The Network for Public Health Law

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PUBLIC HEALTH AGENCY ACREDITATION AND SHARED SERVICE DELIVERY

Issue Brief

Medicaid Early & Periodic Screening, Diagnostic and Treatment Services

Introduction

As public health practitioners are well aware, low socioeconomic status carries with it numerous by-products: poor nutrition, fewer educational opportunities, greater exposure to environmental hazards and inadequate housing, to name just a few. All of these disadvantages increase the likelihood that a poor child will be in poor health. Indeed, children living in poverty, particularly children of color, are more likely than other children to suffer from ill health, including vision, hearing and speech problems; dental problems; elevated blood lead levels; sickle cell disease; behavioral problems; anemia; asthma; and pneumonia. Early detection and treatment can avert or minimize the effects of many otherwise chronic childhood conditions.

The Medicaid Early and Periodic Screening, Diagnostic and Treatment service (EPSDT) is a comprehensive benefit available to children and youth under age 21 who are enrolled in Medicaid. Because Medicaid reaches so many children, EPSDT has the potential to improve dramatically the overall health of children living in the United States.

This fact sheet answers some basic questions about EPSDT:

- What is EPSDT?
- How does EPSDT address screening?
- How does EPSDT address treatment services?
- How should children and families find out about EPSDT?
- What is the CMS-416?

What Is EPSDT?

EPSDT is a mandatory Medicaid service that emphasizes the early discovery of health conditions and comprehensive care for health problems. Each state that participates in Medicaid (all do) must cover EPSDT. The Centers for Medicare & Medicaid Services (CMS), which administers Medicaid federally, posts information

about EPSDT at: **http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-Periodic-Screening-Diagnosis-and-Treatment.html**.

Since it was added as a Medicaid requirement in 1967, EPSDT's success in screening and treating eligible children has fallen below expectations. For example, dental screening and lead testing are required components of EPSDT. In 2010, only 34 percent of children in reporting states received a preventive dental screen, and less than 10 percent of children under age five received a lead blood test.

How Does EPSDT Address Screening?

Screens, or well-child checkups, are a basic element of EPSDT. Four separate types of screens are required: medical, vision, hearing and dental.

Medical Screens

The medical screen must include at least the following five components:

- A comprehensive health and developmental history, including mental health screening;
- A comprehensive unclothed physical exam;
- Immunizations (as determined by the Advisory Committee on Immunization Practices);
- Laboratory testing when appropriate, including lead tests; and
- Health education and anticipatory guidance.

Medical screens must be provided according to a "periodicity schedule." The periodicity schedule is set by the state after consultation with recognized medical organizations involved in child health care. Congress and the Centers for Medicare & Medicaid Services (CMS), have suggested following American Academy of Pediatrics' screening, which is called Bright Futures.[1]

Vision, Hearing and Dental Services

States are responsible for providing periodic vision, hearing and dental examinations, as well as diagnosis and treatment for vision, hearing and dental problems.

- Vision services must include vision screens and diagnosis and treatment of vision defects, including eyeglasses.[2]
- Hearing services must include hearing screens and diagnosis and treatment for defects in hearing, including hearing aids.[3]
- Dental services must include dental screens, relief of pain and infections, restoration of teeth and maintenance of dental health.[4]

Vision, hearing and dental services must be provided according to their own separate periodicity schedules. The periodicity schedule for each type of screen must be determined by the state after consultation with recognized medical and dental organizations involved in child health care. An oral screening as part of a physical examination does not substitute for examination by a dental professional.[5]

Interperiodic Screens

In addition to covering scheduled, periodic checkups, EPSDT covers visits to a health care provider when needed outside of the periodicity schedule to determine whether a child has a condition that needs further care. These types of screens are sometimes called "interperiodic screens." Persons outside the health care system (for example, a teacher or parent) can determine the need for an interperiodic screen, and "any encounter with a health care professional acting within the scope of practice is considered to be an

interperiodic screen, whether or not the provider is participating in the Medicaid program at the time those screening services are furnished."[6]

How Does EPSDT Address Treatment Services?

EPSDT requires state Medicaid programs to "arrange for (directly or through referral to appropriate agencies, organizations or individuals) corrective treatment."[7] Significantly, the Medicaid Act defines a comprehensive package of EPSDT benefits, and it sets forth the standard that must be applied on an individual basis to determine what services a child needs.

