



State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

December 17, 2020

Meg Barry, Acting Director
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Dear Ms. Barry:

RE: LA SPA TN 20-0008
Section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act

Please refer to our proposed amendment to the Children's Health Insurance Program (CHIP) State Plan submitted under transmittal number (TN) 20-0008 with the proposed effective date October 24, 2019. The purpose of this SPA is to adopt provisions in Section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act that amends section 2103(c)(5) of the Social Security Act (the Act), to make behavioral health services that are culturally and linguistically appropriate and different from the Mental Health Parity and Addiction Equity Act (P.L. 110-343) (MHPAEA) a required benefit in the Children's Health Insurance Program (CHIP). We are providing the following in response to your request for additional information (RAI) dated August 6, 2020.

Outstanding Questions SPA #: LA-20-0008

Section 6.2-BH: Covered Services

1. Based on the responses that the state provided to questions 1 and 2 in the submission from October 15, the state provides all services to children under 21 if medically necessary. Therefore, we recommend that the state check off the

service boxes for the following benefits in section 6.2-BH of the state plan to indicate that children will receive the services if needed:

- 6.3.2.4-BH Peer support for substance use disorder (SUD)
- 6.3.2.7-BH Intensive in-home services
- 6.3.2.8-BH Intensive outpatient for mental health
- 6.3.2.9-BH Psychosocial rehabilitation for SUD
- 6.3.3-BH Day treatment
- 6.3.3.1-BH Partial hospitalization
- 6.3.5.1-BH Crisis intervention and stabilization for SUD
- 6.3.6-BH Continuing care services
- 6.3.7-BH Care coordination
- 6.3.7.2-BH Care transition services
- 6.3.8-BH Case management

LDH Response:

The boxes have been checked. Please see attached revised State Plan pages.

2. We suggest that the state revise the language in section 6.2-BH of the state plan for services that are indicated as covered only through the coordinated system of care. We reviewed the information on the state's website about the Coordinated System of Care, and think it would be helpful to include some of that language in the descriptions of these services in the state plan. If applicable, please use the following language in the description of services for peer support, respite care, and intensive wraparound in section 6.2-BH:

“Children in need of (peer support/ respite care/ intensive wraparound) services will be evaluated to determine whether the child is eligible for the state's Coordinated System of Care. The Coordinated System of Care ensures there is a coordinated network of services and supports for children and youth with behavioral health challenges and their families. Children eligible for services through the Coordinated System of Care include those in or at risk of out of home placement with significant behavioral health challenges.”

LDH Response:

The language has been added as follows: Children in need of peer support, respite care, and intensive wraparound services will be evaluated to determine whether the child is eligible for services through the State's Coordinated System of Care. The Coordinated System of Care ensures there is a coordinated network of services and supports for children and youth with behavioral health challenges and their families. Children eligible for services through the Coordinated System of Care include those in, or at risk of, out-of-home placement. Please see attached revised State Plan pages, Section 6.2-BH.

Section 6.3.1.2 and 6.4.2 BH: Strategies to Facilitate the Use of Validated *Screening and Assessment Tools*

3. Louisiana indicates that it will convey that screenings should be conducted in accordance with the Bright Futures initiative of the American Academy of Pediatrics through an informational bulletin on the state's website. However, we are requesting that the state please describe how it will facilitate the use of validated screening *tools rather than screenings*. We have attached examples from other states in this area in case helpful.

LDH Response:

The screening tools are required through the State's managed care contracts. The MCOs are tasked with educating providers on the screening tool requirements as well as care coordination and service referrals if member needs cannot fully be met by the attending provider. The State has added language to the attached revised State Plan pages, Section 6.3.1.2-BH.

4. Please update Section 6.4.2 of your CHIP state plan with the additional information the state provided in response to CMS' questions on the frequency of updates provided relative to assessment tools.

LDH Response:

The language has been added. Please see attached revised State Plan pages, Section 6.4.2-BH.

Please consider this a formal request to begin the 90-day clock. We trust this additional information will result in the approval of the pending SPA. We look forward to negotiating with CMS to ensure approval.

As always, we appreciate the assistance of CMS in resolving these issues. If further information is required, you may contact Karen H. Barnes at Karen.Barnes@la.gov or by phone (225) 342-3881.

