CMCS All-State Call: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

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Agenda

- Welcome
- Overview of the Bipartisan Safer Communities Act (BSCA)
- Overview of EPSDT Benefit
- EPSDT Environmental Scan Findings
- EPSDT Technical Assistance Opportunities
- Question & Answer

Welcome

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EPSDT

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EPSDT and the Bipartisan Safer Communities Act – Section 11004

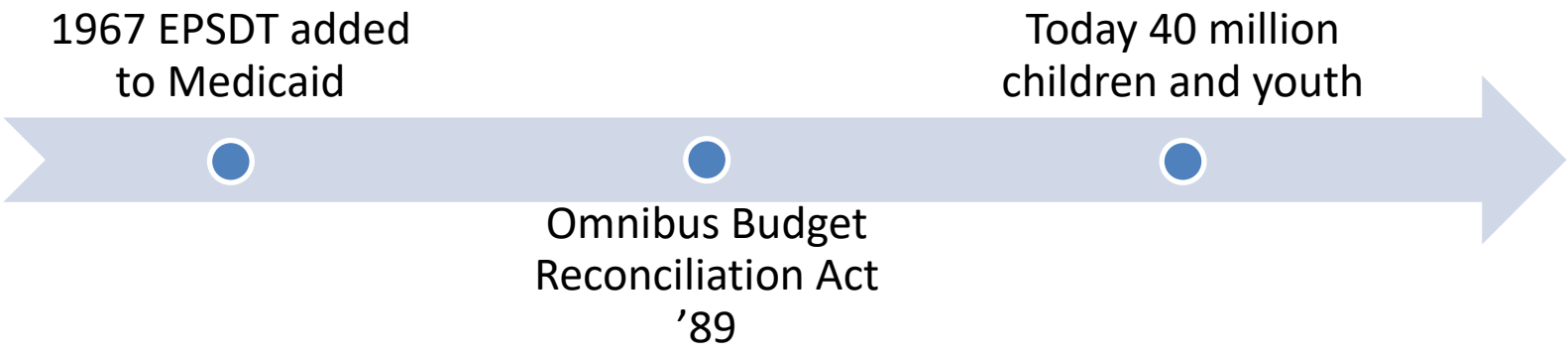
- **Review state implementation** of Early and Periodic Screening, Diagnostic, and Treatment (**EPSDT**) benefit including focusing on the provision of these services by managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans and primary care case managers
- **Identify gaps and deficiencies in state compliance** with such requirements
- **Provide technical assistance to states** to address the gaps and deficiencies
- **Issue guidance to states on Medicaid EPSDT coverage requirements,** including best practices to ensure children have access to comprehensive health care
- **Issue a Report to Congress**

What is EPSDT?

- **EPSDT** is defined as a **full range of services** that include screening, vision, hearing, diagnostic and other necessary health care services and treatment
- **Required as a Medicaid mandatory benefit for most individuals under age 21;** not an eligibility option or a "program"
- **An Optional benefit for separate CHIPs**
- Means that **screening** (well-child visits), **diagnosis** of any health conditions, as well as all necessary services that a state could cover under section **1905(a)** of the Social Security Act (i.e. **treatment**) are **mandatory**
- **Goal** is for the **right care to be** delivered to the **right child** at the **right time** in the **right setting**

Why Do We Have EPSDT?

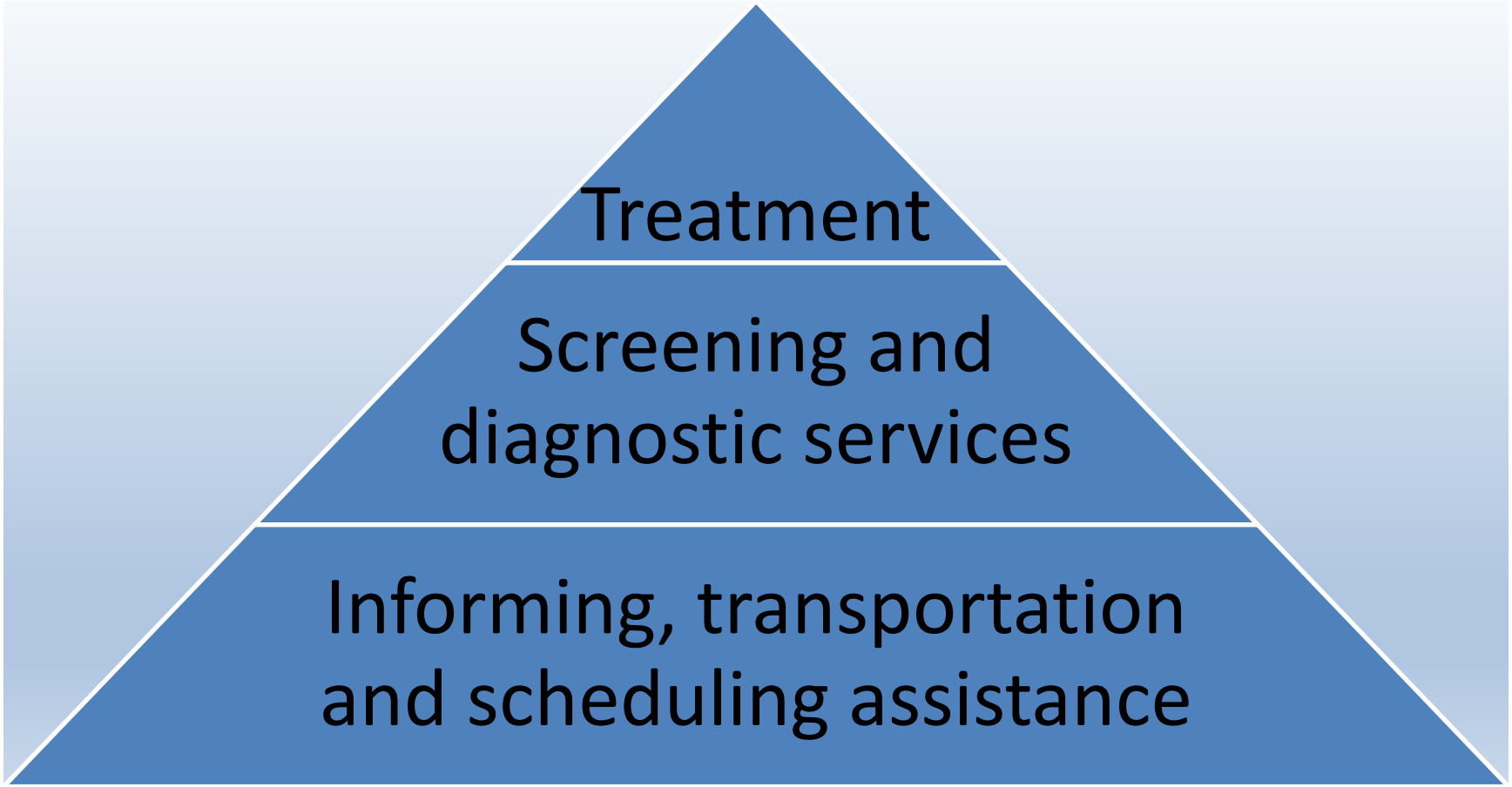
- Added to Medicaid in 1967 to ensure eligible children had necessary well-child examinations to prevent or correct problems early
- In 1989, statute changed to add a comprehensive definition of the benefit that includes all 1905(a) services
- Services and requirements have evolved



