Healthy Kids Services - Appendices
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Issued March 2017

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Well Child Visit Priorities and Anticipatory Guidance

The following content has been adapted with permission from *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition* (Copyright ©2008 American Academy of Pediatrics). Recommendations in this publication do not indicate an exclusive course of treatment or exclusive standard of care. Variations, taking into account individual circumstances, may be appropriate. Provider should make a decision based on assessment of needs, observations, and best clinical judgment. For more information about age-specific recommendations visit the Bright Futures website. Where State law and regulations are in effect they supersede other guidelines as the required standard.

For each well child visit, tools are available to elicit parent concerns, document the visit, guide the administration of universal and selective screenings, and complement anticipatory guidance provided during the visit. Many such tools from the Bright Futures Tool and Resource Kit are available through the website link. Tools and materials are available for download for review and reference purposes only. To incorporate forms into an Electronic Medical Record System or to make multiple copies of specific items, a complete Tool and Resource Kit is available for purchase from the AAP Bookstore. Providers are not required to purchase these tools.

HFS' recommendations for minimal area(s) to be addressed are included in the *Bright Futures, 4th Ed.* guidelines. There are some areas that should be assessed initially and then visited only periodically or if the family has moved or otherwise changed.

At Every Visit

Providers should:
- Elicit concerns of parent(s)/caregiver(s) and the child when age-appropriate.
- Conduct health supervision, including taking a comprehensive health history, observing parent-child interaction, conducting an unclothed physical exam, and administering appropriate immunizations and screening tests.
- Provide anticipatory guidance and health education.
- Consider opportunities to refer to available community resources, such as WIC, Family Case Management (FCM), Early Head Start/Head Start, Home Visiting, Part C Early Intervention (EI), Part B Special Education (via schools), etc.

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Trauma Informed Medical Home Information and Resources

The National Institute of Mental Health defines childhood trauma as emotionally painful or distressful childhood experience (s) which result in mental and physical sequelae. An easy way to remember this is to think of the three "E's" – *Event*, child's *Experience* of event and *Effect* of the event on the child's life.

A goal of pediatric providers should be to ensure that children and families who experience trauma have access to quality treatment and support. One way to accomplish this goal is to make sure that the practice providing care is trauma-informed. Trauma-informed organizations and programs are those that create and use practices based on an understanding of vulnerabilities of trauma survivors that traditional service delivery approaches may not appreciate. According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Center for Trauma-Informed Care, trauma-informed organizations provide services that are supportive while avoiding re-traumatization. A trauma-informed program has assessed its organization, management, and service delivery system and modified policies, procedures, and practice to include a basic understanding of how trauma affects the life of an individual seeking or using services. A trauma-informed medical home has addressed these same elements to ensure appropriate response to victimized children and families in a safe and secure space.

Medical Implications of Trauma for Children and Their Families

According to the Illinois Childhood Trauma Coalition (ICTC), childhood trauma may disrupt a child's normal development and potentially lead to physical, emotional, cognitive, behavioral and social problems. Research teaches us a lot about implications of childhood trauma. For example, the Adverse Childhood Experiences (ACE) Study (pdf) examined the childhood origins of many of our nation's leading health and social problems. The key concept underlying the study is that stressful or traumatic childhood experiences such as abuse, neglect, witnessing domestic violence, prolonged absence of a significant person (e.g. military service or incarceration), living in a home where there are substance abuse issues, mental illness, parental discord, or crime correlate with an increased adult risk of unhealthy behaviors, violence, re-victimization, disease, disability and premature mortality. For example, the ACE Study found that a person with an ACE score of four (indicating 4 Adverse Childhood Experiences) is 390% more likely to have chronic obstructive pulmonary disease and 460% more likely to be depressed than someone with a score of 0. Left untreated, ACE can lead to a lifetime of distress and the potential for early death.

Medical Response Best Practice

Many children and families seen by pediatric providers have been through difficult situations and events. Through embracing trauma-informed best practices, whether it be in a brief interaction or an intensive clinical intervention, medical homes are in a unique position to

work with traumatized children and families to help them begin to heal and create strength and resilience. There are many actions medical homes can take to make their practices trauma-informed. The National Child Traumatic Stress Network provides details to develop a service system with a trauma-informed perspective.

Resources and References

The Health and Social Impact Study (pdf)

Child Trauma Academy website

Child Sex Abuse Prevention and Protection Center – includes resources for use in practice, such as "Warning Signs of Sexual Abuse" and "Nine Questions to Ask When Selecting a Program for Your Child"

Domestic Violence – Prevention and Intervention
  • Website: Domestic Violence – Prevention and Intervention website
  • Phone: 1-877-TO END DV (1-877-863-6338)
  • TTY: 1-877-863-6339

ICAAP - Illinois PROTECT (Promoting Resiliency of Trauma-Exposed Communities Together)

The International Society for Traumatic Stress Studies

The National Child Traumatic Stress Network

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Care Coordination Information and Resources

Care coordination is not consistently defined by various organizations and researchers that have addressed the topic. However, the National Coalition on Care Coordination (N3C) definition is commonly used. It describes care coordination as, "a client-centered, assessment-based interdisciplinary approach to integrating health care and social support services in which an individual's needs and preferences are assessed, a comprehensive care plan is developed, and services are managed and monitored by an identified care coordinator following evidence-based standards of care."

Additional information regarding Illinois-specific care coordination resources can be accessed using the following:

HFS' Care Coordination Program website

In response to Medicaid Reform and the new era in care management, Illinois is expanding its managed care programs to include managed care entities. Care coordination will be provided to most Medicaid clients by these new managed care entities.

Statewide Provider Database (SPD) Informational Brochure (pdf)

The SPD is an online resource for service and program information throughout Illinois. This online database includes comprehensive information on services throughout Illinois covering mental health, substance abuse, parenting, domestic violence, early childhood, health clinics, non-clinical services (e.g., after-school, recreational programs, tutoring, mentoring, vocational programs), and homelessness resources.

Statewide Provider Database Login website

School Health and Nursing Services

The Illinois State Board of Education (ISBE) employs a Registered Nurse to provide consultation on school health services and other health issues. The ISBE school directory includes contact information for each of the state's public schools. It also maintains a database of school employees, including nurses. For contact information for the school health services coordinator at any public school district, contact ISBE at 312-814-5560 and ask for the school nurse consultant.

[Standardized Illinois Early Intervention Referral Form (pdf)](#)

For making referrals to DHS's Early Intervention program; consent is HIPAA and FERPA compliant so that providers making the referral receive information about the outcome of the referral.

