Child and Teen Checkups

Building the Bridge to Preventive Care: The Critical Role of Community Health Workers in MN Child and Teen Checkups (C&TC) Program

DEPARTMENT OF HEALTH

DEPARTMENT OF HUMAN SERVICES

Have you heard of Child and Teen Checkups (C&TC)?

1. Yes! It's a great program.
2. I may have heard of it at some point.
3. Never in my life.

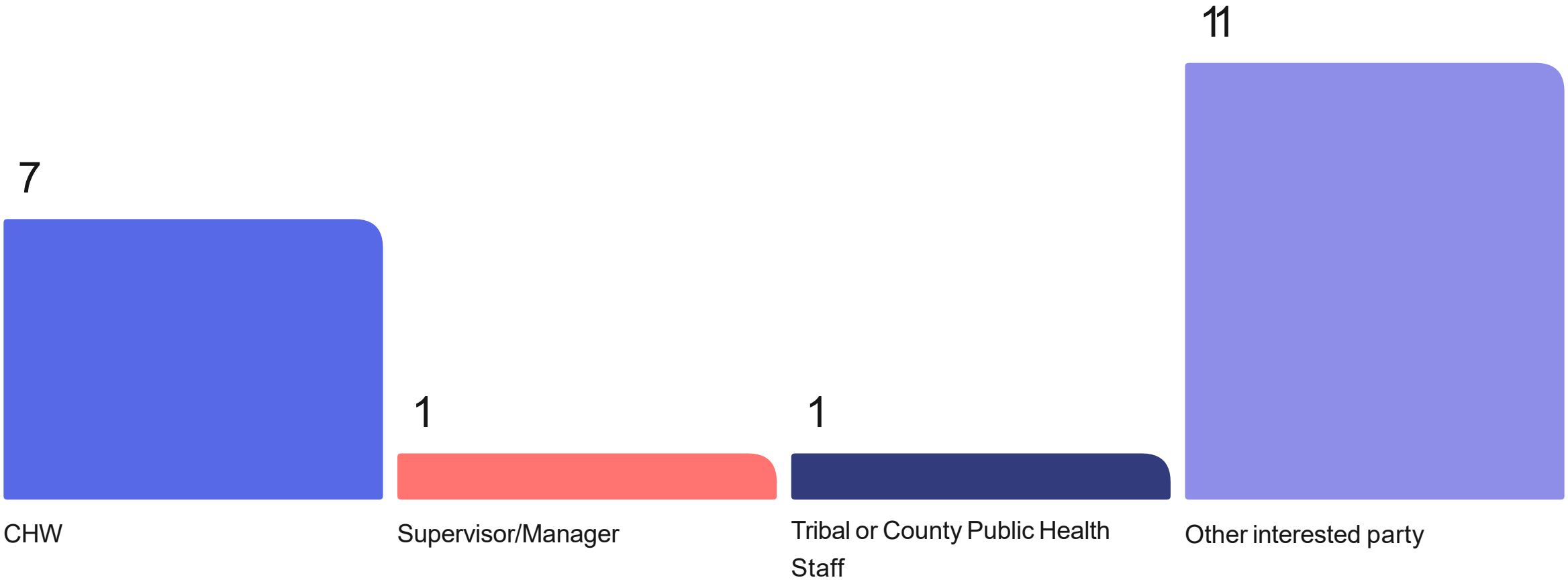
Agenda

What is Child and Teen Checkups (C&TC)