Federal Statutes

- Section **1902(a)(10)(A)** of the Act – EPSDT required as part of Medicaid benefit package
- Language following section **1902(a)(10)(G)** of the Act – comparability exception for EPSDT
- Section **1902(a)(43)** of the Act – administrative requirements
- Section **1905(a)(4)(B)** of the Act – EPSDT benefit inclusion in 1905(a) service menu
- Section **1905(a)** of the Act – list of services included in EPSDT
  Section **1905(r)** of the Act – definition of EPSDT services

EPSDT Framework



Statutorily Required Components: Early and Periodic Screening

Screening Services

- Comprehensive and developmental history, including both physical and mental health
- Comprehensive unclothed physical
- Appropriate immunizations according to the Advisory Committee on Immunization Practices (ACIP) pediatric schedule
- Laboratory tests- including lead blood level test
- Health education

Periodicity Schedules

- **Required** to have periodicity schedule: screening (well-child visits), vision, hearing and dental services must be provided at intervals which meet reasonable standards of medical and dental practice, as determined by the State after consultation with recognized medical and dental organizations involved in child health care
- **States may adopt** national periodicity schedules that meet this standard, such as Bright Futures, for implementation within their state
- Bright Futures is a widely accepted national guideline developed by the American Academy of Pediatrics for **how often children should be seen for check-ups and what those visits should contain**

Required Components: Diagnostic

Diagnostic Services

- When a screening examination (including inter-periodic screening) indicates the need for further evaluation of a child's health, the child should be appropriately referred for diagnosis without delay

Required Components: Treatment

Treatment Services

- EPSDT requires the provision of **all medically necessary services that could be covered under section 1905(a) of the Act**, whether or not the state covers the services in the state plan. These include services that:
  - **Correct physical and mental illness and conditions** discovered by the screening or diagnostic services or otherwise identified
  - **Maintain, improve, or correct the child's current health and/or mental health condition**
  - May **"ameliorate" a condition, but not necessarily "cure" the condition**

Medical Necessity

- **States define medical necessity and establish whether it exists for each service**
- Applied on an **individualized basis**, taking into account the individual child's needs
- **Treating health care provider makes a recommendation** for appropriate services for the individual child
- If there is a difference of opinion, the **state makes a decision based on the evidence**

Limits on Services and Coverage and Prior Authorization

- States **may not set hard limits** on services for children eligible for EPSDT
- States may set **"soft limits"** on the amount of services a child may receive **and require prior authorization for coverage of medically necessary services above those limits**
- States **may consider the relative cost effectiveness** of alternatives as part of the authorization process
- **EPSDT does not require**:
  - Coverage of **experimental services** or items; these may be covered if effective to address the child's condition
  - Coverage of services or items **not generally accepted as effective**
  - Services for **caregiver convenience**
- Children **age out** of EPSDT at age 21

All 1905(a) Medicaid Benefits Required under EPSDT

Mandatory Benefits	Optional Benefits
• Inpatient hospital services • Outpatient hospital services • EPSDT: Early and Periodic Screening, Diagnostic, and Treatment Services • Nursing Facility Services • Home health services • Physician services • Rural health clinic services • Federally qualified health center services • Laboratory and X-ray services • Family planning services • Nurse Midwife services • Certified Pediatric and Family Nurse Practitioner services • Freestanding Birth Center services (when licensed or otherwise recognized by the state) • Transportation to medical care • Tobacco cessation counseling for pregnant women • Medication Assisted Treatment (MAT) • Routine patient costs of items and services for beneficiaries enrolled in Qualifying Clinical Trials	• Prescription Drugs • Clinic services • Physical therapy • Occupational therapy • Speech, hearing and language disorder services • Respiratory care services • Other diagnostic, screening, preventive and rehabilitative services • Podiatry services • Optometry services • Dental Services • Dentures • Prosthetics • Eyeglasses • Chiropractic services • Other practitioner services • Private duty nursing services • