



**SENTARA HEALTH PLANS CLINICAL PRACTICE GUIDELINE:**

**WELL CHILD FORMS - Early Periodic Screening,  
Diagnosis, and Treatment (EPSDT) Forms**

Guideline History

|                  |   |
|------------------|---|
| Date Approved    | 03/07   |
| Date Revised     | 01/07, 05/10, 7/10, 10/11, 1/12, 11/13, 11/15, 11/17, 11/19, 11/21, 11/23, 3/25 |
| Date Reviewed    | 5/26  |
| Next Review Date | 5/27  |

These Guidelines are promulgated by Sentara Healthcare (SHC) as recommendations for the clinical Management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these Guidelines. The SHC Guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgment.

# **Preventive Pediatric Health Services: Provider Operational Tools and Clinical Resources**

*(Formerly: Well Child Forms - EPSDT Forms)*

## **Purpose**

This reference list supports the Health Maintenance CPG. References are organized by document section. All references should be verified annually for currency and replaced with the most current version when updated editions are available.

## **Section 1: Coding and Billing Resources**

- American Academy of Pediatrics. Coding for Preventive Care. AAP, 2025. Available from AAP at [downloads.aap.org](https://downloads.aap.org).
- American Academy of Pediatrics. 2025 Recommendations for Preventive Pediatric Health Care: Policy Statement. *Pediatrics*. 2025;155(5):e2025071066.
- Centers for Medicare and Medicaid Services. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). [Medicaid.gov](https://www.medicare.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment). Available from CMS at [medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment](https://www.medicare.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment).

## **Section 2: Well-Child Visit Clinical Tools**

- American Academy of Pediatrics. Bright Futures Guidelines and Pocket Guide, 4th Edition. AAP, 2017. Available from AAP at [aap.org/en/practice-management/bright-futures](https://www.aap.org/en/practice-management/bright-futures).
- American Academy of Pediatrics. Preventive Care/Periodicity Schedule. AAP, 2025. Available from AAP at [aap.org/periodicityschedule](https://www.aap.org/periodicityschedule).
- Schor EL, Bergman D. Pediatric Preventive Care: Population Health and Individualized Care. *Pediatrics*. 2021;148(3):e2020049877.

## **Section 3: Developmental Surveillance and Screening Tools**

- Centers for Disease Control and Prevention. Learn the Signs. Act Early. CDC, 2019. Available from CDC at [cdc.gov/actearly](https://www.cdc.gov/actearly).

- Koopman JJ, Fiore DC, Thiele K. Approach to Developmental Screening and Surveillance in Young Children. *American Family Physician*. 2025;112(1):55-61.
- Siegel M, McGuire K, Veenstra-VanderWeele J, et al. Practice Parameter for the Assessment and Treatment of Psychiatric Disorders in Children and Adolescents With Intellectual Disability (Intellectual Developmental Disorder). *Journal of the American Academy of Child and Adolescent Psychiatry*. 2020;59(4):468-496.

**TABLE 2**

**Comparison of Screening Tools for Detecting Severe Developmental Delays**

| <b>Tool</b>   | <b>Recommended well-child visits</b> | <b>Screening</b>   | <b>Sensitivity</b> | <b>Specificity</b> |
|---|--------------------------------------|--|--------------------|--------------------|
| Ages and Stages Questionnaires, 3rd ed. (ASQ-3)                                 | 9-, 18-, 24-, and 30-month           | Any development delay or disorder, including ASD                     | 0.60               | 0.89               |
| Denver Developmental Screening Test II (DDST-II)                                | 9-, 18-, and 30-month                | Developmental delay or disorder only                                 | 0.83               | 0.43               |
| Modified Checklist for Autism in Toddlers, Revised, With Follow-Up (M-CHAT-R/F) | 18- and 24-month                     | ASD only   | 0.83               | 0.94               |
| Parents' Evaluation of Developmental Status (PEDS)                              | 9-, 18-, 24-*, and 30-month          | Developmental delay or disorder; some variants include ASD screening | 0.79               | 0.80               |
| Survey of Well-Being of Young Children (SWYC)                                   | 9-, 18-, 24-, and 30-month           | Any development delay or disorder, including ASD                     | 0.74               | 0.89               |

ASD = autism spectrum disorder.

\*—Screening specific for ASD at the 24-month well-child visit with the PEDS tool occurs only with certain tool variants.

Information from references 18, 26, and 44-46.

