

EPSDT: Guaranteeing Comprehensive Pediatric Benefits for Over 50 Years

July 2018

Early and Periodic Screening, Diagnostic and Treatment

- EPSDT is a mandatory preventive and comprehensive health benefit for most Medicaid-eligible individuals under the age of 21.
- EPSDT provides infants, children, and adolescents with access to comprehensive, periodic evaluations of health, development, and nutritional status, as well as vision, hearing, mental health and dental services.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

EPSDT is the Medicaid program's federally guaranteed benefit for all Medicaid enrollees under age 21.



E P S

Early and Periodic Screenings

- Regularly scheduled comprehensive health and developmental screenings
- Comprehensive unclothed physical exam
- Appropriate vision and hearing testing
- Appropriate immunizations (according to age and history)
- Appropriate laboratory tests
- Dental screenings and referrals to a dentist (for children beginning at age 1)
- Health education

D

Diagnostic Services

- Medically necessary diagnostic services when a risk is identified, including follow-up testing, evaluation, and referrals

T

Treatment Services

- States must provide timely treatment services as determined by child health screenings
- Health care or treatment services include those that are medically necessary to correct or ameliorate defects and address physical and behavioral health conditions

EPSDT – Where is it Defined?

- [Section 1905\(a\)\(4\)\(b\) – list of services](#)
- [Section 1905\(r\) of SS Act – definition of EPSDT services \(OBRA 1989\)](#)
- [Part 5 of State Medicaid Manual – services](#)
- Medicaid.gov
 - [EPSDT](#)
 - [Dental Care](#)

EPSDT – Where is it Defined?

- [A Guide For States: Coverage in the Medicaid Benefit for Children and Youth](#)
- Dear State Medicaid Director, Olmstead Update Nos. 2 and 3 (July 25, 2000), and No. 5 (January 10, 2001);
- CMS, Dear State Medicaid Director (May 20, 2010);
- CMS, Joint CMCS and SAMHSA Informational Bulletin: Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions (May 7, 2013).

Required Services under EPSDT

- **Screening** - comprehensive unclothed exam and health/ developmental history, appropriate immunizations (per Advisory Committee on Immunization Practices (ACIP) schedule) health education (including anticipatory guidance), includes lab (including blood lead)
- **Vision Services** - Including eyeglasses
- **Dental Services** - Including relief of pain and infections, restoration of teeth, and maintenance of dental health
- **Hearing Services** - Including hearing aids
- **Such other necessary health care, diagnostic services, treatment, and other measures described in section [1905\(a\)](#) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, *whether or not such services are covered under the state plan.***



Medicaid Covered Services

Under EPSDT, states must cover all medically necessary services, including those that are “optional” for adults

Mandatory Services

- ✓ Family planning services and supplies
- ✓ Federally Qualified Health Clinics and Rural Health Clinics
- ✓ Home health services
- ✓ Inpatient and outpatient hospital services
- ✓ Laboratory and X-Rays
- ✓ Medical supplies and durable medical equipment
- ✓ Non-emergency medical transportation
- ✓ Nurse-midwife services
- ✓ Pediatric and family nurse practitioner services
- ✓ Physician services
- ✓ Pregnancy-related services
- ✓ Tobacco cessation counseling and pharmacotherapy for pregnant women

Optional Services

- ✓ Community supported living arrangements
- ✓ Chiropractic services
- ✓ Clinic services
- ✓ Critical access hospital services
- ✓ Dental services
- ✓ Dentures
- ✓ Emergency hospital services (in a hospital not meeting certain federal requirements)
- ✓ Eyeglasses
- ✓ State Plan Home and Community Based Services
- ✓ Inpatient psychiatric services for individuals under age 21
- ✓ Intermediate care facility services for individuals with intellectual disabilities
- ✓ Optometry services
- ✓ Other diagnostic, screening, preventive and rehabilitative services
- ✓ Other licensed practitioners' services
- ✓ Physical therapy services
- ✓ Prescribed drugs
- ✓ Primary care case management services
- ✓ Private duty nursing services
- ✓ Program of All-Inclusive Care for the Elderly (PACE) services
- ✓ Prosthetic devices
- ✓ Respiratory care for ventilator dependent individuals
- ✓ Speech, hearing and language disorder services
- ✓ Targeted case management
- ✓ Tuberculosis-related services

