1. What is HealthCheck?

HealthCheck is the name of West Virginia’s Early and Periodic Screening, Diagnosis and Treatment Program (E.P.S.D.T.). It is a federally mandated comprehensive health care benefit package for all Medicaid enrolled individuals under the age 21. The primary emphasis of E.P.S.D.T. is preventive care.

2. Why HealthCheck exams?

It is important for children and young adults to see a primary care doctor, physician assistant or advanced practice registered nurse on a regular basis to stay healthy. Check-up intervals, or periodicity, are in accordance with Bright Futures and the American Academy of Pediatrics guidelines for well-child exams.

3. What are the required exam components?

Screening services are the foundation of E.P.S.D.T. Program. Required screening services include:

- physical examination
- dental, hearing and vision screening
- immunizations
- laboratory testing, including blood lead
- developmental surveillance or screening
  - gross/fine motor
  - communication
  - cognitive
  - social/emotional
  - self-help and self-care skills
- medical history
- referral for further diagnostic and treatment services.
4. **Is the HealthCheck form required for school enrollment?**
   No. The schools can accept the HealthCheck form or a similar document. Some providers have their own forms that cover all components of the HealthCheck.

5. **Many forms returned to the schools appear to be incomplete. What is considered an incomplete HealthCheck form?**
   If anything is checked in the Developmental section, then some type of surveillance has been completed and the child should not be sent back for further documentation. If nothing is checked in the Developmental section, then the parent/guardian child needs to be sent back to the child’s their medical home for further documentation. The same goes for all the other areas in the HealthCheck form, see examples below:

### Complete

**Oral Health Screen**

- Date of last dental visit: **10/12/2010**
- Water source
- Fluoride □ Yes □ No
- □ Current dental problems:

**Vision Acuity Screen**

- (obj) R_________ L_________
- □ Unable to obtain, re-screen in 4-6 months
- Under the care of an eye doctor.
- Wears glasses X □ Yes □ No

### Not complete - return to provider

**Oral Health Screen**

- Date of last dental visit
- Water source
- Fluoride □ Yes □ No
- □ Current dental problems:

**Vision Acuity Screen**

- (obj) R_________ L_________
- □ Unable to obtain, re-screen in 4-6 months
- Wears glasses □ Yes □ No
FAQ (Continued)

Complete

**Developmental:** √ Check those that apply

**Gross Motor:**
- X Walks, climbs, runs
- X Hops, jumps on 1 foot
- ☐ Up/down stairs alternating feet, without support
- X Throws overhand
- X Rides bicycle with training wheels

**Fine Motor:**
- X Builds 10 block tower
- ☐ Uses utensils
- X Has manual dexterity
- X Draws 3 part person
- X Puts on/removes clothes

**Communication:**
- X Uses past tense
- X Talks about daily experiences
- ☐ Speaks intelligibly
- X Uses 4-5 word sentences
- X Short paragraphs
- X May show some lack of fluency

**Cognitive:**
- X Names 4 colors
- X Aware of gender (self and others)
- ☐ Knows difference between fantasy and reality

**Social:**
- X Listens to stories
- X Can sing a song
- X Plays interactive games with peers
- X Elaborate fantasy play

Not complete - return to provider

**Developmental:** √ Check those that apply

**Gross Motor:**
- ☐ Walks, climbs, runs
- ☐ Hops, jumps on 1 foot
- ☐ Up/down stairs alternating feet, without support
- ☐ Throws overhand
- ☐ Rides bicycle with training wheels

**Fine Motor:**
- ☐ Builds 10 block tower
- ☐ Uses utensils
- ☐ Has manual dexterity
- ☐ Draws 3 part person
- ☐ Puts on/removes clothes

**Communication:**
- ☐ Uses past tense
- ☐ Talks about daily experiences
- ☐ Speaks intelligibly
- ☐ Uses 4-5 word sentences
- ☐ Short paragraphs
- ☐ May show some lack of fluency

**Cognitive:**
- ☐ Names 4 colors
- ☐ Aware of gender (self and others)
- ☐ Knows difference between fantasy and reality

**Social:**
- ☐ Listens to stories
- ☐ Can sing a song
- ☐ Plays interactive games with peers
- ☐ Elaborate fantasy play

---

Please refer to the West Virginia Public School Preenrollment Schematic Document and West Virginia Department of Health and Human Resources (WVDHHR) - HealthCheck Education Guidance Tool at http://wvde.state.wv.us/healthyschools/

February 2011
Office of Healthy Schools
West Virginia Department of Education
**West Virginia Public School**