**Section 4: Autism Spectrum Disorder — Evaluation and Treatment Resources**

- Centers for Disease Control and Prevention. Treatment and Intervention for Autism Spectrum Disorder. CDC, 2024. Available from CDC at [cdc.gov/autism/treatment](https://cdc.gov/autism/treatment).
- Hirota T, King BH. Autism Spectrum Disorder: A Review. *JAMA*. 2023;329(2):157-168.
- Westby A, Coburn-Pierce M. Autism Spectrum Disorder in Primary Care. *American Family Physician*. 2025;112(3):301-312.

## Section 5: Behavioral and Mental Health Screening Tools

### Depression Screening:

- US Preventive Services Task Force. Screening for Depression and Suicide Risk in Children and Adolescents: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2022;328(15):1534-1542.
- Viswanathan M, Wallace IF, Cook Middleton J, et al. Screening for Depression and Suicide Risk in Children and Adolescents: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. *JAMA*. 2022;328(15):1543-1556.

### Anxiety Screening:

- US Preventive Services Task Force. Screening for Anxiety in Children and Adolescents: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2022;328(14):1438-1444.
- Walter HJ, Bukstein OG, Abright AR, et al. Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2020;59(10):1107-1124.

### Substance Use Screening:

- American Academy of Pediatrics. Substance Use Screening, Brief Intervention, and Referral to Treatment (Policy Statement). *Pediatrics*. 2016;138(1):e20161210.
- Sheno RP, Linakis JG, Bromberg JR, et al. Predictive Validity of the CRAFFT for Substance Use Disorder. *Pediatrics*. 2019;144(2):e20183415.
- D'Amico EJ, Parast L, Meredith LS, et al. Screening in Primary Care: What Is the Best Way to Identify at-Risk Youth for Substance Use? *Pediatrics*. 2016;138(6):e20161717.
- US Preventive Services Task Force. Primary Care-Based Interventions to Prevent Illicit Drug Use in Children, Adolescents, and Young Adults: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2020;323(20):2060-2066.
- Camenga DR, Hammer LD. Improving Substance Use Prevention, Assessment, and Treatment Financing to Enhance Equity and Improve Outcomes Among Children, Adolescents, and Young Adults. *Pediatrics*. 2022;150(1):e2022057992.

- Substance Abuse and Mental Health Services Administration (SAMHSA). Screening, Brief Intervention, and Referral to Treatment (SBIRT). Available from SAMHSA at [samhsa.gov](http://samhsa.gov).

General Mental Health Screening:

- Reilly M, Weitzman C. Mental Health Screening and Measurement in Children and Adolescents. *Pediatric Clinics of North America*. 2024;71(6):1013-1026.

TABLE 3

**Validated Screening Measures for Anxiety in Children and Adolescents**

| Screening measure   | Age range              | Administration   | Length   | Scoring and interpretation  |
|---|------------------------|------------------|--|---|
| Screen for Child Anxiety Related Emotional Disorders (SCARED; <a href="https://www.ementalhealth.ca/index.php?m=survey&amp;ID=54">https://www.ementalhealth.ca/index.php?m=survey&amp;ID=54</a> )             | 8 to 18 years          | Child and parent | 41 items; 10 minutes<br>5-item short form; 2 minutes | A score of $\geq 25$ on the 41-item screen may indicate the presence of an anxiety disorder, with subscale scores for specific anxiety disorders<br>A score of $\geq 3$ on the 5-item short form may indicate the presence of an anxiety disorder |
| Spence Children's Anxiety Scale (SCAS; <a href="https://www.scaswebsite.com/wp-content/uploads/2021/07/scas.pdf">https://www.scaswebsite.com/wp-content/uploads/2021/07/scas.pdf</a> )                        | 8 to 15 years          | Child and parent | 45 items; 10 minutes<br>8 items; 5 minutes           | A score of $\geq 60$ may indicate the presence of an anxiety disorder, with subscale scores for specific anxiety disorders; scoring gender and age dependent<br>A score of $\geq 7.5$ may indicate the presence of an anxiety disorder            |
| Preschool Anxiety Scale (PAS; <a href="https://www.scaswebsite.com/wp-content/uploads/2021/07/scas-preschool-scale.pdf">https://www.scaswebsite.com/wp-content/uploads/2021/07/scas-preschool-scale.pdf</a> ) | 30 months to 6.5 years | Parent           | 29 to 34 items; 10 minutes                           | A score of $\geq 60$ may indicate the presence of an anxiety disorder, with subscale scores for specific anxiety disorders  |

*Information from references 8, 9, and 11.*

|   |   |
|---|---|
| What does the USPSTF recommend?   | Adolescents aged 12 to 18 years:<br>Screen for major depressive disorder (MDD).<br><u>Grade: B</u>  |
|   | Children 11 years or younger:<br>The evidence is insufficient to assess the balance of benefits and harms of screening for depression.<br><u>I statement</u>  |
|   | Children and adolescents:<br>The evidence is insufficient to assess the balance of benefits and harms of screening for suicide risk.<br><u>I statement</u>  |
| To whom does this recommendation apply?                                       | This recommendation applies to children and adolescents 18 years or younger who do not have a diagnosed depression disorder and who are not showing recognized signs or symptoms of depression.   |
| What's new?   | This recommendation is consistent with the 2014 USPSTF recommendation statement on screening for suicide risk in adolescents and the 2016 recommendation statement on screening for MDD in children and adolescents.  |
| How to implement this recommendation?   | <ul style="list-style-type: none"> <li>• Treatment options for MDD in children and adolescents include pharmacotherapy, psychotherapy, and collaborative care.</li> <li>• Clinicians should be aware of the risk factors, signs, and symptoms of depression and suicide, listen to any patient concerns, and make sure that persons who need help get it. Youth diagnosed with depression and their health care professional should decide together with the parents or guardians what treatment is right for them.</li> </ul>  |
| What additional information should clinicians know about this recommendation? | <ul style="list-style-type: none"> <li>• All children aged 12 to 18 years are at risk of depression and should be screened. However, there are some factors that increase the risk. These include family history of depression, prior episodes of depression, childhood abuse or neglect, exposure to traumatic events or stress, bullying, maltreatment, adverse life events, and a difficult relationship with parents. Some gender identities and sexual orientations may increase risk of depression.</li> <li>• If antidepressants are used, the USPSTF recommends that health care professionals follow US Food and Drug Administration guidance and observe patients closely.</li> <li>• In the absence of evidence, health care professionals should use their judgment based on individual patient circumstances when determining whether to screen for MDD in children 7 years or younger or screen for suicide risk in youth not showing recognized signs or symptoms.</li> </ul>  |
| Why is this recommendation and topic important?                               | Depression is a leading cause of disability in the US. Children and adolescents with depression often have functional impairments in their performance at school or work, as well as in their interactions with their families and peers. Depression can also negatively affect the developmental trajectories of affected youth. Suicide is the second-leading cause of death among youth aged 10 to 19 years.   |
| What are other relevant USPSTF recommendations?                               | <ul style="list-style-type: none"> <li>• Screening for anxiety in children and adolescents</li> <li>• Primary care-based interventions for illicit drug use in children, adolescents, and young adults</li> <li>• Information on additional mental health recommendations in children and adolescents from the USPSTF are available at <a href="https://www.uspreventiveservicestaskforce.org/uspstf/">https://www.uspreventiveservicestaskforce.org/uspstf/</a></li> </ul>   |
| What are additional tools and resources?                                      | <ul style="list-style-type: none"> <li>• The Community Preventive Services Task Force recommends: <ul style="list-style-type: none"> <li>• Targeted school-based cognitive behavioral therapy programs to reduce depression and anxiety symptoms (<a href="https://www.thecommunityguide.org/findings/mental-health-targeted-school-based-cognitive-behavioral-therapy-programs-reduce-depression-anxiety-symptoms">https://www.thecommunityguide.org/findings/mental-health-targeted-school-based-cognitive-behavioral-therapy-programs-reduce-depression-anxiety-symptoms</a>) and collaborative care for the management of depressive disorders (<a href="https://www.thecommunityguide.org/findings/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders">https://www.thecommunityguide.org/findings/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders</a>).</li> </ul> </li> <li>• The Centers for Disease Control and Prevention has information on depression in childhood (<a href="https://www.cdc.gov/childrenmentalhealth/depression.html">https://www.cdc.gov/childrenmentalhealth/depression.html</a>).</li> <li>• The Suicide Prevention Resource Center, supported by the Substance Abuse and Mental Health Services Administration, offers various resources on suicide prevention (<a href="https://www.sprc.org/">https://www.sprc.org/</a>).</li> </ul> |
| Where to read the full recommendation statement?                              | Visit the USPSTF website ( <a href="https://www.uspreventiveservicestaskforce.org/uspstf/">https://www.uspreventiveservicestaskforce.org/uspstf/</a> ) or the JAMA website ( <a href="https://jamanetwork.com/collections/44068/united-states-preventive-services-task-force">https://jamanetwork.com/collections/44068/united-states-preventive-services-task-force</a> ) to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.  |

