HK-203.1.1 Health Screening

It is recommended that health screenings be provided to children on the periodicity schedule recommended by <u>Bright Futures/the AAP</u>.

- Under age one:
 - Within 24 hours of birth in hospital
 - 3-5 days of life and within 48-72 hours after discharge
 - 1 month
 - 2 months
 - 4 months
 - 6 months
 - 9 months
- One to three:
 - 12 months
 - 15 months
 - 18 months
 - 24 months
 - 30 months
- Three to twenty-one:
 - Annually, per provider

DCFS requires that children in their legal custody between the ages of two years and 21 years receive, at a minimum, annual health screenings.

Illinois Department of Healthcare and Family Services

Dental Periodicity Schedule

(Effective July 1, 2014)

The Illinois Department of HealthCare and Family Services (HFS) has based the Dental Health Periodicity Schedule on the American Academy of Pediatric Dentistry Periodicity Schedule oral health recommendations and consultation with the medical and dental communities. This schedule is designed for the care of children who have no contributing medical conditions and should be modified for children with special health care needs or in the event of trauma or disease results in variations from the norm.

As part of the well child visit, the Primary Care Provider (PCP) (medical home) performs an oral health screening, HFS recommends following the American Academy of Pediatrics guidelines, and as detailed in the guidance provided by the HFS Handbook for Providers of Healthy Kids Services in accordance with Bright Futures. An oral screening is part of the well child physical examination but does not replace referral to a dentist. Children should receive an oral health risk screening from their PCP by six months of age that includes: (1) assessing the child's risk factors for developing oral disease; providing education on the importance of oral health; and evaluating and optimizing fluoride exposure. Anticipatory guidance related to oral health provided to the parent, guardian and child should be age appropriate and follow the Bright Futures in Practice: ORAL HEALTH Pocket Guide.

At age one, or earlier as needed, PCP's should refer children to a dentist for routine and periodic preventive dental care. For children under age one, the PCP should perform the oral health screening to identify children who require evaluation by a dentist, and to provide evidence based/informed preventive oral health services, including anticipatory guidance.

A dentist will perform a thorough exam that will include X-rays. The dental hygienist will perform prophylaxis, fluoride and oral health education.

DentaQuest of Illinois, LLC

SERVICE	Birth – 12 Months	12-24 Months	24 Months to 3 years	3-6 Years	6-12 Years	12 Years & Older	
Anticipatory Guidance/Counseling ¹	•	•	•	•	•	•	
Oral Health Screening by PCP (at physical exam)	•	•	•	•	•	•	
Clinical Oral Examination ²			•	•	•	•	
Assess oral growth and development ³	•	•	•	•	•	•	
Caries-risk assessment 3	•	•	•	•	•	•	
Fluoride Supplementation/ Topical Fluoride Varnish	•	•	•	•	•	•	
Referral to a Dental Home by the PCP ⁴			•	•	•	•	
Radiographic Assessment			•	•	•	•	
Pit & Fissure Sealants ⁵				•	•	•	
Fluoride Supplementation/ Topical Fluoride Varnish	•	•	•	•	•	•	
Assessment and possible removal of 3 rd molars						•	

Illinois Department of HealthCare and Family Services Dental Periodicity Schedule Birth to Age 21

Note: While some services are not noted in a certain age category (e.g., birth to 12 months), those services are available, as medically necessary, to those children.

