

**INSTRUCTIONS  
DHS 8015A (08/13)**

**HAWAII EARLY AND PERIODIC, SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) EXAM  
ADDITIONAL INFORMATION**

**PURPOSE:**

The purpose of the DHS 8015A is to provide a format for providers to report information pertinent to the health of the child receiving an Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) Exam.

**GENERAL DIRECTIONS:**

Use BLACK or BLUE ink to complete this form

This is an optional form. It is a supplement to the DHS 8015 form--Hawaii Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) Exam and for use when there is insufficient space on the DHS 8015 to report specific issues or concerns.

**DIRECTIONS FOR COMPLETION OF SPECIFIC ELEMENTS:**

<b>Today's Date</b>	Enter the date the EPSDT exam was done in the prescribed format. It must be the same date entered in "Today's Date (MMDDYY)" entered on the DHS 8015
<b>Name (Last, First, Middle Initial)</b>	Print the child's name in prescribed format. This name must be the same as the "Name (Last, First, Middle Initial)" entered on the DHS 8015
<b>Provider Name (Print)</b>	Print the actual name of the provider performing the EPSDT exam. It must be the same as the name entered under "Provider Name (Print)" on the DHS 8015
<b>Additional Information, comments, concerns, and/or clarification pertaining to HISTORY</b>	Enter birth/newborn complications, significant illness, injuries, surgery, hospitalization, or applicable family history if there is not enough space provided for this information on the DHS 8015. If there is insufficient space in the four lines provided in this section, continue comments on the subsequent lines.
<b>Additional Information, comments, concerns, and/or clarification pertaining to PHYSICAL EXAMINATION, MEDICATIONS, ALLERGIES</b>	Enter abnormal findings and/or concerns in Measurements and Physical Exam, Medications, and Allergies if there is not enough space provided for this information on the DHS 8015. If there is insufficient space in the four lines provided in this section, continue comments on the subsequent lines.
<b>Additional Information, comments, concerns, and/or clarification pertaining to SURVEILLANCE, SCREENING, AND DIAGNOSIS/STATUS</b>	Enter abnormal findings and/or concerns in Surveillance, Screening, and Diagnosis/Status or list Other Developmental/Behavioral Screens done, if there is not enough space provided for this information on the DHS 8015. If there is insufficient space in the four lines provided in this section, continue comments on the subsequent lines.
<b>Additional Information, comments, concerns, and/or clarification pertaining to REFERRALS AND CARE COORDINATION</b>	Print names of specialists and/or enter additional information or other assistance needed in care coordination, if there is not enough space provided for this information on the DHS 8015. If there is insufficient space in the four lines provided in this section, continue comments on the subsequent lines.
<b>Additional Information, comments, concerns, and/or clarification pertaining to IMMUNIZATIONS</b>	List other immunizations given or enter additional information or concerns pertaining to immunizations, if there is not enough space provided for this information on the DHS 8015. If there is insufficient space in the four lines provided in this section, continue comments on the subsequent lines.
<b>Additional Information, comments, concerns, and/or clarification pertaining to OVERALL HEALTH STATUS</b>	Enter comments pertaining to overall health status of the child, including social and educational concerns, if not addressed on the DHS 8015 or in previous sections of this form.

**FILING DIRECTIONS:**

- Submit the completed original (red ink) form (CLAIM/ENCOUNTER ATTACHMENT) attached to the DHS 8015 with your claim/encounter to the specific health plan in which the child is enrolled or to the Medicaid fiscal agent if the child is covered by the fee-for-service Medicaid program
- The PROVIDER COPY (yellow paper in black ink) should be kept in the child's medical record.
- This form is optional. However, if used, it is a supplement to the DHS 8015 and cannot be submitted alone.