

Chapter 9

Children’s Services

This chapter provides policy and billing information for providers of Individualized Education Program (IEP) services, Immunizations, and Child & Teen Checkups (Early and Periodic Screening, Diagnosis, and Treatment [EPSDT] program).

Special Notice Regarding IEP Services

IEP services refers to services included on an IEP, an Individualized Family Service Plan (IFSP), or an Individual Interagency Intervention Plan (IIIP). These services are billed directly to the Minnesota Department of Human Services (DHS) for children who are eligible for Medical Assistance (MA) or MinnesotaCare, even if the child/student is enrolled in PrimeWest Health.

Definitions

Audiologist: A person who has a master’s degree and either has a certificate of clinical competence from the American Speech and Hearing Association or is licensed under MS [148.511-148.5196](#) as an audiologist.

Augmentative Communication Device: A device dedicated to transmitting or producing messages or symbols in a manner that compensates for the impairment and disability of a member with severe expressive communication disorders. Examples of augmentative communication devices are: communication picture books, communication charts and boards, and mechanical/electronic devices.

Certified Occupational Therapy Assistant (COTA): A person who has successfully completed all academic and fieldwork requirements of an occupational therapy assistant program approved or accredited by the Accreditation Council for Occupational Therapy Education and is currently certified by the National Board for Certification in Occupational Therapy as an occupational therapy assistant and is licensed by the State. (MS [148.6410](#))

Clinical Fellowship Licensee: A person who has a master’s degree and is completing a supervised clinical fellowship in speech-language pathology or audiology according to the requirements in MS [148.511-148.5196](#).

Clinical Supervision for Mental Health Services: The process of control and direction of mental health services by which a mental health professional accepts responsibility for the supervisee’s actions and decisions, instructs the supervisee in the supervisee’s work, and oversees or directs the work of the supervisee. The clinical supervisor accepts full professional responsibility. The clinical supervisor must be present on-site for at least one observation during the first 12 hours in which the practitioner provides services and must be on-site for observation as clinically appropriate thereafter. On-site observations must be documented in the member’s record and signed by the mental health professional.

Direct Service: Intervention services rendered by the provider in face-to-face contact with the member.

Direction of Mental Health Behavioral Aide (MHBA) Services: The mental health professional or mental health practitioner under the direction of the mental health professional assures that services are given in a manner determined necessary and appropriate by the mental health professional or practitioner. Direction should provide a balance of initial coaching (for those MHBAs who lack skills and experience) and a minimum amount of intrusion in the therapeutic process. Direction of MHBAs includes all of the following: one total hour of on-site observation by a mental health professional during the first 12 hours of service provided to a child,

ongoing on-site observation by a mental health professional or mental health practitioner for at least one total hour every 40 hours of service provided to a child, and immediate accessibility of the mental health professional or the mental health practitioner to the MHBA during service provision.

Direction of Physical Therapy Assistant and Occupational Therapy Assistant Services: The actions of a physical or occupational therapist who instructs the physical or occupational therapy assistant in specific duties to be performed, monitors the assistant’s provision of services, provides on-site observation of the treatment and documentation of its appropriateness at least every sixth treatment session for each member when treatment is provided by an assistant, and meets other supervisory requirements in MN Rules parts [5601.1500](#) and [5601.1600](#) and MS [148.6432](#).

Educational Speech-Language Pathologist (ESLP): A person who has a master’s degree in speech/language pathology, is licensed by the Minnesota Board of Teaching as an education speech/language pathologist and either has a certificate of clinical competence from the American Speech and Hearing Association, has completed the equivalent education requirements and work experience necessary for the certificate, or has completed the academic program and is acquiring supervised work experience to qualify for the certificate. (MS [256B.0625](#), sub. 26)

Individualized Education Program (IEP) Evaluations: Evaluations that are health related and result in an IEP/IFSP/IIP or determine the need for continued services. This includes pre-IEP evaluations that result in an IEP/IFSP/IIP, ongoing assessments to determine progress/need for changes in services, and re-evaluations. Activities included are: administering tests, interpreting test results, and writing reports (meetings to discuss evaluations and make recommendations are not included).

