\$51.00
VI	Periodic Screening by a Nurse—X9003 <sup>1</sup>	\$51.00
VI	Vision Screening—X9007 <sup>1</sup>	\$4.00
VII	Hearing Screening—X92551 <sup>1</sup>	\$3.60
<sup>1</sup> Screenings are billed on the KM-3 claim form without designating procedure codes. However, these are the codes that are generated when the KM-3 forms are processed.		
<b>IMMUNIZATION CODES<sup>2</sup></b>		
V	90700—DTAP	\$9.45
V	90702—DT	\$9.45
V	90707—MMR	\$9.45
V	90712—Oral Polio	\$9.45
V	90713—Polio Injection	\$9.45
V	90716—Varicella (only ages 12-24 months and 11-12 years)	\$9.45
V	90718—TD, absorbed	\$9.45
V	90721—DTAP/HIB	\$9.45
V	90724—Influenza	\$9.45
V	90737—Hemophilus/Influenza B	\$9.45
V	90744 <sup>3</sup> —Hepatitis B (only ages 0-10 years)	\$9.45
V	90745 <sup>3</sup> —Hepatitis B (ages 11-19 years)	\$9.45
V	90746 <sup>3</sup> —Hepatitis B (ages 20-21 years)	\$9.45
V	90748 <sup>3</sup> —Hepatitis B/HIB	\$9.45
<sup>2</sup> Vaccines should be obtained through the Vaccines for Children Program. Immunizations are reimbursable by Medicaid for administration fees only.		
<sup>3</sup> Prior code 90731 has been replaced with these age-related codes.		
Note: Codes 90701(DTP), 90703(Tetanus), 90720(DTP/HIB) are not available through VFC.		

Manual Section	Procedure Codes	Current Reimbursement
<b>LABORATORY CODES</b>		
V	83020—Hemoglobin, electrophoresis	\$14.28
V	84030—PKU	\$6.47
V	84436—Thyroxine, Total	\$5.37
V	84437—Thyroxine, Neonatal	\$7.61
V	84439—Thyroid Panel	\$10.59
V	84443—TSH	\$19.74
V	85660—RBC Sickle Cell Test	\$6.50
<b>INTERPERIODIC SCREENING CODES</b>		
V	99391—Interperiodic Medical Screening by a Physician (under age 1 year)	\$28.80
V	99392—Interperiodic Medical Screening by a Physician (ages 1 – 4 years)	\$28.80
V	99393—Interperiodic Medical Screening by a Physician (ages 5 – 11 years)	\$28.80
V	99394—Interperiodic Medical Screening by a Physician (ages 12 – 17 years)	\$40.50
V	99395—Interperiodic Medical Screening by a Physician (ages 18 – 21 years)	\$40.50
V	X9004—Interperiodic Medical Screening by a Nurse (ages 0 – 12 years)	\$32.00
V	X9005—Interperiodic Medical Screening by a Nurse (ages 13 – 21 years)	\$45.00
<b>EPSDT COUNSELING/CONSULT CODES</b>		
VIII	X0180—Consultation by Nurse for new diagnosis not previously identified at screening procedure	\$13.71
VIII	X0181—Consultation by Registered Dietitian or Nutritionist for new diagnosis not previously identified at screening procedure	\$13.71
VIII	X0182—Consultation by Social Worker for diagnosis not previously identified at screening procedure	\$13.71
VIII	X0187—Consultation by Nurse for diagnosis previously identified at screening	\$13.71
VIII	X0188—Consultation by Registered Dietitian or Nutritionist for diagnosis previously identified at screening procedure	\$13.71
VIII	X0189—Consultation by Social Worker for diagnosis previously identified at screening procedure	\$13.71



M. J. "Mike" Foster, Jr.  
GOVERNOR

STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS



May 20, 1998

To: All Medicaid Enrolled Providers

From: Thomas D. Collins

Re: Statutorily Mandated Revisions to all Provider Agreements

The 1997 Regular Session of the Legislature passed and the Governor signed into law the Medical Assistance Program Integrity Law (MAPIL) cited as LSA-RS 46:437.1-46:440.3. This legislation has a significant impact on all Medicaid providers. All providers should take the time to become familiar with the provisions of this law.

MAPIL contains a number of provisions related to provider agreements. Those provisions which deal specifically with provider agreements and the enrollment process are contained in LSA-RS 46:437.11-46:437.14. The provider agreement provisions of MAPIL statutorily establishes that the provider agreement is a contract between the Department and the provider and that the provider voluntarily entered into that contract. Among the terms and conditions imposed on the provider by this law are the following:

- (1) comply with all federal and state laws and regulations;
- (2) provide goods, services and supplies which are medically necessary in the scope and quality fitting the appropriate standard of care;
- (3) have all necessary and required licenses or certificates;
- (4) maintain and retain all records;
- (5) allow for inspection of all records by governmental authorities;
- (6) safeguard against disclosure of information in patient medical records;
- (7) bill other insurers and third parties prior to billing Medicaid;
- (8) report and refund any and all overpayments;
- (9) accept payment in full for Medicaid recipients providing allowances for copay authorized by Medicaid;
- (10) agree to be subject to claims review;
- (11) the buyer and seller of a provider are liable for any administrative sanctions or civil judgements;
- (12) notification prior to any change in ownership;
- (13) inspection of facilities; and,
- (14) posting of bond or letter of credit when required.