Sincerely,



Tara A. LeBlanc
Interim Medicaid Executive Director

TAL:KHB:MVJ

Attachment

c: Kelly Zimmerman
Karen H. Barnes
Tobias Griffin

Amendment 26

LA SPA TN 20-0008

Section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act

To adopt provisions in Section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act that amends section 2103(c)(5) of the Social Security Act (the Act), to make behavioral health services that are culturally and linguistically appropriate and different from the Mental Health Parity and Addiction Equity Act (P.L. 110-343) (MHPAEA) a required benefit in the Children's Health Insurance Program (CHIP).

Proposed effective date: October 24, 2019

Proposed implementation date: October 24, 2019

1.4- TC

Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

On June 12, 2020 a tribal notification with a summary of the State's intent to seek approval from CMS to adopt provisions in Section 5022 of the SUPPORT Act that amends Section 2103(c)(5) of the Social Security Act (the Act), to make behavioral health services a required benefit in the Children's Health Insurance Program (CHIP). The comment period for the tribal notification ended June 19, 2020.

TN No: Approval Date Effective Date

Section 2.

General Background and Description of Approach to Children's Health Insurance Coverage and Coordination

Guidance: The demographic information requested in 2.1. can be used for State planning and will be used strictly for informational purposes. **THESE NUMBERS WILL NOT BE USED AS A BASIS FOR THE ALLOTMENT.**

Factors that the State may consider in the provision of this information are age breakouts, income brackets, definitions of insurability, and geographic location, as well as race and ethnicity. The State should describe its information sources and the assumptions it uses for the development of its description.

- Population
- Number of uninsured
- Race demographics
- Age Demographics
- Info per region/Geographic information

- 6.2.16. Vision screenings and services (Section 2110(a)(24))
- 6.2.17. Hearing screenings and services (Section 2110(a)(24))
- 6.2.18. Case management services (Section 2110(a)(20))
- 6.2.19. Care coordination services (Section 2110(a)(21))
- 6.2.20. Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))
- 6.2.21. Hospice care (Section 2110(a)(23))

Guidance: See guidance for section 6.1.4.1 for a guidance on the statutory requirements for EPSDT under sections 1905(r) and 1902(a)(43) of the Act. If the benefit being provided does not meet the EPSDT statutory requirements, do not check this box.

- 6.2.22. EPSDT consistent with requirements of sections 1905(r) and 1902(a)(43) of the Act

6.2.22.1 The state assures that any limitations applied to the amount, duration, and scope of benefits described in Sections 6.2 and 6.3- BH of the CHIP state plan can be exceeded as medically necessary.

Guidance: Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic or rehabilitative service may be provided, whether in a facility, home, school, or other setting, if recognized by State law and only if the service is: 1) prescribed by or furnished by a physician or other licensed or registered practitioner within the scope of practice as prescribed by State law; 2) performed under the general supervision or at the direction of a physician; or 3) furnished by a health care facility that is operated by a State or local government or is licensed under State law and operating within the scope of the license.

- 6.2.23. Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (Section 2110(a)(24))
These services are limited to unborn children covered through LaCHIP Phase IV, who would obtain those services through the Medicaid State Plan.
- 6.2.24. Premiums for private health care insurance coverage (Section 2110(a)(25))
- 6.2.25. Medical transportation (Section 2110(a)(26))

Guidance: Enabling services, such as transportation, translation, and outreach services, may

be offered only if designed to increase the accessibility of primary and preventive health care services for eligible low-income individuals.

- 6.2.26. Enabling services (such as transportation, translation, and outreach services) (Section 2110(a)(27))
- 6.2.27. Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))

6.2-BH Behavioral Health Coverage Section 2103(c)(5) requires that states provide coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner for all CHIP enrollees, including pregnant women and unborn children.

Guidance: Please attach a copy of the state's periodicity schedule. For pregnancy-related coverage, please describe the recommendations being followed for those services.

Children in need of peer support, respite care, and intensive wraparound services will be evaluated to determine whether the child is eligible for services through the State's Coordinated System of Care. The Coordinated System of Care ensures there is a coordinated network of services and supports for children and youth with behavioral health challenges and their families. Children eligible for services through the Coordinated System of Care include those in, or at risk of, out-of-home placement.