*The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision-making to the specific patient or situation.*

|   |  |
|---|--|
| What does the USPSTF recommend?   | Children and adolescents aged 8 to 18 years:<br>Screen for anxiety.<br><u>Grade: B</u>   |
|   | Children 7 years or younger:<br>The evidence is insufficient to assess the balance of benefits and harms of screening for anxiety.<br><u>I statement</u>   |
| To whom does this recommendation apply?                                       | This recommendation applies to children and adolescents 18 years or younger who do not have a diagnosed anxiety disorder and who are not showing recognized signs or symptoms of anxiety.  |
| What's new?   | This is a new USPSTF recommendation.   |
| How to implement this recommendation?   | <ul style="list-style-type: none"> <li>• There are multiple treatment options available, including medications, counseling, a combination of these approaches, and collaborative care, which is a team approach where the primary care clinician works with a behavioral health care manager and psychiatrist to ensure patients receive the best care.</li> <li>• Clinicians should be aware of the risk factors, signs, and symptoms of anxiety, listen to any patient concerns, and make sure that persons who need help get it. Youth diagnosed with anxiety and their health care professional should decide together with the parents or guardians what treatment is right for them.</li> </ul>  |
| What additional information should clinicians know about this recommendation? | <ul style="list-style-type: none"> <li>• Although all youth aged 8 to 18 years are at risk for anxiety and should be screened, there are factors that increase the risk. Risk factors for anxiety disorders include genetic, personality, and environmental factors, such as attachment difficulties, conflict between parents, parental overprotection, early parental separation, and child mistreatment. Certain groups are also at increased risk, including LGBTQ youth, transgender youth, and older adolescents aged 12 to 17 years.</li> <li>• In the absence of evidence, health care professionals should use their judgment based on individual patient circumstances when determining whether to screen for anxiety in youth 7 years or younger.</li> </ul>  |
| Why is this recommendation and topic important?                               | Anxiety disorder is a common mental health condition in the US. According to the 2018–2019 National Survey of Children's Health, 7.8% of children and adolescents aged 3 to 17 years had a current anxiety disorder. Anxiety disorders in childhood and adolescence are associated with an increased likelihood of a future anxiety disorder or depression.  |
| What are other relevant USPSTF recommendations?                               | <ul style="list-style-type: none"> <li>• Screening for depression and suicide risk in children and adolescents</li> <li>• Primary care-based interventions for illicit drug use in children, adolescents, and young adults</li> <li>• Information on additional mental health recommendations in children and adolescents from the USPSTF are available at <a href="https://www.uspreventiveservicestaskforce.org/">https://www.uspreventiveservicestaskforce.org/</a>.</li> </ul>   |
| What are additional tools and resources?                                      | <p>The Community Preventive Services Task Force recommends:</p> <ul style="list-style-type: none"> <li>• Targeted school-based cognitive behavioral therapy programs to reduce depression and anxiety symptoms (<a href="https://www.thecommunityguide.org/findings/mental-health-targeted-school-based-cognitive-behavioral-therapy-programs-reduce-depression-anxiety-symptoms">https://www.thecommunityguide.org/findings/mental-health-targeted-school-based-cognitive-behavioral-therapy-programs-reduce-depression-anxiety-symptoms</a>)</li> <li>• Individual cognitive behavioral therapy for symptomatic youth who have been exposed to traumatic events (<a href="https://www.thecommunityguide.org/findings/violence-psychological-harm-traumatic-events-among-children-and-adolescents-cognitive-individual">https://www.thecommunityguide.org/findings/violence-psychological-harm-traumatic-events-among-children-and-adolescents-cognitive-individual</a>)</li> <li>• Group cognitive behavioral therapy for symptomatic youth who have been exposed to traumatic events (<a href="https://www.thecommunityguide.org/findings/violence-psychological-harm-traumatic-events-among-children-and-adolescents-cognitive-group">https://www.thecommunityguide.org/findings/violence-psychological-harm-traumatic-events-among-children-and-adolescents-cognitive-group</a>)</li> </ul> <p>The Centers for Disease Control and Prevention has information on anxiety in childhood (<a href="https://www.cdc.gov/childrensmentalhealth/depression.html">https://www.cdc.gov/childrensmentalhealth/depression.html</a>)</p> |
| Where to read the full recommendation statement?                              | Visit the USPSTF website ( <a href="https://www.uspreventiveservicestaskforce.org/">https://www.uspreventiveservicestaskforce.org/</a> ) or the JAMA website ( <a href="https://jamanetwork.com/collections/44068/united-states-preventive-services-task-force">https://jamanetwork.com/collections/44068/united-states-preventive-services-task-force</a> ) to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.   |

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## Section 6: Forms and Documentation Templates

- State-specific EPSDT screening and referral forms: Consult the Virginia Department of Medical Assistance Services (DMAS). EPSDT Screening and Referral Forms. Available from DMAS at [dmas.virginia.gov](https://dmas.virginia.gov).
- Well-child visit documentation templates: Align with the AAP Periodicity Schedule and Bright Futures guidelines referenced in Sections 1 and 2 above.