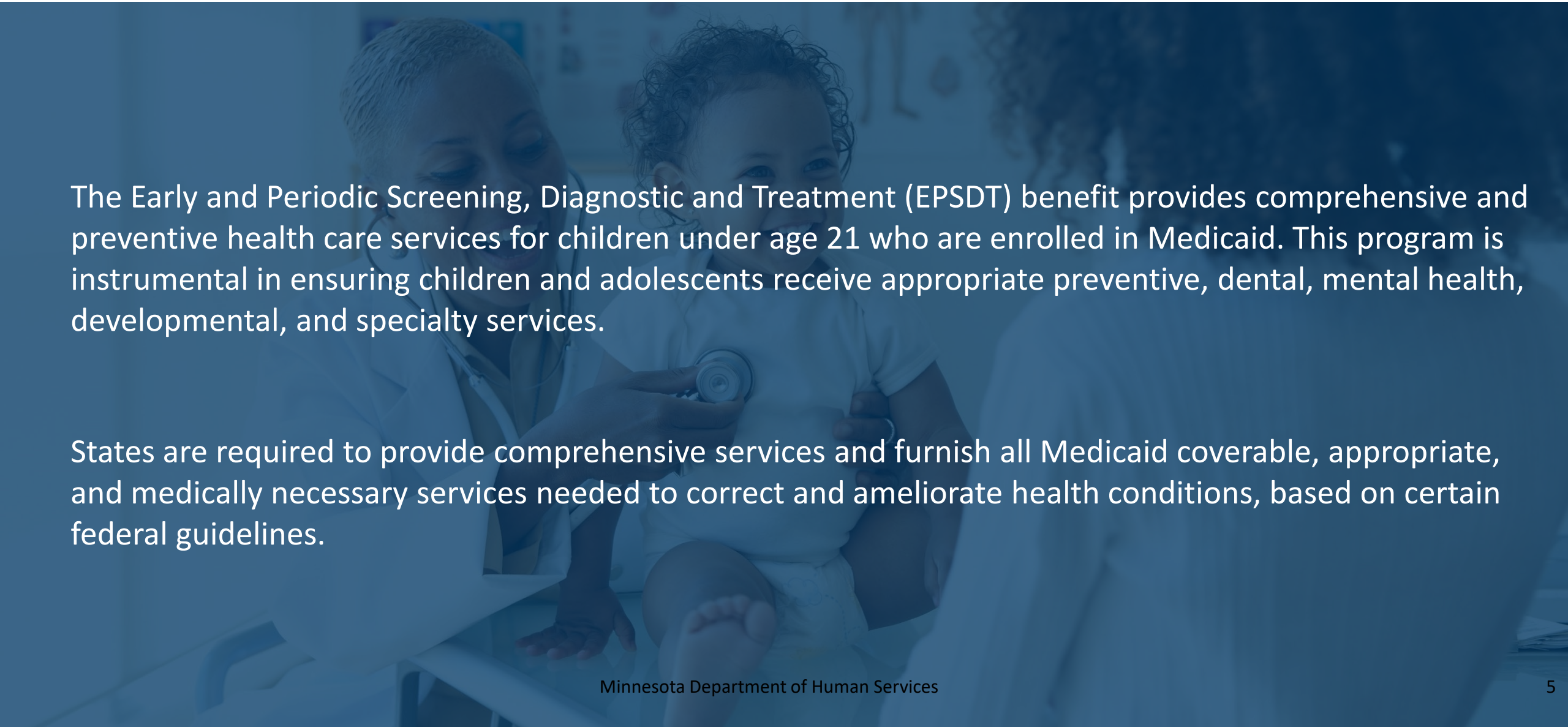
Partnership/Role of CHWs

Data and Equity

Which of these best describes your job?



Centers for Medicare and Medicaid Services (CMS) guidelines



The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. This program is instrumental in ensuring children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.

States are required to provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines.

EPSDT

E	P	S	D	T
Assessing and identifying problems early	Checking children's health at periodic, age-appropriate intervals	Providing screening tests to detect potential problems	Performing diagnostic tests to follow up when a risk is identified	Control, correct, or reduce health problems found

Definition and participant eligibility

- In Minnesota, EPSDT is known as Child and Teen Checkups (C&TC).
  - DHS contracts with all 87 counties, 3 tribes, and various Integrated Health Partnerships (IHPs) to deliver the administrative services (outreach) of the program.
- Participant eligibility criteria:
  - Age: Birth through age 20
  - Financial: Enrolled in Medicaid (Medical Assistance)

Program Services



1. Administrative
   - Outreach
   - Follow-up
   - Providers
2. Comprehensive Direct Health Services
   - Early and Periodic Screenings
   - Diagnosis
   - Treatment
   - Referral

Minnesota Child and Teen Checkups (C&TC) Schedule of Age-Related Screening Standards

DHS-3379-ENG 8-26

C&TC Screening Components by Age C&TC Fact Sheet for each component	Infancy					Early Childhood							Middle Childhood						Adolescence									
	0-1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yrs	4 yrs	5 yrs	6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	19 yrs	20 yrs
Anticipatory guidance & health education	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Measurements:																												
Head circumference	•	•	•	•	•	•	•	•	•																			
Height and weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Weight for length percentile	•	•	•	•	•	•	•	•																				
Body mass index (BMI) percentile									•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood pressure											•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Health history, including social drivers of health	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental, social-emotional, mental health:																												
Surveillance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental screening					R			R		R	R	→																
Social-emotional or mental health screening				R		R		R	R	R	R	R	R	R	R	R	R	R	R	•	•	•	•	•	•	•	•	•
Suicide risk screening																				R	R	R	R	R	R	R	R	R
Autism spectrum disorder screening								R	R																			
Postpartum depression screening	R	R	R	R	→																							
Physical exam*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Immunizations and review	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Newborn screening follow-up: blood spot and critical congenital heart defect	ǂ	→																										
Laboratory tests and risk assessments:																												
Blood lead test					←	•	→	←	•	←	If not done at 24 mo	→																
Hemoglobin/hematocrit					←	•	→												← One time for menstruating adolescents →									
Hepatitis C Virus (HCV) and Syphilis																										R	→	
HIV screening for all youth at least one time*																			X	X	X	X	←		•		→	
Sexually transmitted infection (STI) risk assessment, with lab testing for sexually active youth																			X	X	X	X	X	X	X	X	X	X
Tuberculosis risk assessment	X			X		X			X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dyslipidemia risk assessment									X			X		X		X	←	X	→	←	→	X	→	←	X	→		
Tobacco, alcohol or drug use risk assessment																			X	X	X	X	X	X	X	X	X	X
Sudden cardiac arrest (SCA)/sudden cardiac death (SCD) risk assessment*																			←				R				→	
Vision screening: distance (3+ years) and near (5+ years) acuity	X	X	X	X	X	X	X	X	X	X	•	•	•	•	•	•	•	•	←	•	→	←	•	→	←	•	→	
Hearing screening: add high frequency screening at 11+ years	ǂ	X	X	X	X	X	X	X	X	X	R	•	•	•	•	•	•	•	←	•	→	←	•	→	←	•	→	
Oral health:																												
Dental checkups: Verbal referral to dental provider at eruption of first tooth or no later than 12 months of age and every visit				•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Fluoride varnish application (FVA) starting at eruption of first tooth				•	•	•	•	•	•	•	•	•	•															
All C&TC visits require a HIPAA-compliant referral condition code: ST, S2, AV or NU*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