Indirect Service: Non-direct (not face-to-face) intervention with the member. Examples of indirect services include: attendance at staff meetings; staff supervision; development of instructional and treatment plans or materials; consultation between the service provider and parent, teacher, and other staff; documentation; team meetings; and billing.

Individual Interagency Intervention Plan (IIP): A single, written, multi-agency plan designed to be used in the place of multiple plans that describe services and payment arrangements for eligible children.

Individualized Education Program (IEP): A written, individualized educational program developed annually for a student based on an evaluation of the student’s performance, presenting problems, and the effect on learning in appropriate settings.

Individualized Family Service Plan (IFSP): A written plan for providing services to a child and the child’s family through interagency agreements. Procedural and program requirements for the IEP also apply to the educational components of the IFSP.

Licensed School Nurse (LSN): A person who has a current Minnesota Board of Nursing and Board of Teaching license.

Licensed Practical Nurse (LPN): A person who has a current Minnesota Board of Nursing license.

Mental Health Behavioral Aide (MHBA): A paraprofessional working under the direction of a mental health professional or mental health practitioner who is under the clinical supervision of a mental health professional to implement mental health services identified in a child/student’s IEP/IFSP/IIP and individual behavior plan. A Level I MHBA must: be at least 18 years of age, have a high school diploma or general equivalency diploma (GED) or two years of experience as a primary caregiver to a child with serious emotional disturbance within the previous 10 years, and meet orientation and training requirements. A Level II MHBA must: be at least 18

years of age, have an associate or bachelor’s degree or 4,000 hours of experience in delivering clinical services in the treatment of mental illness concerning children or adolescents, and meet orientation and training requirements.

Mental Health Professional: A Licensed Psychologist (LP), Licensed Psychological Practitioner (LPP), Licensed Independent Clinical Social Worker (LICSW), Clinical Nurse Specialist Mental Health, Licensed Marriage and Family Therapist (LMFT), or Psychiatrist.

1. *Licensed Psychologist (LP):* Licensed under MS [148.88 – 148.98](#), stated competencies in the diagnosis and treatment of mental illness to the Board of Psychology.
2. *Licensed Psychological Practitioner (LPP):* Licensed under MS [148.908](#) and granted a variance from supervision requirements by the Board of Psychology in accordance with MS [148.925](#), subd. 7.
3. *Licensed Independent Clinical Social Worker (LICSW):* Licensed as an independent clinical social worker under MS [148B.21](#), subd. 6.
4. *Clinical Nurse Specialist Mental Health:* An advanced practice registered nurse in accordance with MS [148.171 – 148.285](#) and certified as a clinical nurse specialist in psychiatric or mental health nursing in accordance with MS [148.285](#), subd. 4, or mental health nursing by the American Nurses Association with at least 4,000 hours of post-master’s supervised experience in the delivery of clinical services in the treatment of mental illness.
5. *Psychiatrist:* Physician licensed under MS [147](#) and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry.
6. *Licensed Marriage and Family Therapist (LMFT):* Licensed under MS [148B.29 – 148B.39](#).

Mental Health Practitioner: A person providing services in the treatment of mental illness under the supervision of a mental health professional and meeting at least one of the following criteria:

1. Is a school psychologist, licensed by the Board of Teaching
2. Is a Licensed Graduate Social Worker (LGSW), licensed by the Board of Social Work
3. Is a Licensed Independent Social Worker (LISW), licensed by the Board of Social Work
4. Has a bachelor’s degree in one of the behavioral sciences or related fields from an accredited college or university and has 2,000 hours of supervised experience in the delivery of clinical services in the treatment of mental illness
5. Has completed 6,000 hours of supervised experience in the delivery of clinical services in the treatment of mental health services to children
6. Is enrolled as a graduate student in one of the behavioral sciences or related fields formally assigned to the center for clinical training by an accredited college or university
7. Has obtained a master’s or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university and has less than 4,000 hours post-master’s experience in the treatment of emotional disturbance

Occupational Therapist: A person who is certified by the National Board for Certification in Occupational Therapy and maintains state licensure as an occupational therapist. (MS [148.6408](#))

Personal Care Assistant (PCA) and Paraprofessional: An individual who is trained in the skills needed to perform covered services and whose services are supervised by a qualified professional as designated in the IEP. Qualified professionals include an RN, PHN, LSN, mental health professional, physical therapist, occupational therapist or speech-language pathologist, audiologist, or physician.