6.2.1- BH Periodicity Schedule The state has adopted the following periodicity schedule for behavioral health screenings and assessments. Please specify any differences between any covered CHIP populations:

- State-developed schedule
- American Academy of Pediatrics/ Bright Futures
- Other Nationally recognized periodicity schedule (please specify: _____)
- Other (please describe: _____)

6.3- BH Covered Benefits Please check off the behavioral health services that are provided to the state's CHIP populations, and provide a description of the amount, duration, and scope of each benefit. For each benefit, please also indicate whether the benefit is available for mental health and/or substance use disorders. If there are differences in benefits based on the population or type of condition being treated, please specify those differences.

If EPSDT is provided, as described at Section 6.2.22 and 6.2.22.1, the state should only check off the applicable benefits. It does not have to provide additional information regarding the amount, duration, and scope of each covered behavioral health benefit.

Guidance: Please include a description of the services provided in addition to the behavioral health screenings and assessments described in the assurance below at 6.3.1.1-BH.

All EPSDT medically necessary services are provided through referral to a behavioral health clinician by the primary care provider, even when such health care is not otherwise covered under State Plan. These services may require prior authorization.

6.3.1- BH Behavioral health screenings and assessments. (Section 2103(c)(6)(A))

6.3.1.1- BH The state assures that all developmental and behavioral health recommendations outlined in the AAP Bright Futures periodicity schedule and United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B are covered as a part of the CHIP benefit package, as appropriate for the covered populations.

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools in primary care practice, providing education, training, and technical resources, and covering the costs of administering or purchasing the tools.

6.3.1.2- BH The state assures that it will implement a strategy to facilitate the use of age-appropriate validated behavioral health screening tools in primary care settings. Please describe how the state will facilitate the use of validated screening tools.

The screening tools are required through the State's managed care contracts. The MCOs are tasked with educating providers on the screening tool requirements as well as care coordination and service referrals if member needs cannot fully be met by the attending provider.

6.3.2- BH Outpatient services (Sections 2110(a)(11) and 2110(a)(19))

Guidance: Psychosocial treatment includes services such as psychotherapy, group therapy, family therapy and other types of counseling services.

6.3.2.1- BH Psychosocial treatment
Provided for: Mental Health Substance Use Disorder

6.3.2.2- BH Tobacco cessation
Provided for: Substance Use Disorder

Guidance: In order to provide a benefit package consistent with section 2103(c)(5) of the Act, MAT benefits are required for the treatment of opioid use disorders. However, if the state provides MAT for other SUD conditions, please include a description of those benefits below at section 6.3.2.3- BH.

6.3.2.3- BH Medication Assisted Treatment
Provided for: Substance Use Disorder

6.3.2.3.1- BH Opioid Use Disorder

6.3.2.3.2- BH Alcohol Use Disorder

6.3.2.3.3- BH Other

6.3.2.4- BH Peer Support
Provided for: Mental Health Substance Use Disorder

Coordinated System of Care (CSoC) only.

6.3.2.5- BH Caregiver Support
Provided for: Mental Health Substance Use Disorder

6.3.2.6- BH Respite Care
Provided for: Mental Health Substance Use Disorder

CSoC only.

6.3.2.7- BH Intensive in-home services
Provided for: Mental Health Substance Use Disorder

6.3.2.8- BH Intensive outpatient
Provided for: Mental Health Substance Use Disorder

6.3.2.9- BH Psychosocial rehabilitation
Provided for: Mental Health Substance Use Disorder

Guidance: If the state considers day treatment and partial hospitalization to be the same benefit, please indicate that in the benefit description. If there are differences between these benefits, such as the staffing or intensity of the setting, please specify those in the description of the benefit's amount, duration, and scope.

6.3.3- BH Day Treatment
Provided for: Mental Health Substance Use Disorder

6.3.3.1- BH Partial Hospitalization
Provided for: Mental Health Substance Use Disorder

6.3.4- BH Inpatient services, including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Sections 2110(a)(10) and 2110(a)(18))
Provided for: Mental Health Substance Use Disorder

Guidance: If applicable, please clarify any differences within the residential treatment benefit (e.g. intensity of services, provider types, or settings in which the residential treatment services are provided).

