



WellCare Health Plans, Inc.
WELLCARE OF GEORGIA, INC.

A member of the WellCare Group of Companies

Practitioners Tip Sheet 2007

ASSESSMENT	
<p style="text-align: center;">LEAD RISK</p> <p style="text-align: center;">Lead Risk Assessment Questions</p> <p style="text-align: center;"><u>Does this child</u></p> <ol style="list-style-type: none"> 1. live in or often visit a house/apartment that may have been built before 1978? 2. live in or often visit a house/apartment that is being remodeled or is having paint removed? 3. live with or often visit another child that has or had an elevated blood lead level? 4. live with anyone that works at a job where lead may be found or has a hobby that uses lead? 5. chew on or eat non-food items like paint chips or dirt? 6. live near an active lead smelter, battery recycling plant, or other industry likely to release lead? 7. Receive medicines such as <i>Greta</i>, <i>Azarcon</i>, <i>Kohl</i>, or <i>Pay loo-ah</i>? <p>*Any 'yes' answer indicates the child is High Risk and should have a blood lead test. NOTE: all children ages 12mths and 24mths <u>must</u> have a blood lead test</p>	<p style="text-align: center;">TB RISK</p> <p>The TB Risk Assessment questionnaire should be completed beginning at birth and at each screening thereafter, in order to determine risk.</p> <p style="text-align: center;"><u>Is this child</u></p> <ol style="list-style-type: none"> 1. In close contact of a person with infectious TB? 2. Diagnosed with HIV or at risk for HIV infection? 3. A foreign-born refugee or a migrant? 4. In contact with an incarcerated person or a person who was incarcerated in the past 5 years? 5. Exposed to the following individuals: HIV infected, homeless, residents of nursing homes, institutionalized adolescents or adults, users of illicit drugs or migrant farm workers? 6. Have a medical condition or receiving treatment for a medical condition which suppresses the immune system? 7. Live in a community which has been established as a high risk for TB? 8. Traveled to any foreign countries since the last medical visit? <p>Any "yes" answer indicates the child is high risk and should have a TB test.</p>
SCREENING	
<p style="text-align: center;">BMI</p> <ul style="list-style-type: none"> • The BMI should be calculated (2-20 years of age) using the formula: • English formula: [Weight in pounds/Height in inches] x 703 • Metric formula: [Weight in kilograms/Height in cm] x 10,000 • Go to website for an easy calculation <p>http://apps.nccd.cdc.gov/dnpabmi/calculator.aspx</p>	<p style="text-align: center;">HGB/HCT</p> <p>A hematocrit or hemoglobin must be performed at least once during each time period. The suggested ages are 9 months, 2 years, 8 years and 18 years of age. Performances of additional tests are left to the individual practitioner.</p> <p>If the clinical or laboratory assessment reveals an iron deficiency anemia, further evaluation, treatment or parent counseling is necessary.</p> <p>Documentation: Test results as well as any further evaluation, treatment or counseling must be documented in the medical record</p>
PROCESS	
<p style="text-align: center;">ADVANCE DIRECTIVES</p> <p>Georgia has 2 different legal methods for patients to document their wishes regarding medical decisions made on their behalf:</p> <ol style="list-style-type: none"> 1. A Living Will 2. Durable Power of Attorney for Health Care <p>Both of these documents can be found at http://aging.dhr.georgia.gov This website also explains what each document is to be used for – only one document is needed. The patient may choose the one which suits him/her best. There is also information on how to fill out the form and have it notarized.</p>	<p style="text-align: center;">CONSULTANT NOTES</p> <p>Once a member has been seen by a consultant, there should be <u>a note from the consultant in the medical record within 14 days after the completion of services.</u> In addition, the primary care provider should acknowledge review of the document by signing or initialing and dating the document.</p>