MAPIL's provider agreement provisions contain additional terms and conditions. The above is merely a brief outline of some of the terms and conditions and is not all inclusive.

The provider agreement provisions of MAPIL also provide the Secretary with the authority to deny enrollment or revoke enrollment under specific conditions.

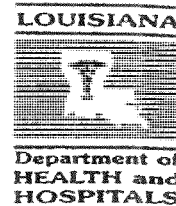
The effective date of these provisions was August 15, 1997. All providers who were enrolled at that time or who enroll on or after that date are subject to these provisions. All provider agreements which were in effect before August 15, 1997 or became effective on or after August 15, 1997 are subject to the provisions of MAPIL and all provider agreements are deemed to be amended effective August 15, 1997 to contain the terms and conditions established in MAPIL.

Any provider who does not wish to be subjected to the terms, conditions and requirements of MAPIL must notify provider enrollment in writing within ten (10) working days of the date of this letter that the provider is withdrawing from the Medicaid program. If no such written notice is received, the provider may continue as an enrolled provider subject to the provisions of MAPIL.



M. J. "Mike" Foster, Jr.  
GOVERNOR

STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS




David W. Hood  
SECRETARY

August 18, 1998

MEMORANDUM

TO: All Enrolled Medicaid Providers

FROM: Thomas D. Collins, Director of Bureau of Health Services Financing 

RE: Office for Civil Rights Policy Memorandum

The Department of Health and Human Services, Office for Civil Rights, recently issued a policy memorandum regarding nondiscrimination based on national origin as it relates to individuals who are limited-English proficient. Enclosed is the Health Care Financing Administration (HCFA) Civil Rights Compliance Statement which expresses our Agency's commitment to ensuring that there is no discrimination in the delivery of health care services through HCFA programs.

We have committed ourselves to full compliance with the requirements contained in this policy statement. As our partner with the administration of the Medicaid program you likewise are obligated to comply with those statutory civil rights laws. As stipulated in the policy statement, these laws include: Act of 1990 as amended and Title IX of the Education Amendments of 1972. The Office of Civil Rights of the Department of Health and Human Services has previously advised HCFA that detailed implementation regulations for the Rehabilitation Act of 1973, as amended, are located at 45 Code of Federal Regulations, Part 85.

It has been asked that we share this policy statement with you and that you do likewise with health care providers and all others involved in the administration of HCFA programs.

Questions regarding this memorandum should be directed to Don Fontenot at 342-1316.



## **HEALTH CARE FINANCING ADMINISTRATION (HCFA) CIVIL RIGHTS COMPLIANCE POLICY STATEMENT**

The Health Care Financing Administration's vision in the current Strategic Plan guarantees that all our beneficiaries have equal access to the best health care. Pivotal to guaranteeing equal access is the integration of compliance with civil rights laws into the fabric of all HCFA program operations and activities. I want to emphasize my personal commitment to and responsibility for ensuring compliance with civil rights laws by recipients of HCFA funds. These laws include: Title VI of the Civil Rights Act, as amended; Section 504 of the Rehabilitation Act, as amended; the Age Discrimination Act of 1975, as amended; the Americans with Disabilities Act of 1990, as amended; and Title IX of the Education Amendments of 1972, as well as other related laws. The responsibility for ensuring compliance with these laws is shared by all HCFA operating components. Promoting attention to and ensuring HCFA program compliance with civil rights laws are among my highest priorities for HCFA, its employees, contractors, State agencies, health care providers, and all other partners directly involved in the administration of HCFA programs.

HCFA, as the agency legislatively charged with administering the Medicare, Medicaid and Children's Health Insurance Programs, is thereby charged with ensuring these programs do not engage in discriminatory actions on the basis of race, color, national origin, age, sex or disability. HCFA will, with your help continue to ensure that persons are not excluded from participation in or denied the benefits of its programs because of prohibited discrimination.

To achieve its civil rights goals, HCFA will continue to incorporate civil rights concerns into the culture of our agency and its programs, and we ask that all our partners do the same. We will include civil rights concerns in the regular program review and audit activities including: collecting data on access to, and the participation of, minority and disabled persons in our programs; furnishing information to recipients and contractors about civil rights compliance; reviewing HCFA publications, program regulations, and instructions to assure support for civil rights; and working closely with the Department of Health and Human Services (DHHS), Office of Civil Rights, to initiate orientation and training programs on civil rights. HCFA will also allocate financial resources to the extent feasible to: ensure equal access; prevent discrimination; and assist in the remedy of past acts adversely affecting persons on the basis of race, color, national origin, age, sex, or disability.

DHHS will seek voluntary compliance to resolve issues of discrimination whenever possible. If necessary, HCFA will refer matters to the Office for Civil Rights for appropriate handling. In order to enforce civil rights laws, the Office for Civil Rights may: 1) refer matters for an administrative hearing which could lead to suspending, terminating, or refusing to grant or continue Federal financial assistance; or 2) refer the matter to the Department of Justice for legal action.

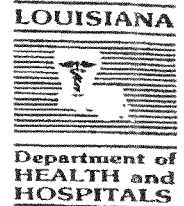
HCFA's mission is to assure health care security for the diverse population that constitutes our nation's Medicare and Medicaid beneficiaries; i.e., our customers. We will enhance our communication with constituents, partners, and stakeholders. We will seek input from health care providers, states, contractors, and DHHS Office for Civil Rights, professional organizations, community advocates, and program beneficiaries. We will continue to vigorously assure that all Medicare and Medicaid beneficiaries have equal access to and receive the best health care possible regardless of race, color, national origin, age, sex, or disability.

Nancy-Ann Min DeParle



M. J. "Mike" Foster, Jr.  
GOVERNOR

STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS



David W. Hood  
SECRETARY

July 3, 2002

MEMORANDUM

TO: All Providers of Medicaid Screening Services for Children

FROM: David W. Hood  
Secretary *DWH*

RE: Options for the Medical Screening Program for Children (KIDMED)

A task force comprised of pediatricians, nurse practitioners, KIDMED nurse monitors, and DHH staff were convened with the goal of streamlining the Medicaid screening program for children. This was initiated due to the expansion of the CommunityCARE program in which the primary care provider has responsibility for preventive screenings for the linked Medicaid children. The task force was successful in making recommendations to DHH that would ensure the children's screening program becomes more effective and efficient.

I am pleased to announce two committee recommendations that have been approved by DHH and are effective immediately.

- A **universal screening documentation tool** that can be used at the screening provider's option: The tool is attached for those who would like to copy it. This tool should be completed thoroughly and accurately to ensure all components of a screening are documented. Providers should be familiar with the program requirements of a screening as explained in the KIDMED provider manual. Any additional information necessary to support the screening should also be found in the patient's chart. This tool was designed to incorporate necessary items for a screening in a clear, concise manner. We are not requiring this tool be used; it is for your convenience if you wish to use it. Furthermore, be aware that the same documentation applies to a "well-child" visit which must also conform to the requirements mandatory for a KIDMED screening. If you do not wish to use this documentation tool, you may develop your own. However, any tool used must document that all five components of a medical screening as stated in the KIDMED manual, were completed. Program compliance reviews will look for such documentation.
- **Choices of developmental screening instruments:** Prior to approval of this recommendation, only the Denver II Developmental Test was accepted. There is now a choice of six instruments that may be used to meet Medicaid screening

requirements. The instruments are: Ages and Stages Questionnaire (ASQ), Brigance Screens, Child Development Chart (CDC), Parents' Evaluation of Developmental Status (PEDS), Prescreening Developmental Questionnaire (PDQ II), and the Denver II Developmental Test. Attached is a description of the five new instruments along with information on how to obtain needed supplies. Again, this applies to "well-child" visits and to KIDMED screenings.

Another change that DHH is working on is **streamlining the monitoring process** for screenings done by the regional KIDMED nurse monitors. Our goal is to make the monitoring more time efficient by eliminating certain duplicative items and monitoring providers with few or no deficiencies every two years instead of every year which is the policy now.

We have recently announced through Remittance Advice messages and Provider Updates the change in requirements for staff performing the **Vision and Hearing Screenings**. No longer does the physician, R.N. or P.A. have to perform the technical portion of these two screenings. While trained office staff may perform the screening, the interpretive conference of the results with the family or recipient still must be done by the R.N., P.A., or physician. For a complete explanation of this change, see the April/May Provider Update or your R.A. message on March 11, 19, or 26, 2002.

**Rates for well-child visits** (screenings) have been raised to the rates for KIDMED medical screenings (\$51.00) for CommunityCARE PCPs performing these screenings on CommunityCARE recipients. The PCP must ensure that the same requirements for a KIDMED screening are met for a well-child visit in order to receive the increased reimbursement. The well-child visit increase is effective with dates of payment beginning April 1, 2002.

Preventive care for children is an important component of the comprehensive care promoted by the CommunityCARE program. We believe that the changes outlined above allow for a quality screening program while streamlining the procedures. Thank you for your participation in Medicaid and your efforts in improving the health of the Medicaid children in Louisiana.

Should you have questions regarding the documentation tool, the developmental screening instruments, or the vision and hearing screenings, please contact the KIDMED office at 1-800-259-8000. For questions regarding reimbursement rates, contact Janis Souvestre at 225-342-9496.

## Developmental Assessment Tools

### Ages & Stages Questionnaires (ASQ)

**What:** The ASQ screening system is composed of 19 questionnaires to be completed by the primary caregivers of the child. Each 30- item questionnaire covers gross motor, communication, problem solving and personal-social developmental areas for ages 4 months to 60 months. There is also an overall section that addresses general parental concerns. The reading level of the questionnaires ranges from the 4<sup>th</sup> to 6<sup>th</sup> grade and, according to the designers, can be completed in 10-15 minutes. The choices of responses are "yes", "sometimes" or "not yet". Program staff convert the responses to a point value, total the values and compare total scores to established screening cutoff points.

**Supplies:** The ASQ User's Guide which help the professional accurately administer the questionnaires and interpret their results. 19 color-coded photocopiable questionnaires for use at 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54 & 60 months of age. Nineteen photocopiable, age-appropriate scoring sheets, one for each questionnaire. The current available languages are: English, French, Spanish and Korean. The company is currently working on translations in Mandarin, Russian and Arabic. Another specific language request can be discussed with the company.

**Who:** No specific certification is required.

**Source:** Paul H. Brookes Publishing Co.  
P.O. Box 10624  
Baltimore, MD 21285-0624  
(800)638-3775 or (410)337-9580  
Fax: (410) 337-9580 Web: [www.brookespublishing.com/store/](http://www.brookespublishing.com/store/)

### Brigance Screens

**What:** The Brigance screens are age-specific assessment tools. The manuals address: fine and gross motor, language, self-help and social-emotional skills with more specific pre-academic and graphomotor skills as the child matures. The designer states the infant/toddler screen takes 10-12 minutes. No time is noted with the other age groups. These are considered "open and use" assessments with step-by-step directions. Caregivers are quizzed on report items and the child participates with some tasks. Each task is assigned points and the total score is compared to standardized statistics. The forms for 3 and 4 year olds show 11 questions and 5 observations each.

**Supplies:** Four different age-specific manuals would cover the 0-6 age group. All are available in English and Spanish. The manual includes instructions for administration, assessments and reproducible parent rating forms. The data sheets are to record personal information, assessment, scoring and observations. There is an optional box of materials used during the

screen which, among other items, include a cup, squeaking toy, and blocks. They look like Denver blocks.

Who: No specific certification is required to administer this assessment.

Source: Curriculum Associates  
P.O. Box 2002 North Billerica, MA 01862-0901  
(800)225-0246 Fax: (800)366-1158  
Web: [www.curricassoc.com](http://www.curricassoc.com)

### **Child Development Chart (CDC)**

What: The Child Development Chart Screen is one chart that screens social, self-help, gross motor, fine motor and language development. The staff member observes the child and asks questions of the care-giver. Behaviors are marked on the chart. Guidelines determine the development as typical, borderline or delayed. The ages are listed vertically; therefore, the results show horizontally across the page making the interpretation obvious as the results resemble a dot graph.

Supplies: Forms come in packs of 25. One chart covers ages 0-5 years. Available in Spanish.

Who: No specific certification is required.

Source: Behavior Science Systems, Inc  
Box 580274, Minneapolis, MN 55458  
(612) 929-6220 Fax: (612) 9204925

### **Denver Developmental Screening Test II (Denver II)**

What: The original Denver developmental screening test, which many physicians were exposed to in medical school, was revised in 1989. The newer version consists of a single page of 125 items divided into personal-social, fine motor, language and gross motor categories. This form is used to test children between the ages of 2 months and 6 years. The items are graded secondary to care-giver response or specific action performed by the child. It then shows how the child compared to a standardized group of children the same age. Those children identified as "suspect" are to be further examined to determine whether the problem is physical or developmental, or just circumstantial (e.g. tired, hungry, etc.). According to the designers, the test only takes 10 - 20 minutes.

Supplies: Forms come in pads of 100 in English or Spanish. The manual includes instructions for administration. The test kit contains the materials required for the screening. The items in the kit cannot be substituted with the exception of the tennis ball. Though not something you have to buy from Denver, you must have a table of appropriate height for the child to use during the screen.

**Who:** The screeners should be carefully trained and must pass a proficiency test before using the screen for clinical purposes. The class must be conducted by a certified master trainer. The student is expected to review the DDII videotapes and manual in class. After a written test is passed, the student will then have to perform a screen to show proficiency before acquiring a certificate.

