



COLORADO

**Department of Health Care
Policy & Financing**

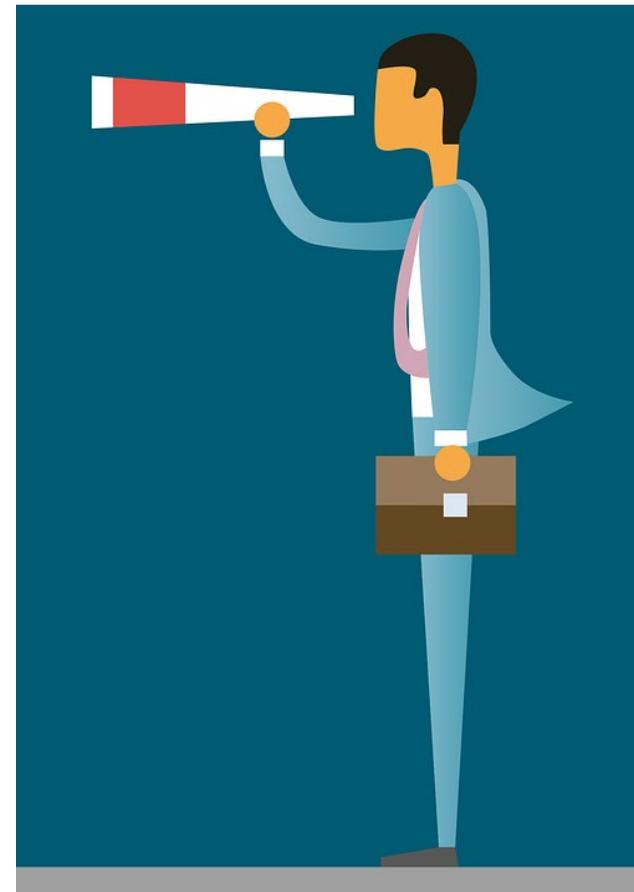
Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT): The Medicaid Benefit for Children January 2022

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Overview

Introduction to EPSDT -

- Why is EPSDT so important
- History of EPSDT
- State Responsibilities and Mandates
- Comprehensive Benefits
- EPSDT Service and Medical Necessity
- Waivers and EPSDT
- Questions and answers



Medicaid Basics

- Created in 1965
- Health insurance for eligible low-income adults, children, pregnant women, elderly adults and people with disabilities
- Entitlement program currently covering nearly 80 million Americans nationwide
- States given the option to participate
 - Funded jointly with State and Federal Funding
 - Some mandatory requirements
 - some flexibility for States to tailor their Medicaid program to their needs and population



Foundation of the EPSDT Benefit

Statutory, CFR and CMS Publication References for the Benefit

- 42 U.S.C. §§ 1396a(a)(10)(A), 1396a(a)(43),
- 1396d(a)(4)(B), 1396d(r)
- 42 C.F.R. §§ 441.50-441.62
- CMS, State Medicaid Manual, part 5
- CMS, EPSDT-A Guide for States: Coverage in the Medicaid Benefit for Children, Youth and Adolescents

Early and Periodic Screening

”Children's health problems should be addressed before they become advanced, challenging or debilitating and before treatment becomes difficult and more costly.”

§1905(r): States must provide “Early and Periodic Screening, Diagnostic and Treatment Services” to ‘Correct or Ameliorate’ Diagnosed Physical, Behavioral or Developmental Health Conditions and Defects”

Individualized care

- Coverage for acute, chronic and developmental problems
- Broad, Federally Defined Menu of Medical Care
- National Standard of Review for Medical Necessity

Medicaid Covered Services

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
Clinic services
Critical access hospital services
Dental services and dentures
Emergency hospital services (in a hospital not meeting federal req.)
Optometry Services and Eyeglasses
State Plan Home and Community Based Services
Inpatient psychiatric services for individuals under age 21
Intermediate care facility services for individuals with IDD
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
Prosthetic devices
Respiratory care for ventilator dependent individuals
Speech, hearing and language disorder services
Targeted case management

How Does EPSDT Make Medicaid Better?