Source: Social Security Act §1905(a)



Example of a Covered Service



Mental Health and Substance Use Services

States must screen (periodically and interperiodically), diagnose, and provide treatment for mental health and substance use under Section 1905(a) of the Social Security Act, including:

- Hospital and clinic services
- Physician services
- Services provided by a licensed professional
- Rehabilitative services (e.g., community-based crisis services, medication management)

Federal guidance encourages states to provide:

- Trauma-focused screening, functional assessments and evidence-based practices in child-serving settings
- Employ validated screenings for mental health and substance use
- Design a comprehensive behavioral health benefit package using resources available in the state

The Cures Act amends the Medicaid benefit to require the provision of EPSDT services for children who are receiving inpatient psychiatric hospital services (effective January 1, 2019)

Source: Section 12005(a) of the Cures Act amends the Medicaid benefit at section 1905(a)(16) of the Social Security Act; <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-07-11.pdf>; <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-05-07-2013.pdf> ; <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-03-27-2013.pdf>

Interperiodic Visits

When:

- To detect suspected illness or condition (fever, toothache)

Who:

- Can be self referral or other

Requirements:

- No prior authorization allowed
- Any additional services must be provided

Required Services to Support Access

States must also offer services to promote access to preventive, screening, diagnostic, and treatment services.



Scheduling Assistance for Appointments



Necessary Transportation to and from Appointments



Related Travel Expenses



Language Assistance Services for Individuals with Limited English Proficiency

Source: https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf

Member Communication

States are required to inform families about the EPSDT benefit within 60 days of a Medicaid eligibility determination and annually thereafter

Use clear and non-technical language about:

- Benefits of preventive health
- Services available and where and how to obtain the services
- That services under EPSDT are without cost to children under the age of 21
- That supportive transportation and scheduling assistance are available

Communicate effectively to individuals who have limited English proficiency or who may be deaf or blind

Source: 42 CFR441.56



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Diagnostic Services under EPSDT

- A screening examination may indicate the need for further evaluation, diagnostic services or treatment.
- The referral should be made without delay.
- Provide follow-up to make sure that the child receives a complete diagnostic evaluation.

Treatment Services under EPSDT

- Health care must be made available for treatment or other measures to correct, improve or ameliorate illnesses or conditions discovered by the screening service. All Medicaid coverable, medically necessary, services must be provided even if the service is not available under the State plan to other Medicaid members.
- *The State Medicaid agency defines medical necessity criteria.*

EPSDT and Medical Necessity

- Medical necessity is state defined; there is no federal definition.
- EPSDT entitles children to any treatment or procedure that fits within one of the categories of Medicaid-covered services listed in Section 1905(a) of the Act if that treatment or service is necessary to “correct or ameliorate” defects and physical and mental illnesses or conditions identified by screens.
- “Maintenance” is a benefit under EPSDT

Medical necessity defined in 8.076 and 8.280

Limitations of Medicaid Services for Children

Utilization Controls

Permitted

- ✓ Utilization controls, such as prior authorization for some services

Prohibited

- × Prior authorization for screenings
- × Using utilization controls that delay the provision of necessary treatment
- × Service caps (“Hard limits”)

Experimental Treatment

- ✓ While EPSDT does not require coverage of experimental services, a state may do so if it determines that treatment would address a child’s condition
- ✓ Relying on the latest scientific evidence to inform coverage decisions

Cost Effective Alternatives

- ✓ Considering cost when deciding to cover a medically necessary treatment or an alternative
- ✓ Covering services in a cost effective way, permitted they are as good as or better than the alternative

