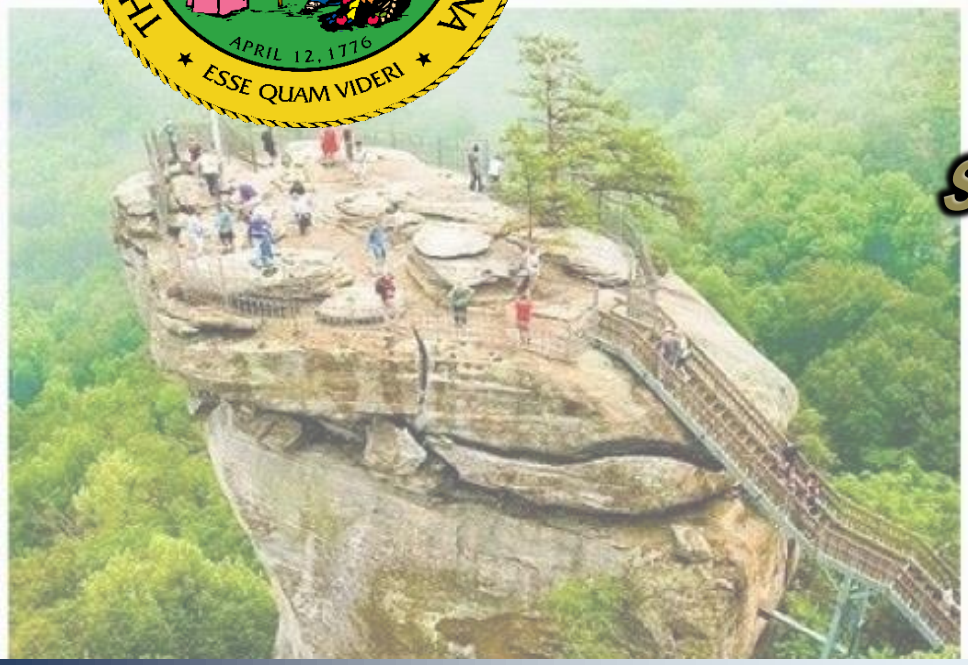
Early and Periodic Screening, Diagnostic and Treatment Services:

The Medicaid Benefit for Children



Section 3: Operational Details

Revised: July , 2017

Consistency and Uniformity in Administering the Children's Benefit

Agenda

General Introduction to Today's Presentation

Mini Review of Due Process and EPSDT:

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

Why is "Early and Periodic Screening, Diagnostic 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

- Pediatric Medical Necessity
- Medicaid's Standards of Review for Children
- Adverse Determinations

Important Details in Implementing the Social Security Act 'EPSDT" Guarantees

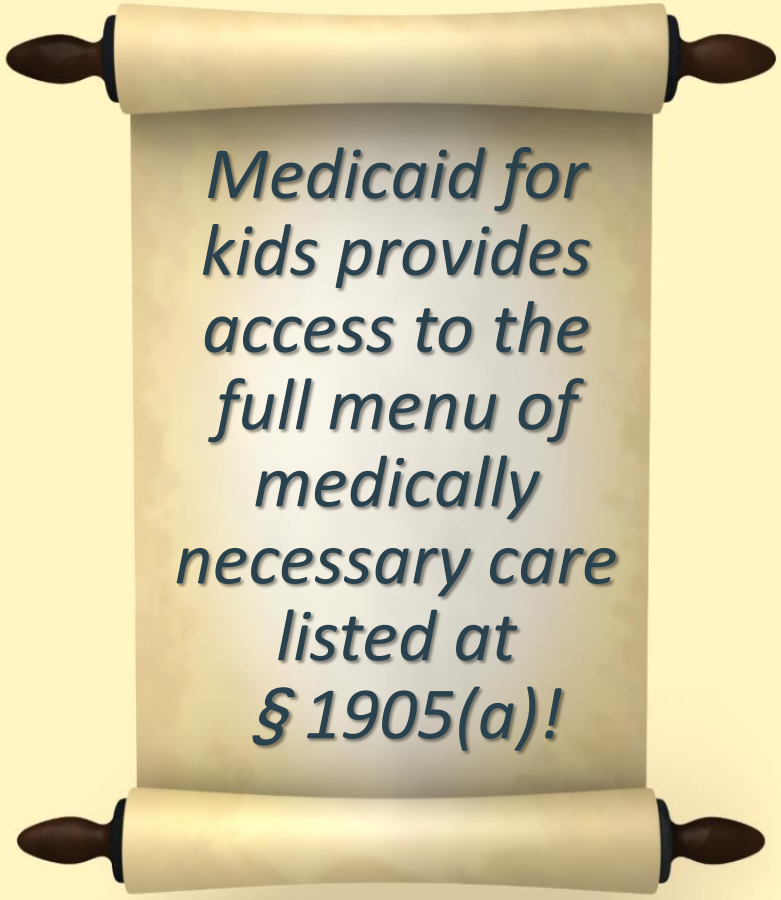
- Critical Details about EPSDT and Service Delivery
- When Waivers and Medicaid Services Meet