The rules found in the federal Medicaid Act direct state agencies to:

1. Administer its benefit for children and youth ages 20 and under old in a consistent manner **no matter the delivery model**, and
2. Assure comprehensive, preventive coverage and effective medical treatment that is tailored to the **unique needs of every Medicaid enrolled child**.



Role of the State Medicaid Agency

The HCPF is accountable and responsible for the implementation of the federal healthcare plan, whether directly administering the program as fee-for-service or through execution of managed care contracts.

- Enroll providers, set reimbursement rates, set provider qualifications and assure the means for claims processing.
- Determine benefits and prior authorization requirements.
- Make available, either directly or by arrangement, a variety of individual and group providers qualified and willing to provide a covered service.
- Inform families/caregivers of child Medicaid beneficiaries of EPSDT's benefit guarantees, availability of early and periodic screens and other programs.
- Assure that assistance is provided for children to participate in services, including facilitating scheduling and transportation.

Medicaid's Benefit for Children: EPSDT

EPSDT is

A comprehensive healthcare plan focused on **prevention** and **early treatment**.
A **flexible plan** with a menu of benefits available to be tailored to children's individual and developmental needs, not to private insurer benchmarks.

EPSDT is
NOT

A special funding program.
A stand-alone coverage with a special application process.
A freestanding funding source for a limited class of services.

Just What IS an ‘EPSDT Service’?

Regular Preventive Care, a Robust Menu of Medical Care and a Pediatric Standard of Medical Necessity add up to: Early identification and integrated treatment of kids’ health problems!

“the right **care**”

“to the right **child**”

“at the right **time**”

“in the right **setting**”

EPS Also Means

Required Components of a Periodic Screen:

- Comprehensive health history and physical exam
 - Surveillance/screening for developmental and behavioral health problems
 - All recommended (ACIP) immunizations
 - Vision, hearing and dental health screenings
 - Routine and medically necessary lab testing
 - Health education and anticipatory guidance to family
 - Referral for any suspected or diagnosed health conditions

Periodicity Schedule

Colorado adopted the American Academy of Pediatrics Bright Futures Periodicity Schedule in 2007 for all children and youth with Medicaid coverage. This is for physical health and oral health needs.

[Periodicity Schedule](#)



Questions?

What is an EPSDT Service and When is it Medically Necessary



Just What IS an ‘EPSDT Service’?

1. **Early, Preventive Care:** Any early and periodic screening service (preventive service visit) received by a Medicaid beneficiary;
2. **Individualized Treatment:** Any treatment or service requiring the application of EPSDT’s federal criteria in a formal review for medical necessity to authorize.
 - Treatments and services should be evidence-based and reasonably expected to be effective to correct or ameliorate a child beneficiary’s diagnosed condition.

DIAGNOSIS



EPSDT = Flexibility

- Flexible Plans of Care for Kids
 - Benefits are capable of “expanding to fit needs” of eligible children so long as the medical service is contained within the broad category of services listed at §1905 (a) of the Social Security Act.
- Remember: EPSDT = Medicaid for Kids!
 - Any service request will be reviewed per EPSDT Criteria whenever necessary.
 - Requests for an ‘over-policy limits’, or ‘non-covered state plan service’ need not be labeled as a request for “EPSDT” Service.
 - Benefit guarantees run in the background 24/7.

Medical Necessity Reviews

The EPSDT Medical Necessity Review Applies a Uniform Standard to Each Child's Individual Needs:

- Each child is unique. There is no single set of treatments/services to fit all children, and services are focused on the documented individual condition of the beneficiary.
- Services are individually tailored and authorized by a professionally conducted review utilizing standardized review criteria built into the Social Security Act.
- Medicaid must cover any service approved by a formal EPSDT medical necessity review.
- Services covered by the EPSDT benefit must be included in Social Security Act categories, but need not be included in either coverable policies, service definitions or billing codes posted by Health First Colorado or its agents.

What This Means

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



Colorado Will Continue to Steward the EPSDT Benefit Guarantees

MCO's do not use a definition of medical necessity for children more restrictive than the state (EPSDT) definition;

MCO's are trained and informed about EPSDT requirements;

MCO's inform all families of services and access under the EPSDT benefit.