- × Denying treatment due to cost alone

Source: https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf



Medical Necessity

- It is a reasonable, appropriate, and effective method for meeting the client's medical need;
- The expected use is in accordance with current medical standards or practices (clinical guidelines exist);
- It is cost effective; and
- It provides for a safe environment or situation for the client

Medical Necessity is Not

- Experimental or investigational
- To enhance the personal comfort of the client
- To provide convenience for the client or the client's caretaker
- To take the place of clinical guidelines or evidence based medicine
- A single provider cannot write an order and override the lack of evidence based medicine

Can Services Vary by State?

- Yes. Every state describes individual services in its state plan, with variation in the service description, and type and qualifications of providers.
- States must meet EPSDT requirements to provide state-defined medically necessary 1905(a) services in amount, scope and duration to correct or ameliorate the condition.

When are EPSDT Services Required?

- Periodicity schedules (screening)
 - States must develop periodicity schedules that meet reasonable standards of medical and dental practice
 - States must consult with recognized medical organizations involved in child health care OR may adopt a nationally recognized schedule such as Bright Futures.

When are Dental Services Required?

- Dental periodicity
 - Is different than a medical periodicity schedule.
 - States must consult with dental organizations involved in child health care.
 - CMS encourages consistency with the American Academy of Pediatric Dentistry's recommended schedule.

Who Provides EPSDT Services

- Licensed providers
 - Physicians, nurse practitioners, physician assistants, dentists, hygienists, physical/speech/occupational therapists, LCSW, Psychologist etc.
 - Note: The Affordable Care Act permits preventive services to be provided as “recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law”
- Clinics (community health centers and Indian health centers)
- School Based Settings: services included in a child’s
 - Individualized Education Plan or Individualized Family Service Plan (e.g., PT, OT, ST)

Managed Care Delivery System

- 64% of children enrolled in Medicaid and CHIP in federal fiscal year 2012 were enrolled in managed care delivery systems.
- More and more states are moving foster children and special needs children into managed care arrangements.
- Opportunities for improved quality care and better outcomes.
- MCO contractors must meet all EPSDT requirements

EPSDT and HCBS Waivers

- Children covered in Home and Community Based Services waivers under Section 1915 (c) are still covered under the state Medicaid plan and entitled to the EPSDT benefit.
- HCBS waivers are the primary vehicle used by states to offer non-institutional services to individuals with significant disabilities.
- To be enrolled, individuals must meet an institutional level of care.

Relationship of HCBS Waiver Services to EPSDT and State Plan Services

- If a service is available to a child under the State plan, or could be furnished as an EPSDT benefit under the provisions of §1905(r), it may not be covered as a waiver service for child waiver participants.
 - Provider qualifications and the exact nature of the service (service definition) can differ from the State plan service
- Waiver services cannot duplicate a State plan service!

Inpatient Psych < 21

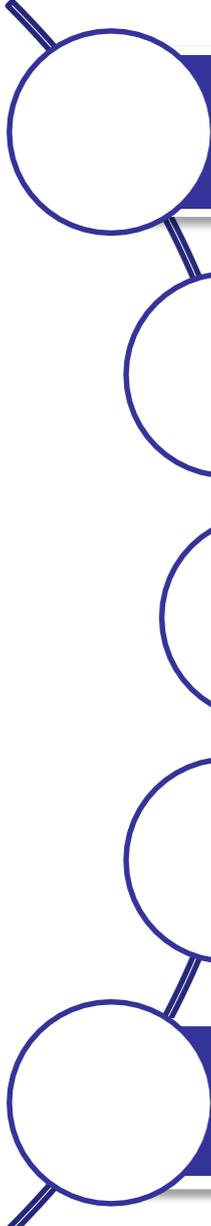
- Regulations at 42 CFR 440.160 and 42 CFR 441.150
 - Optional benefit but covered by Colorado.
- Services are provided in psychiatric hospitals or psychiatric units in a hospital, or psychiatric facilities
- Many states provide psych under 21 service through psychiatric residential treatment facilities (PRTFs).
 - PRTF programs are designed to offer a short term, intense, focused mental health treatment program to promote a successful return of the youth to the community.



