EPSDT 101

June 8, 2015

Meg Comeau, MHA
Co-Principal Investigator, The Catalyst Center
Boston University &

Member of National MCH Workforce Development Center

Boston University School of Public Health
A very short history of EPSDT

- Medicaid program established by Congress in 1965 to serve low income children and families
- Medicaid amended in 1967 to include EPSDT benefit. Why?
  - Military draftees with preventable disabilities/chronic conditions
  - Head Start participants
- First entitlement to child health services in the United States
# What is EPSDT?

<table>
<thead>
<tr>
<th>Early</th>
<th>Assess and identify problems as early as possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodic</td>
<td>Check children's health status at regular, periodic, age-appropriate intervals</td>
</tr>
<tr>
<td>Screening</td>
<td>Provide physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems</td>
</tr>
<tr>
<td>Diagnosis (aka Diagnostic)</td>
<td>Perform diagnostic tests to follow up (rule out or confirm) when screening identifies a risk or potential problem</td>
</tr>
<tr>
<td>Treatment</td>
<td>Control, correct or reduce health problems found</td>
</tr>
</tbody>
</table>
Who is eligible for EPSDT?

- Child health benefit for Medicaid enrollees under the age of 21
- “Age trumps pathway”
- No EPSDT entitlement for child enrollees in separate CHIP programs or State Health Insurance Marketplace plans
How is EPSDT for kids different from Medicaid benefits for adults?

- Medicaid State Plan describes mandatory and optional services for all Medicaid enrollees
- Kids get “more” under EPSDT – any medically necessary service whether it’s in the state plan or not
- Medically necessary:
  - Service will prevent condition
  - Service will improve health or ameliorate (lessen impact) of condition
  - Service will cure or restore health
- How medical necessity is operationalized in individual states varies
What is covered under EPSDT?

content of slides 7-13 found at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html
Screening Services

- Comprehensive health and developmental history
- Comprehensive unclothed physical exam
- Appropriate immunizations (according to the Advisory Committee on Immunization Practices)
- Laboratory tests (including lead toxicity screening)
- Health Education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention)
Vision Services

- At a minimum, diagnosis and treatment for defects in vision, including eyeglasses.
- Vision services must be provided according to a distinct periodicity schedule developed by the state and at other intervals as medically necessary.
Dental Services

• At a minimum, dental services include relief of pain and infections, restoration of teeth, and maintenance of dental health.
• Dental services may not be limited to emergency services.
• Each state is required to develop a dental periodicity schedule in consultation with recognized dental organizations involved in child health.
Hearing Services

• At a minimum, hearing services include diagnosis and treatment for defects in hearing, including hearing aids.
Other Necessary Health Care Services

- States are required to provide any additional health care services that are coverable under the Federal Medicaid program and found to be medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered in a state's Medicaid plan.
- It is the responsibility of states to determine medical necessity on a case-by-case basis.
Diagnostic Services

• When a screening examination indicates the need for further evaluation of an individual's health, diagnostic services must be provided.
• Necessary referrals should be made without delay and there should be follow-up to ensure the enrollee receives a complete diagnostic evaluation.
• States should develop quality assurance procedures to assure that comprehensive care is provided.
Treatment

- Necessary health care services must be made available for treatment of all physical and mental illnesses or conditions discovered by any screening and diagnostic procedures.
Administrative services under EPSDT

- Parent education regarding the EPSDT benefit
  - Unlike in private insurance, Medicaid Programs have to **tell** parents about EPSDT and **help** them access services under it, as well as cover services
- Transportation, scheduling, and other assistance in accessing covered services and assistance in securing uncovered services, particularly services offered by state Women, Infants, and Children (WIC) programs and Title V
- Reporting
EPSDT and Managed Care

- Children enrolled in Medicaid managed care are entitled to EPSDT
  - Some states have their MCOs provide and report on services under EPSDT
  - In others, Medicaid is responsible for covering supplemental services (those which fall outside the MCO contract)
  - It’s all in the contracting....
- Children enrolled in Medicaid who are exempt from managed care = FFS
EPSDT and Title V

- Interagency coordination is a statutory requirement for both Medicaid and Title V
- States have flexibility with regard to the details – should be covered in an Interagency Agreement
- Title V can access EPSDT in providing services to Medicaid enrolled children who interact with Title V
- Title V is required to help identify Medicaid eligibles
Examples of Title V/Medicaid partnerships under EPSDT

- Reimbursement for services provided by Title V to Medicaid enrolled children
- Provider networks/delivery systems
- Quality assurance/improvement
- Data monitoring and sharing
- Outreach and enrollment efforts
- CARE COORDINATION
- Parent education regarding EPSDT – access through Title V, home visiting, newborn screening, EI, etc.
- Medical necessity determination – consultants re: CSHCN
- Utilization review
Quick Quiz
(sorry, there’s no prize except increased self-esteem)

- EPSDT is the child health benefit available to all Medicaid enrollees under the age of ________?
- EPSDT only covers mandatory and optional services in the Medicaid State Plan – true/false?
- Name 2 ways Title V and Medicaid can partner to ensure access to EPSDT for CSHCN
Resources to learn more....

- Catalyst Center Medicaid/CHIP 101 tutorial
  - [http://www.hdwg.org/catalyst/medicaid-tutorial](http://www.hdwg.org/catalyst/medicaid-tutorial)
- EPSDT & Title V Collaboration to Improve Child Health
- National Center for Education in Maternal and Child Health EPSDT Knowledge Base
  - [http://ncemch.org/knowledge/EPSDT.php](http://ncemch.org/knowledge/EPSDT.php)
- National Health Law Program (Nhlp) EPSDT pages
For more information, please contact us at:

The Catalyst Center
Health & Disability Working Group
Boston University School of Public Health
617-638-1936
www.catalystctr.org
mcomeau@bu.edu

The Catalyst Center is funded under cooperative agreement #U41MC13618 from the Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. LT Leticia Manning, MPH - MCHB/HRSA Project Officer

Boston University School of Public Health