MCO make all services listed in the Social Security Act 1905(a) available to child beneficiaries - unless excluded from their contracts.

Should managed care contracts be crafted which 'carve out' specific, covered services for kids (for example, ABA or iDD diagnosis) the Health First Colorado will remain responsible for assuring that services coverable under Sec 1905(a) which do not appear in state plan, or are coverable with policy limitations in quantity or frequency, will be made available to child beneficiaries when EPSDT standards of medical necessity are met. Even if they are not available to other members.

Limitations of Medicaid Services for Children

Permitted

Prohibited

Utilization Controls

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

- ✗ 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



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	D	T
<p>Early and Periodic Screenings</p> <ul style="list-style-type: none"> • 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 	<p>Diagnostic Services</p> <ul style="list-style-type: none"> • Medically necessary diagnostic services when a risk is identified, including follow-up testing, evaluation, and referrals 	<p>Treatment Services</p> <ul style="list-style-type: none"> • 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 <p>Source: SSA§ 1905(r); 42 CFR§ 441.56</p>

Just ASK

Providers who feel a service or item is medically necessary can and should ask for that service even if it is not listed as a covered services - this is possible because of the EPSDT program!

Follow the direction on the ColoradoPAR website for how to make an EPSDT request

hcpf.colorado.gov/early-and-periodic-screening-diagnostic-and-treatment-epsdt

Colorado Will Continue to Steward the EPSDT Benefit Guarantees

Health First Colorado will remain responsible for implementing the entirety of the EPSDT benefit, in both fee-for-services and in future waiver/managed care environments.

State monitoring and quality assurance strategies are in place.

Colorado will continue to be responsible for annual reporting of child beneficiary participation in Early and Preventive Screening, Oral Health and Lead Testing (CMS 416).



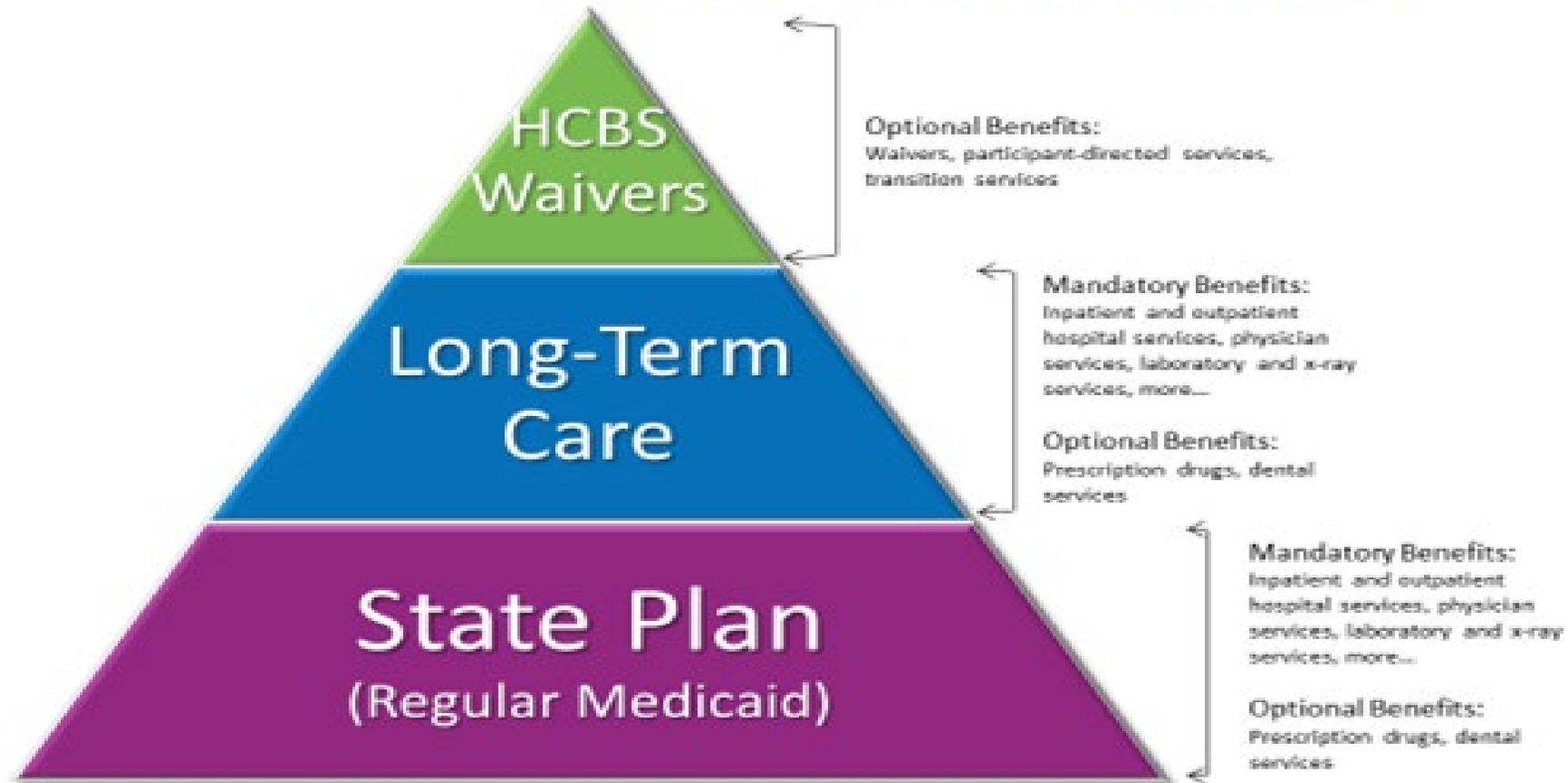
Questions?