Appeal of Service Denial

- If an EPSDT covered child is denied a treatment service, an appeal can be made through the state Medicaid agency's fair hearing process, as described in the state plan.
- If the child is enrolled in a managed care plan, the first line of appeal is through the managed care plan.
- A notice of denial will include:
 - Reason for denial
 - Right to file an appeal and request a state fair hearing, if applicable
 - Procedures for appeal
 - Expedited resolution, if appropriate
 - Right to continuation of benefits pending resolution of appeal.

QHI and EPSDT



Monitor well-child visit, dental service utilization & service delivery, including provider network adequacy, training requirements & beneficiary outreach activities

Convene Working Group to monitor reporting requirements & EPSDT-related service delivery issues

Attend Oral Health Initiatives to improve access to & utilization of children's dental services

Ensure External reviews, HEDIS and Surveys are completed and reported

Ensure children receive preventive and treatment services via state and federal reporting

EPSDT Policy Development and Monitoring

- Coverage Goals: Crossing that Finish Line for Children's Health Coverage and Utilization
- Utilization of Services
 - Documenting Well-Child Visits and Referrals
 - Defining and Quantifying the "T" in EPSDT
- Quality of Care
 - Using CMS EPSDT 416, HEDIS Measurement & Core Measures
- Outcomes
 - Defining Outcome Measures to tell story of children's health well-being
- State Medicaid Agency Communication with:
 - Families
 - MCO & Provider Communities
 - Child-Serving Agencies Coordinating with the Medicaid Agency
 - PolicyMakers (Executive and Legislative) via required reporting

CMS-416 Form: Assessing Children's Utilization of EPSDT Services

- To assess the effectiveness of each state's EPSDT benefit, the Federal Centers for Medicare and Medicaid Services (CMS) collects children's enrollment and utilization data from each state Medicaid program through the CMS-416 Form
- HCPF submits a completed CMS-416 Form to CMS on an annual basis.
- Each MCO submits an annual 416 reports to HCPF, which are used to monitor and track their EPSDT performance.

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT									
Fiscal									
State Code	Year	Totals	Age Group <1	Age Group 1-2	Age Group 3-5	Age Group 6-9	Age Group 10-14	Age Group 15-18	Age G 19-
1a. Total individuals eligible for EPSDT	CN:	0	0	0	0	0	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	0	0	0	0	0	0	0	0
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	0	0	0	0	0	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	0	0	0	0	0	0	0	0
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	0	0	0	0	0	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule									
2b. Number of Years in Age Group			1	2	3	4	5	4	
2c. Annualized State Periodicity Schedule			0.00	0.00	0.00	0.00	0.00	0.00	0.00
3a. Total Months of Eligibility	CN:	0	0	0	0	0	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	0	0	0	0	0	0	0	0
3b. Average Period of Eligibility	CN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Expected Number of Screenings per Eligible	CN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Expected Number of Screenings	CN:	0	0	0	0	0	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	0	0	0	0	0	0	0	0
6. Total Screens Received	CN:	0	0	0	0	0	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	0	0	0	0	0	0	0	0
7. SCREENING RATIO	CN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	0	0	0	0	0	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	0	0	0	0	0	0	0	0
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	0	0	0	0	0	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	0	0	0	0	0	0	0	0
10. PARTICIPANT RATIO	CN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

QUESTIONS?



EPSDT Take Away

1. No limits or caps in services are allowed even if the limits is in state rules
2. All services that *could be provided* under Medicaid regardless of whether they are covered in the state plan
3. EPSDT applies to all XIX eligibility categories for those 20 and under (not CHP+)
4. Case management and outreach required
5. Quality and Measurement of EPSDT services

Thank You!