



North Carolina Medicaid Division of Medical Assistance

The Medicaid Benefit for Children and its Federal Guarantees:
***Important Operational Details: Early and Periodic Screening,
Diagnostic And Treatment Services***



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 and Adolescents Youth
- (June 2014), http://www.medicaid.gov/medicaid-chipprogram-information/bytopics/benefits/downloads/epsdt_coverage_guide.pdf

Early and Periodic Screening, Diagnosis and Treatment

Medicaid's benefit for its eligible children is identified by the familiar title addressing it in the Social Security Act.

*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.

*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.

Important EPSDT Benefit Details

A Helpful Hint!

Think of these operational details as the ‘bone and sinew’ of the Social Security Act’s entitlement for child Medicaid beneficiaries.



Important EPSDT Benefit Details

The EPSDT benefit guarantees require a review of medical necessity by

- *federal EPSDT Criteria*
- *conducted by an appropriately licensed healthcare professional*

before any adverse benefit determination is issued for a child Medicaid beneficiary.

Important EPSDT Benefit Details

- ✓ No Wait List
- ✓ No Monetary Cap
- ✓ No Quantity Cap
- ✓ No Set List
- ✓ No Other Policy Restrictions
- ✓ No Co-pay
- ✓ Coverage for Non-Covered Services

No Waiting Lists for Services Coverable by EPSDT Benefit

- The state Medicaid Agency cannot assure that other licensed practitioners or hospitals/clinics will not have waiting lists to schedule appointments or medical procedures. A provider can have a wait list, but Medicaid can not.
- Medicaid cannot impose any waiting list and must provide coverage for corrective treatment for recipients under 21 years of age.
- Due to limitations in funding and available 'slots', state waiver programs may and do have waiting lists.

Medicaid Coverable Services and Waiver Waitlists

- A child Medicaid beneficiary on a waiting list for a waiver program is eligible for medically necessary, Medicaid coverable services, products and treatments without any waiting list being imposed.
- The beneficiary is eligible for the EPSDT Benefit's array of medical services, treatments and products listed at § 1905 (a) of the Social Security Act *without regard to approval under a waiver*.
- Any child enrolled in a waiver program can receive **both** waiver services and services covered by the Children's Medicaid benefit.

Medicaid Coverable Services and Waiver Waitlists

- The total cost of the recipient's waiver services plus Medicaid coverable services must remain in compliance with requirements established by the waiver and applicable Medicaid policy.
- *There is no monetary cap on medically necessary care coverable under children's Medicaid benefit and its EPSDT guarantees.* For details on waiver limits, always check with local and state waiver experts.
- A child financially eligible for Medicaid outside of the waiver is entitled to elect EPSDT services without any monetary cap *instead of* waiver services.

No Quantity Cap: “No Upper Limits”

- Specific limits (number of hours, number of visits, or other limitations on scope, amount or frequency) in DMA clinical coverage policies, service definitions, or billing codes *do not apply* to children’s Medicaid beneficiaries.
- If a service is requested in quantities, frequencies, or at locations or times exceeding state policy limits and the request is reviewed and approved per EPSDT criteria as *medically necessary to correct or ameliorate a defect, physical or mental illness*, it must be provided.
- This includes limits on visits to physicians, therapists, dentists, or other licensed clinicians.

Services Coverable Under Both Medicaid and Waivers

Two Important Examples of EPSDT Principles Applied in Waiver Environments:

- Should CAP-C child requires 'skilled monitoring' by an appropriately licensed professional, the request must be reviewed under expanded EPSDT medical necessity criteria should 'monitoring' not be covered by CAP-C policy.
- "Case Management" services must be provided to a child when the service is found to be medically necessary by EPSDT criteria, regardless of that child's waiver eligibility.

Service Location and Multiple Same-Day Services

Restrictions in coverage policy or benefit plan must be waived if an *EPSDT review* finds them medically necessary.

- *location* of service;
- prohibitions on *multiple services on same day*;
- prohibitions on multiple services at the *same time*.

Services Provided at Community and School Sites

Services at School Sites:

- Although Medicaid services may be delivered at the school site, fine points apply. Schools must comply with multiple federal laws including PL 94-142, FIRPA and IDEA which call on the school to provide services when they are necessary for the child to benefit from his public education and participate fully in the school setting.
- LEA's DO have the ability to directly provide some Medicaid state plan services. They are indicated as 'Nursing' or 'Related Services' on IEP's.
- Service integration is an ongoing challenge, and open communication among child serving entities is essential in making treatment planning work!



No Set List of Services Products or Treatments

*Only § 1905 (a) of the Social Security Act
Defines a Child's Menu of Available Services*

- There are *categories* of services and supplies listed in the Social Security Act, but a State may not specify an exclusionary list of specific items which it will cover within those categories.
- The choice of services is driven by the *review of an individual case determining medical necessity unique to that child's needs*, and not by a list of available products, services or treatments.

No Copay for Covered Child Medicaid Services

The reimbursement that Medicaid makes for a product, treatment or service is 100% payment to the provider.

There are no additional expenses or copays for which parents or caregivers are responsible.

No Copay for Covered Child Medicaid Services

*There is never a cost to the beneficiary
for services, products or treatments
covered by Children's Medicaid benefit and
it's EPSDT guarantees*