**Source:** Denver Developmental Materials, Inc.  
P.O. Box 371075  
Denver CO 80237-5075  
(800)419-4729 Fax: 355-5622

### **Parents' Evaluation of Developmental Status (PEDS)**

**What:** The PEDS is a 10-question developmental screening tool. Each question is designed to correspond to a different developmental domain. Parents' concerns are marked on the PEDS score form in the age appropriate column. On the back of the form is an interpretation form with an algorithm for deciding whether to screen further, counsel parents, or reassure them. The form is designed to be used from birth through 8 years of age. According to the designers, the screen identifies 74% to 80% of children with developmental disabilities and it takes about 2 minutes to administer and score if conducted as an interview. Less time is required for those parents who can answer the questions unassisted. It is written at the fifth-grade reading level, which should ensure that almost all parents can read and respond independently to the items.

**Supplies:** The Response Forms and Score/Interpretation Forms come in pads of 50, which are available in English and Spanish. There is also a manual which describes the technique, the rationale for its development along with costs, accuracy, contribution to program management and long-term follow up.

**Who:** Any trained office staff may administer the PEDS. Users only need to read the brief scoring and administration guides.

**Source:** 2001 Ellsworth & Vandermeer Press, LLC  
P.O. Box 68164, Nashville, TN 37206  
(888) 729-1697 or (615) 226-4460  
Fax: (615) 227-0411 Web: [www.pedstest.com](http://www.pedstest.com)

### **Prescreening Developmental Questionnaire (PDQ II)**

**What:** The PDQ is a brief developmental test that is based on the Denver II 1989 standardization. It consists of 91 parent-answered questions. For each question the ages are indicated at which 75% and 90% of the children in the Denver II standardization passed that item. Though some parents may require assistance, the general idea is that the PDQ saves the

professional time because it is parent-answered. According to the designers, it requires office personnel only 1-2 minutes to instruct the parent.

Supplies: The forms come in pads of 100, available in English and Spanish (French upon request). There are four sets of questionnaires based on the ages of 0-9 months, 9-24 months, 2-4 years and 4-6 years.

Who: Any trained office staff may administer the PDQ. There is no special certification required.

Source: Denver Developmental Materials, Inc.  
P.O. Box 371075, Denver CO 80237-5075  
(800) 419-4729 or (303) 355-4729  
Fax: (303) 355-5622

# INITIAL SCREENING BIRTH THROUGH 5 YEARS

DATE: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_

<b>Family History</b> <input type="checkbox"/> Allergy or Asthma _____ <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Cancer _____ <input type="checkbox"/> Heart Disease _____ <input type="checkbox"/> Sickle Cell _____ <input type="checkbox"/> T.B. _____ <input type="checkbox"/> Other: _____  <i>(Please note family member's relation to patient)</i>			<b>Birth History</b> <input type="checkbox"/> Term <input type="checkbox"/> Premature <input type="checkbox"/> Post-mature <input type="checkbox"/> Prenatal care <input type="checkbox"/> Complications  <input type="checkbox"/> NVD <input type="checkbox"/> C-Section  <input type="checkbox"/> Neonatal Complications _____  Neonatal Screen: WNL   Repeated Results requested:   Yes   No  Comments: _____			<b>Past Medical History</b> Illness _____  Hospitalization _____   Allergies _____   		
HT.   WT.   T   P   R   Head Circ. (0-2yrs):   Blood Pressure (3yrs and up):  Hct or Hgb: WNL   UTD   UTO   Urine Dipstick: WNL   UTD   UTO   Lead: Drawn   UTD   UTO Value:   Comments: <input type="checkbox"/> <input type="checkbox"/> Not required at this time			<b>Lead Poisoning Risk Assessment</b> Peeling paint in house, daycare etc.   Yes   No Relative with lead poison   Yes   No House built before 19   Yes   No Renovation   Yes   No Adult work in pottery or ceramics   Yes   No Live near battery recycling plant or lead release industry   Yes   No Live near highway or heavy traffic   Yes   No					
<b>Vision Screening</b> Subjective: any eye disorder   Yes   No F.H.O. eye disorder   Yes   No Wear glasses   Yes   No  Objective: Visual acuity   R20/   L20/ Muscle Balance   pass   fail <i>(Objective screening begins at age 4.)</i>			<b>Hearing Screen</b> Subjective: response to voices   Yes   No Delayed speech development   Yes   No Recurrent O.M   Yes   No Hearing 20 db HL 1000Hz   2000 Hz   4000Hz Right Ear   _____ Left Ear   _____					
<b>Physical Exam</b> Normal ( <input checked="" type="checkbox"/> )   Abnormal (Describe)  1. Cranium /Face _____ 2. Hair / Scalp _____ 3. EENT _____ 4. Mouth / Teeth _____ 5. Skin / Lymph Nodes _____ 6. Heart _____ 7. Lungs _____ 8. Abdomen _____ 9. Genitalia _____ 10. Musculoskeletal System _____ 11. Extremities _____ 12. Nervous System _____			<b>Nutritional Assessment</b> <input type="checkbox"/> Breast fed <input type="checkbox"/> Formula  Eating Problems _____ Vitamins Supplements   Yes   No Growth Grid Normal   Yes   No <i>(Growth Grid must be in chart.)</i>					
<b>Environmental Assessment</b> Water supply:   City   Well   None Sewer system:   City   Septic   None <input type="checkbox"/> Smokers in the home: _____ <input type="checkbox"/> Pets in home: _____  Comments: _____			<b>Immunization Status</b> <input type="checkbox"/> Immunizations current <input type="checkbox"/> Off Schedule* <input type="checkbox"/> Parental Refusal* <input type="checkbox"/> Medically Contraindicated*  Explain * _____ <i>(Vaccine record must be in chart.)</i>					
<b>Developmental Assessment</b> Subjective Assessment   WNL   Suspect   Objective Assessment   WNL   Delayed <i>(Copy of screen must be in chart.)</i>			<b>Dental Assessment</b> Any Dental Disease   Yes   No Dental Caries   Yes   No Brush Teeth Regularly   Yes   No Do You Have a Dentist?   Yes   No Name of Dentist _____					
<b>Anticipatory Guidance</b> <i>(mark those discussed)</i> Nutrition/Diet _____ Skin Care/Hygiene _____ Oral/Dental _____ Behavioral/Developmental _____ Safety _____ Parenting/Discipline _____ Immunization Management _____ School Status _____ Toilet Training _____			Impressions: _____   Plan or Referral: _____  <input type="checkbox"/> Interpretive Conference Conducted					