Waivers and EPSDT



EPSDT Is In Play...For ALL

Benefits Pyramid



Wrap Around

Because HCBS waivers can provide services not otherwise covered under Medicaid, waivers and EPSDT can be used together to provide a comprehensive benefit for children with disabilities who would otherwise need the level of care provided in an institutional setting.

This enables those children to remain in their homes and communities while receiving medically necessary services and supports. The HCBS waiver services essentially “wrap-around” the EPSDT benefit.



EPSDT or Waiver

CMS approves waivers and waiver services. If a service is included in a waiver, CMS has stated that it cannot be covered under EPSDT. Examples include:

Home modifications and vehicle adaptations

Respite

Hippotherapy, Art Therapy, Music Therapy

Community Connector Services



Community Partnerships

RAEs and CMAs build and maintain relationships within the community and with local agencies:

- Establish efficient referral processes
- Update on current ACC/RAE activities
- Coordinate with community partners to better serve Health First Colorado members
- Participate in local committees and forums



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RAE Core Responsibilities

- Develop and maintain network of Primary Care Medical Providers (PCMP) to serve as medical home for members
- Develop and maintain statewide network of behavioral health providers
- Administer capitated behavioral health benefit
- **Onboard new members**
- Promote population health initiatives and **member engagement**
- **Coordinate care for members across health neighborhood and community to address whole-person health**

RAE Care Coordination

Emphasis on acute, high risk and complex members, but available to all members

- Models of care coordination vary and include: primarily delegate out to RAEs (RAE 2, 4), most RAEs have their own care coordination staff, in conjunction with partners (RAE 1, 3, 5, 6, 7)
- Care coordination can be done in-person at the PCMP, telephonically, home visits
- RAE's and their delegated care coordinators use electronics care coordination tools to capture information that aids in the creation and monitoring of a care plan for the member, such as clinic history, medications, social supports, community resources, and member goals.

CMA and RAE Roles

RAE

- Connect members to a Primary Care Medical Provider (PCMP) to serve as their medical home
- Coordinate services for physical and behavioral health needs

Coordinate across disparate providers, social, educational, justice, and other community agencies

Entry Point & CMA

- Eligibility determination for long-term services and supports (LTSS)
- Service plan development and monitoring
- Coordination of long-term services and supports

Collaboration Best Practice

Attendance at meetings

- Ensure coverage by agency
- If primary case manager cannot attend, send a knowledgeable backup
- Placement and discharge meetings are pivotal
- Once children/youth are accepted into Residential Placement, discharge planning should start:
 - Out of State – immediately upon entering the placement
 - In-state – on a case-by-case basis. Consider back-up plans if placement falls through.