Physical Therapist: A person who is a graduate of a physical therapy program approved by both the Committee on Allied Health Education and Accreditation of the American Medical Association and the

American Physical Therapy Association or its equivalent, is licensed by the State, and meets the requirements in MS [148.70 – 148.78](#) and MN Rules part [5601](#).

Physical Therapy Assistant (PTA): A person who is a graduate of a physical therapy assistant education program accredited by the American Physical Therapy Association or a comparable accrediting agency. A PTA performs selected physical therapy treatments and related duties as delegated by the physical therapist. (MN Rules part [5601.0100](#))

Public Health Nurse (PHN): A person who has a current Minnesota Board of Nursing license and is certified in public health nursing by the Minnesota Department of Health (MDH).

Registered Nurse (RN): A person who has a current Minnesota Board of Nursing license.

Serious and Persistent Mental Illness (SPMI): The condition of a member (at least 18 years of age, but under 21 years of age) who has a mental illness diagnosis and meets at least one of the following criteria:

1. Has undergone two or more episodes of inpatient care for mental illness within the preceding 24 months
2. Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months duration within the preceding 12 months
3. Has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder; evidences a significant impairment in functioning; and has a written opinion from a mental health professional stating he/she is likely to have future episodes requiring inpatient or residential treatment unless community support program services are provided
4. Has, in the last three years, been committed by a court as a mentally ill person under Minnesota Statutes, or the member’s commitment as a mentally ill person has been stayed or continued
5. Was eligible under one of the above criteria (1 – 4) , but the specified time period has expired or the member was eligible as a child with severe emotional disturbance (SED)
6. Has a written opinion from a mental health professional, in the last three years, stating that he/she is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in the above criteria, unless ongoing case management or community support services are provided

Severe Emotional Disturbance (SED): A child who has an emotional disturbance and who meets one of the following criteria:

1. Has been admitted to inpatient treatment/residential treatment within the last three years, or is at risk of being admitted
2. Is a Minnesota resident and is receiving inpatient treatment or residential treatment for an emotional disturbance through the interstate compact
3. A mental health professional has determined the child has one of the following:
 - a. Psychosis or clinical depression
 - b. Risk of harming self or others as a result of emotional disturbance
 - c. Psychopathological symptoms as a result of being a victim of physical/sexual abuse or psychic trauma within the past year
4. A mental health professional has determined the child has a significantly impaired home, school, or community functioning lasting at least one year, or presents a risk of lasting at least one year, as a result of emotional disturbance

Speech-Language Pathologist: A person who has a master’s degree, has a certificate of clinical competence from the American Speech and Hearing Association, and is licensed under MS [148.511 – 148.5196](#) as a speech-language pathologist.

Specialized Maintenance Therapy: A health service that requires the skill of a physical therapist, physical therapy assistant, occupational therapist, occupational therapy assistant, or speech/language pathologist that is

specified in the member’s IEP/IFSP/IIIP and is necessary for maintaining a member’s functional status at a level consistent with the member’s physical or mental limitations.

Supervision of Personal Care Assistants (PCAs)/Para-Professionals Services: The qualified professional obtains the required physician’s orders; provides ongoing monitoring and supervision; appropriately delegates tasks; orients and trains the PCA to provide the services; ensures through direct observation or consultation that the person providing the service: is capable of providing the service, is knowledgeable about the plan of services to be provided before the PCA/paraprofessional performs the services, is knowledgeable about the essential needs of the member, and has observed conditions that should be brought to the supervisor’s attention; is knowledgeable about changes in the plan; and keeps records of services provided and time spent providing the services. The supervising professional evaluates the services provided to the member through direct observation or consultation within 14 days after placement of the PCA/paraprofessional with the member, once every 30 days for the first 90 days, and once every 120 days after the first 90 days.

When billing for PCA supervision, do not list the supervising professional’s individual National Provider Identifier (NPI) on the 837P claim format. Please bill using the facility (billing provider) NPI.

