# Attachment XVI

- CMS-416 Report for FFY 2007

CHARLIE CRIST
GOVERNOR

HOLLY BENSON
SECRETARY

April 4, 2008

Mr. Jay Gavens
Acting Associate Regional Administrator
Centers for Medicare and Medicaid Services
Region IV - Division of Medicaid
61 Forsyth Street SW, Suite 4T20
Atlanta, GA 30303-8909

Dear Mr. Gavens:

I am submitting Florida's Annual Child Health Check-Up (formerly known as the Early and Periodic Screening, Diagnosis and Treatment) Participation Report, CMS-416, for the time period October 1, 2006 through September 30, 2007. We are pleased to report that there continues to be an increase in both our participation rate (68 percent) and screening rate (81 percent). The participation and screening rates for the age groups <1, 1-2 years, and 6-9 years continue to be above the federal 80 percent goal. For age groups not at the 80% goal, the state continues to address ways to improve these rates.

We would like to suggest for the Centers for Medicare and Medicaid Services (CMS) to consider all states use the Bright Futures/American Academy of Pediatrics "Recommendations for Preventive Pediatric Health Care" (Periodicity Schedule) as a quality standard for the Early and Periodic Screening, Diagnosis and Treatment program. This would ensure consistency in the frequency of preventive care visits across all states.

As requested, enclosed is Florida's Child Health Check-Up periodicity schedule that follows the recommendations of the American Academy of Pediatrics.

If you have any questions, please call Anne Boone of my staff at (850) 922-7321 or Hazel Greenberg in the Bureau of Managed Health Care at (850) 414-9444.

Sincerely,

Carlton D. Snipes
Deputy Secretary for Medicaid

CDS/ab/ah
Enclosures

cc/enc: Cindy Ruff, CMS Central Office
Catherine Cartwright, CMS Region IV
Chris Osterlund, Acting Assistant Deputy Secretary for Medicaid Operations
Tom Warring, Chief, Bureau of Managed Health Care
Ali Issa, Senior Database Analyst, Medicaid Contract Management
Hazel Greenberg, HMO Data Unit, Bureau of Managed Health Care
Area Medicaid Field Office Managers 1-11
Area Medicaid Child Health Check-Up Coordinators 1-11