KEY: • Required component for the visit

R Recommended component for the visit

X Required risk assessment followed by appropriate action

ǂ If no Newborn Screening results on file, or did not pass, follow up appropriately

→ Indicates range to provide component at least one time

* Refer to back side for more information

Child and Teen Checkups

- C&TC schedule of age-related screening standards

Schedule of Age-Related Screening Standards
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Screening Schedule:

This document (with active links) available at www.mn.gov/dhs/periodicity-schedule/ (PDF).

This schedule is a minimum standard; additional C&TC visits or screenings can be done and billed for as medically necessary.

Children in out-of-home placement or foster care should receive C&TC visits more frequently, as recommended by the American Academy of Pediatrics (AAP) Foster Care; refer to Primary Care Tools to Help Care for Children in Foster Care. If a child misses a screening component or visit, or a required screening component was not offered at a previous visit, the missing screening components should be performed at the earliest possible time.

For each screening component, a C&TC Fact Sheet (https:/www.health.state.mn.us/people/childrenyouth/ctc/factsheets.html) describes screening requirements, procedures and resources.

Updates to this schedule are based on recommendations from the American Academy of Pediatrics (AAP), Centers for Disease Control and Prevention (CDC), and U.S. Preventive Services Task Force (USPSTF), as well as Minnesota-specific epidemiology for the pediatric population who are eligible for Medicaid.

Changes to the 2026 C&TC Periodicity Schedule:

Sudden cardiac arrest/sudden cardiac death risk assessment:
Refer to the SCA/SCD Screening Fact Sheet (PDF).

Physical examination:
Medicaid EPSDT services include a comprehensive unclothed physical exam.

HIV screening for all youth at least one time:
The HIV screening blood test upper age range is extended through 20 years.

Policy, Billing and Coding:

Refer to the Child & Teen Checkups (C&TC) section of the MHCP Provider Manual (www.dhs.state.mn.us) for policy, billing and coding information for each component. When a screening or preventive service is contraindicated or refused, the manual has guidance on screening exceptions, including coding information and when to reattempt the screening, if applicable.