Child and Teen Checkups (C&TC)/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program

Definition

Child and Teen Checkups (C&TC): The name for Minnesota’s Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. EPSDT is a required service under Title XIX of the Social Security Act. C&TC is a comprehensive child health program provided to children and teens, newborns through age 20, who are enrolled in MA or MinnesotaCare.

The purpose of the program is to reduce the impact of childhood health problems by identifying, diagnosing, and treating health problems early.

Coordination of Preventive Health Care

The C&TC program emphasizes the need to avoid fragmentation of care and the importance of continuity of care in comprehensive health supervision. Providers can assist in reducing duplication of services by substituting a C&TC screening service (when appropriate) for other preventive health care visits, such as the following:

1. Newborn or well-baby
2. School, camp, or athletic
3. Well-child
4. Family planning visits
5. Women, Infants, and Children program (WIC)
6. Head Start

Eligible Providers

Eligible providers include the following:

1. Nurse practitioners
2. Nurses
3. Physicians
4. Physician assistants
5. Staff under the supervision of the treating physician

Screening, diagnosis, and treatment can occur during one or more office visits with one or more providers. An example of all services completed at one office visit is: a hemoglobin test indicates a low blood count (screening), the physician decides the child is anemic (diagnosis), and prescribes iron supplements (treatment).

Covered Services

Maternal Depression Screening

Effective January 1, 2010, maternal depression screening will be covered as a separate service when performed during a C&TC or other pediatric visit. Refer to [DHS Provider Update PHY-10-01](#) for specific requirements and billing information. PrimeWest Health follows DHS guidelines for this screening.

C&TC Screening Components, Standards, and Guidelines

C&TC screening service is reimbursable under PrimeWest Health, and the [C&TC Screening Components, Standards, and Guidelines](#) are the standards for C&TC screening services. These standards incorporate the requirements of the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS) and the Minnesota Department of Health (MDH) guidelines. Included are criteria guidelines for provider documentation.

PrimeWest Health has adopted the DHS *C&TC Screening Components, Standards, and Guidelines* as a clinical practice guideline for preventive care for children, adolescents, and young adults through 20 years of age. The C&TC screening service consists of all of the following components:

1. Anticipatory guidance and health education
2. Assessment of physical growth and measurements
3. Health history including mental health, nutrition, and chemical use
4. Developmental/behavioral screening**
5. Physical examination including sexual development, oral exam
6. Immunizations/review
7. Laboratory tests including blood lead, urinalysis, hemoglobin/hematocrit, and other tests as indicated
8. Vision screening
9. Hearing screening
10. Dental checkups – verbal referral required for preventive dental care

**See *C&TC Screening Service Billing/Coding* section of this chapter.

Diagnosis and treatment of health conditions determined to be medically necessary are also covered services. A referral should be made if for any reason, as a result of the C&TC screening, the child needs to be seen again for follow-up for further evaluation, diagnosis, and/or treatment either by the screening provider or any other provider.

PrimeWest Health recognizes that there are situations when it is not possible or appropriate to require C&TC providers to complete certain components of the C&TC screening as outlined in the *Schedule of Age-Related Screening Standards*. For example, it is not necessary to require a provider to complete a hearing screening for a child that already has a diagnosis of being deaf or a vision screening when the child has a diagnosis of being blind. However, further diagnosis and treatment for these conditions may be appropriate.

The information below lists the situations and documentation required for a provider to bill with the accurate referral code designating the service as a C&TC screening. Use the following billing guidelines for the situations below when the vision or hearing screening component(s) cannot be performed.

If the child is deaf or blind:

1. Make certain that there is an exact diagnosis in the child's file indicating the child is deaf or blind.
2. Use this diagnosis on the C&TC claim in addition to the preventive health screening diagnosis.

If the child is uncooperative or contraindicated (e.g., ear infection, pink eye):

1. Re-attempt the hearing or vision screening again within 30 days.
2. Wait to bill the C&TC screening until all components are completed.
3. **Bill using the two separate dates, if within the same month.**
4. **If the screening crosses over to a new month, use the date the C&TC screening was finally completed.**

Federal law requires states to maintain an 80 percent participation rate in the C&TC screenings. This participation rate is based on eligible children receiving a C&TC screening service during the reporting year. Accurate billing/coding is critical for Minnesota to be able to reach the 80 percent participation goal.