# ANNUAL CHILD HEALTH CHECK-UP PARTICIPATION REPORT CMS-416

10/01/06 - 09/30/07

| STATE: FLORIDA FY: 2007 | CAT | TOTAL | AGE GROUPS < 1 | 1 - 2 | 3 - 5 | 6 - 9 | 10 - 14 | 15 - 18 | 19 - 20 |
|---|---|---|---|---|---|---|---|---|---|
| 1. TOTAL INDIVIDUALS ELIGIBLE FOR CHCUP: | CN | 1,593,814 | 141,363 | 251,257 | 281,311 | 310,907 | 318,309 | 231,790 | 58,877 |
| | MN | 17,583 | 486 | 1,405 | 1,058 | 2,774 | 3,805 | 4,100 | 3,955 |
| | TOTAL | 1,611,397 | 141,849 | 252,662 | 282,369 | 313,681 | 322,114 | 235,890 | 62,832 |
| 2A. STATE PERIODICITY SCHEDULE | | | 6.00 | 4.00 | 3.00 | 2.00 | 5.00 | 4.00 | 2.00 |
| 2B. NUMBER OF YEARS IN AGE GROUP | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 4.00 | 2.00 |
| 2C. ANNUALIZED STATE PERIODICITY SCHEDULE | | | 6.00 | 2.00 | 1.00 | 0.50 | 1.00 | 1.00 | 1.00 |
| 3A. TOTAL MONTHS OF ELIGIBILITY | CN | 14,422,305 | 874,230 | 2,390,309 | 2,711,887 | 2,891,766 | 2,963,576 | 2,127,321 | 463,216 |
| | MN | 58,038 | 1,552 | 6,277 | 3,306 | 8,874 | 11,587 | 12,001 | 14,441 |
| | TOTAL | 14,480,343 | 875,782 | 2,396,586 | 2,715,193 | 2,900,640 | 2,975,163 | 2,139,322 | 477,657 |
| 3B. AVERAGE PERIOD OF ELIGIBILITY | CN | 0.75 | 0.52 | 0.79 | 0.80 | 0.78 | 0.78 | 0.76 | 0.66 |
| | MN | 0.28 | 0.27 | 0.37 | 0.26 | 0.27 | 0.25 | 0.24 | 0.30 |
| | TOTAL | 0.75 | 0.51 | 0.79 | 0.80 | 0.77 | 0.77 | 0.76 | 0.63 |
| 4. EXPECTED NUMBER OF OF SCREENINGS PER ELIGIBLE | CN | | 3.12 | 1.58 | 0.80 | 0.39 | 0.78 | 0.76 | 0.66 |
| | MN | | 1.62 | 0.74 | 0.26 | 0.14 | 0.25 | 0.24 | 0.30 |
| | TOTAL | | 3.06 | 1.58 | 0.80 | 0.39 | 0.77 | 0.76 | 0.63 |
| 5. EXPECTED NUMBER SCREENINGS | CN | 1,647,642 | 441,053 | 396,986 | 225,049 | 121,254 | 248,281 | 176,160 | 38,859 |
| | MN | 5,612 | 787 | 1,040 | 275 | 388 | 951 | 984 | 1,187 |
| | TOTAL | 1,653,254 | 441,840 | 398,026 | 225,324 | 121,642 | 249,232 | 177,144 | 40,046 |
| 6. TOTAL SCREENS RECEIVED | CN | 1,335,717 | 460,908 | 411,032 | 179,192 | 109,620 | 111,710 | 57,515 | 5,740 |
| | MN | 2,298 | 836 | 992 | 81 | 111 | 151 | 83 | 44 |
| | TOTAL | 1,338,015 | 461,744 | 412,024 | 179,273 | 109,731 | 111,861 | 57,598 | 5,784 |
| 7. SCREENING RATIO | CN | 0.81 | 1.05 | 1.04 | 0.80 | 0.90 | 0.45 | 0.33 | 0.15 |
| | MN | 0.41 | 1.06 | 0.95 | 0.29 | 0.29 | 0.16 | 0.08 | 0.04 |
| | TOTAL | 0.81 | 1.05 | 1.04 | 0.80 | 0.90 | 0.45 | 0.33 | 0.15 |
| 8. TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN | CN | 1,202,223 | 141,363 | 251,257 | 225,049 | 121,254 | 248,281 | 176,160 | 38,859 |
| | MN | 5,311 | 486 | 1,040 | 275 | 388 | 951 | 984 | 1,187 |
| | TOTAL | 1,207,534 | 141,849 | 252,297 | 225,324 | 121,642 | 249,232 | 177,144 | 40,046 |
| 9. TOTAL ELIGIBLES RECEIVING AT LEAST ONE INTIAL OR PERIODIC SCREEN | CN | 820,207 | 193,858 | 204,840 | 159,034 | 102,509 | 102,941 | 52,012 | 5,013 |
| | MN | 1,322 | 320 | 544 | 78 | 110 | 147 | 80 | 43 |
| | TOTAL | 821,529 | 194,178 | 205,384 | 159,112 | 102,619 | 103,088 | 52,092 | 5,056 |
| 10. PARTICIPANT RATIO | CN | 0.68 | 1.37 | 0.82 | 0.71 | 0.85 | 0.41 | 0.30 | 0.13 |
| | MN | 0.25 | 0.66 | 0.52 | 0.28 | 0.28 | 0.15 | 0.08 | 0.04 |
| | TOTAL | 0.68 | 1.37 | 0.82 | 0.71 | 0.85 | 0.42 | 0.30 | 0.13 |

