

Early and Periodic Screening, Diagnostic and Treatment Services: *The Medicaid Benefit for Children*

Section I: Introduction to the "EPSDT" Benefit

Revised: July, 2017

Introduction to “EPSDT”

Medicaid’s Healthcare Benefit
for Children

and

Social Security Act Mandates for
“Early and Periodic Screening,
Diagnostic and Treatment
Services”



Our “Medicaid 201” Agenda

General Introduction to Today’s Presentation

Due Process: Overview and Issues for CAP and Waivers

- North Carolina’s System of Mediations, Appeals and Monitoring of the Beneficiary’s Right of Due Process

Why is “Early and Periodic Screening, Diagnosis and Treatment” So Important in Medicaid?

- Defining Key Terms
- State Roles & Responsibilities
- Understanding Federal Mandates for Children’s Coverage: How Medicaid for Kids is Unique

Pediatric Medical Necessity, Federal Standards and the EPSDT Review

- Individualized Medical Necessity Review
- EPSDT Criteria and Applications

Important Details in Implementing the Social Security Act ‘EPSDT’ Guarantees

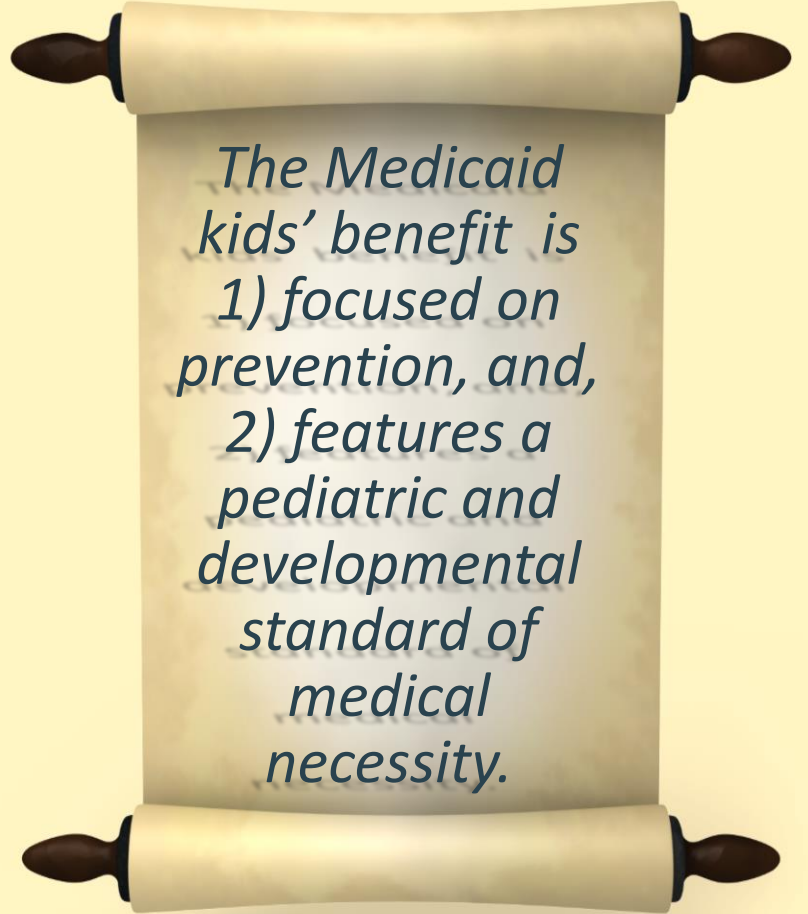
- Critical Details about EPSDT and Service Delivery
- When Waivers and Medicaid Services Meet

Questions and Answers

Section 1 Learning Objectives:

- **A Brief History** of “Early and Periodic Screening, Diagnostic and Treatment” Services
- **State Responsibilities** in Implementing the EPSDT Guarantees
- **Mandates** in the Medicaid Act at § 1905(a) and § 1905 (r) Specific to Children Under 21 Years of Age
- **Foundations and Rationale** for a Comprehensive Benefit for Kids
- **Definition** of an “EPSDT Service”
- EPSDT **Cornerstones** and Coverage Highlights
- Early and Periodic Screening Program, “Health Check”
- **Future State** of EPSDT in Super-Waivers

Remember!



The Medicaid kids' benefit is 1) focused on prevention, and, 2) features a pediatric and developmental standard of medical necessity.

The 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, Diagnostic and Treatment Services

Children's Medicaid and EPSDT: What's the Difference?

- The rules found in the federal Medicaid Act direct state agencies to administer its benefit for children under 21 years old in a ***uniform and consistent manner, to assure comprehensive, preventive coverage and effective medical treatment tailored to the unique needs of every Medicaid enrolled child.***



History of the Term:

The term “*Early and Periodic Screening, Diagnostic and Treatment Services*” appears in *Title XIX* of the Social Security Act at **§ 1905(r)**, known also as “*The Medicaid Act*”. The section of The Act directs that children under 21 years old have access to any of the broad categories of preventive, diagnostic and treatment services found at **§ 1905(a)**, when any of those services are found medically necessary to ‘*correct or ameliorate*’ their health conditions.

The term “*Early and Periodic Screening, Diagnostic and Treatment Services*”, or simply, ‘EPSDT’, has become synonymous with the Medicaid benefit for children as described in that section of The Act.

Role of the State Medicaid Agency:

The State Medicaid Agency 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.

The State Medicaid Agency Must:

- ***Make available***, either directly or by arrangement, a variety of individual and group ***providers*** qualified and willing to provide a covered service. For children under 21, states must ensure that these providers are available when a service not covered by State Plan or Policy is found to be medically necessary;
- ***Enroll*** providers, set reimbursement ***rates***, set ***provider qualifications*** and assure the means for ***claims processing***;
- ***Inform*** families/caregivers of child Medicaid beneficiaries of EPSDT's benefit guarantees, availability of early and periodic screens and other program-specific characteristics; and
- Assure that ***assistance*** is provided for children to participate in Early and Preventive Screens, including facilitating scheduling and transportation.