Covered services include all of the mandatory and optional services that the state can cover under Medicaid, whether or not such services are covered for adults. These include physician and prescription drug services, long term care services and a range of home and community based services, such as case management, personal care services, home health services and private duty nursing.

State Medicaid agencies must cover "necessary health care, diagnostic services, treatment, and other measures … to correct or ameliorate defects and physical and mental illnesses and conditions[.]"[8] So, for example, if a child needs personal care services to ameliorate a behavioral health problem, then EPSDT should cover those services to the extent the child needs them – even if the state places a quantitative limit on personal care services or does not cover them at all for adults.

How Should Children and Families Find Out About EPSDT?

If EPSDT is to work, there is an absolute need for effective outreach and informing. As noted by the Seventh Circuit Federal Court of Appeals:

[States cannot] expect that children of needy parents will volunteer themselves or that their parents will voluntarily deliver them to the providers of health services for early medical screening and diagnosis. By the time [a child] is brought for treatment it may too often be on a stretcher. . . . EPSDT programs must be brought to the recipients; the recipients will not ordinarily go to the programs until it is too late to accomplish the congressional purpose.[9]

The Medicaid Act requires states to inform all Medicaid-eligible persons in the state who are under age 21 of the availability of EPSDT and immunizations.[10] States must use a combination of written and oral methods to effectively inform eligible individuals about: (1) the benefits of preventive health care; (2) the services available through EPSDT; (3) that services are without charge, except for premiums for certain families; and (4) that support services, specifically transportation and appointment scheduling assistance, are available on request. If the child/family has difficulty reading or understanding English, then the information needs to be conveyed in a format that can be understood. Notably, states must offer both transportation and appointment scheduling assistance "prior to each due date of a child's periodic examination."[11]

What Is the CMS-416?

The Medicaid Act requires each state to report annually on EPSDT, by age group and basis of eligibility:

- Number of children provided screening services;
- Number of children referred for corrective treatment;
- Number of children receiving dental services; and
- Participation rates in EPSDT.

States report ESPDT compliance on the Form CMS-416 and are required to submit the completed form to CMS by April 1 of each year. The information on the form serves to:

- Demonstrate the state's attainment of participant and screening goals; and
- Show the trend patterns and projections from which decisions can be made to ensure that eligible children are given the best possible health care.[12]

SUPPORTERS
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[1] *See* Recommendations for Preventative Pediatric Health Care, AMERICAN ACADEMY OF PEDIATRICS (2008) available at http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf. See also H.R. REP. NO. 101-247, at 399 (Sept. 20, 1989), *reprinted at* 1989 U.S.C.C.A.N. 1906, 2125;CMS, STATE MEDICAID MANUAL § 5240.

[2] *See* 42 U.S.C. § 1396d(r)(2)(West 2003).

[3] *See Id.* At § 1396d(r)(4).

[4] *See Id.* At § 1396d(r)(3).

[5] *See* CMS, STATE MEDICAID MANUAL § 5123.G.

[6] *See, e.g.,* Memorandum from director, *Health Care Financing Administration Medicaid Bureau*, to Region III Administrator, *Health Care Financing Administration* (Apr. 12, 1991) (available from National Health Law Program, Los Angeles, CA). This is significant because the interperiodic visit qualifies the child for EPSDT's treatment benefits, described *infra*.

[7] 42 U.S.C.A. § 1396a(a)(43)(C)(West Supp. 1998).

[8] *Id.* at § 1396d(r)5.

[9] Stanton v. Bond, 504 F.2d 1246, 1251 (7th Cir. 1974), *cert. denied*, 420 U.S. 894 (1975) (subsequent history omitted).

[10] *See* 42 U.S.C. § 1396A(A)(43)(A) (West Supp. 1998). Congress has said states need to take "aggressive action" to inform children and families about EPSDT. *See* 135 CONG. REC. S 13234 (Oct. 12, 1989). For a case requiring outreach to children in out-of-home placement, *see*, Sanders v. Lewis, No. 2:92-0353, 1995 WL 228308 *reprinted in* MEDICARE & MEDICAID GUIDE (CCH)¶ 43, 120 (S.D.W.Va. Mar. 1, 1995 and Aug. 16, 1993) (consent order, compliance plan).

[11] HEALTH CARE FINANCING ADMINISTRATION, U.S. DEP'T OF HEALTH & HUMAN SERVICES, STATE MEDICAID MANUAL §§ 5121, 5150.

[12] *Id.* at § 1700.4.