Participation

Before the Meeting

- Ensure the appropriate team members are invited.
- Waiver enrollment, eligibility, and transfers are of the utmost urgency and should be prioritized tasks.

During the Meeting

- Regional Accountable Entity (RAE) care coordinators may take lead but don't hesitate to speak up
- Have specific asks for the team and especially State personnel
- If you don't know an answer, say that you will find out get back to the team
- We need the Case Management Agencies (CMA) to have knowledge about all waiver basics
 - See [waiver charts](#) and keep a link to the rate sheet handy

Participate with the team in finding residential or waiver providers

- Gather comprehensive information for the Request for Proposal (RFP) (request medical or therapeutic documentation)
- Provide agencies with as much specific information as possible
- Be clear about what type of setting is being sought
- Consider targeted phone calls

Considerations

What services/support are in place or have been in place?

- What worked/did not work for those services?
- For the services that worked, can they continue or be revamped?
- What services/supports are needed?
- What are the barriers to access?
- What other services and supports have been explored?
- Think outside the box when looking at barriers and exploration of services.
- Don't rule out possible options that might work for that individual and are unique in meeting needs

For Children's Habilitation Residential Program (CHRP) Waiver

- Proactive use of Support Level Reviews
 - Does the current level support their needs?
- Suggest ICAP redos or Support Level Reviews in advance.
 - Consider securing placement with additional funding or services in place.
- Are they close to 18 years old? Can we consider host homes?

Access to Care Standards

- RAE Network must meet:
 - Primary care and care coordination needs
 - Behavioral health needs
 - Adequate freedom of choice
- Same standard of care for all members
- All services covered under contract must be reasonably prompt, so RAEs can use:
 - Out of network providers
 - Financial incentives

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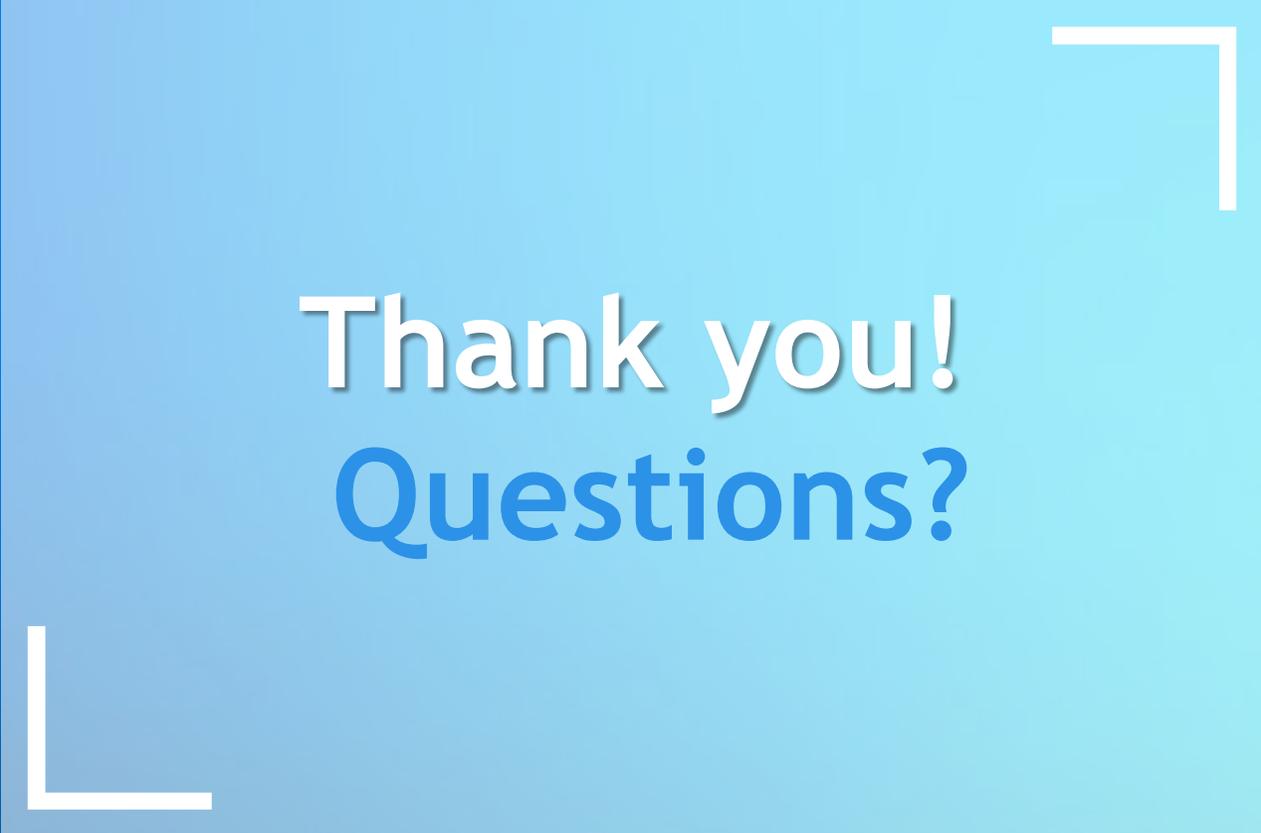