States are also required to follow-up on referrals made as a result of a C&TC screening to ensure that children/families receive the necessary services to correct or improve health problems. It is important that providers report all referrals on C&TC claims. Codes used to report these referrals are explained in the *C&TC Screening Service Billing/Coding* section of this chapter.

Fluoride Varnish Application (FVA)

PrimeWest Health reimburses for FVA completed during a C&TC visit on children, from birth to 21 years of age, by health professionals or C&TC providers who complete the University of Minnesota sponsored online [Dental Health Screening and Fluoride Varnish Application](#) learning course. WIC and Head Start agencies may perform FVA after completing the same course. FVA is not limited to an office setting and may be provided in all PrimeWest Health allowed places of service. Contact the PrimeWest Health Provider Contact Center regarding coverage of FVA.

Additional information about FVA can be found on the [MHCP Provider Update PHY-07-01](#).

FVAs may be performed at all locations where C&TC services are provided.

FVA Informed Consent

Inform the member, parent, or guardian about the FVA procedure.

Obtain written consent as you would with any other procedure. Keep the signed consent form on file.

Give the client, parent, or guardian written pre- and post-application instructions as needed.

Billing for FVA

Use code D1206, topical fluoride varnish. FVA may be billed by physicians, nurse practitioners, PHNs, PAs, head start agencies, WIC programs, and the dental community. This is the only D code that is billable on the 837P claim format. FVA can be billed on the same claim as the other C&TC services or a separate claim. If the FVA application was provided at a pediatric visit separate from the C&TC, submit the FVA for that visit date with that claim, not on the C&TC claim.

C&TC Screening Service Billing/Coding

For more information on billing, please see EDI requirements in [Chapter 4 \(Billing Policy\)](#).

Reimbursement for C&TC screening services is dependent upon referral codes on the 837P claim format. The

four C&TC referral codes (AV, ST, S2, and NU) are used to do the following:

1. Identify the claim as a complete C&TC screening
2. Ensure appropriate provider reimbursement
3. Identify referrals for public health follow-up
4. Collect federally required data

PrimeWest Health also requires the S0302 code as a line item on the claim form. By submitting the S0302 code, the provider indicates to PrimeWest Health that a full C&TC screening was completed.

Use the following billing guidelines for the situations below when the vision or hearing screening component(s) cannot be performed.

If the child is deaf or blind:

1. Make certain that there is an exact diagnosis in the child's file indicating the child is deaf or blind.
2. Use this diagnosis on the C&TC claim in addition to the preventive health screening diagnosis.

If the child is uncooperative or contraindicated (e.g., ear infection, pink eye):

1. Re-attempt the hearing or vision screening again within 30 days.
2. Wait to bill the C&TC screening until all components are completed.
3. **Bill using the two separate dates, if within the same month.**
4. **If the screening crosses over to a new month, use the date the C&TC screening was finally completed.**

HIPAA C&TC Referral Coding Information

Billing processes include complying with HIPAA and PrimeWest Health system and data requirements. This section includes the following information:

1. Two-character C&TC referral codes and HIPAA definitions
2. How to bill a complete C&TC screening electronically
3. Using C&TC referral codes appropriately
4. C&TC referral code priority chart
5. Additional billing information for developmental & social/emotional/mental health screening

1. Two-Character C&TC Referral Codes and HIPAA Definitions

The following two-character C&TC referral codes are to be used on a C&TC claim. PrimeWest Health accepts these C&TC referral codes electronically.

C&TC Referral Codes	HIPAA Definitions
AV	Patient refused referral(s)
ST	Referral to another provider for diagnostic or corrective treatment or scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (does not include dental referrals)
S2	Patient is currently under treatment for referred diagnostic or corrective health problem(s)
NU	No referral(s) made

2. How to Bill a Complete C&TC Screening Electronically

The C&TC referral code you choose pertains to the **entire** claim. Different C&TC referral codes cannot be used on different lines of the same claim. Previously, providers could use more than one referral code on a claim.