6.3.4.1- BH Residential Treatment
Provided for: Mental Health Substance Use Disorder

6.3.4.2- BH Detoxification
Provided for: Substance Use Disorder

Guidance: Crisis intervention and stabilization could include services such as mobile crisis, or short term residential or other facility based services in order to avoid inpatient hospitalization.

6.3.5- BH Emergency services
Provided for: Mental Health Substance Use Disorder

6.3.5.1- BH Crisis Intervention and Stabilization
Provided for: Mental Health Substance Use Disorder

6.3.6- BH Continuing care services
Provided for: Mental Health Substance Use Disorder

6.3.7- BH Care Coordination
Provided for: Mental Health Substance Use Disorder

6.3.7.1- BH Intensive wraparound
Provided for: Mental Health Substance Use Disorder

CSoC only.

6.3.7.2- BH Care transition services
Provided for: Mental Health Substance Use Disorder

6.3.8- BH Case Management
Provided for: Mental Health Substance Use Disorder

6.3.9- BH Other
Provided for: Mental Health Substance Use Disorder

6.4- BH Assessment Tools

6.4.1- BH Please specify or describe all of the tool(s) required by the state and/or each managed care entity:

- ASAM Criteria (American Society Addiction Medicine)
 - Mental Health Substance Use Disorders
- InterQual
 - Mental Health Substance Use Disorders
- MCG Care Guidelines
 - Mental Health Substance Use Disorders
- CALOCUS/LOCUS (Child and Adolescent Level of Care Utilization System)
 - Mental Health Substance Use Disorders
- CASII (Child and Adolescent Service Intensity Instrument)
 - Mental Health Substance Use Disorders
- CANS (Child and Adolescent Needs and Strengths)
 - Mental Health Substance Use Disorders
- State-specific criteria (e.g. state law or policies) (please describe)
 - Mental Health Substance Use Disorders
- Plan-specific criteria (please describe)
 - Mental Health Substance Use Disorders

Managed care entities may use medical management criteria endorsed by a national or state health care provider or association, such as MCG or Interqual, to support clinical decision-making and service authorization for certain levels of care, such as inpatient and other services, in accordance with the State’s medical necessity criteria.

- Other (please describe)
 - Mental Health Substance Use Disorders
- No specific criteria or tools are required
 - Mental Health Substance Use Disorders

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools to determine possible treatments or plans of care, providing education, training, and technical resources, and covering the costs of administering or purchasing the assessment tools.

6.4.2- BH Please describe the state’s strategy to facilitate the use of validated assessment tools for the treatment of behavioral health conditions.

The use of the LOCUS/CALOCUS is mandated in the provider manual. The CANS is mandated through the waiver. The assessment tools are required through the State’s managed care contracts and the Behavioral Health Provider Manual. The tools are updated by the State as frequently as they are updated by the developer of the tools. The CSoC contractor and the MCOs push the updates out to their providers. The CSoC services are available to all CHIP populations who meet the level of care.

6.2.5- BH Covered Benefits The State assures the following related to the provision of behavioral health benefits in CHIP:

All behavioral health benefits are provided in a culturally and linguistically appropriate manner consistent with the requirements of section 2103(c)(6), regardless of delivery system.

The state will provide all behavioral health benefits consistent with 42 CFR 457.495 to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex or serious conditions.

6.2-DC Dental Coverage (CHIPRA # 7, SHO # #09-012 issued October 7, 2009) The State will provide dental coverage to children through one of the following. Please update Sections 9.10 and 10.3-DC when electing this option. Dental services provided to children eligible for dental-only supplemental services must receive the same dental services as provided to otherwise eligible CHIP children (Section 2103(a)(5)):

6.2.1-DC State Specific Dental Benefit Package. The State assures dental services represented by the following categories of common dental terminology (CDT¹) codes are included in the dental benefits:

1. Diagnostic (i.e., clinical exams, x-rays) (CDT codes: D0100-D0999) (must follow periodicity schedule)
2. Preventive (i.e., dental prophylaxis, topical fluoride treatments, sealants) (CDT codes: D1000-D1999) (must follow periodicity schedule)
3. Restorative (i.e., fillings, crowns) (CDT codes: D2000-D2999)
4. Endodontic (i.e., root canals) (CDT codes: D3000-D3999)
5. Periodontic (treatment of gum disease) (CDT codes: D4000-D4999)
6. Prosthodontic (dentures) (CDT codes: D5000-D5899, D5900-D5999, and D6200-D6999)
7. Oral and Maxillofacial Surgery (i.e., extractions of teeth and other oral surgical procedures) (CDT codes: D7000-D7999)
8. Orthodontics (i.e., braces) (CDT codes: D8000-D8999)
9. Emergency Dental Services