The Foundation of the EPSDT Benefit



Why Does Medicaid Offer Its Kids a Comprehensive Healthcare Benefit?



Why Does Medicaid Offer a Comprehensive Benefit to Kids?

Children Living in Poverty are At Elevated Levels of Risk :

Economic hardship is consistently associated with significant and avoidable negative outcomes in health status, school performance and later employability:

Rates of postnatal *maternal depression* are significantly higher and, *breastfeeding* rates are lower for families living in poverty.

Poor children face increased risk for *childhood obesity, anemia, diabetes, asthma, cancer, lead-poisoning, neuro-developmental problems and poor dental health.*

Infant mortality, prematurity and low birth weight are all associated with poverty.

Lags in cognitive/behavioral development appear in impoverished children as early as 24 months of life, compared to their peers in higher-income families;

School failure and maladaptive behavior rates are disproportionately high in low-income children.



Early and Periodic Screening, Diagnosis and Treatment



The Medicaid Mission for Kids:

"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"

The Cornerstones of the Children's Medicaid Benefit

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

The benefit is designed to provide treatment tailored to the **individualized** and **unique** needs of Medicaid's kids. The EPSDT guarantees support the benefit to 'breathe' in response to the changing medical needs of covered children.

The benefit is responsive to both acute medical conditions and difficulties in achieving normal developmental milestones. The 'developmental' sensitivity of the Medicaid Benefit for kids is a 'one-of-a-kind' coverage highlight.

Coverage is limited only by the federal menu of coverable medical services found at **§ 1905(a) of the Social Security Act**, and **not** by any state menu of coverable services or limits and qualifying conditions of state clinical policies.

A request for a medical service coverable under **§ 1905(a) of the Social Security Act** may only be denied following a medical necessity review per EPSDT federal standards.

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"*



Medicaid's Benefit for Children: Time for Plain Talk!

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'?

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.



EPSDT Means Quality Medical Care!

Treatment for the 'whole child'

Treatment need not ameliorate the child's condition taken as a whole, but need only be medically necessary to ameliorate one of the child's diagnoses or medical conditions. Treatments may be approved to *palliate* medical conditions.



Effective 'Standard of Care' Treatment

Treatments and services should be evidence-based and reasonably expected to be effective *to correct or ameliorate* a child beneficiary's diagnosed condition.

The EPSDT Benefit ‘runs in the background’ whenever a medical service is requested for a child, “24/7/365”!

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.



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* .

Important Summary of EPSDT's Benefit :

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 coverable 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 DMA or its agents.



Introduction to the EPSDT Benefit

“Health Check”

North Carolina’s Program of Early and Periodic Screening



Overview of The Medicaid
Act’s Benefit for Children
and

“Early and Periodic
Screening, Diagnostic and
Treatment” Services



Preventive health visits are provided at intervals recommended by the American Academy of Pediatrics (AAP “**Bright Futures**” Publication).

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



Early and Periodic Screening, Diagnostic and Treatment Services and Future Healthcare Business Environments



Ensuring the Integrity of the Child Medicaid Benefit

States' Will Continue to Steward the EPSDT Benefit Guarantees

In future waiver environments, states must assure that:

- 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.
- State monitoring and quality assurance strategies for MCO's are in place.

States' Will Continue to Steward the EPSDT Benefit Guarantees

CMS has released new policy guidance on EPSDT benefit, in support of the integrity of the benefit in managed care business environments.

- ***States remain responsible*** for implementing the *entirety* of the EPSDT benefit, in both fee-for-services and in future waiver/managed care environments.
- Should managed care contracts be crafted which 'carve out' specific, covered services for kids (for example, preventive visits or hospital care for specific conditions) the state Medicaid Agency 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's standards of medical necessity are met.
- States will continue to be responsible for annual reporting of child beneficiary participation in Early and Preventive Screening (CMS 416).

<https://www.medicaid.gov/federal-policy-guidance/downloads/cib010517.pdf>

States' Will Continue to Steward the EPSDT Benefit Guarantees

CMS has released new EPSDT benefit policy guidance, in support of the integrity of the benefit in managed care business environments.

Medicaid's Final Managed Care Regulations Language:

“Each contract ... must do the following: ... Require that the services identified in paragraph (a)(1) of this section be furnished in an amount, duration and scope that is no less than the amount, duration, and scope for the same services furnished to beneficiaries under FFS Medicaid, as set forth in § 440.230 of this chapter, and for enrollees under the age of 21, as set forth in **42 U.S.C. § § 1396a(a)(43) and 1396d(r)**.

<https://www.medicaid.gov/federal-policy-guidance/downloads/cib010517.pdf>

§1905 (a)(r) Medicaid Coverable Services

- Prescription Drugs
- Dentures
- Eyeglasses
- PT, OT, And Services For Speech, Hearing, And Language Disorders
- Prosthetics
- ICF-MR Services
- Medical Care, Including Transportation To Care
- Diagnostic, Screening, Preventative, And Rehab Services
- Inpatient Psych Hospitalization
- TB / Respiratory Related Services
- Personal Care Services
- Hospital Services: In and Outpatient
- Rural Health Clinic Services
- FQC Services
- Lab and X-ray Services
- Family Planning Services/Supplies
- Physician Services
- Dental Services, including Med/Surg
- Home Health
- Private Duty Nursing
- Clinic Services
- Hospice Services
- Case Management Services
- Primary Care Case Management