Questions and Answers

Section 3 Learning Objectives:

- ***Review*** of EPSDT key principles;
- ***Details*** on eligibility, policy restrictions, service limits and costs of care for Medicaid kids;
- ***Federal Olmstead Decision*** and services in 'least restrictive environment appropriate';
- ***EPSDT and Waivers at "1396(n)"***;
- ***Exceptions*** to the 'Rehabilitative Services' coverage rule in § 1905(r);
- ***General Guidance*** for Composing Your Communication of an Adverse Benefit Determination.

Remember!



Remember the Basics!

Before an adverse benefit determination is issued for a child Medicaid beneficiary, the EPSDT benefit requires:

- An individualized case review;
- by an appropriately licensed healthcare professional;
- applying a uniform standard of pediatric medical necessity.

Remember the Basics!

<u>Only</u> §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.

Important Children's Medicaid Details!

No Wait List

- Medicaid never has an eligibility waitlist

No Co-pay

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

No Monetary or Quantity Cap, and No 'Set List' of Available Services

- Quantity, frequency and amount of § 1905 coverable services are driven by medical necessity decisions made in an formal EPSDT review.

No Other Policy Restrictions

- The decisions about medical necessity made in an EPSDT review on a service request drive service delivery, not state clinical service policy.

Coverage for Non-Covered Services

- All § 1905 (a) listed services are available.

Key Definitions

- **§ 1905 (a):** EPSDT guarantees apply to "Medical Services" listed at *§ 1905 (a)* of the Social Security Act, sometimes known as the "Medicaid Act".
- **Co-Pay:** a charge a provider attempts to make for an 'encounter' in addition to the 'Medicaid Allowable Amount.' These charges are forbidden for Medicaid's children under 21 years of age.
- **Non-Covered Service:** Any service, product or treatment not listed within the State Plan of covered services. Although many necessary services for children are included in NC State Plan, some may not be covered (example: Case Management).
- **EPSDT Review:** The term refers to the formal medical necessity review, required whenever a requested medical service isn't covered under State Plan, when a policy limit must be overridden, or whenever a service request would otherwise be denied.

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.
- 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.

A provider may have a wait list, but Medicaid may not.

Medicaid Coverable Services and Waiver Waitlists

- 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
- 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.
- "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.

No Copay for Covered Child Medicaid Services

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

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

There Are No "Quantity or Upper Limit" Caps on Services

- 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.

State policy limits on visits to physicians, therapists, dentists, or other licensed clinicians must be set aside when EPSDT review finds them medically necessary.

No Limits on Location, Multiple or Same-Day Services

Restrictions in coverage policy or benefit plan **must be waived** if an *EPSDT review* finds a requested and § 1905(a) coverable service to be medically necessary.

- This includes limits on:
  - *location* of service
  - prohibitions on *multiple services on same day*
  - prohibitions on multiple services at the *same time*

Services delivered in the *"most integrated setting appropriate"*

Olmstead v LC: The Decision

On June 22, 1999, the United States Supreme Court held in **Olmstead v. L.C.** that unjustified segregation of persons with disabilities constitutes discrimination in violation of title II of the Americans with Disabilities Act.

In general, if a requested medical service is found to meet EPSDT criteria for medical necessity, it should be delivered in the *most integrated setting appropriate*.

Services Delivered in the Community and at School Sites

Remember:

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!

Medicaid ***May*** Cover Services Delivered Out of State

Remember!