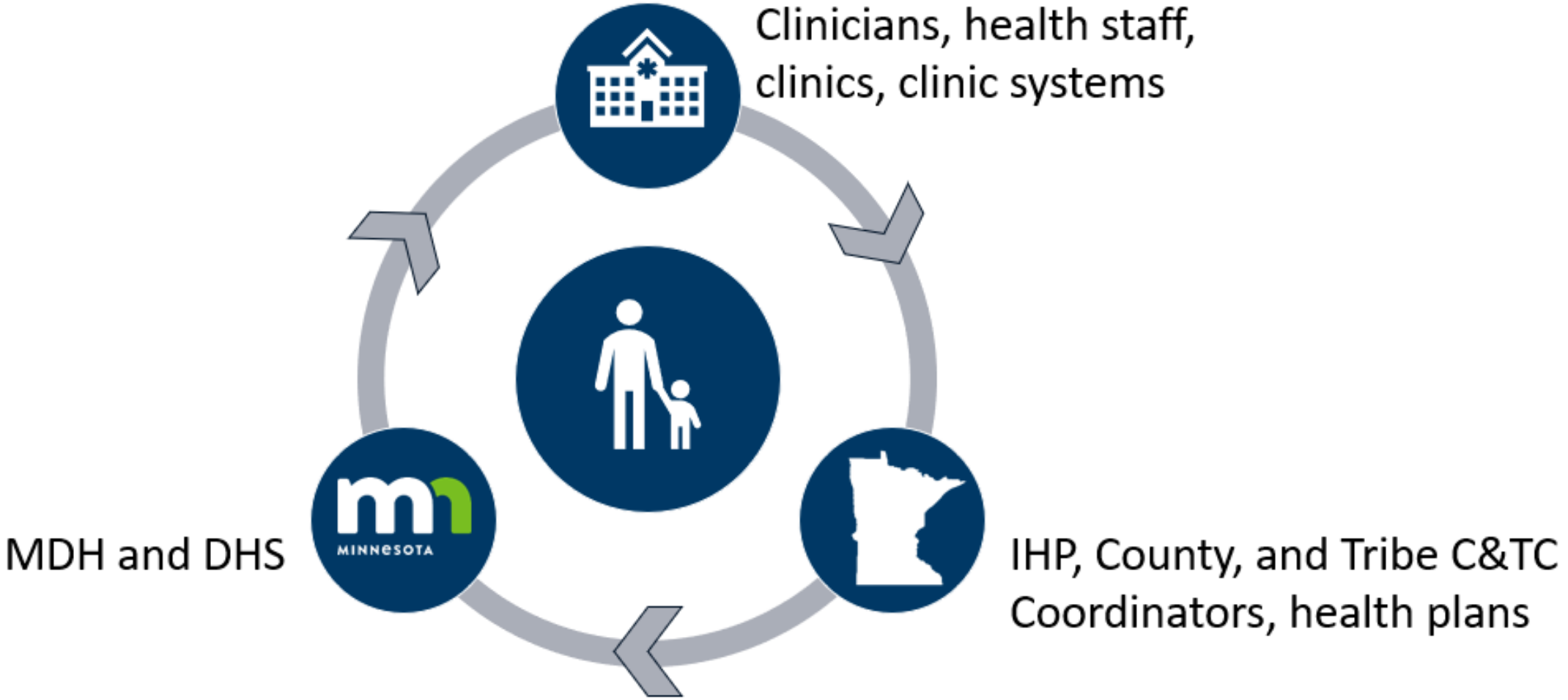
HIPAA-compliant referral condition code:
All necessary diagnostic and therapeutic referrals are part of C&TC standards, and a referral code must be indicated on every claim to identify a complete C&TC screening. Use the NU referral code when there is not a referral indicated. Refer to the Child and Teen Checkups (C&TC) section of the MHCP Provider Manual for more information

Referral Code	Definition
ST	One or more referrals for diagnostic or corrective treatment identified during initial or periodic screening. This can be scheduled with another provider or an additional appointment with the screening provider.
S2	Patient currently under treatment for diagnostic or corrective health problems.
AV	Patient or Parent or Guardian declined referral.
NU	No referrals given Only verbal referral for preventive dental care

MINNESOTA

Developed jointly by the Minnesota Department of Human Services and Minnesota Department of Health

C&TC model of care – key players



Where do you see yourself fitting into the C&TC model of care circle? 1 of 3

Educator

As a foster parent - family As a professional - educator

Advocate

Providing education

Health Education for families currently being served

Connector

Referrals

Encouraging members to complete

Where do you see yourself fitting into the C&TC model of care circle? 2 of 3

Advocate

Helping communities members get access to resources

Working with the health care systems/ administration to have the conversation about veteran families utilizing child and teen services

Advocate

Resourcing CHWs to have skills and knowledge about all aspects of CTC

Advocate and educate.

