

Medicaid's Early and Periodic Screening, Diagnostic, and Treatment Benefit – A Powerful Tool to Improve Child Health

August 25, 2022

Presenter



Sarah Somers, J.D., M.P.H.,
Managing Attorney, Network for
Public Health Law—Southeastern
Region Office

Presenter



Jane Perkins, J.D., M.P.H.,
Senior Staff Attorney, Network for
Public Health Law—Southeastern
Region Office

Background: Medicaid

Federal-State Cooperative Insurance Program for low income people

» **Covers a broad scope of services**



Medicaid Eligibility

Pregnant women and children

Caretaker relatives

People over age 65

People with disabilities

“Non-disabled” adults





Key Mandatory Services

- **Physician Services**
- **Laboratory/x-ray**
- **Inpatient, outpatient hospital**
- **Nursing facility**
- **Family planning**
- **Nurse midwife services**
- **Certified nurse practitioner services**
- **Home health**
- **FQHCs & RHCs**
- **EPSDT**

Optional Services (Adults)

- **Prescription drugs**
- **Prosthetic devices**
- **Medical care recognized under state law (e.g., podiatry, optometry)**
- **Dental**
- **Rehabilitative services**
- **Case management**
- **Certain institutional services**
- **Private duty nursing, personal care services, other HCBS**
- **Other services approved by the Secretary of HHS**



Early & Periodic Screening, Diagnostic, & Treatment

Mandatory service for Medicaid-eligible children and youth up to age 21



Poor Children = Poor Health

Poor children are more likely to have:

- ✓ **Vision, hearing and speech problems**
- ✓ **Untreated tooth decay**
- ✓ **Elevated lead blood levels**
- ✓ **Sickle cell disease**
- ✓ **Behavioral Health problems**
- ✓ **Anemia**
- ✓ **Asthma**
- ✓ **And many more . . .**



EPSDT Sources of Authority

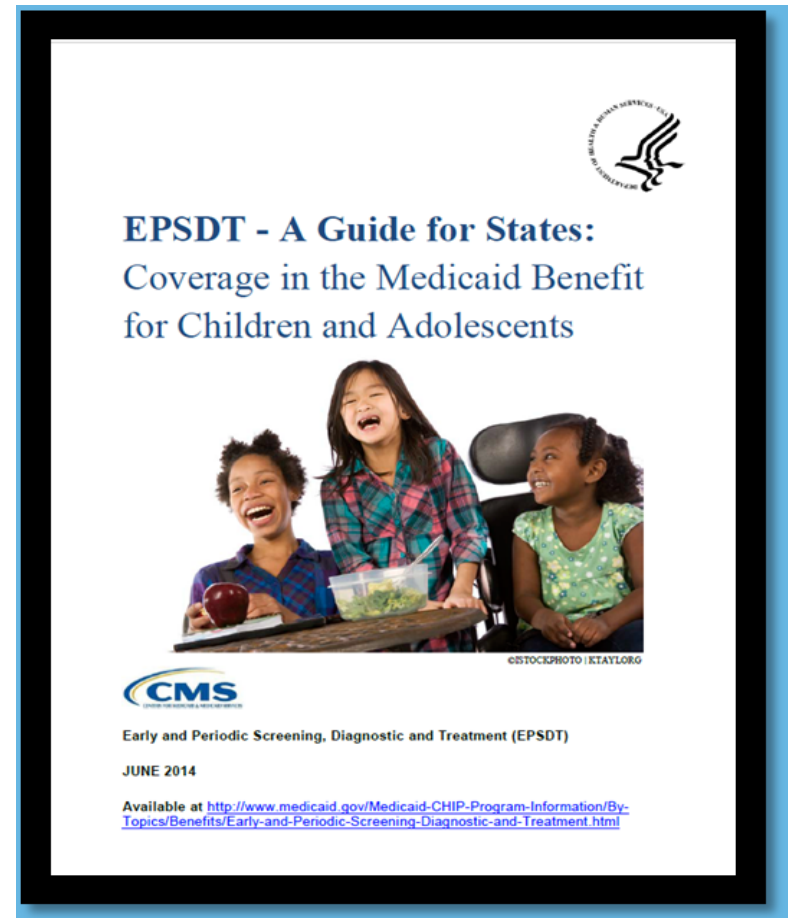
- **Medicaid Act**
- **Medicaid Regulations**
- **Sub-regulatory Guidance**
 - **-State Medicaid Manual**
 - **-Guides**
- **State statutes, regulations, policy manuals**
- **Medicaid managed care contracts**

Federal Guidance on EPSDT

Resource for states, health care providers, and others.

Compiles various policy guidance into one document.

The purpose is to ensure that children receive the “right care at the right time in the right setting.”





