



Policy: GG.1116  
Title: **Pediatric Preventive Services**  
Department: Medical Management  
Section: Utilization Management

*CEO Approval: /s/ Michael Hunn 11/22/2024*

Effective Date: 06/01/1998

Revised Date: 11/01/2024

Applicable to: ☒ Medi-Cal  
☐ OneCare  
☐ PACE  
☐ Administrative

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## I. PURPOSE

This policy outlines the process by which CalOptima Health ensures the provision of Pediatric Preventive Services to Members under the age of twenty-one (21), in accordance with applicable contract requirements, as well as State and Federal statutes and regulations.

## II. POLICY

- A. CalOptima Health shall ensure that Members under twenty-one (21) years of age have access to, and receive, Pediatric Preventive Services which shall include, but are not limited to:
1. Initial Health Appointment (IHA);
  2. California Child Health and Disability Prevention (CHDP) services, as applicable;
  3. Routine, Preventive health visits and screenings with a Member's Primary Care Physician (PCP); and
  4. Vaccinations and immunizations.
- B. CalOptima Health shall maintain and communicate protocols for Pediatric Preventive Services, periodicity schedules, and oral or written anticipatory guidance to Providers and parent(s) or legal guardian(s) in accordance with the recommendations of the United States Preventive Services Task Force (USPSTF) Guidelines, the American Academy of Pediatrics (AAP) Bright Futures periodicity schedules, the California Department of Public Health's Childhood Lead Poisoning Prevention Branch (CLPPB), and the Advisory Committee on Immunization Practices (ACIP). These services are inclusive of the services provided through the Child Health and Disability Prevention (CHDP) Program.
1. CalOptima Health shall utilize the least restrictive criteria when determining how immunizations are provided when the Medi-Cal Provider manual outlines less restrictive criteria than the ACIP.
  2. Vaccine for Children (VFC) provides free vaccines for Medi-Cal Members younger than nineteen (19) years old. Medi-Cal pharmacy Providers who are enrolled as VFC Providers may

administer VFC-funded vaccines to Medi-Cal Members. CalOptima Health shall ensure that VFC-enrolled pharmacy network Providers are reimbursed as a Medi-Cal benefit.

- C. CalOptima Health and Health Network Providers shall ensure the provision of Pediatric Preventive Services to Members under age twenty-one (21) and shall clearly document the provision of these services, as well as any voluntary refusal or declination of Pediatric Preventive Services on behalf of the Member and/or the Member's parent(s) or legal guardian(s), as applicable.
1. Providers shall ensure Blood Lead Screening is provided at twelve (12) months and twenty-four (24) months of age, or when the health care provider performing a periodic health assessment becomes aware that a child up to seventy-two (72) months of age, has no documented evidence of Blood Lead Level test results, in accordance with Title 17 of the California Code of Regulations, Section 37100 et al., CLPPB guidelines, and in accordance with CalOptima Health Policy GG.1717: Blood Lead Screening of Young Children.
  2. Providers shall screen female Members twenty-five (25) years of age and younger, who have been determined to be sexually active, for Chlamydia, in accordance with the latest USPSTF recommendations. Reasonable efforts to contact appropriately identified Members and provide Chlamydia screenings shall be made by the provider.
  3. Providers shall perform Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) to Members ages eleven (11) years and older, including pregnant women in accordance with CalOptima Health Policies GG.1100: Alcohol and Substance Use Disorder Treatment Services, GG.1121: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services, and GG.1900: Behavioral Health Services.

### **III. PROCEDURE**

- A. A Primary Care Practitioner (PCP) shall provide Pediatric Preventive Services to a Member in accordance with CalOptima Health Policy GG.1110: Primary Care Practitioner Definition, Role, and Responsibilities.
1. When a request is made for Pediatric Preventive Services by the Member (if an emancipated minor or age 18 or older), the Member's parent(s) or legal guardian(s), or through a referral from the local CHDP program, an appointment shall be made for the Member to be examined within two (2) weeks.
- B. CalOptima Health or a Health Network shall ensure that all Members, including Members under the age of twenty-one (21), are provided with an IHA within specified timeframes as outlined in CalOptima Health Policy GG.1613: Initial Health Appointment, as part of the Pediatric Preventive Services furnished to Members in accordance with CalOptima Health's Contract with the Department of Health Care Services (DHCS) and applicable state and federal regulations.
1. The IHA shall include the provision of, or arrangement for, all immunizations necessary to ensure that the Member is up to date on immunizations and vaccinations in accordance with the most recent immunization schedule and recommendations published by the ACIP.
  2. For Members under the age of eighteen (18) months, CalOptima Health or a Health Network shall ensure an IHA is conducted within one hundred twenty (120) calendar days following the date of enrollment, or within the most recent periodicity timelines established by the AAP Bright Futures for ages two (2) and younger, whichever is less.