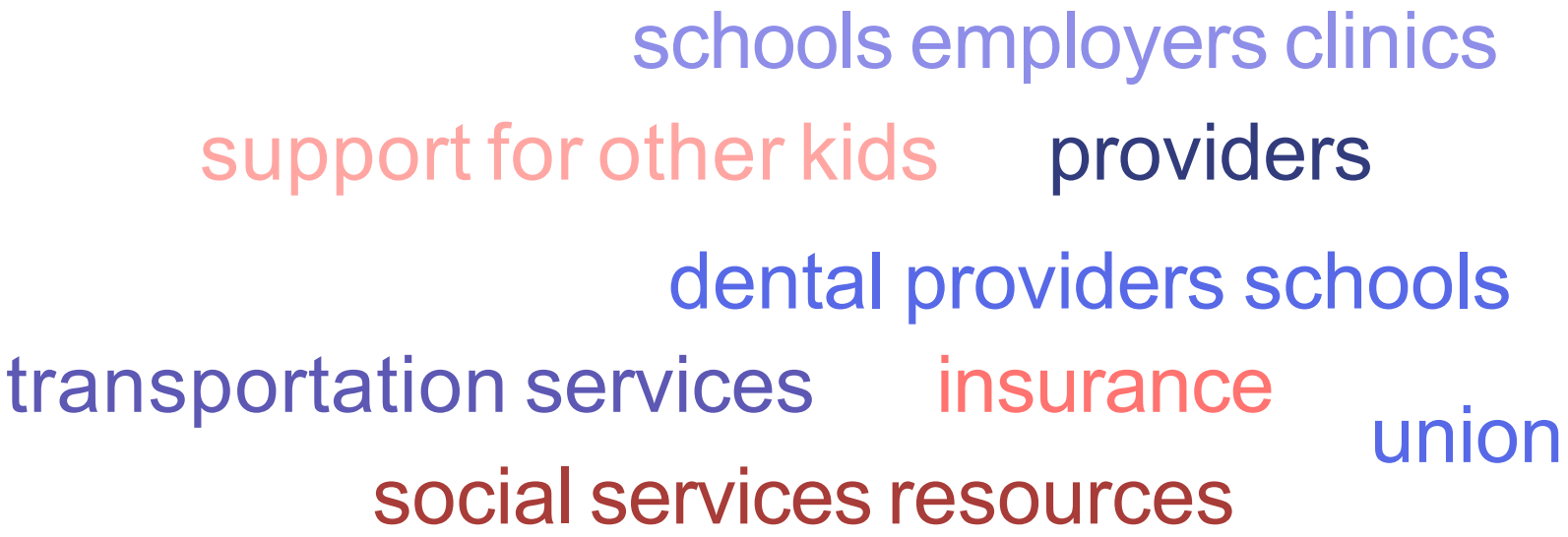
Living proof/example
Educator/out reach

Driving awareness and providing services. Influencing shift in community understanding of ctc and making it a normal part of childhood health and wellness. Influencing local providers to change.

Where do you see yourself fitting into the C&TC model of care circle? 3 of 3

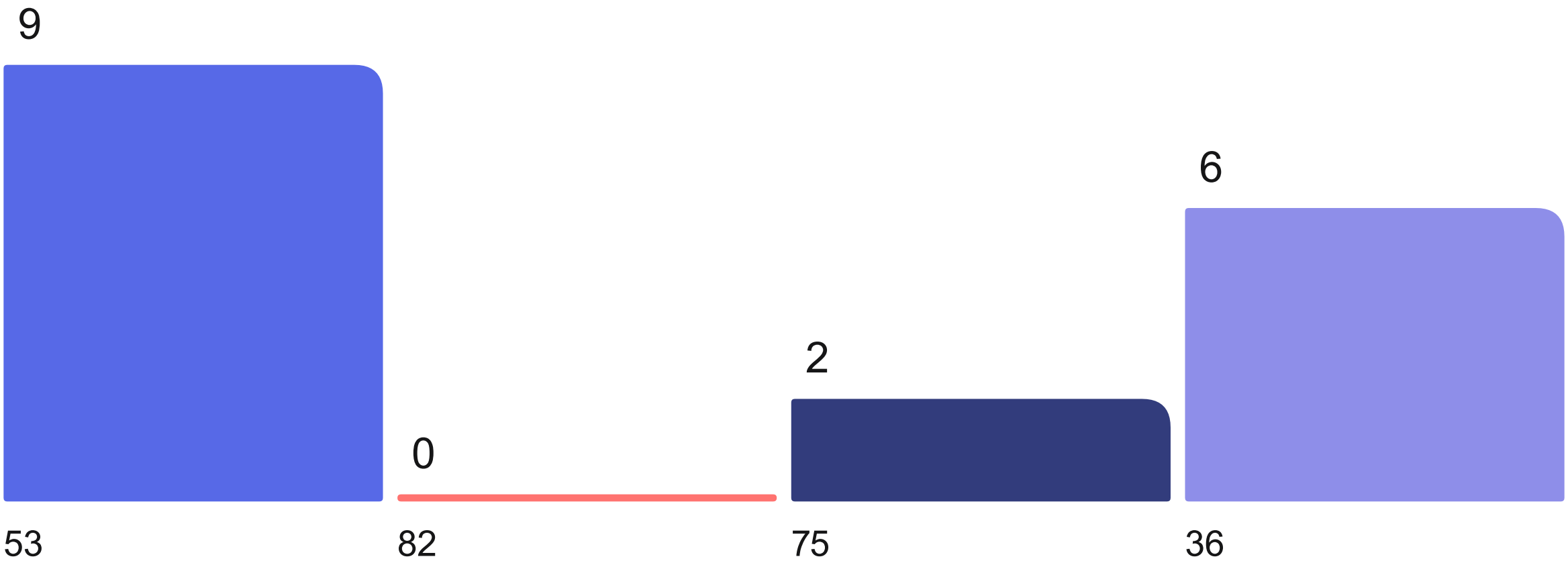
Resource provider

What other partnerships are needed to assist families in their healthcare journey?