The federal HIPAA format allows only one C&TC referral code to be used per claim.

When billing for a complete C&TC screening, the claim should not include additional non-C&TC procedures. When procedures in addition to the completed C&TC screening components are performed at the same visit (e.g., tympanometry), bill the additional procedures on a separate claim, use modifier 25, and do not include a C&TC referral code on the non-C&TC claim.

When appropriate, lab services performed at an outside lab must be included on the C&TC claim for the claim to be complete. To indicate lab services were sent to an independent lab, use the appropriate CPT/HCPCS procedure code for the lab service, use modifier 90, use place of service of 81, and enter the independent lab’s NPI in the appropriate field.

PrimeWest Health receives EDI 837 claims from ClearConnect, ClaimLynx, McKesson, MedAvanti (AKA ProxyMed), CareMedic Emdeon (AKA Web-MD/Envoy) and receives cross over claims from CMS.

To set up electronic claims connectivity, please contact the PrimeWest Health Provider Contact Center at **1-866-431-0802** (toll free). Also refer to the [Billing Policy](#) (Chapter 4) for further information. Refer to the [MN-ITS Interactive User Guide for C&TCs](#) or the [AUC Companion Guides](#) for ANSI ASC X12 837P requirements.

Field	Enter
CLM12 – Special Program Indicator: Indicates a C&TC screening was completed	01 for EPSDT/Child Health Assessment Program (CHAP)
CRC02 – Certification Condition Indicator: Indicates whether a referral was made	N for “NO” if a referral was not made Y for “YES” if a referral was made
CRC03 – Condition Indicator: Indicates the outcome of the screening	One of the four new two-character C&TC referral codes (AV, ST, S2, and NU)

3. Using C&TC Referral Codes Appropriately

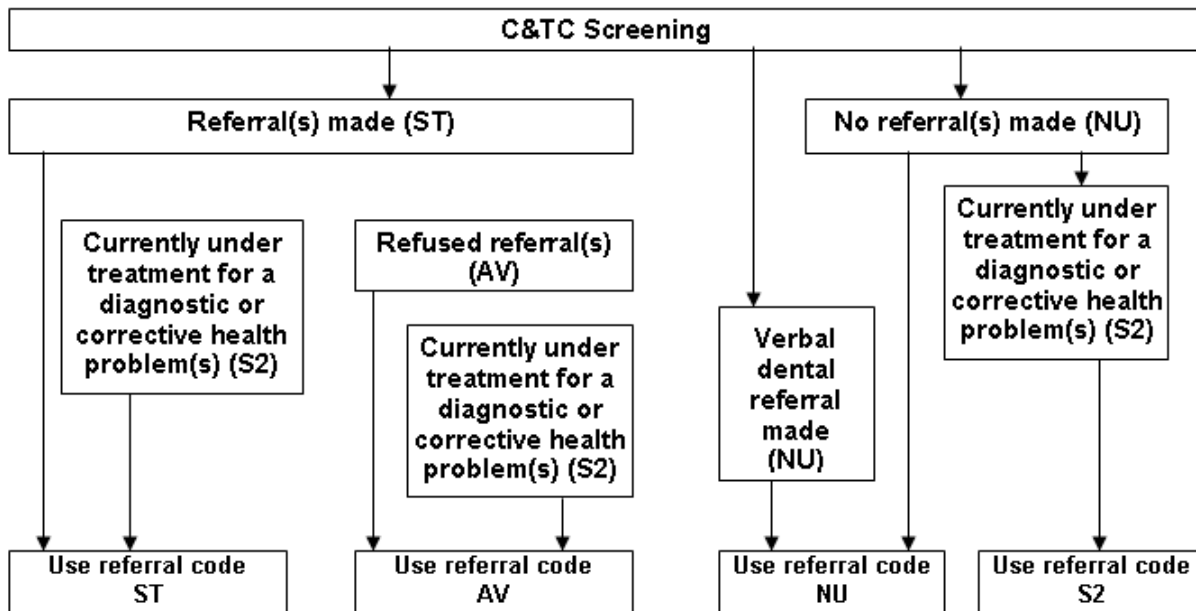
Use the following examples and the chart below to determine which code should take precedence, since only one referral code per claim is allowed under the new HIPAA format.