The requestor must show that no equally effective treatment is available within the state.

Out of state services ***do require prior authorization*** and have specific pathways of formal referral.

Claims fail when prior approval for services are not obtained.

The EPSDT benefit covers services and interventions delivered outside of North Carolina under specific circumstances.

EPSDT and Waivers

Integration of Medicaid Services at:
42 U.S.C. §§ 1396(a)(10)(A), 1396(a)(43)

With

The World of
'Community Based Services and Support'
Waivers at :
42 U.S.C. §1396n(c)(5)(A)

The Nature of Waiver Programs

Through specialized federal/state agreements, state Medicaid Agencies and the federal government partner to provide community based services and supports (home/vehicle modifications, for example*)* in order to *avoid or minimize enrollee stays in institutional settings*.

EPSDT Guarantees Don't Apply to Waivers

These 'wraparound' services are not 'medical' in nature, *[therefore not among services available at §1905(a)]. They* are intended to support our highest risk beneficiaries to live outside of institutions and hospitals, at home and in community settings .

The Nature of Waiver Programs

Some services offered by waiver programs may also be coverable under social security act § 1905(a)

- The EPSDT benefit and its guarantees do not apply to waiver programs.

However:

- While waivers do define their service options as distinct from those available to Medicaid beneficiaries, some waiver services may contain service descriptions matching Medicaid services coverable under *§ 1905 (a)(r), Social Security Act.*

When a waiver service is also a service listed within the categories of medical services at 1905(a), Social Security Act, ***all ESPDT rights and protections apply to that particular service***.

Medicaid Coverable Services and Waiver Plans

- Only a CAP Case Manager may deliver an approval or adverse determination on a service coverable solely under waiver funding. These services are defined as:

  'necessary to maintain community placement/avoid institutionalization.'

- CAP/C Case Management Agencies *cannot* approve or deny a request made on behalf of a CAP/C waiver participant for a *medical* service coverable under § 1905 (a) of the Social Security Act. (This includes requests for "over-limit" services and services not covered under North Carolina's Medicaid Plan). These requests must be forwarded to the appropriate Utilization Review/Prior Approval vendor for decision either by a provider or by an appropriately licensed professional, as they are services deemed:

  'medically necessary to correct or ameliorate a diagnosed health condition.'

EPSDT benefits at @ § 1396(a) and Waiver supports §1396n(c)(5)(A)

Waiver services are available only to participants in the waiver programs and are not a part of the EPSDT benefit unless the waiver service is **ALSO** an EPSDT service	
EPSDT coverable services that may appear under waivers:	• Case Management • Regular, alternate plan, and short-term- intensive in-home Nursing, • Pediatric Nurse Aide, and Personal Care Aide
Waiver (Wraparound) Services	• In-home and institutional respite • Home and vehicle modifications and community transition funding • Waiver supplies • Companions • Caregiver training and education

Waiver Programs and Children's Medicaid

Very important details, details, details!

Waiver services are available only to enrollees in a CAP or IDD waiver program; The EPSDT benefit and its guarantees do not apply.

- A child financially eligible for Medicaid outside of the waiver is entitled to elect a service coverable under § 1905(a) without any monetary cap instead of waiver services.

- EPSDT services must be provided to recipients under 21 years of age in a state waiver program under the same standards as other children receiving Medicaid services.

Medicaid Coverable Services and Waiver Financial Limits

There is no monetary cap on medically necessary care coverable under children's Medicaid benefit and its EPSDT guarantees.

- 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. **For details on waiver limits, always check with local and state waiver experts.**

- ***Remember***: There is no financial limit on services, products or treatments decided as medically necessary per EPSDT review criteria.

- A child financially eligible for Medicaid outside of the waiver is entitled to elect EPSDT services without any monetary cap *instead of* waiver services.

Medicaid Coverable Services and Waiver Plans

State and Local Coordination is Available as Needed When Services are Coverable under 1905(a)

- For beneficiaries under 21 years of age who are receiving CAP/C, case managers or care coordinators **must assist in making requests for EPSDT coverable services that require prior approval** (e.g. for Medical, Dental, DME, Vision, Hearing and other prior approved services coverable by Child Medicaid EPSDT benefit).

- DMA's CAP C Program leadership will describe available support options.