[Illinois Early Intervention Program Referral Fax Back Form (pdf)](#)

Providers who initiated a referral to EI using the Standardized Illinois Early Intervention Referral Form will receive the referral fax back form from the local Early Intervention Child and Family Connections office. This form is not completed by the referring provider; it is a report back from EI regarding the outcome of the referral made by the provider.

[Early Intervention Care Coordination Provider Toolkit](#)

The toolkit provides a referral resource for enhancing care coordination among primary care medical homes, early intervention service providers, and community service providers that work with Illinois children and their families.

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Breastfeeding Information and Resources

Information and best practices around breastfeeding as can be found in the *Illinois Physicians' Statement on Breastfeeding (pdf)* for the State of Illinois. To learn more, download the complete policy statement and list of references from the Illinois Physicians' Statement on Breastfeeding (pdf) website or view a presentation on the ICAAP Illinois Physicians Statement on Breastfeeding Webinar website about these recommendations.

Breastfeeding provides recognized health benefits for both mother and child. Infants that are formula fed are at risk for increased incidence of numerous infectious childhood diseases, Sudden Infant Death Syndrome (SIDS), type 1 and 2 diabetes, and childhood obesity.

According to the most recent Centers for Disease Control and Prevention Maternity Practices in Infant Nutrition and Care (mPINC) survey, Illinois ranks 31st among all states in terms of maternity practices related to infant feeding and care. Additional action is needed within the state of Illinois to advance breastfeeding as the normal feeding practice for infants and young children and to meet the Healthy People 2020 goals for increasing the proportion of infants who are breastfed.

Breastfeeding Resources

Chicago Area Breastfeeding Coalition website
Chicago Region Breastfeeding Task Force website
International Lactation Consultant Association website
La Leche League of Illinois website
Illinois WIC - General Information website
Illinois State Breastfeeding Taskforce - breastfeeding laws website
United States Breastfeeding Committee

Appendix HK-5

Mental Health Screening and Referral Resources

General Information
Illinois children enrolled in the Department's Medical Programs are eligible for comprehensive mental health services, if medically indicated. The Department and the IDHS, Division of Mental Health, have collaborated to develop a system to ensure that children in need of mental health services will be appropriately referred and assessed for mental health treatment.

The *Mental Health Screen* is for use with children ages 3 through 20. There are recommended questions that will enable the provider to complete the *Healthy Kids Mental Health Screen*. Each of the questions is general in nature and is offered as an illustrative example of the information sought. It is suggested that the interviewer modify the question as indicated by the age of the child and understanding of the informant.

The questions should assist the evaluator in determining whether cognitive functioning/mental status is age-appropriate, whether:
   * Behavior is appropriate (such as goal-directed with response to controls).
   * Affect is appropriate.

Previous mental health treatment should be recorded on the *Healthy Kids Mental Health Screen* form. The back of the *Healthy Kids Mental Health Screen* form contains a section relating to the child's medical history, which may impact mental health or emotional development.

It is important to note that the guidelines regarding maltreatment **do not** suggest that in the event the provider/evaluator learns of, or suspects current maltreatment, that the provider is removed from professional responsibility for reporting abuse of neglect in lieu of making a referral to the Mental Health provider. All suspected abuse or neglect should be immediately reported to: 1-800-25ABUSE

When completing a referral to the Mental Health provider, please keep in mind that the provider's task is to identify behaviors and concerns that will assist the mental health professional in understanding the nature of the child's problem. Whenever the parent/caregiver, child or provider perceive a problem to be in existence and outside a "normal range" in extent or intensity, mark all behaviors/symptoms that apply.

The *Healthy Kids Mental Health Screen* (form HFS 3411B) can be ordered online via the HFS Paper Medical Forms Request webpage. Providers may also mail or fax an HFS Form 1517 (pdf) (R-9-06) to the HFS Warehouse to order a supply:

Illinois Department of Healthcare and Family Services
2946 Old Rochester Road
Springfield, Illinois 62703-5659
Fax: 217-557-6800

Referrals under the EPSDT program require that the provider:
- Obtain written consent of the parent/guardian to release information to the mental health service provider.
- Make contact with an approved Mental Health Service Provider and set an appointment.
- Communicate with the child and Parent/Guardian, the appointment time and location before they leave your office following the screening.
- Send copies of your Mental Health Screen to the referral source.
- Receive from the referral source within a reasonable amount of time (e.g. ten days following the appointment date) notification as to the disposition (show/no show) of the appointment, including any preliminary diagnosis and recommendations.

The Mental Health Provider will, with the written permission of the parent/guardian:
- Receive the referral.
- Notify physician if the appointment was not kept and has been re-scheduled. If the child has an identified case manager, the case manager should be notified for the purpose of follow-up.
- Assess the client.
- Provide continuing feedback to the referring physician as indicated (e.g., significant changes in the treatment plans, if hospitalized, referred for residential treatment, medication changes).

<div align="center">

Healthy Kids Mental Health Screen
</div>

Recommended Questions to Assess Checklist Indicators (Ages 3 through 20).

In order to accurately complete the Healthy Kids Mental Health Screening form, the following simplified questions covering the specific areas of concern may be helpful to the screener. Although these are written questions to be asked of the parent/guardian, they can easily be adapted to first person for older children and adolescents. It is helpful to have the parent or child/adolescent provide examples (specific situations). Age appropriateness should be considered for all question asked.

Introductory Questions: Do you have concerns about this child? What concerns you most about this child? (These questions might give you an indication of what areas on the Mental Health Screen should be more closely explored.)

<div align="center">

Thinking
</div>

1. **Delusions** – Does your child: have "unusual" thoughts or behaviors that concern you or tend to be different from what most other children his age believes; believe that he has some unusual ability or power (not related to his age or developmental period)?
2. **Hallucinations** – Does your child hear, see, taste, touch or smell things that are not really there?
3. **Paranoia** – Is your child overly suspicious of others, or does he feel that others are out to get him?

4. **Obsessive Ideation** – Does your child: seem to think about or talk about the same thing most of the time; seem to be preoccupied with things such as death, sex, bodily functions, extreme cleanliness, or other things that are unusual for someone his age.
5. **Frequent Memory Loss** – Does your child often tend to forget things most other children his age would remember that is not related to discipline or punishment?
6. **Confusion** – Does your child often seem to be confused, have difficulty following or understanding simple directions, or seem easily frustrated by instructions/directions?
7. **Easily Distracted** – When your child is working on something, does your child have trouble staying on task? Is she/he bothered or distracted by sounds or things in his/her environment?
8. **Difficulty Concentrating** – Does your child: often begin things and fail to finish them; have difficulty in finishing one thing prior to beginning another; move from activity to activity without apparent purpose?