- C. CalOptima Health or a Health Network shall coordinate Pediatric Preventive Services with Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, as appropriate, in accordance with CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services.
- D. When another entity, such as a Local Education Agency (LEA), Regional Center, or other local governmental health program has overlapping responsibility for providing services to a Member under the age of twenty-one (21), CalOptima Health or a Health Network must assess what level of Medically Necessary services the Member requires, determine what level of service (if any) is being provided by other entities, and then coordinate the provision of services with the other entities to ensure there is no duplication of services, in accordance with CalOptima Health Policies GG.1321: Coordination of Care for Local Education Agency Services, and GG.1302a Coordination of Care for Regional Center of Orange County (RCOC) Members.
- E. In providing or arranging for Pediatric Preventive Services or follow-up visits, providers shall follow policies and procedures as specified in CalOptima Health Policies GG.1113: Specialty Practitioner Responsibilities, GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers, and GG.1508: Authorization and Processing of Referrals.
- F. Provider Documentation of Preventive Pediatric Services
  - 1. A Provider shall document in a Member's medical record attempts to provide Pediatric Preventive Services, including screenings, receipts of such screenings and results, immunizations, as well as any voluntary refusal or non-response to such services, as described in the procedures outlined herein and in accordance with CalOptima Health Policies GG.1110: Primary Care Practitioner Definition, Role, and Responsibilities, GG.1603: Medical Records Maintenance, and GG.1717: Blood Lead Screening of Young Children. Documentation of declination of services include:
    - a. A signed statement by the Member (if an emancipated minor), or the Member's parent(s) or legal guardian(s); or
    - b. Date documentation of the Member (if an emancipated minor), or the Member's parent'(s) or legal guardian'(s) response to an in-person or telephone contact.
  - 2. A Provider shall submit all claims for all Pediatric Preventive Service encounters in a timely and accurate manner to ensure adequate processing, in accordance with CalOptima Health Policy FF.2001: Claims Processing for Covered Services for which CalOptima Health is Financially Responsible.
    - a. CalOptima Health shall reimburse Local Health Department (LHD) clinics that provide immunizations to Members after receipt of claims and supporting records.
- G. If a Member loses, or will lose, program eligibility, the provider responsible for providing or arranging Covered Services for the Member shall forward any follow-up conditions identified during a pediatric preventive exam to the CalOptima Health or the Member's assigned Health Network, Case Management Department. CalOptima Health or Health Network Case Management staff shall coordinate follow-up care with the Orange County Health Care Agency (OCHCA) CHDP Program.

1. CalOptima Health and the OCHCA CHDP program shall adhere to the Coordination and Provision of Public Health Services Contract, Part V, Coordination of Child Health and Disability Prevention (CHDP) Activities in Orange County, which delineates the responsibilities of both programs as they pertain to CHDP/EPSTD requirements.

#### H. Member Notification of Pediatric Preventive Services

1. CalOptima Health shall notify Members of Pediatric Preventive Services, including the availability of health assessment services, through various member outreach efforts including, but not limited to, telephonic contact, mailed materials, and the CalOptima Health website (www.CalOptima.org).
2. CalOptima Health shall provide information regarding Pediatric Preventive Services upon enrollment and continuously thereafter through CalOptima Health newsletters, pediatric reminder letters/calls, the Member Handbook, the CalOptima Health website (www.CalOptima.org), and upon request.

#### I. Pediatric Preventive Services Provider Education

1. CalOptima Health shall provide training to providers, as appropriate, in accordance with CalOptima Health Policy EE.1103: Provider Network Training.
2. CalOptima Health shall make available a Pediatric Preventive Services Provider Resource page on CalOptima Health's website, at (www.CalOptimaHealth.org), for providers to reference. Pediatric preventive service providers are encouraged to consult the latest clinical standards and guidelines to ensure provision of services align with the latest clinical recommendations of the USPSTF, AAP, ACIP, CLPPB, and CHDP program, as appropriate.
3. A CHDP Certified provider may request CHDP health education materials from the OCHCA CHDP program. A provider who is not a CHDP Certified provider may request CHDP health education materials and information from the OCHCA CHDP program, CalOptima Health, or a Health Network.

- J. Upon identification of potential under or over utilization, CalOptima Health shall identify, analyze, develop remediation efforts, and report to the Utilization Management Committee (UMC) patterns of over and under utilization, in accordance with CalOptima Health Policy GG.1532: Over and Under Utilization Monitoring.