EPSDT Requirements—

Medical, vision, hearing, dental screening

Medical Screens

- Health and developmental history
- “Unclothed” physical exam
- Immunizations
- Lab tests, including lead blood tests
- Health education





EPSDT Requirements—

Medical, vision, hearing, dental screening

Other Required Screens

- Vision, including eyeglasses
- Hearing, including hearing aids
- Dental, including “relief of pain, restoration of teeth and maintenance of dental health”



EPSDT Requirements— Early and Periodic screening

Periodic Screens

- **Based on age**
- **Set by medical and dental experts**
- **Different for medical, dental, hearing and vision**



EPSDT Screening: Periodicity Schedules:

- American Academy of Pediatrics – www.aap.org
- Bright Futures – www.brightfutures.org
- American Academy of Pediatric Dentists – www.aapd.org



EPSDT Screening

- **Interperiodic Screening**
 - Screenings outside the state's periodicity schedule
 - Required based on indication of medical need
 - Need is determined by physician or dentist, or by a health, developmental, or educational professional who comes into contact with a child outside the formal health care system
 - *E.g.*, WIC, Early Intervention, SNAP



EPSDT Requirements— Treatment

**All necessary treatment described in the
federal Medicaid Act
(42 U.S.C. sec. 1396d(a))**

To “correct or ameliorate physical and mental illnesses and conditions,” even if the service is not covered under the state plan.



EPSDT Services— Required

Prescription drugs

Dental services

Physical, occupational and speech therapies

Private duty nursing

Home health care

Rehabilitation services (e.g. nutrition services)

Personal care services

Case management

Transportation

Psychological services



Correct? Ameliorate?

Definition: to correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Determining Medical Necessity Under EPSDT

“Necessary ... to correct or ameliorate”

- Determination must be individualized.
- While the treating health care provider has a responsibility for determining or recommending that a particular covered service is needed to correct or ameliorate the child’s condition, both the state and a child’s treating provider play a role in determining whether a service is medically necessary



EPSDT Services— Limitations

- **Equally effective, less costly alternative**
- **Must be service listed in 1396d(a)**
- **Not “experimental”**



EPSDT Service— Not listed in Medicaid Act

- Fit service into a Medicaid box
- Basic living skills=home health, rehabilitation
- Swimming class=physical therapy
- Crisis intervention=rehabilitation
- Maintenance service=private duty nursing
- Incontinence supplies=home health, durable medical equipment



Fundamentals of EPSDT services

- Necessary treatment to “correct or ameliorate” listed in Medicaid Act
- Individualized determination of need
- State must ensure a broad base of qualified providers
- Utilization controls consistent with EPSDT “preventive thrust”



EPSDT Requirements - Outreach and informing

Effective and aggressive

- **Oral and written**
- **Translated**
- **Targeted (e.g. pregnant teens, non-users)**

Transportation and appointment assistance (prior to screen due date)

Coordinate with other entities



EPSDT Requirements – Reporting

CMS Form 416

Number of children:

- » **provided screening services**
- » **referred for corrective treatment**
- » **receiving dental services**
- » **young children receiving lead blood tests**



EPSDT Requirements – Reporting

- Participation goals
- Developed and set by federal govt. each year
- States must report results in obtaining goals on 416 form



EPSDT Special Topics

- **Medically Complex Children**
- **Behavioral Health**
- **School Based Services**



EPSDT & Medically Complex Children

Federal Policy Developments, e.g.:

CMS Dear State Medicaid Director Letter Re: Health Homes for Children with Medically Complex Conditions (Aug. 1, 2022)

Case Developments, e.g.:

O.B. v. Norwood, 838 F.3d 837 (7th Cir. 2016), *aff'g*, 170 F. Supp. 3d 1186 (N.D. Ill. 2016) (required state Medicaid agency to arrange for in-home skilled nursing services needed by children with medically complex conditions)

Research Developments, e.g.:

Manatt Health, *Keeping Medicaid's Promise: Strengthening Access to Services for Children with Special Healthcare Needs* (Oct. 2019) (with RWJF & Lucile Packard Fnd.)

EPSDT & Children with Serious Emotional Disturbances

Federal Policy Developments, e.g.:

Jnt. CMS & SAMSHA, *Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions* (May 7, 2013)

Case Developments, e.g.:

Rosie D. v. Romney, 410 F. Supp. 2d 18 (D. Mass. 2006) (finding State's failure to provide for service coordination, crisis services, and home-based services for children with SED violated EPSDT).

For information, go to [**www.Rosied.org**](http://www.Rosied.org).

Resource Developments, e.g.:

Nat'l Health L. Prog., *Addressing Barriers to Behavioral Health Coverage for Low-Income Children* (Fall 2021) (EPSDT coverage flipchart) (funded by Annie E. Casey Fnd.)



EPSDT & School Based Services

Medicaid services can be covered in school

- **for Medicaid-eligible children**
- **If services fit into Medicaid category**
- **Includes, but not limited to, special education (IDEA) services**

Federal Policy Developments, e.g.

- CMS Bulletin, *Information on School-Based Services* (Aug. 18, 2022)
- CMS, *Dear State Medicaid Director: Medicaid Payment for Services Provided without Charge (Free Care)* (Dec. 15, 2022)

Resource Developments, e.g.

- Healthy Schools Campaign, *A Guide to Expanding Medicaid-Funded School Health Services* (Dec. 2019)

Thank you for attending

For information about future webinars, please visit
networkforphl.org/webinars

Upcoming Webinar:

**Implementing 988 to Strengthen Mental Health
and Suicide Prevention: Insights and Lessons
Learned So Far**

2:00 p.m. – 3:30 p.m. EST | September 22, 2022



You may qualify for CLE credit. All webinar attendees will receive an email from ASLME, an approved provider of continuing legal education credits, with information on applying for CLE credit for this webinar.



Supporters



Robert Wood Johnson
Foundation

The Network for Public Health Law is a national initiative of the Robert Wood Johnson Foundation.