Feeling

1. **Depressed Mood** (Sad) – Does your child seem too often be irritable, depressed or sad? Has your child lost interest in things he used to enjoy?
2. **Inappropriate Affect** – Does your child seem, without a reason, to often be happier and more energetic than most children his age or, be sad or angry when there seems no reason to be?
3. **Anxiety, Agitation** – Does your child appear to be worried, frightened, nervous or upset easily or often?
4. **Anger** – Is your child often easily angered or seem too often be mad?
5. **Apathy** – Does your child show a lack of interest in things he once enjoyed? Describe onset.
6. **Low Self-Esteem** – Does your child think he is less important, not as pretty or smart as other kids his/her age
7. **Self-Critical** – Does your child say things that "puts himself down"?
8. **Cries Excessively** – Does your child cry often over little things or for no apparent reason?
9. **Cries too little** – Does your child not cry when you think he should?
10. **Emotionless, Flat Affect** – Does your child fail to show feelings such as sadness, happiness or anger as often as other children his age?
11. **Feels Out of Control** – Does your child act as though he is losing control of what he says, does or thinks? Does he say he fears losing control or "going crazy"?

Behavior

1. **Intentionally Hurts others** – Does your child seem to intentionally hurt others? How often? In what ways?
2. **Self-Destructive** – Does your child intentionally do things to hurt himself? Does he often engage in dangerous or "risky" behaviors that might lead to injury or trouble? Have marks or bruises on herself that you suspect are self-inflicted?
3. **Intentionally Hurts Animals** – Does your child do things to intentionally hurt animals?

4. **Sexually Victimizes Others** – Has your child forced/made others do sexual things?
5. **Sets Fires** – Does your child play with fire or been known to set fires? Explain.
6. **Compulsive Behavior** – Does your child do the same thing repeatedly or not seem able to stop an activity or behavior once it is started?
7. **Destructive Behavior** – Does your child destroy other people's things on purpose? His own things?
8. **Overreacts** – Do little things bother your child to the point where he responds more strongly than other children?
9. **Overactive** – Does your child appear to often have trouble sitting still when compared to other children his age?
10. **Listless** – Does your child seem to easily lose interest or energy for doing things?
11. **Argumentative** – Does your child often argue or disagree with others?
12. **Refuses to Talk** – Does your child refuse to talk (or ignore people) when spoken to?

Social Interaction

1. **Home Problems**:
   a. Does your child have relationship problems with parents/guardians?
   b. Does your child have more problems with siblings than most children?
   c. Does your child have problems with others living in your house or other relatives?
2. **Community Interaction**:
   a. Has your child stolen on more than one occasion?
   b. Does your child lie often?
   c. Has your child come into contact with the police because of his behavior? Is he on probation, court supervision or parole?
3. **Defies Authority** – Does your child have trouble getting along with people in authority (teachers, police, parents, etc.)?
4. **Friendless, Isolated** – Does your child complain of not having friends, of others "picking on" him or does he play alone most of the time?
5. **Immature** – Does your child often act like children of a much younger age?
6. **Excessive Clinging** – Does your child show excessive fear when strangers are around? Refuse to stay with babysitters? Cling to you often?
7. **Withdrawn/Unresponsive** – Does your child: prefer to play with things rather than people; ignore others even when spoken to? Have there been any recent changes in the way your child interacts with others including less involvement with others? Has your child's ability or willingness to communicate/talk with others changed recently?
8. **Inattentive** – Does your child seem to ignore things taking place around him?
9. **School Problems**:
   a. Does your child have many fights at school?
   b. Is (has) your child failing in school? Are your child's grades much lower than he is capable of?
   c. Has your child been expelled/suspended from school for behavior?

    d. Is your child absent from school often? Does your child refuse to attend school? Does your child skip school (truancy)?
    e. Is your child in a special education class for behavioral or emotional problems?
    f. Does the child's age minus his grade equal 5 or 6? If not, does it indicate the child is below his normal grade level in school? If so, why?

Age		Minus Grade Level		Grade Equivalent
10	-	6	=	4 (age appropriate)
10	-	2	=	8 (not age appropriate)

Physical Problems: Before checking any of these, the physician should rule out any physical disorders, which could account for the problem.

1. **Eating Disorders** – Does your child do any of the following:
    a. Refuse to eat often?
    b. Often overeat?
    c. Vomit often following a meal?
    d. Have diarrhea often?
    e. Complain often of stomachache?
2. **Sleeping Disorders** – Does your child do any of the following:
    a. Have difficulty falling asleep?
    b. Have difficulty staying asleep?
    c. Feel tired most every day?
    d. Sleep walk?
    e. Have bad dreams or nightmares frequently?
    f. Cannot be awakened from a bad dream?
    g. Snore a lot?
    h. Move violently, jerk, twitch or grind teeth during the night?
3. **Enuresis** – Does your child wet the bed at night or his clothing during the day?
4. **Encopresis** – Does your child soil his pants in bed or during the day?
5. **Frequent Somatic Complaints** – Does your child often complain of body pains or of being sick?
6. **Drastic Weight Change** – Has your child gained or lost a lot of weight lately? (More than 10% of his body weight?)
7. **Lethargic** – Does your child appear to be often tired or have little energy?

The screener should provide comments for any item checked in this section in the Comment section on the backside of the form.

The following information may be obtained by interview or observation:

Life Changes (Stressors) (Last Year)

Victimized/Neglect – physical, sexual, financial (robbery, etc.), emotional, abuse or neglect (provide comments). Examples:
- Death of Family Member or close friend – indicate relationship
- New School - change of school (indicate number of changes in past three years)

- Loss of Relationship - indicate relationship and cause
- Serious Illness/Injury - of self or family member (indicate nature of illness or injury)
- Incarceration of Parent - Parent or guardian placed in jail or prison
- Loss of Job - self or family member (indicate impact on family)
- Economic Loss - fire, accident, repossession, etc.
- Residence - include foster placement, moves (indicate number)
- Witnessed a Violent Crime - personally viewed the commission of a crime of violence or the injuries/death of the victim shortly thereafter or exposure to crime of violence in parent, caregiver or sibling?

Suicide Ideation
1. **Ideation/Plan** – Is your child talking to you about ending his life, or wishing he were never alive or born, or about life being hopeless, of wanting to do serious self-harm? Does he talk about death often? Has your child ever spoken of a plan to kill himself? If so; how, when, and where has he indicated he will do it?
2. **Gestures** – Have there been suicidal gestures (threats, notes, scratches on wrists, etc.) within the past year. Has your child done anything else that makes you think he seriously wants to end his life?
3. **Attempts** – Have there been attempts (overdoses, hanging, etc.) that were unsuccessful anytime during his life? Has your child ever intentionally harmed himself?

The screener should comment on any suicidal indications in the Comment section on the back of the form.

Substance Abuse
Do you suspect your child has experimented with drugs or alcohol? What makes you think that? What drugs and alcohol usage has occurred, if any? Indicate types, amounts and frequency.

Medical Issues
Is there a significant illness or injury in the child's medical history that you feel affects his mental/emotional health? (Indicate medical diagnoses, current medications, hospitalizations, major illnesses, surgeries, severe injuries, significant developmental delays, out-of-home placements and significant family crises.)

Abuse/Neglect
Is there anything that causes you to suspect child abuse or neglect? (Specify)
Report immediately 1-800-25-ABUSE

Appendix HK-6

Healthy Kids Mental Health Screening Tool
Ages 3 Through 20
Illinois Department of Healthcare and Family Services

Child

Name _____
Birth Date _____
Age _____
Grade _____
Medicaid No _____

Parent/Caregiver

Name _____

Address _____

Phone _____

Screener

Name _____
Physician _____
Clinic _____
Address _____
Phone _____

Instructions: Question the child, parent/guardian, and check medical records.
Based on age appropriateness, mark those that are currently indicated unless otherwise instructed. Make a referral for a Mental Health Assessment when necessary. (Refer to Provider Handbook for instructions.) **STOP! If the child has already been referred or is currently receiving treatment do not continue.**

Note: Bolded items may require an immediate referral.
___CHECK IF PARENT OR GUARDIAN REQUESTS A REFERRAL.

Do you have any concerns about this child? What about this child concerns you most?

Thinking
___**Delusions**
___**Hallucinations**
___**Paranoia**
___Obsessive Ideation
___Frequent Memory
 Loss
___Confusion
___Easily Distracted
___Difficulty
 Concentrating
___None of the Above

Behavior
___**Intentionally Hurts
 Others**
___**Self-Destructive**
___**Intentionally Hurts
 Animals**
___**Sexually Victimizes
 Others**
___**Sets Fires**
___Compulsive

Behaviors
___Destructive
Behaviors
___Overreacts
___Overactive
___Listless
___Argumentative
___Refuses to Talk
___None of the Above

Feeling
___**Depressed Mood**
 (Sad or irritable)
___Inappropriate Affect
___Anxiety, Agitation
___Anger
___Apathy
___Low Self-Esteem
___Self-Critical
___Cries Excessively
___Cries Too Little
___Emotionless, Flat
 Affect

___Feels Out of Control
___None of the Above

Life Changes (past
 year)
___**Victimized/Neglect**
___Death of Family
 Member
___New School
___Lost Relationship
___Serious Illness/Injury
___Incarceration of a
 Parent
___Loss of Job
___Economic Loss
___Residence
___Witnessed a Violent
 Crime
___None of the Above

Physical (Rule out
 physical disorder)
___**Eating Disorder**

(Specify)
___Sleep Disorder
(Specify)
___Enuresis
___Encopresis
___Frequent Somatic
___Complaints
___Drastic Weight
Change
___Lethargic
___None of the Above

Suicide Assessment
(N/A)
___Ideation/ Plan
(current)
___Gestures (past
year)
___Attempts (during
lifetime)

**Comment on back for
any item checked
under Physical or
Suicide.**

Substance Abuse
(N/A)
Drug of Choice _____
Amount _____
Frequency _____

Social
___Problems at home
 ___Parents

___Siblings
___Others
___Community
Interaction
___Stealing
___Chronic Lying
___Police Involved
___Defies Authority
___Friendless, Isolated
___Immature
___Excessive Clinging
___Withdrawn/
Unresponsive
___Inattentive
___School Problems
___Excessive
Fighting
___Failure, Grades
___Expulsion
___Truancy
___Special Ed.
(Behavior/
Emotional
Problems)
___Child's Age
(Minus) Grade = 5 or 6
__None of the Above

Medical Issues: Mark
any of the following that
are applicable.

Has the child ever or do
they currently have any
of the following:

(Provide narrative under
comments)

Chronic Conditions
___Diabetes
___Heart Condition
___Asthma
___Tuberculosis
___Urinary Tract
Condition
___Anemia
___Cancer
___G.I. Condition
___Other (specify)

Health History
___Major Surgery
(specify)
___Head Injury
(medically
evaluated)
___Other Injury
___Medical
Hospitalization
(past 3 years)

Family Situation
___Out of Home
Placement
___Family History of
Mental Illness
___Family History of
Substance Abuse
___Child or Family
Received
Counseling (past 3
years)

Psychiatric Hospitalization during the past three years ___child ___family member.

List other **Medical Conditions** that may impact mental or emotional development: Is the child currently on **Medication**? If so, specify medication and dosages:

Comments: (comment on all items checked under "Physical" or "Suicide")

Suspected Child **Abuse** and **Neglect** must be reported to DCFS immediately!
      1-800-25ABUSE.

The Physician conducting the Healthy Kids Mental Health Screen:
1. Makes an appointment with a Mental Health provider when indicated. The appointment should be made while the child is at your office and the information about the appointment should be given to the parent/caregiver.
2. Sends a copy of this form to the Mental Health provider.

Referral To _____

Date _____ Time _____

Date Participant Notified of Appointment _____

By Whom _____

The Mental Health Provider conducting the mental health assessment, with the signed consent of the parent/guardian:
1. Sends a copy of this form to the referring physician once the assessment has been completed indicating recommended services.
2. Informs the referring physician of the missed or rescheduled appointments.
3. Reports the client's progress, change in treatment plans on a quarterly basis until case closure.

To be completed by the Mental Health Provider Only and returned to the referring physician.

Date of Assessment_____

Diagnosis_____

Recommended Services:

Appendix HK-7

Substance Abuse Screening and Referral Resources

Substance Abuse Screen Instructions
The screen can be administered by virtually anyone who knows the patient, like the parent or another significant person in the patient's life; or a person who has a professional relationship with the patient, such as a nurse or other physician's office personnel. The screen is not a diagnostic tool. Rather it provides a way to capture some vital information that can be used to either confirm, or dispel, the possibility of a substance abuse problem with the young person under consideration.

With the exception of the items in **bold print**, no single response has much meaning in, and of, itself. It is a series of responses that present a pattern, no matter how slight, of attitudes and behaviors, which lead the screener to feel that more information is needed. The screening process will not confirm the existence of a substance abuse problem, but it will give sufficient support for a recommendation that the client see a substance abuse professional for a formal, clinical evaluation.

It is important for the screener to remember that the earlier a problem is identified, the earlier a serious intervention can begin. Substance abuse that is caught early is very treatable. Like most diseases, however, if left untreated, the costs, both personal and financial, grow considerably.