Key: UTD-Up To Date; UTO-Unable to Obtain; WNL-Within Normal Limits

Signature: \_\_\_\_\_



DATE:

Age:

Signature: \_\_\_\_\_

## DATE:

Age:

Key: UTD-Up To Date; UTO-Unable to Obtain; WNL-Within Normal Limits

Signature: \_\_\_\_\_

## DATE:

6 8 10 12 14 16 18 20

Age:

Key: UTD-Up To Date; UTO-Unable to Obtain; WNL-Within Normal Limits

Signature: \_\_\_\_\_



## MERGE OF KIDMED CLAIMS PROCESSING SUBSYSTEM INTO THE MMIS CLAIMS PROCESSING SYSTEM

**UNISYS**

Effective with date of processing Monday, December 1, 2008, the KIDMED Claims Processing Subsystem will be merged into the MMIS Claims Processing System which processes all other Medicaid claims. This merge will be beneficial for KIDMED providers and should remove many of the current problem areas related to processing KIDMED claims through a separate subsystem prior to allowing the claims data to enter the regular Medicaid Management Information System (MMIS) for processing. Some of the changes/improvements follow:

### Submission of KIDMED Claims by Providers:

Submission of KIDMED claims by providers will not change. Providers will continue to submit EDI (electronic) claims using the 837P transaction with the KID extension and the additional K-3 data segment or by using the paper KM-3 claim form.

### KIDMED Claims EDI Weekly Cut-Off Day/Time:

KIDMED claims will now be treated like all other claims, and the standard weekly cut-off for submitting electronic claims will become Thursday at 10:00 a.m. (Holidays that fall on a Thursday move the cut-off date to the preceding Wednesday.)

### Processing of KIDMED Claim Submissions:

Currently, KIDMED claims must go through a subsystem prior to entering the regular MMIS claims processing system. This KIDMED subsystem is being removed and KIDMED claims submissions will enter the MMIS claims processing system when the electronic file is accepted or the paper claims are keyed. Providers will not receive any rejected claims from the subsystem.

This means KIDMED claims will be processed against all appropriate claims edits during regular processing cycles and be paid or denied through the regular claims processing channels.

### Claims Processing Edits:

The KIDMED claim edits that previously appeared on the Denied Claims List (CP-0-50) have been cross-referenced to appropriate MMIS claims processing edits. The KIDMED edits you are accustomed to seeing will go away. A list of the obsolete KIDMED edits cross-referenced to the MMIS edits that will be in effect beginning December 1<sup>st</sup> accompanies this notice. This list is also posted on the Louisiana Medicaid web site, [www.lamedicaid.com](http://www.lamedicaid.com), link Forms/Files/User Guides.

### Remittance Advice/CP-0-50:

All KIDMED claims will now appear on the standard MMIS remittance advice, even if the claims are denied. Providers will no longer receive a CP-0-50 report. KIDMED claims will be reconciled from the regular remittance advice, just as with all other claims.

Resubmittal Turnaround Documents (RTDs) will be eliminated. Denied Turnaround Documents (DTAs) will be generated where appropriate based on standard MMIS claims edits.