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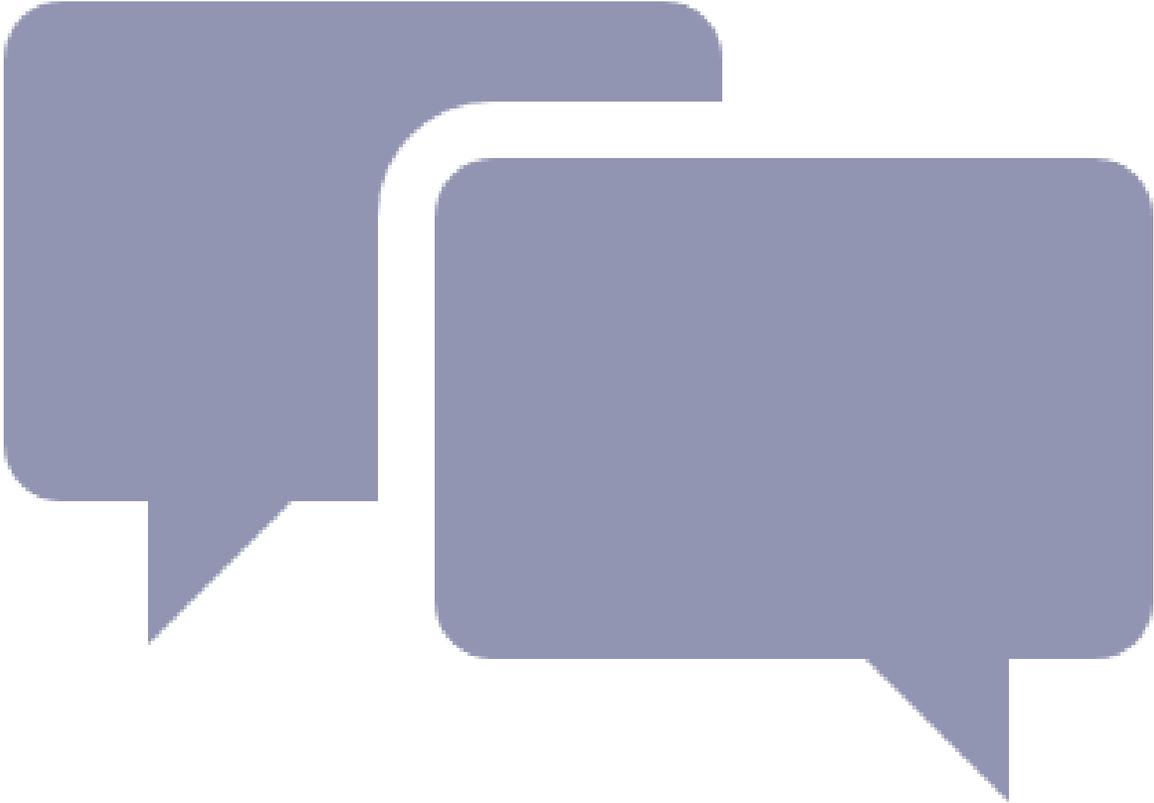


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Thank you!
Questions?



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