#### IV. ATTACHMENT(S)

Not Applicable

#### V. REFERENCE(S)

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- B. CalOptima Health Policy EE.1103: Provider Network Training
- C. CalOptima Health Policy FF.2001: Claims Processing for Covered Services for which CalOptima Health is Financially Responsible
- D. CalOptima Health Policy GG.1100: Alcohol and Substance Use Disorder Treatment Services
- E. CalOptima Health Policy GG.1110: Primary Care Practitioner Definition, Role, and Responsibilities
- F. CalOptima Health Policy GG.1113: Specialty Practitioner Responsibilities

- G. CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services
- H. CalOptima Health Policy GG.1302a: Coordination of Care for Regional Center of Orange County (RCOC) Members
- I. CalOptima Health Policy GG.1321: Coordination of Care for Local Education Agency Services
- J. CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers
- K. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals
- L. CalOptima Health Policy GG.1532: Over and Under Utilization Monitoring.
- M. CalOptima Health Policy GG.1603: Medical Records Maintenance
- N. CalOptima Health Policy GG.1613: Initial Health Appointment
- O. CalOptima Health Policy GG.1717: Blood Lead Screening of Young Children
- P. CalOptima Health Policy GG.1900: Behavioral Health Services
- Q. Department of Health Care Services (DHCS) All Plan Letter (APL) 20-016: Blood Lead Screening of Young Children (Supersedes APL 18-017)
- R. Department of Health Care Services (DHCS) All Plan Letter (APL) 21-014: Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (Supersedes APL 18-014)
- S. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-030: Initial Health Appointment (Supersedes APL 13-017 and Policy Letters 13-001 and 08-003)
- T. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-005: Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (Supersedes APL 19-010)
- U. Department of Health Care Services (DHCS) All Plan Letter (APL) 24-008: Immunization Requirements (Supersedes APLs 18-004 and 16-009)
- V. Department of Health Care Services (DHCS) Policy Letter 96-12: Pediatric Preventive Services
- W. Coordination and Provision of Public Health Services Contract, Part V, Coordination of Child Health and Disability Prevention (CHDP) Activities in Orange County
- X. Social Security Act, §1905
- Y. Title 17, California Code of Regulations (C.C.R.), §6800 et seq.
- Z. Title 22, California Code of Regulations (C.C.R.), §53210 (a)(7)(B)
- AA. Title 28, California Code of Regulations (C.C.R.), §1300.67(f)
- BB. Title 42, United States Code (U.S.C.), §§1396(b) and 1396d(r)

## VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
10/08/2009	Department of Health Care Services (DHCS)	Approved as Submitted
03/01/2011	Department of Health Care Services (DHCS)	Approved as Submitted
02/05/2019	Department of Health Care Services (DHCS)	Approved as Submitted
09/09/2019	Department of Health Care Services (DHCS)	Approved as Submitted
12/29/2020	Department of Health Care Services (DHCS)	Approved as Submitted
02/17/2022	Department of Health Care Services (DHCS)	Approved as Submitted
02/22/2023	Department of Health Care Services (DHCS)	Approved as Submitted
06/02/2023	Department of Health Care Services (DHCS)	Approved as Submitted
10/17/2024	Department of Health Care Services (DHCS)	Approved as Submitted - AIR

## **VII. BOARD ACTION(S)**

None to Date

## **VIII. REVISION HISTORY**

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Effective	06/01/1998	GG.1116	Pediatric Preventive Services	Medi-Cal
Revised	07/01/2007	GG.1116	Pediatric Preventive Services	Medi-Cal
Revised	01/01/2009	GG.1116	Pediatric Preventive Services	Medi-Cal
Revised	01/01/2011	GG.1116	Pediatric Preventive Services	Medi-Cal
Revised	09/01/2014	GG.1116	Pediatric Preventive Services	Medi-Cal
Revised	11/01/2015	GG.1116	Pediatric Preventive Services	Medi-Cal
Revised	03/01/2017	GG.1116	Pediatric Preventive Services	Medi-Cal
Revised	06/01/2018	GG.1116	Pediatric Preventive Services	Medi-Cal
Revised	01/01/2019	GG.1116	Pediatric Preventive Services	Medi-Cal
Revised	12/01/2020	GG.1116	Pediatric Preventive Services	Medi-Cal
Revised	04/01/2021	GG.1116	Pediatric Preventive Services	Medi-Cal
Revised	12/01/2021	GG.1116	Pediatric Preventive Services	Medi-Cal
Revised	11/01/2022	GG.1116	Pediatric Preventive Services	Medi-Cal
Revised	02/01/2023	GG.1116	Pediatric Preventive Services	Medi-Cal
Revised	05/01/2023	GG.1116	Pediatric Preventive Services	Medi-Cal
Revised	11/01/2024	GG.1116	Pediatric Preventive Services	Medi-Cal