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code IL	Fiscal Year 2020						CENTERS for MEDICA	RE & MEDICAID SERVICES		
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	х	Enter X if your state gives CMS permission to generate the data for this form on behalf of your state using information reported in T-MSIS.								
		Totals	Age Group <1	Age Group 1-2	Age Group 3-5	Age Group 6-9	Age Group 10-14	Age Group 15-18	Age Group 19-20	
1a. Total Individuals	CN:	1,414,001	75,832	150,544	217,230	271,060	346,614	245,086	107,635	
Eligible for EPSDT	MN: Total:	27,774	57 75,889	287 150,831	1,946 219,176	5,103 276,163	9,216 355,830	8,529 253,615	2,636	
	CN:	1,327,691	52,334			259,828	332,453	233,918	98,384	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	MN:	26,704	33		1,861	4,927	8,885	8,216	2,519	
EFSD1 for 90 Continuous Days	Total:	1,354,395	52,367	143,617	209,281	264,755	341,338	242,134	100,903	
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN:	137,190	1	5		30,714	57,048	40,766	8,644	
	MN: Total:	1,739 138,929	0	0		290 31,004	655 57,703	681 41,447	113 8,757	
2a. State Periodicity Schedule	Total.	100,020	7	5		4	5	4	2	
2b. Number of Years in Age Group			1	2	3	4	5	4	2	
2c. Annualized State			7.00	0.50	4.00	4.00	1.00	1.00	4.00	
Periodicity Schedule	CN:	14,581,392	7.00	2.50	1.00 2,325,348	2,922,456	1.00 3,735,897	1.00 2,602,804	1.00	
3a. Total Months of Eligibility	MN:	304,403	225	2,851	2,323,348	2,922,430	102,075	93,565	27,698	
	Total:	14,885,795	389,751	1,597,455		2,979,207	3,837,972	2,696,369	1,038,455	
3b. Average Period of Eligibility	CN:	0.92	0.62	0.93		0.94	0.94	0.93	0.86	
	MN:	0.95	0.57	0.90	0.95	0.96	0.96	0.95	0.92	
	Total: CN:	0.92	0.62	0.93	0.93	0.94	0.94	0.93	0.86	
4. Expected Number of	MN:		3.99	2.33		0.94	0.94	0.95	0.80	
Screenings per Eligible	Total:		4.34	2.33		0.94	0.94	0.93	0.86	
5. Expected Number of	CN:	1,612,944	227,130	334,015		244,238	312,506	217,544	84,610	
Screenings	MN:	25,874	132 227,262	592	1,768	4,730	8,530	7,805	2,317	
	Total: CN:	1,638,818 895,865	202,555	334,607 249,739	194,669 126,346	248,968 87,128	321,036 139,515	225,349 76,507	86,927	
6. Total Screens	MN:	9,674	63	376		1,702	3,564	2,430	403	
Received	Total:	905,539	202,618		127,482	88,830	143,079	78,937	14,478	
	CN:	0.56	0.89	0.75		0.36	0.45	0.35	0.17	
7. SCREENING RATIO	MN: Total:	0.37	0.48	0.64	0.64	0.36	0.42	0.31	0.17	
8. Total Eligibles Who	CN:	1,247,487	52,334	143,354	192,901	244,238	312,506	217,544	84,610	
Should Receive at Least	MN:	25,446	33		1,768	4,730	8,530	7,805	2,317	
One Initial or Periodic Screen	Total:	1,272,933	52,367	143,617	194,669	248,968	321,036	225,349	86,927	
9. Total Eligibles Receiving at Least	CN:	554,365	47,297	106,650	108,655	81,351	127,387	70,113	12,912	
One Initial or Periodic Screen	MN: Total:	8,615 562,980	25 47,322	194 106,844	983 109,638	1,573 82,924	3,255 130,642	2,217 72,330	368 13,280	
10. PARTICIPANT RATIO	CN:	0.44	0.90	0.74	0.56	02,324	0.41	0.32	0.15	
	MN:	0.34	0.76		0.56	0.33	0.38	0.28	0.16	
	Total:	0.44	0.90	0.74		0.33	0.41	0.32	0.15	
11. Total Eligibles Referred for Corrective Treatment	CN:	305,931 5,784	44,204	80,975 171	48,780	34,641	55,395 2,128	34,194 1,438	7,742	
	MN: Total:	311,715	44,226		49,447	35,745	57,523	35,632	7,996	
	CN:	487,782	354	20,844	77,897	127,628	152,830	86,219	22,010	
12a. Total Eligibles Receiving Any Dental Services	MN:	8,121	0		548	1,851	3,000	2,231	463	
Ally Delital Services	Total:	495,903	354	20,872	78,445	129,479	155,830	88,450	22,473	
12b. Total Eligibles Receiving Preventive Dental Services	CN: MN:	445,840 6,946	303	19,857 27	73,230 488	118,423 1,627	141,731 2,635	74,948 1,826	17,348 343	
	Total:	452,786	303		73,718	120,050	144,366	76,774	17,691	
12c Total Eligibles Passiving	CN:	155,748	34		14,439	42,693	52,434	35,602	9,939	
12c. Total Eligibles Receiving Dental Treatment Services	MN:	2,364	0		87	431	815	829	200	
	Total:	158,112	34	609	14,526	43,124 25,505	53,249 29,431	36,431	10,139	
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN: MN:	54,936 772				25,505	493			
	Total:	55,708				25,784	29,924			
12e. Total Eligibles Receiving Dental	CN:	462,797	220	16,771		123,954	146,611	79,474	20,266	
Diagnostic Services	MN:	7,580	0			1,792	2,825	2,005	409	
12f. Total Eligibles Receiving Oral	Total: CN:	470,377 9,498	220 372			125,746	149,436	81,479	20,675	
Health Services Provided by a	MN:	18				12	0	0	0	
Non-Dentist Provider	Total:	9,516	372	7,696	1,431	13	3	1	0	
12g. Total Eligibles Receiving Any	CN:	453,806	672			118,430	141,732	74,948	17,348	
Preventive Dental or Oral	MN:	6,962	0			1,628	2,635	1,826	343	
Health Service	Total: CN:	460,768 1,234,612	672 50,111	26,520 137,204		120,058 243,242	144,367 308,004	76,774 213,183	17,691 87,198	
13. Total Eligibles Enrolled in	MN:	24,567	23			4,552	8,248	7,582	2,225	
Managed Care	Total:	1,259,179				247,794		220,765	89,423	
14a. Total Number of Screening	CN:	103,893	3,076							
Blood Lead Tests	MN:	455	3	97						
	Total:	104,348	3,079 Enter X for Method I	57,301	43,968 Enter X for Method II		Enter X for Method III			
14b. Methodology Used to		CPT Code 83655 within	Line A for method I			Combination				
Calculate the Total Number of										

Note: "CN"=Categorically Needy, "MN"= Medically Needy

Disclosure Statement - Annual completion of the Form CMS-416 is mandatory for states pursuant to section 1902(a)(43)(D) of the Social Security Act which requires states to annually report on the provision of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0354 (expiration date May 31, 2023). The time required to complete this information collection is estimated to average 29 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop: C4-26-05, Baltimore, Maryland 21244-1850.