***** CONTINUED ON NEXT PAGE *****

ANNUAL CHILD HEALTH CHECK-UP PARTICIPATION REPORT CMS-416
10/01/06 - 09/30/07

| STATE: FLORIDA FY: 2007 | CAT | TOTAL | AGE GROUPS < 1 | 1 - 2 | 3 - 5 | 6 - 9 | 10 - 14 | 15 - 18 | 19 - 20 |
|---|---|---|---|---|---|---|---|---|---|
| 11. TOTAL ELIGIBLES | CN | 97,247 | 13,929 | 31,022 | 19,128 | 11,863 | 12,870 | 7,139 | 1,296 |
| REFERRED FOR | MN | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| CORRECTIVE TREATMENT | TOTAL | 97,248 | 13,929 | 31,022 | 19,128 | 11,863 | 12,870 | 7,140 | 1,296 |
| 12A. TOTAL ELIGIBLES | CN | 342,596 | 513 | 11,592 | 75,097 | 100,888 | 91,408 | 54,642 | 8,456 |
| RECEIVING ANY DENTAL | MN | 933 | 0 | 14 | 64 | 223 | 258 | 197 | 177 |
| SERVICES | TOTAL | 343,529 | 513 | 11,606 | 75,161 | 101,111 | 91,666 | 54,839 | 8,633 |
| 12B. TOTAL ELIGIBLES | CN | 209,526 | 151 | 6,514 | 45,183 | 64,699 | 58,940 | 30,345 | 3,694 |
| RECEIVING PREVENTIVE | MN | 458 | 0 | 6 | 32 | 132 | 144 | 79 | 65 |
| DENTAL SERVICES | TOTAL | 209,984 | 151 | 6,520 | 45,215 | 64,831 | 59,084 | 30,424 | 3,759 |
| 12C. TOTAL ELIGIBLES | CN | 123,256 | 293 | 3,696 | 23,781 | 36,606 | 32,706 | 22,469 | 3,705 |
| RECEIVING DENTAL | MN | 317 | 0 | 2 | 14 | 78 | 78 | 75 | 70 |
| TREATMENT SERVICES | TOTAL | 123,573 | 293 | 3,698 | 23,795 | 36,684 | 32,784 | 22,544 | 3,775 |
| 13. TOTAL ELIGIBLES | CN | 1,387,722 | 100,481 | 227,359 | 253,152 | 277,658 | 281,011 | 197,971 | 50,090 |
| ENROLLED IN | MN | 8 | 3 | 1 | 0 | 1 | 2 | 0 | 1 |
| MANAGED CARE | TOTAL | 1,387,730 | 100,484 | 227,360 | 253,152 | 277,659 | 281,013 | 197,971 | 50,091 |
| 14. TOTAL NUMBER OF | CN | 95,151 | 5,594 | 60,615 | 28,942 | | | | |
| SCREENING BLOOD | MN | 135 | 1 | 125 | 9 | | | | |
| LEAD TESTS | TOTAL | 95,286 | 5,595 | 60,740 | 28,951 | | | | |

***** END OF REPORT *****

# Recommendations for Preventive Pediatric Health Care (RE9535)

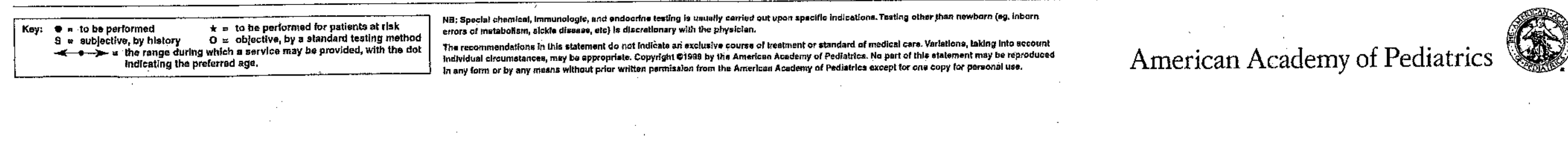
## Committee on Practice and Ambulatory Medicine

Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

These guidelines represent a consensus by the Committee on Practice and Ambulatory Medicine in consultation with national committees and sections of the American Academy of Pediatrics. The Committee emphasizes the great importance of **continuity of care** in comprehensive health supervision and the need to avoid **fragmentation of care.**

| | INFANCY[4] | | | | | | | | | EARLY CHILDHOOD[4] | | | | | MIDDLE CHILDHOOD[4] | | | | ADOLESCENCE[4] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **AGE[5]** | PRENATAL[1] | NEWBORN[2] | 2-4d[3] | By 1mo | 2mo | 4mo | 6mo | 9mo | 12mo | 15mo | 18mo | 24mo | 3y | 4y | 5y | 6y | 8y | 10y | 11y | 12y | 13y | 14y | 15y | 16y | 17y | 18y | 19y | 20y | 21y |
| **HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial/Interval | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| **MEASUREMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Height and Weight | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Head Circumference | | • | • | • | • | • | • | • | • | • | • | • | | | | | | | | | | | | | | | | | |
| Blood Pressure | | | | | | | | | | | | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| **SENSORY SCREENING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vision | | S | S | S | S | S | S | S | S | S | S | S | O[6] | O | O | O | O | O | S | O | S | S | O | S | S | O | S | S | S |
| Hearing | | O[7] | S | S | S | S | S | S | S | S | S | S | S | O | O | O | O | O | S | O | S | S | O | S | S | O | S | S | S |
| **DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT[8]** | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| **PHYSICAL EXAMINATION[9]** | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| **PROCEDURES-GENERAL[10]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hereditary/Metabolic Screening[11] | | ← | • | → | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization[12] | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Hematocrit or Hemoglobin[13] | | | | | | | | • → | → | ★ → | → | → | → | → | → | | | | ← | → | •[14] → | → | → | → | → | → | → | → | → |
| Urinalysis | | | | | | | | | | | | | | | • | | | | ← | → | → | → | → | •[15] → | → | → | → | → | → |
| **PROCEDURES-PATIENTS AT RISK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lead Screening[16] | | | | | | | | ★ → | → | | | ★ | | | | | | | | | | | | | | | | | |
| Tuberculin Test[17] | | | | | | | | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Cholesterol Screening[18] | | | | | | | | | | | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| STD Screening[19] | | | | | | | | | | | | | | | | | | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Pelvic Exam[20] | | | | | | | | | | | | | | | | | | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ ← | ★[20] | → | → ★ |
| **ANTICIPATORY GUIDANCE[21]** | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Injury Prevention[22] | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Violence Prevention[23] | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Sleep Positioning Counseling[24] | • | • | • | • | • | • | • | | | | | | | | | | | | | | | | | | | | | | |
| Nutrition Counseling[25] | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| **DENTAL REFERRAL[26]** | | | | | | | | | ← | → | → | → | • | | | | | | | | | | | | | | | | |

1. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (1996).
2. Every infant should have a newborn evaluation after birth. Breastfeeding should be encouraged and instruction and support offered. Every breastfeeding infant should have an evaluation 48-72 hours after discharge from the hospital to include weight, formal breastfeeding evaluation, encouragement, and instruction as recommended in the AAP statement "Breastfeeding and the Use of Human Milk" (1997).
3. For newborns discharged in less than 48 hours after delivery per AAP statement "Hospital Stay for Healthy Term Newborns" (1995).
4. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.
5. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
6. If the patient is uncooperative, rescreen within 6 months.
7. All newborns should be screened per the AAP Task Force on Newborn and Infant Hearing statement, "Newborn and Infant Hearing Loss: Detection and Intervention" (1999).
8. By history and appropriate physical examination: if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.
9. At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
10. These may be modified, depending upon entry point into schedule and individual need.
11. Metabolic screening (eg, thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
12. Schedule(s) per the Committee on Infectious Diseases, published annually in the January edition of *Pediatrics*. Every visit should be an opportunity to update and complete a child's immunizations.
13. See AAP *Pediatric Nutrition Handbook* (1998) for a discussion of universal and selective screening options. Consider earlier screening for high-risk infants (eg, premature infants and low birth weight infants). See also "Recommendations to Prevent and Control Iron Deficiency in the United States. *MMWR*. 1998;47 (RR-3):1-29.
14. All menstruating adolescents should be screened annually.
15. Conduct dipstick urinalysis for leukocytes annually for sexually active male and female adolescents.
16. For children at risk of lead exposure consult the AAP statement "Screening for Elevated Blood Levels" (1998). Additionally, screening should be done in accordance with state law where applicable.
17. TB testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Red Book: Report of the Committee on Infectious Diseases*. Testing should be done upon recognition of high-risk factors.
18. Cholesterol screening for high-risk patients per AAP statement "Cholesterol in Childhood" (1998). If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
19. All sexually active patients should be screened for sexually transmitted diseases (STDs).
20. All sexually active females should have a pelvic examination. A pelvic examination and routine pap smear should be offered as part of preventive health maintenance between the ages of 18 and 21 years.
21. Age-appropriate discussion and counseling should be an integral part of each visit for care per the AAP *Guidelines for Health Supervision III* (1998).
22. From birth to age 12, refer to the AAP injury prevention program (TIPP®) as described in *A Guide to Safety Counseling in Office Practice* (1994).
23. Violence prevention and management for all patients per AAP Statement "The Role of the Pediatrician in Youth Violence Prevention in Clinical Practice and at the Community Level" (1999).
24. Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS. Consult the AAP statement "Positioning and Sudden Infant Death Syndrome (SIDS): Update" (1996).
25. Age-appropriate nutrition counseling should be an integral part of each visit per the AAP *Handbook of Nutrition* (1998).
26. Earlier initial dental examinations may be appropriate for some children. Subsequent examinations as prescribed by dentist.



**Key:** • = to be performed ★ = to be performed for patients at risk
S = subjective, by history O = objective, by a standard testing method
←•→ = the range during which a service may be provided, with the dot indicating the preferred age.

**NB: Special chemical, immunologic, and endocrine testing is usually carried out upon specific indications. Testing other than newborn (eg, inborn errors of metabolism, sickle disease, etc) is discretionary with the physician.**

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