Guidelines to Each Section

Thinking: How the patient processes information is the focus of this section. Everyone will get confused at times and at times, forget things. That is normal. What is being assessed is a pattern of thought processes that are significantly different from other young people. In other words, does the patient usually process information normally, or is he/she usually confused, distracted, and disoriented?

Life Style Changes: No single item means a problem in isolation. If a pattern of responses is noted however, the screener should begin to consider the possibility of dysfunctional living. Combinations of these elements present a set of characteristics that are common to many youthful substance abusers.

Temperament: There is no need to be concerned with the occasional or sporadic flash of temper. All young people get frustrated from time to time and that frustration often takes the form of anger or a negative attitude. In this section, the screener is trying to find out if the young person shows these negative behaviors or attitudes represent a change from the way the patient used to be. Many times this will be noted when a parent says something like "I just don't know what's the matter with him/her anymore. He/She used to be such a nice boy/girl."

Social: This is the area that the patient and the family often have the hardest time

talking about. Many things influence the environment in which the patient lives. If those environmental factors reflect negatively on the parents, they do not surface easily. For example, if the parents are problem drinkers, or if they do drugs themselves, it will be difficult for them to admit that their behavior has a negative impact on the rest of the family. Also, as young people mature, their peer relationships change. This is normal. However, if the young patient now rejects, or is rejected by the friends he/she once had and if the new friends tend to be secretive or reluctant to share what they do with others, especially with adults, it might indicate that the patient's new constellation of friends belong to the marginal sub-culture associated with drug use. With young people, the old adage that, "you are known by the friends you keep," is very accurate. Again, in this section, the screener is looking for abrupt change and for patterns of signs and symptoms. Any one of the items by itself has little, if any, significance.

Behavior: This section deals with elements that are the most obvious, and the behaviors noted here are the ones most commonly associated with a young person who is attempting to deal with a problem of some type. Those attempts may, or may not, involve drug use. Or, drug use itself may be the problem. Finding out, which came first is not important at this point. The important thing is to note that all of these behaviors tend to be negative and a pattern of even a couple of them is an excellent indicator that some kind of professional involvement is called for. If drug use can be ruled out early, other appropriate help can be provided. If the professional finds substance abuse at this early stage, however, a lot of critical time has been saved and the appropriate treatment can begin sooner, rather than later.

Substance Abuse: Any checked item in this section is an automatic "trigger" to make a referral for a formal, clinical assessment by a substance abuse professional. If the screener notes even one of these examples, the case should be referred for professional interventions. In conclusion, the screener can either write up a brief summary for the physician, or the completed screen can simply be given, without comment, to the doctor for evaluation. In any event, the physician will determine the next step in the patient's care. If a referral is made, the Primary Care Provider, or case manager, if the patient has been assigned one, should see to it that the patient keeps the appointment for a clinical assessment by the substance abuse professional.

Substance Abuse Pre-Assessment Screen
Use and Referral Process

Instructions
To make a referral for clinical assessment of a suspected problem with alcohol or other drug abuse, please administer the attached pre-assessment screen to the patient. The screen is in a simple checklist format and it can be administered by virtually anyone.

When the screen has been completed, review the results. If, in the provider's professional opinion, there is reason to suspect the presence of a substance abuse problem, refer that patient to a substance abuse professional for a clinical assessment. Once completed, that assessment will be returned to the provider for inclusion in the provider's comprehensive evaluation of the patient and patient's confidential medical record.

Decision-Making Regarding Substance Abuse Referrals
Sorting Out the Levels of Risk

Referrals under the EPSDT program require that the physician/provider:
- Obtain written consent of the patient to release information to the substance abuse treatment provider.
- Make contact with an approved substance abuse treatment services provider to arrange an appointment.
- Communicate with the patient and parent, the appointment time and location before they leave the provider's office following the screening.
- Send copies of your Substance Abuse Treatment Screen to the referral source.
- Receive from the referral source within a reasonable amount of time (e.g. ten days following the appointment date) notification as to the disposition (show/no show) of the appointment, including any diagnosis and recommendations.

The substance abuse treatment provider will, with the written permission of the parent:
Receive the referral
- Notify the physician if the appointment was not kept and has been re-scheduled. If the patient has an identified case manager, the case manager should be notified for the purpose of follow-up.
- Assess the patient
- Provide continuing feedback to the referring physician as indicated (e.g. significant changes in the treatment plans)

Contact Points for Substance Abuse Treatment Services
To arrange for a pre-assessment screening to identify the presence of a substance abuse problem, or to schedule a formal, clinical assessment of your patient by a certified substance abuse professional, please contact an appropriate agency or program.

The Substance Abuse Screening Instrument (HFS 3411D) can be ordered online via the HFS Paper Medical Forms Request webpage. Providers may also mail or fax an HFS Form 1517 (pdf) (R-9-06) to the HFS Warehouse to order a supply:

<div align="center">

Illinois Department of Healthcare and Family Services
2946 Old Rochester Road
Springfield, Illinois 62703-5659
Fax: 217-557-6800

</div>

Appendix HK-8

Healthy Kids Substance Abuse Screen
Illinois Department of Healthcare and Family Services

I. Patient

Name _____
Medicaid Number _____
Birth Date _____
Age _____
Grade _____

II. Parent

Name _____

Address_____

Phone _____

III. Screener

Name _____
Physician _____
Clinic _____
Address _____
Phone _____

Instructions: Question the patient and parent. Check any items listed below which pertain to the patient. Make a referral for a Substance Abuse Assessment when necessary. **Any Bolded Items Checked Below Require An Immediate Referral**. (Refer to the attached instructions.) **Stop!** If the patient has already been referred or is currently receiving treatment for substance abuse, do not continue.

Thinking

___Frequent Memory Loss
___Confusion
___Easily Distracted
___Difficulty Concentrating

Life Style Changes

___Change in Group of Friends
___Poor Personal Hygiene
___Unkempt Appearance
___Drug Oriented Language
___Erratic Sleep Patterns
___Poor Eating Habits
___Unfulfilled Promises
___Excessive Interest in "Hard Rock"
  Music (Heavy Metal, Acid)
___Cult Activities

___Involvement in Gang or
 Gang Activity

Temperament

___Overly Defensive
___Quick to anger
___Listless, Uninterested
___Argumentative
___Cocky, Arrogant
___"Spaced Out" Much of the Time

Social

___Problems at Home
___Substance Abuse at Home
___Problems with Neighbors
___Loss of Former Friends
___School Problems

___Disliked by Significant Other
___Evidence Peers are Drug Involved
___Evidence of Low Self-Esteem

Behavior

___Increase in Secretive Behavior
___Cruel (Hurts Others)
___Self Hurt (Mutilation, Tattoos)
___Hurts Animals
___Over Reacts/Under Reacts
___Defiant of Authority
___Excuses, Lies

___Suicidal, Ideation of Attempt
___Avoidance of Parents, Family
Members, Authority Figures, Adults
___Severe Mood Swings

Substance Abuse

___**Obviously Intoxicated at Times**
___**Possession of Drug Paraphernalia**
___**"Glassy" Eyes**
___**Blackouts**
___**Signs of IV Drug Use**
___**Signs of Nasal Damage from
Inhalation, Sniffing or "Snorting"**
___**Other Evidence of Drug Use**

HFS 3411D (N-5-93)

Psychiatric Hospitalization during the past three years ___patient ___family member

Substance Abuse Treatment during the past three years ___patient ___family member.