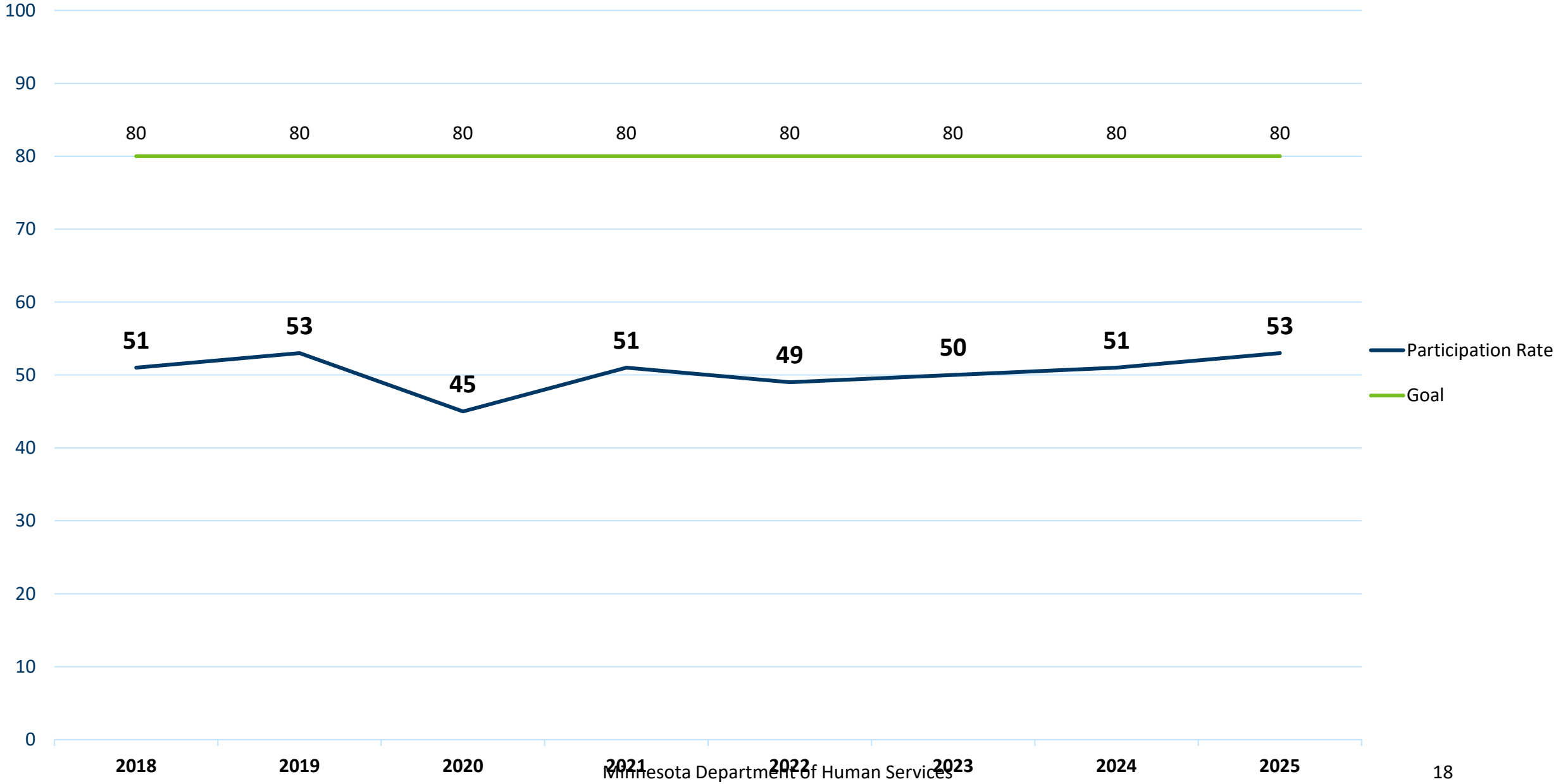



Data

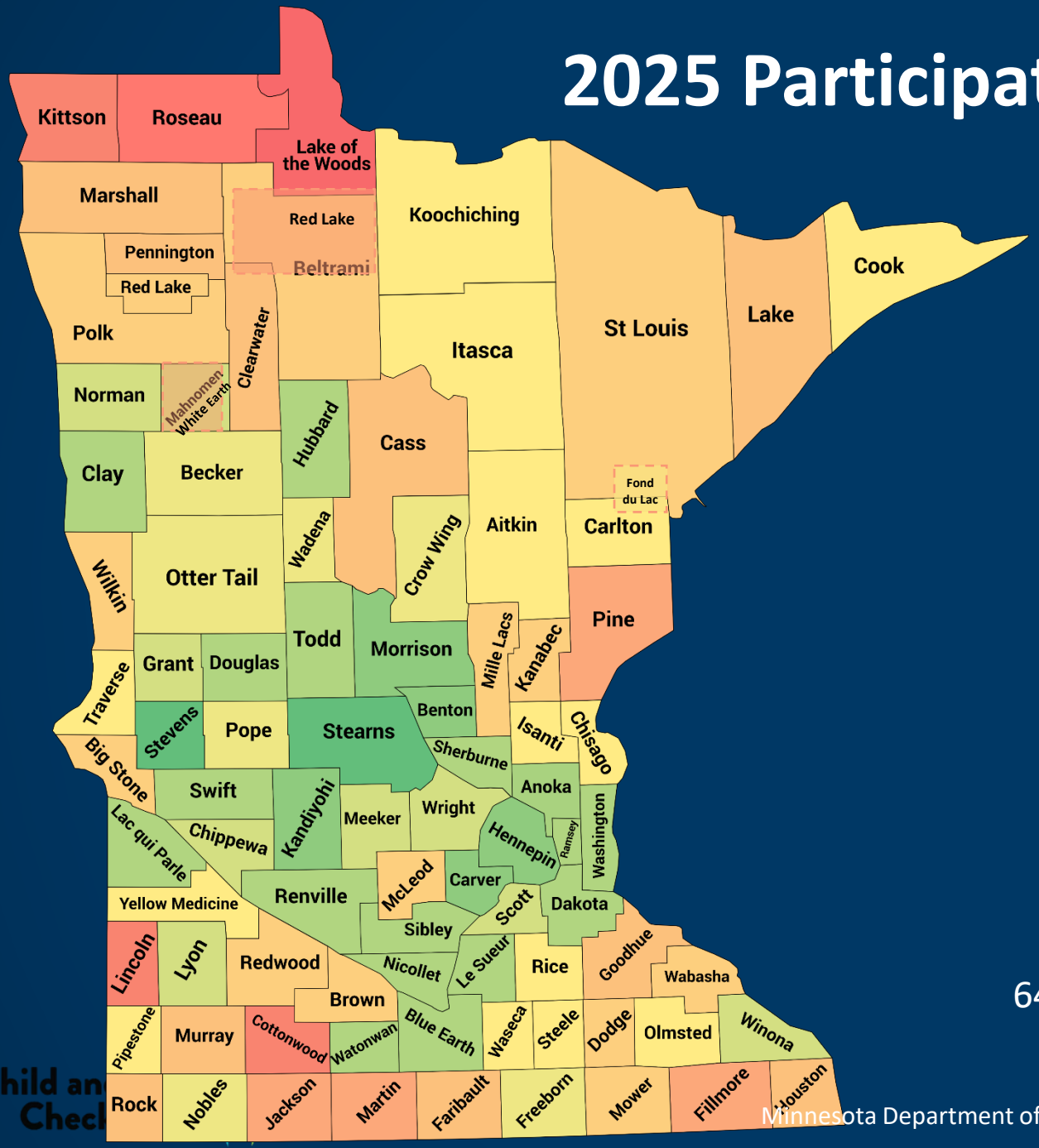
What percentage of children, teens, and young adults around the state of MN have been seen for a complete C&TC visit with their medical provider?