## IX. GLOSSARY

Term	Definition
Authorized Representative/Legal Guardian	Any individual appointed in writing by a competent Member or Potential Member, to act in place or on behalf of the Member or Potential Member for purposes of assisting or representing the Member or Potential Member with Grievances and Appeals, State Fair Hearings, Independent Medical Reviews and in any other capacity, as specified by the Member or Potential Member.
Blood Lead Screening	Testing an asymptomatic child for lead poisoning by analyzing the child's blood for concentration of lead.
Child Health and Disability Prevention (CHDP) Program	California's Early Periodic Screening, Detection, and Treatment (EPSDT) program as defined in the Health and Safety Code, Section 12402.5 et seq. and Title 17 of the California Code of Regulations, Sections 6842 through 6852, that provides certain preventive services for children eligible for Medi-Cal. For CalOptima Health members, the CHDP Program is incorporated into CalOptima Health's Pediatric Preventive Services Program.
Covered Services	<p>Those health care services, set forth in W&amp;I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> <li>1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services;</li> <li>2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services;</li> <li>3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services);</li> <li>4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services);</li> </ol>

Term	Definition
	<ol style="list-style-type: none"> <li>5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members);</li> <li>6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis);</li> <li>7. Dental services as specified in W&amp;I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services;</li> <li>8. Prayer or spiritual healing as specified in 22 CCR section 51312;</li> <li>9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services);</li> <li>10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH);</li> <li>11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services;</li> <li>12. State Supported Services;</li> <li>13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&amp;I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005;</li> <li>14. Childhood lead poisoning case management provided by county health departments;</li> <li>15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living;</li> <li>16. End of life services as stated in Health and Safety Code (H&amp;S) section 443 et seq., and DHCS APL 16-006; and</li> <li>17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012.</li> </ol>
Department of Health Care Services (DHCS)	The single State department responsible for the administration of the Medi-Cal Program, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health related programs as provided by statute and/or regulation.



<b>Term</b>	<b>Definition</b>
Early and Periodic Screening Diagnostic and Treatment (EPSDT)	The provision of Medically Necessary comprehensive and preventive health care services provided to Members less than twenty-one (21) years of age in accordance with requirements in 42 USC section 1396a(a)(43), section 1396d(a)(4)(B) and (r), and 42 CFR section 441.50 et seq., as required by W&I Code sections 14059.5(b) and 14132(v). Such services may also be Medically Necessary to correct or ameliorate defects and physical or behavioral health conditions.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to members assigned to that Health Network.
Medical Record	The record of a Member's medical information including but not limited to, medical history, care or treatments received, test results, diagnoses, and prescribed medications.
Medically Necessary/Medical Necessity	<p>Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&amp;I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p> <p>For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396d(r)(5) of Title 42 of the United States Code, as required by W&amp;I Code 14059.5(b) and W&amp;I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain, or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.</p>
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.
Pediatric Preventive Services (PPS)	Regular preventive health assessments, as recommended by the American Academy of Pediatrics or the CHDP Program. These include, but are not limited to, health and developmental history, physical examination, nutritional assessment, immunizations, blood lead screens, vision testing, hearing testing, selected laboratory tests, health education, and anticipatory guidance.

<b>Term</b>	<b>Definition</b>
Primary Care Practitioner/Physician (PCP)	A Practitioner/Physician responsible for supervising, coordinating, and providing initial and primary care to Members and serves as the medical home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, or obstetrician/gynecologist (OB/GYN). For Members who are Seniors or Persons with Disabilities or eligible for the Whole Child Model program, “Primary Care Practitioner” or “PCP” shall additionally mean any Specialty Care Provider who is a Participating Provider and is willing to perform the role of the PCP. A PCP may also be a Non-physician Medical Practitioner (NMP) (e.g., Nurse Practitioner [NP], Nurse Midwife, Physician Assistant [PA]) authorized to provide primary care services under supervision of a physician. For SPD or Whole Child Model beneficiaries, a PCP may also be a Specialty Care Provider or clinic.
Provider	Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.
Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT)	Services provided by providers within their scope of practice, including, but not limited to, physicians, physician assistants, nurse practitioners, certified nurse midwives, licensed midwives, licensed clinical social workers, licensed professional clinical counselors, psychologists and licensed marriage and family therapists to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and drugs.