List other **Medical Conditions** that may impact social or emotional development.

Is the patient currently on **Medication**? If so, specify medications and dosages:

Comments (Substance Abuse):

___Check if **Parent** Requests a Referral.

Suspected Child **Abuse** and **Neglect** must be reported to DCFS immediately!
1-800-25ABUSE

The **Physician** conducting the Healthy Kids Substance Abuse Screen:
* Makes an appointment with a substance abuse treatment provider when indicated while the patient is at your office and the information about the appointment should be given to the parent
* Sends a copy of this form to the substance abuse treatment provider

Referral To _____

Date _____ Time _____

Date Client Notified Of Appointment _____

By Whom _____

The **Substance Abuse Provider** conducting the substance abuse assessment, with the signed consent of the parent:
* Sends a copy of this form to the referring physician once the assessment has been completed indicating recommended services
* Informs the referring physician of the missed or rescheduled appointments
* Reports the patient's progress or change in treatment plans on a quarterly basis until case closure

To be completed by the **Substance Abuse Provider Only** and returned to the referring physician.

Date of Assessment_____

Diagnosis_____

Recommended Services:

Appendix HK-9

Smoking and Tobacco Use Cessation Resources

Illinois Smoking Cessation Resources
Illinois Tobacco Quitline
- Illinois Tobacco Quitline website
- Phone :   1-866-QUIT-YES (1-866-784-8937)

Illinois Tobacco-Free Communities - Illinois Department of Public Health
- Website: Illinois Tobacco-Free Communities website

Smoke-free Illinois - Illinois Department of Public Health
- Smoke-free Illinois website

Stop Smoking, American Lung Association in Illinois - Greater Chicago
- Stop Smoking, American Lung Association in Illinois website

Smoking Cessation Fact Sheets and Materials
Smoking Cessation - National Institutes of Health
- Smoking Cessation website

Smoking Q&A – National Cancer Institute
- National Cancer Institute website

Smoking Cessation - American Heart Association
- American Heart Association website

Smoking Cessation – National Institutes of Health
- National Institutes of Health website

Tobacco Cessation Guideline – Surgeon General
- Surgeon General website

Tobacco Fact Sheets – National Cancer Institute
- National Cancer Institute website

Tobacco Cessation Patient Materials - American Academy of Family Physicians
- American Academy of Family Physicians website

Freedom from Smoking Online – American Lung Association
- American Lung Association website

The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014
- The Health Consequences of Smoking website

Information for Women
National Partnership to Help Pregnant Smokers Quit
- National Partnership to Help Pregnant Smokers Quit website

Tobacco Use and Pregnancy – Centers for Disease Control and Prevention
- Centers for Disease Control and Prevention website

Information on Secondhand Smoke
Secondhand Smoke – American Cancer Society
- American Cancer Society website

Secondhand Smoke Fact Sheet – American Lung Association
- American Lung Association website

Smoke-Free Homes – U.S. Environmental Protection Agency
- U.S Environmental Protection Agency website

Resources for Health Professionals

Five Major Steps to Intervention (The 5A's) – Agency for Healthcare Research and Quality
- Agency for Healthcare Research and Quality website

Smoking Information for Health Professionals - American Cancer Society
- American Cancer Society website

Counseling to Prevent Tobacco Use and Tobacco-Caused Diseases – Agency for Healthcare Research and Quality
- Agency for Healthcare Research and Quality website

Appendix HK-10

Procedure Codes for Approved Risk Assessment Tools

Procedure Description	Recommended CPT Code
Risk Assessment	
Problem-Oriented Screening Instrument for Teenagers (POSIT)	96127
CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) Screening Tool	96127
Child and Adolescent Depression	96127
Beck Depression Inventory-II (BDI-II)	96127
Center for Epidemiological Studies Depression Scale (CES-D)	96127
Center for Epidemiological Studies Depression Scale for Children (CES-DC)	96127
Patient Health Questionnaire Adolescent Version (PHQ-A)	96127
Patient Health Questionnaire Quick Depression Screen (PHQ-9)	96127
Children's Depression Inventory (CDI)	96127
Reynolds Adolescent Depression Scale (RADS)	96127
Pediatric Symptom Checklist	96127
Maternal (Perinatal) Depression	
Administration and interpretation of health risk assessment (Postpartum Depression Screening)	96127 HD
Prenatal care, at risk assessment (Prenatal Depression Screening)	H1000
Edinburgh Postpartum Depression Scale (EPDS)	96127 HD
Beck Depression Inventory-II (BDI-II)	H1000/96127 HD
Center for Epidemiological Studies Depression Scale (CES-D)	H1000/96127 HD
Patient Health Questionnaire Quick Depression Screen (PHQ-9)	H1000/96127 HD
Parenting Stress Index (PSI)	H1000/96127 HD
Adolescent Alcohol and Substance Use and Abuse	
Problem-Oriented Screening Instrument for Teenagers (POSIT)	96127
CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) Screening Tool	96127
Preconception Risk Assessment	
Preconception Risk Assessment & Clinical Guidance Tool (Form HFS 27)	96160

The GAPS Screening Tool is not an approved risk assessment as it is no longer supported by the American Medical Association (AMA) and is not publicly available.

Appendix HK-11

Procedure Codes for Approved Developmental Screening Tools

Developmental assessment tools may be revised to reflect new advances. Revisions to tools listed below are approved for reimbursement by HFS. However, HFS reserves the right to periodically review revisions to previously approved tools to assure they continue to meet the reimbursement approval criteria. If the revised tool does not meet the criteria, HFS can deny approval for reimbursement. HFS will post the rescission of approval on our website at least 180 days prior to initiation of denials.

Providers may request additions to the list of objective developmental tools recognized by HFS for payment. Requests must be submitted using Form HFS 724 (pdf) "Screening, Assessment and Evaluation Tool Approval Request Form". Providers are strongly encouraged to access the form on-line and to complete the form electronically.