**Preenrollment Schematic**

<table>
<thead>
<tr>
<th>Scenario</th>
<th>HealthCheck</th>
<th>Qualifying for Insurance</th>
<th>Child Find</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present with <strong>completed</strong></td>
<td>Child is insured and has been screened by his/her primary medical practitioner (child’s medical home) using the HealthCheck protocol. The form of documentation may be a Healthcheck form or other comparable form.</td>
<td>N/A</td>
<td>HealthCheck results accepted as Child Find process from WVBE Policy 2419 unless parent has concern and request specific screening(s).</td>
<td>Child fully enrolled with birth certificate and immunization record*.</td>
</tr>
<tr>
<td><strong>HealthCheck</strong> without referrals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present with <strong>incomplete</strong></td>
<td>Child is insured and has been screened by his/her primary medical practitioner (child’s medical home) using the HealthCheck protocol. The form for documentation is not complete to discern child’s educational needs. Please refer to WVDHHR-HealthCheck Educational Guidance Tool and FAQ.</td>
<td>N/A</td>
<td>School preenrollment team will await the completed comprehensive Well Child Physical/HealthCheck/comparable documentation form from the medical provider. If parent/guardian has concern(s) and request specific screening(s), this may be completed by the Child Find team.</td>
<td>After referring to the WVDHHR-HealthCheck Educational Guidance tool and FAQ, it is determined that the documentation is incomplete, please send the parent/guardian back to the medical provider to complete the documentation. Schools may also have the parent complete the onsite HIPAA/FERPA consent to contact the provider or allow the parent phone access to do so onsite to ensure the surveillance/screening was completed so only documentation is lacking.</td>
</tr>
<tr>
<td>Scenario</td>
<td>HealthCheck</td>
<td>Qualifying for Insurance</td>
<td>Child Find</td>
<td>Guidance</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Present <strong>without</strong> a HealthCheck and has medical insurance.</td>
<td>Child is insured but has not received the annual Well Child Visit.</td>
<td>N/A</td>
<td>School preenrollment team will await the completed comprehensive Well Child Physical/HealthCheck/comparable documentation form from the medical provider. If parent/guardian has concern(s) and request specific screening(s), this may be completed by the Child Find team.</td>
<td>Parent/Guardian to schedule a Well Child Visit with their medical home and return copy of HealthCheck documentation form or complete a HIPAA/FERPA consent for the school to obtain screening documentation for entry.</td>
</tr>
<tr>
<td>Present <strong>without</strong> a HealthCheck and <strong>does not</strong> have medical insurance.</td>
<td>Child is <strong>un</strong>insured and has not received the annual Well Child Visit.</td>
<td>Send parent to the WVDHHR-Outreach Coordinator for Medicaid/WVCHIP InRoads site to see if they qualify for insurance. If not eligible then child is truly uninsured and qualifies for a free HealthCheck.</td>
<td>School preenrollment team will await the completed comprehensive Well Child Physical/HealthCheck/comparable documentation form from the medical provider. If parent/guardian has concern(s) and request specific screening(s), this may be completed by Child Find team.</td>
<td>Parent/Guardian qualifies for Medicaid/WVCHIP then coverage begins automatically or may be truly uninsured to receive free Well Child visit. The school may do onsite scheduling of Well Child visit via phone with parent’s choice of medical provider. Parent/Guardian may return completed HealthCheck form/immunizations or permit school to obtain via HIPAA/FERPA consent signed onsite.</td>
</tr>
</tbody>
</table>
### Scenario

<table>
<thead>
<tr>
<th>HealthCheck</th>
<th>Qualifying for Insurance</th>
<th>Child Find</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present <strong>without</strong> a HealthCheck and is <strong>underinsured</strong>.</td>
<td>Child is <strong>under</strong>insured and has not received the annual Well Child Visit.</td>
<td>Send parent to the WVDHHR-Outreach Coordinator for Medicaid/WVCHIP InRoads site to see if they qualify for supplemental insurance coverage.</td>
<td>School pre-enrollment team will await the completed comprehensive Well Child Physical/HealthCheck/comparable documentation form from the medical provider. If parent/guardian has concern(s) and request specific screening(s), this may be completed by Child Find team.</td>
</tr>
</tbody>
</table>

*Immunization Requirements for school enrollment:* Please refer to the Immunization requirements for PreK and Kindergarten entry at [http://www.wvimmunization.org/](http://www.wvimmunization.org/). All students may enter school provisionally with one dose of each required vaccination. The provisional plan is based upon the recommended timeframe for completion of each vaccination. Also note that PreK students are not required to have 4-6 year old boosters for entry. If you need further assistance with immunization requirements contact the county local health department. The WVDHHR-Immunization Program will provide read only access to the WV Statewide Immunization Registry (WVSIIS) by contacting 1-800-642-3634.

**McKinney Vento Act**

Students transferring from **out-of state** must have at least one dose of all required vaccinations to enter school. If the student does not have proof of one dose of each required vaccinations then please enroll the student and place the student on homebound until proof is provided. A TB test must be administered and read (usually read in 48-78 hours with 72 hours being the preferred time) to ensure the student is not infected with tuberculosis prior to entering the school facility for all **out-of-state** transfers. Please go to [http://wyde.state.wv.us/institutional/Homeless/McKinney-Vento%20Act.pdf](http://wyde.state.wv.us/institutional/Homeless/McKinney-Vento%20Act.pdf) to view the “You Can Still Enroll in School!” brochure.

February 2011
Office of Healthy Schools
West Virginia Department of Education