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

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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:

- 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.:
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.:
For information, go to 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)
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2:00 p.m. – 3:30 p.m. EST | September 22, 2022

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