As a best practice strategy, use of a social-emotional screening instrument is recommended.

Tier 1: Developmental Screening and Assessment/Evaluation Tools – Approved for Reimbursement	Recommended CPT Code
Procedure Description: Developmental Screening Tools	96110
Ages and Stages Questionnaires (ASQ)	96110
Ages & Stages Questionnaire 4th Edition (ASQ-3)	96110
Ages & Stages Questionnaires: Social-Emotional (ASQ : SE)	96110
Battelle Developmental Inventory Screening Test (BDIST)	96110
Bayley Infant Neurodevelopment Screener (BINS)	96110
Bayley Scales of Infant and Toddler Development 4th Edition (Bayley-III) – Screening Test	96110
Brief Infant Toddler Social and Emotional Assessment (BITSEA)	96110
Brigance Early Childhood Screens (0-35 Months, 3-5 Years, K&1)	96110
Chicago Early Developmental Screening Inventory	96110
Developmental Profile II	96110
Developmental Indicators for the Assessment of Learning – Revised (DIAL-R)	96110
Developmental Indicators for the Assessment of Learning – 4th Edition (DIAL-3)	96110
Early Language Milestone Scales Screen	96110
Early Screening Inventory (ESI)	96110
Early Screening Profiles (ESP)	96110
Eyberg Child Behavior Inventory/Sutter-Eyberg Student Behavior	96110
Family Psychosocial Screening	96110

Infant Development Inventory (IDI)	96110
Infant -Toddler Checklist for Language and Communication	96110
Infant-Toddler Symptoms Checklist	96110
McCarthy Screening Test (MST)	96110
Modified Checklist for Autism in Toddlers (M-CHAT)	96110
Minneapolis Preschool Screening Instrument (MPSI)	96110
Parent's Evaluation of Developmental Status (PEDS)	96110
Parent's Evaluation of Developmental Status- Developmental Milestones (PEDS:DM)	96110
Parents' Observation of Infants and Toddlers (POINT)	96110
Pediatric Symptom Checklist (PSC)	96110
Project Memphis DST	96110
Revised Developmental Screening Inventory	96110
Revised Parent Developmental Questionnaire	96110
Safety Word Inventory and Literacy Screener (SWILS)	96110
Temperament and Atypical Behavior Scale (TABS) Screener	96110
Procedure Description: Developmental Assessment/Evaluation Tools	96111
Achenbach Child Behavior Checklist – Preschool Module (ASEBA)	96111
Autism Diagnostic Observation Schedule (*assessment only*)	96111
Battelle Developmental Inventory (BDI)	96111
Bayley Scales of Infant and Toddler Development III	96111
Brigance Inventory of Early Development III Standardized (IED III)	96111
Child Development Inventory (CDI)	96111
Connor's Rating Scales (CRS)	96111
Developmental Assessment of Young Children (DAYC)	96111
Devereux Early Childhood – Clinical Form	96111
Devereux Early Childhood Assessment for Infants and Toddlers	96111
Early Coping Inventory	96111
Erhardt Development Prehension Assessment (EDPA)	96111
Hawaii Early Learning Profile (HELP)	96111
Infant Toddler Developmental Assessment (IDA)	96111
Infant-Toddler Social and Emotional Assessment (ITSEA)	96111
Otis-Lennon School Ability Test (OLSAT)	96111
Piers-Harris Children's Self-Concept Scale (PHCSCS)	96111
Temperament and Atypical Behavior Scale (TABS) Assessment Tool	96111
Vineland Adaptive Behavior Scales (VABS)	96111
Vineland Social-Emotional Early Childhood Scales (Vineland SEEC)	96111
Vineland Social Maturity Scale	96111

Please note, the following Tier 2 tool(s) were removed from the Tier 1 approved list. To allow time for transition, providers have 12 months following the removal date to continue using the tool. Thereafter, providers must not submit claims for reimbursement based on use of unapproved tools.

Tier 2: Developmental Screening Tools – Removed from Tier 1 Approved List	Removal Date	HFS Reimbursement Ends
Denver DST/Denver II	January 2015	December 2015
Developmental Assessment/Evaluation Tools – Removed from Tier 1 Approved List		
N/A		

Appendix HK-12

Early Intervention Program and Other Developmental Resources
Illinois Department of Human Services

For Early Intervention address information see the DHS Early Intervention website.
To order Public Awareness materials call 1-800-851-6197.

Children's Services Directory
- Phone/TTY: 1-800-323-4769
    Provides information about the early intervention system, including access to a variety of public awareness/educational materials, and refers people to early intervention programs and service coordinators in their area. English and Spanish speaking counselors are available to answer calls.

Illinois Early Childhood Intervention Clearinghouse
- Phone/TTY: 1-800-852-4302
    Loans books, videos and other materials on early childhood development (in English and Spanish) free of charge. The Clearinghouse also publishes a quarterly newsletter called Early Intervention.

Illinois Network of Child Care Resource and Referral Agencies
- Phone: 1-800-649-1884
    Represents child care providers in 16 service delivery areas (SDAs) throughout the state, providing training and services for child care centers and family child care programs. Each SDA has a team of inclusion leaders and/or local resources to help providers working with special needs children.

Illinois Assistive Technology Project
- Phone/TTY: 1-800-852-5110
    Provides information about adaptive equipment for all ages.

Illinois STAR NET *(Support and Technical Assistance Regionally)*
- Regions I and III   1-309-298-1634 or 1-800-227-7537
- Region II   1-847-803-3565
- Region IV   1-618-397-8930
- Region V   1-773-535-8470
- Region VI   1-708-342-5370
    (See the STARNET website for a map of regions)
    Provides training and technical assistance, including workshops, satellite distance education, consultation, fellowships and materials to early intervention and preschool staff and families of young children ages birth to 5 who have special needs.

The Autism Program of Illinois (TAP)
- Website: The Hope Institute in Springfield, Illinois
  Phone: 1-217-525-8332

- Website: Illinois State University at Bloomington-Normal
  Phone: 1-217-244-1395
- Website: Southern Illinois University at Carbondale
  Phone: 1-618-536-2122
- Website: University of Illinois at Chicago
  Phone: 1-312-413-4624
- Website: University of Illinois at Urbana/Champaign
  Phone: 1-217-244-1395

  The Autism Program (TAP) is a network of resources for Autism Spectrum Disorders in Illinois. TAP provides the strategy and framework for Illinois to address the complex issues involved in diagnosis, treatment and research for the thousands of children in Illinois with ASD. TAP has developed an infrastructure to train, support, and coordinate the linkage of an informed provider network to help Illinois families.