State participation rate 2018-2025



2025 Participation Ratio by County/Tribe

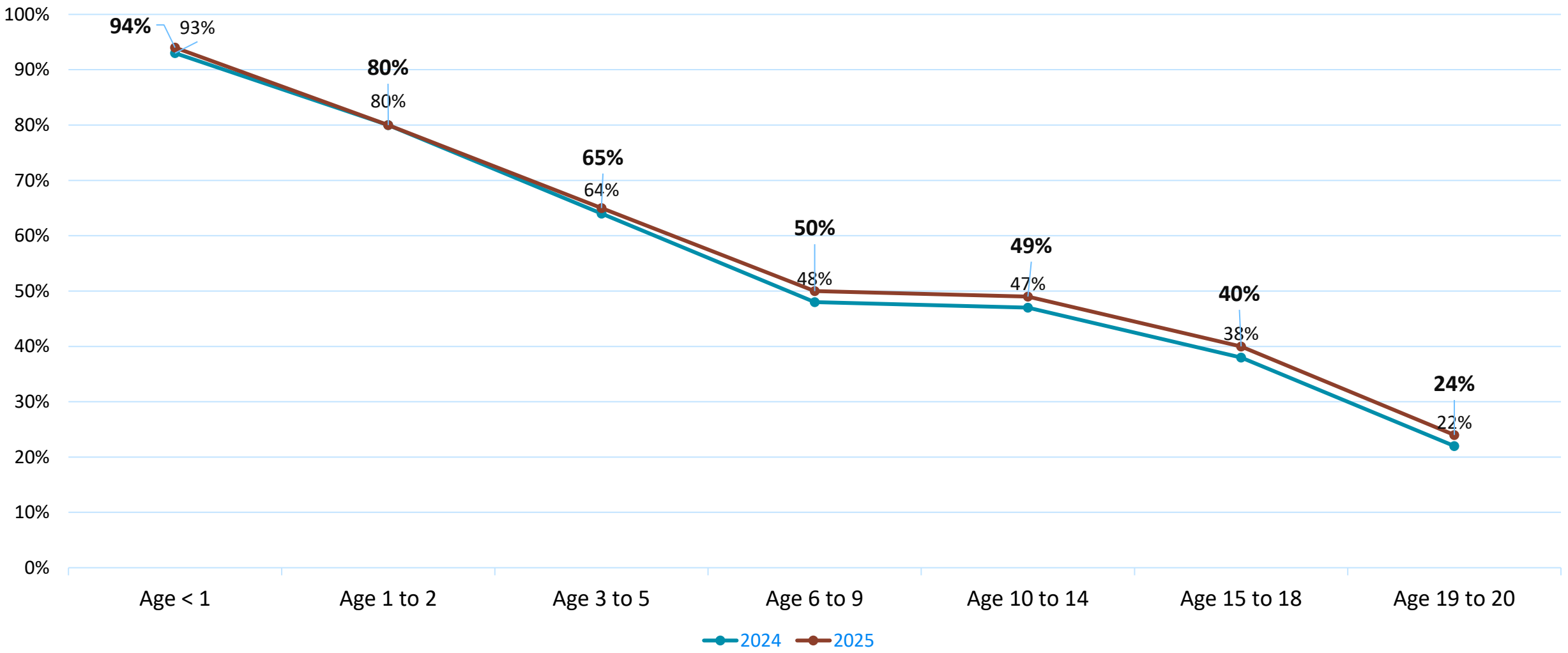


Highest Rates

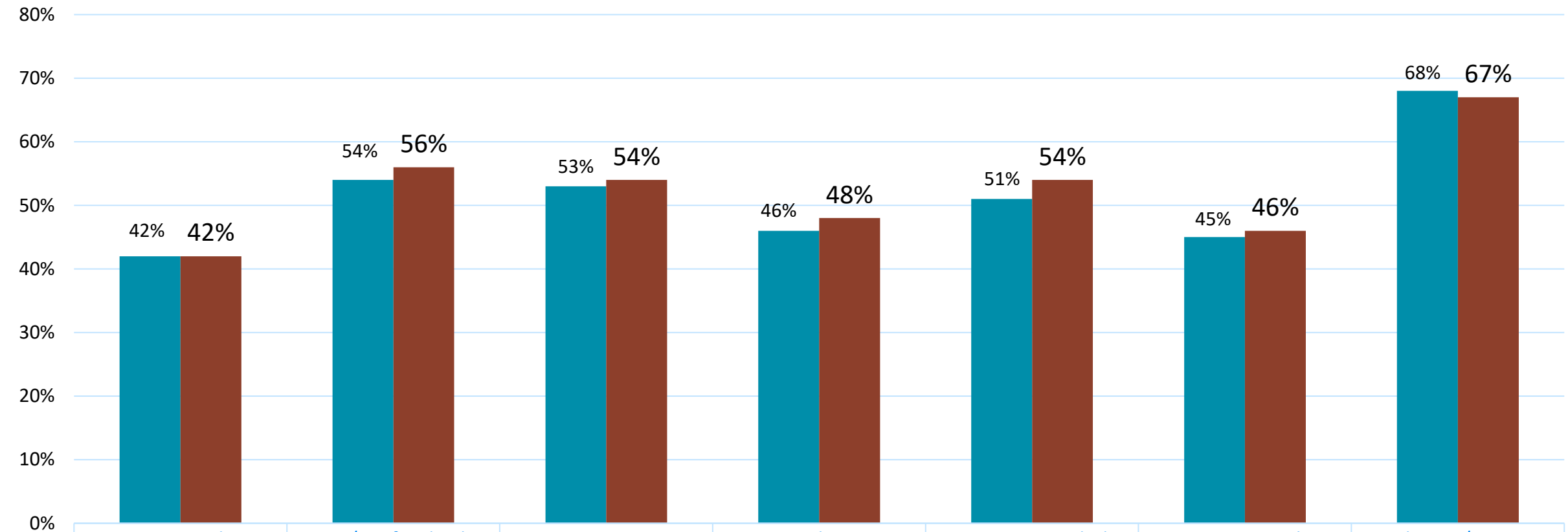
Stevens	64%
Stearns	62%
Kandiyohi	59%
Morrison	58%
Hennepin	57%
Anoka	56%
Benton	56%
Carver	56%
Dakota	55%
Douglas	55%

64% 29%

Statewide participation rate by age



Statewide participation rate by race and ethnicity



	American Indian	Asian/Pacific Islander	Hispanic	Mixed Race	Non-Hispanic Black	Non-Hispanic White	Unknown/Missing
2024	42%	54%	53%	46%	51%	45%	68%
2025	42%	56%	54%	48%	54%	46%	67%

Health equity is a state where all persons, regardless of race, creed, income, sexual orientation, gender identity,
age, or ability have the opportunity to reach their **full health potential**.

What do you see?



Equity in the context of C&TC

Child and Teen Checkups

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