Louisiana Medicaid EPSDT Periodicity Schedule

| AGE | INFANCY | | | | | | | | EARLY CHILDHOOD | | | | | | MIDDLE CHILDHOOD | | | | | ADOLESCENCE | | | | | | | | | | | |
|--|----------|-------------|---------|---------|------|------|------|------|-----------------|-------|-------|-------|-------|------|------------------|------|------|------|------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Prenatal | Newborn [2] | 3-5 day | By 1 MO | 2 MO | 4 MO | 6 MO | 9 MO | 12 MO | 15 MO | 18 MO | 24 MO | 30 MO | 3 YR | 4 YR | 5 YR | 6 YR | 7 YR | 8 YR | 9 YR | 10 YR | 11 YR | 12 YR | 13 YR | 14 YR | 15 YR | 16 YR | 17 YR | 18 YR | 19 YR | 20 YR |
| HISTORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial/Interval | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| MEASUREMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length/Height and Weight | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Head Circumference | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Weight for Length | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Body Mass Index | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blood Pressure | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| SENSORY SCREENING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vision Screening | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | • | • | • | • | ★ | • | ★ | • | • | • | ★ | • | ★ | • | ★ | • | ★ | • | ★ |
| Hearing Screening | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| DEVELOPMENTAL/BEHAVIORAL HEALTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Developmental Screening | | | | | | | | • | | | • | • | | | | | | | | | | | | | | | | | | | |
| Autism Screening | | | | | | | | | | • | • | | | | | | | | | | | | | | | | | | | | |
| Developmental Surveillance | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Psychosocial/Behavioral Assessment | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Tobacco, Alcohol and Drug Use Assessment | | | | | | | | | | | | | | | | | | | | | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Depression Screening | | | | | | | | | | | | | | | | | | | | | | | • | • | • | • | • | • | • | • | • |
| Maternal Depression Screening | | | | • | • | • | • | | | | | | | | | | | | | | | | | | | | | | | | |
| PHYSICAL EXAMINATION | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| PROCEDURES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Newborn Blood | | • | • | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Newborn Bilirubin | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Critical Congenital Heart Defect | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization [4] | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Anemia | | | | | ★ | | | | • | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Lead Risk Assessment [5] | | | | | | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Blood Lead Screening [6] | | | | | | | | • | | | | • | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Tuberculosis | | | ★ | | | ★ | | ★ | | | ★ | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Dyslipidemia | | | | | | | | | | | | | | | | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Sexually Transmitted Infections | | | | | | | | | | | | | | | | | | | | | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| HIV | | | | | | | | | | | | | | | | | | | | | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| ORAL HEALTH | | | | | | • | • | ★ | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Fluoride Varnish [7] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fluoride Supplementation | | | | | | ★ | ★ | ★ | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| ANTICIPATORY GUIDANCE [8] | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |

• = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ← • → = range during which a service may be provided

[1] Baseline lab and developmental screening must be done at the initial medical screening on all children under age six. [2] The newborn screening examination at birth must occur prior to hospital discharge.

[3] The physical examinations/assessment must be unclothed or undraped and include all body systems. [4] The state health department immunization schedule must be done at every medical screening.

[5] Anticipatory guidance and verbal risk assessment for lead must be done at every medical screening. [6] The frequency of screening using the blood lead tests depends on the result of the verbal risk assessment. Blood Lead Screening at ages 12 and 24 months, or anytime between 36 and 72 months if not previously screened, is required by Louisiana State regulations. Details are in the "Public Health Surveillance Mandates" section of the Professional Services manual.

[7] See USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/uspndch.htm>). Once teeth are present, fluoride varnish may be applied to all children every 6 months in the primary care or dental office. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (<http://pediatrics.aappublications.org/content/134/3/626>).

[8] Youth, ages 12 through 20, must receive more intensive health education which addresses psychological issues, substance usage, and reproductive health issues at each screening visit.

Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. Elk Grove Village, IL American Academy of Pediatrics, 2017)