Birth to 5: Watch Me Thrive!

- Provides information about healthy child development, and developmental and behavioral screening among children.

National Center for Latinos with Disabilities

- Phone: 1-800-532-3393

  Provides free information about disability issues in Spanish.

National Lekotek Center

- Phone: 1-800-366-7529

  Provides information about and resources for children with special needs, including loaning educational toys.

Appendix HK-13

Children with Special Health Needs Referral Information and Resources

Illinois Department of Human Services [Bureau of Disability Determination Services](#)
- Phone: 1-800-843-6154
- TTY: 1-800-447-6404

Illinois Department of Human Services [Bureau of Home Services Respite/HIV Programs](#)
- Phone: 1-800-843-6154
- TTY: 1-800-447-6404

Illinois Department of Human Services [Centers for Independent Living](#)
- Phone/TTY: 1-217-782-9689 (Springfield)
- Phone/TTY: 1-312-814-4037 (Chicago)

Illinois Department of Human Services [Community Resources – Transition/STEP](#)
- Phone: 1-217-785-7751
- TTY: 1-888-845-4143

Illinois Department of Human Services [Educational Services](#)
- Phone: 1-217- 524-1379
- TTY: 1-888- 532-4146

Illinois Department of Human Services [Family and Community Services](#)
- Phone: 1-800-843-6154
- TTY: 1-800-447-6404

Illinois Department of Human Services [Persons who are Deaf or Hard of Hearing](#)
- Phone: 1-800-843-6154
- TTY: 1-800-447-6404

[DSCC Regional Office Locator](#)   Phone: 1-800-322-3722 TTY: 1-217-785-4728

[Illinois School for the Deaf (ISD)](#) Phone: 1-217-479-4200

[Illinois School for the Visually Impaired (ISVI](#)**)** Phone: 800-919-5617 TTY: 217-479-4415

[Illinois Center for Rehabilitation and Education – Roosevelt (ICRE-R)](#)
- Phone: 1-312-433-3100
- TTY: 1-888-261-8561

[Next Steps and Lekotek](#)
- Phone: 1-217-525-6522

Appendix HK-14

Procedure Codes Common to Healthy Kids Services Healthy Kids Program

These codes are for reference purposes only and do not replace or override current accepted billing practices and standards.

Procedure Description	Recommended CPT Code
Well Child Visit	
EPSDT Well Child Visit	99381-99385 (new patient – allowed once for any provider seeing patient for the first time) 99391-99395 (established patient) (use appropriate CPT code for the medical service provided)
Make Up Visit	Use appropriate Well Child Visit Code or Evaluation and Management Code – one inter-periodic visit is permitted per year
Hearing	
Screening test, pure tone, air only	92551
Pure tone audiometry (threshold); air only	92552
Audiometry, air and bone	92553
Tympanometry (impedance testing)	92567
Otoacoustic emissions (OAE)	92558
Auditory brainstem response (ABR)	92586
Vision	
Visual function screening, automated or semi-automated, bilateral quantitative determination of visual acuity ocular alignment, color vision by pseudoisochromatic plates and field of vision (may include all or some screening of the determination(s) for contrast sensitivity, vision under glare)	99172 – Cannot be billed with 99393 or in addition to any other general ophthalmological service or an E&M code, per CPT guidelines.
Screening test visual acuity quantitative, bilateral	99173
HOTV	99173
Lea	99173
Snellen	99173
Ocular photoscreening with interpretation and report, bilateral	99174
Lead Screening	
Blood Lead Analysis	83655
Epidemiology (used by health departments only)	T1029
Collection of venous blood (venipuncture)	36415 U1
Collection of capillary blood specimen	36416 U1
Blood Lead Testing System CLIA waived, Blood lead testing system (whole blood)	8365 QW

Appendix HK- 15

Immunization Resources

For locations of free immunization clinics:

- CDPH   311 (in Chicago only)
                1-312-746-6129
- IDPH   1-217-785-1455

For clinical questions about vaccines:
- CDC Informational Hotline   1-800-CDC-INFO (1-800-232-4636)
- CDPH   1-312-746-6088
                1-312-746-6226
                1-312-746-5382
- IDPH   1-217-785-1455

For information about or to schedule the Care Van:
- CDPH   1-312-746-6122
- IDPH   1-217-785-1455

To report a vaccine preventable disease:
- CDPH   1-312-746-5901
- IDPH   1-217-785-1455

To report adverse effects of immunizations:
- Vaccine Adverse Events Reporting System (VAERS) 1-800-822-7967
- VFC Vaccines – Chicago   1-312-746-5382
- VFC Vaccines – IDPH   1-217-785-1455

For requirements for travel abroad:
- Phone   1-877-FYI-TRIP (toll free)
- Website   www.cdc.gov/travel

Immunization related websites:
- Guidelines, Q&A   www.cdc.gov/vaccines
- "Needle Tips" newsletter, hepatitis B information, patient education materials
  www.immunize.org
- Current vaccine schedules (CDC) website

Appendix HK- 16

Internet Quick Reference Guide - The Department's handbooks are designed for use via the Internet and contain hyperlinks to the pertinent information. Other helpful links also are provided.

Internet Site
Administrative Rules
All Kids Program
American Academy of Pediatrics Oral Health Initiative
American Dental Association website
Bright Smiles from Birth An Oral Health Education Technical Assistance
Care Coordination
Child Support Enforcement
Claims Processing System Issues
Early Intervention Care Coordination Provider Toolkit
Early Intervention Referral Form (HFS Form 650)
Family Community Resource Centers
FamilyCare
Health Benefits for Workers with Disabilities
Health Information Exchange
Healthy Active Living for Families (Patients/Family)
Healthy Active Living for Families (Providers)
Home and Community Based Waiver Services
Illinois Department of Healthcare and Family Services
Illinois DHS Housing Programs/Services
Illinois Food and Nutrition Education Program
Illinois Health Connect
Illinois State Board of Education
Map of Weight-Related Community Resources in Illinois
Maternal and Child Health Promotion
Medical Electronic Data Interchange (MEDI)
Medical Forms Requests
Medical Programs Forms
National Health Care for the Homeless Council
National Institute of Dental and Craniofacial Research
National Maternal and Child Oral Health Resource Center website
Non-Institutional Provider Resources
Ounce of Prevention Birth to Five Program Inventory
Pharmacy Information
Provider Enrollment Information
Provider Fee Schedules
Provider Handbooks
Provider Notices
Registration for E-mail Notification
State Chronic Renal Disease Program
Statewide Provider Database brochure (pdf)
Statewide Provider Database Login website
Weight-Related Clinical Care Tools and Education