Examples:

When billing for a complete C&TC screening:	Use this referral code on ALL claim lines
For which no referral(s) made (“NU”):	NU
With no referral(s) made (“NU”), and the patient is currently under treatment for a diagnostic or corrective health problem(s) (“S2”):	S2
When one or more referrals were made (“ST”):	ST
When one or more referrals were made (“ST”), and the patient is currently under treatment for a diagnostic or corrective health problem(s) (“S2”):	ST
When one or more referrals were made (“ST”), and the patient refused one or more of the referrals (“AV”):	AV
When one or more referrals were made (“ST”), and the patient refused one or more of the referrals (“AV”), and the patient is currently under treatment for a diagnostic or corrective health problem(s) (“S2”):	AV
When a verbal dental referral was made for preventive dental health care:	NU

4. C&TC Referral Code Priority Chart

When multiple referral codes apply to a claim, the following is the order of priority usage.



5. Additional Billing Information for Developmental and Social/Emotional/Mental Health Screening

Developmental screening and social/emotional/mental health screening can be billed as separate line items on a C&TC claim **if** standardized tools are used to conduct the assessments. Standardized parent-questionnaire assessment tools are acceptable means of assessment. If both a developmental assessment **and** a mental health assessment are conducted (using appropriate standardized tools), both assessments can be billed as line items on the claim form. The appropriate CPT codes are the following:

1. 96110 –Developmental assessment
2. 96110 UC – Mental Health screening

Do not bill developmental and social/emotional/mental health screenings or surveillance as a separate service performed during a C&TC when no standardized screening instrument was used.

C&TC Information

The following forms, brochures, and information are available through DHS on the [C&TC program website](#).

- **C&TC Brochures** are available in the following languages: English, العربية (Arabic), Lus Hmoob (Hmong), ខ្មែរ (Khmer [Cambodian]), ພາສາລາວ (Lao), Oromo, Русский (Russian), Hrvatski (Serbo-Croatian), Soomaali (Somali), Español (Spanish) and Tiếng Việt (Vietnamese).
 - *C&TC Health Care For Kids*
 - *C&TC Your Growing Child (YGC) – A Family Brochure*
 - *C&TC Being a Teenager*
- [C&TC Provider Guide](#): Designed to offer providers and clinic staff basic information about the C&TC Program.
- [C&TC Screening Information](#)
 - *C&TC Schedule of Age-Related Screening Standards*
 - *C&TC Screening Components, Standards, and Guidelines*
 - C&TC Documentation Forms for Providers and Clinics

- C&TC Screening Checklists for Parents (available in the following languages: Arabic, English, Hmong, Khmer, Lao, Oromo, Russian, Serbo-Croatian, Somali, Spanish and Vietnamese)
- C&TC FACT Sheets
- *C&TC Coordinators List*
- CMS 416 Reports: C&TC Participation by State and County
- *C&TC Materials List* and Ordering Information

- **Immunization Information and Schedules**
 - [2010 Childhood Immunization Schedule](#)
 - [Immunization Materials for Public and for Professional Use](#)
 - [Immunization Materials in Other Languages](#)

- **Blood Lead Screening Information**
 - [Information and Materials Website](#)

Other Related Websites

MDH

For specific component training, MDH, under contract with DHS, provides C&TC screening component training at various times and statewide locations throughout the year. C&TC training schedules are found online at the [MDH Child & Teen Checkup website](#).

Minnesota Department of Education (MDE)

[Information on Early Childhood & Family Initiatives and other Resources](#)

Legal References

[MS 256B.04; 256B.0625](#) (C&TC) MS 256B.0625, subd. 26 (IEP)

[MS 256B.0625](#), subd. 39 (Immunizations)

[MN Rules 9505.0275](#), 9505.1693 to 9505.1748 (C&TC)

[42 CFR 440.40\(b\)](#); [42 CFR 441.50-441.62](#) (C&TC)

[Title XIX, Sections 1902\(a\)\(43\), 1905\(a\)\(4\)\(B\), 1905\(r\)](#) of the Social Security Act (C&TC)