### KIDMED Reports:

The following KIDMED subsystem reports will be discontinued:

- CP-0-50 (Denied Claims Report and Resubmittal Turnaround Documents)
- CP-0-51A (Electronic Media Claim Proof List)

11/14/2008

- CP-0-115 (Recycled Claims Listing)
- CNTL-D012 (Direct Biller Process Summary)

**RS-O-07 Report:**

The RS-O-07 report will continue to be produced but will be transitioned into six (6) reports.

Effective with production of the KIDMED RS-O-07 monthly reports received in late December for January 2009 linkages, a series of RS-O-07 reports will be implemented to replace the current, single RS-O-07 report. This series of reports will allow KIDMED providers to use the data more effectively and efficiently.

Additionally, these reports may be used by ACS nurses when they visit a particular site for clinical monitoring and claims reviews.

This series will include six (6) reports - a complete roster of the eligible recipients assigned/linked to the provider/site and separate reports to identify recipients according to the due date of their screenings.

A separate notice with detailed data related to the individual reports and a short description of each report is located on our website, [www.lamedicaid.com](http://www.lamedicaid.com), under the CommunityCARE/KIDMED System Transition link on the New Medicaid Information page.

**CP-0-92 Report:**

Changes related to this systems merge will not impact the CP-0-92 report in any way.

This elimination of processing KIDMED claims through a front-end subsystem and the transition allowing these claims to process directly through the MMIS Claims Processing System will be much more efficient and effective for KIDMED providers.

**How to Access Information About the CommunityCARE/KIDMED System Changes:**

Providers will find the CommunityCARE/KIDMED notices and instructions from the web site, [www.lamedicaid.com](http://www.lamedicaid.com), on the Home page and on the New Medicaid Information links.

Providers experiencing concerns about this transition may contact Unisys Provider Relations at (800) 473-2783 or (225) 924-5040. Providers with EDI questions may contact Unisys EDI Support at (225) 216-6303. Web technical assistance is provided by the Unisys Technical Support Help Desk at (877) 598-8753.



## New KIDMED RS-O-07 Reports Implemented

**UNISYS**

Effective with production of the KIDMED RS-O-07 monthly reports received in late December for January 2009 linkages, Louisiana Medicaid will implement a series of RS-O-07 reports to replace the current, single RS-O-07 report. This series of reports will allow KIDMED providers to use the data more effectively and efficiently.

Additionally, these reports will be used by ACS nurses when they visit a particular site for clinical monitoring and claims reviews.

This series will include six (6) reports - a complete roster of the eligible recipients assigned/linked to the provider/site and separate reports to identify recipients according to the due by date of their screenings. The individual report titles and a short description of each report follow:

### RS-O-07- R – KIDMED Roster

All KIDMED recipients linked to a provider for the month of the report will be listed in alphabetical order on the RS-O-07-R for the provider/site.

Each recipient will also be included in at least one or more of the other RS-O-07 series reports. The Roster (RS-O-07-R) includes a column that identifies for the provider which other report(s) will include that recipient.

### RS-O-07-1 – Initial Screen Due Now

Includes Recipients from the Roster who:

- Have a 'Last Screened Date' for the Medical screening = 00/00/0000, and the Recipient is younger than 4 years of age;

OR

- Have a 'Last Screened Date' for the Medical, Hearing, or Vision screenings = 00/00/0000, and the Recipient is 4 years of age or older;

OR

- Have a 'Begin Date' in the report month which is the first month of the linkage of that recipient to the provider and a screening is due in the current month.

NOTE: 'Screening Due By' Dates are calculated based on the periodicity schedule.

### RS-O-07-2 – Screen Overdue

Includes Recipients from the Roster who:

- Have a 'Screening Due By' Date that is a past date.

NOTE: 'Screening Due By' Dates are calculated based on the periodicity schedule.

**RS-O-07-3 – Screen Due in 3 Months**

Includes Recipients from the Roster who:

- Have a 'Screening Due By' Date that is a date within the three month period which starts with the report month.

**RS-O-07-4 - Screen Up to Date**

Includes Recipients from the Roster who:

- Have a 'Screening Due By' Date that is a future date which is more than 3 months in the future.

**RS-O-07-5 – Last Month on Report**

Includes Recipients from the Roster who:

- Will reach the age of 21 during the report month;  
OR
- Will lose Medicaid eligibility for any reason, and the eligibility segment will be closed at the end of the report month;  
OR
- Will be linked to a different provider beginning the next month;  
OR
- Have linkages that will be closed during the report month.

## MMIS (new) to CC/KM (old) Edit Cross-Walk

11/17/2008

New Edit #	Old (CC/KM) Edit #	New Edit # Description
001	073	Invalid Claim Type Modifier
003	013	Recipient Number Invalid
005	023	Service From Date Missing/Invalid
008	085	Service From Date Later Than Date Processed
012	002	Original Claim with Adjustment/Void Reason
013	004	Original Claim with Adjustment/Void ICN
014	026	Immunizations Complete and Current for This Age Patient Missing
021	003	Invalid Former Reference Number
022	024	Billed Charges Missing or Not Numeric
023	016	Invalid Partial Recipient Name
023	018	Invalid Partial Recipient Name
024	005	Invalid Billing Provider Number
025	027	Immunizations not Complete and Current Reason Code Missing
057	028	Were There Suspected Conditions Missing
058	029	Were There Suspected Conditions is no but Suspected Conditions Exist
059	030	Suspected Conditions are Missing and Required
136	517	No Eligible Service Paid - Encounter Denied
154	009	Site Number Invalid
155	031	Referral Missing and Required for Medical
156	032	Referral Missing and Required for Vision
158	033	Referral Missing and Required for Hearing
179	034	Referral Missing and Required for Dental
184	035	Referral Missing and Required for Nutritional
200	006	Provider//Attending Provider Not on File
200	011	Provider//Attending Provider Not on File
201	007	Provider Not Eligible on Date of Service



## MMIS (new) to CC/KM (old) Edit Cross-Walk

11/17/2008

New Edit #	Old (CC/KM) Edit #	New Edit # Description
202	070	Provider Claim Type Conflict
211	083	Date of Service Less Than Date of Birth
215 223 294	014	Recipient Not on File, Recycled Recipient Not on File, Recycled Recipient Not on File - Deny
216 293 295	015	Recipient Not Eligible, Recycled Recipient Ineligible, Recycled Recipient Ineligible - Deny
217	017	Name and/or Number on Claims does not Match File Record
217	019	Name and/or Number on Claims does not Match File Record
222 293	091	Recipient Ineligible on One or More Service Dates, Recycled Recipient Ineligible on Date of Service NOTE: Denies after 21 days
223 294 215	014	Recipient Not on File, Recycled Recipient Not on File, Recycled Recipient Not on File - Deny
223 294	090	Recycled Recipient Not on File, Recycled Recipient Not on File Recycled 3 Times (21 days)
224	020	Invalid Birth Date
232	518	Procedure/Type of Service Not Covered by Program
234	519	Procedure Formulary Age Restriction
272	086	Claim Exceeds 1 Year Filing Limit
276	075	High Variance Error
277	080	Low Variance Error
286	036	Referral Missing and Required for Developmental
293 295 216	015	Recipient Not Eligible, Recycled Recipient Ineligible, Recycled Recipient Ineligible - Deny
293 222	091	Recipient Ineligible on One or More Service Dates, Recycled Recipient Ineligible on Date of Service NOTE: Denies after 21 days
294 215 223	014	Recipient Not on File, Recycled Recipient Not on File, Recycled Recipient Not on File - Deny
294 223	090	Recycled Recipient Not on File, Recycled Recipient Not on File Recycled 3 Times (21 days)
295 293 216	015	Recipient Not Eligible, Recycled Recipient Ineligible, Recycled Recipient Ineligible - Deny
302	037	Referral Missing and Required for Abuse/Neglect

**MMIS (new) to CC/KM (old) Edit Cross-Walk**

11/17/2008

New Edit #	Old (CC/KM) Edit #	New Edit # Description
308	038	Referral Missing and Required for Psychological/Social
312	039	Referral Missing and Required for Speech/Language
314	043	Suspected condition Missing and Required for Referral #1
318	044	Suspected condition Missing and Required for Referral #2
319	045	Suspected condition Missing and Required for Referral #3
320	046	Referral Assistance Missing and Required for Referral #1
323	047	Referral Assistance Missing and Required for Referral #2
324	048	Referral Assistance Missing and Required for Referral #3
326	049	Appointment Date Missing and Required for Referral #1
343	050	Appointment Date Missing and Required for Referral #2
359	051	Appointment Date Missing and Required for Referral #3
368	055	Reason for Referral Missing and Required for Referral #1
399	056	Reason for Referral Missing and Required for Referral #2
410	057	Reason for Referral Missing and Required for Referral #3
411	058	Referred to Name is Missing and Required for Referral #1
412	059	Referred to Name is Missing and Required for Referral #2
414	060	Referred to Name is Missing and Required for Referral #3
416	064	Referred to Phone is Missing/Required for Referral #1
417	065	Referred to Phone is Missing/Required for Referral #2
418	066	Referred to Phone is Missing/Required for Referral #3
424	068	Billing Provider is not the Designated Provider of Record
435	069	Claim Exception for 60 Day Timely Filing
440	071	Provider Site not Allowed to Bill Screen Type on Date of Service
631	084	EPSDT Age Over Age 21
844	300	Duplicate Error: Identical EPSDT Claims
980	001	Invalid Adj Reason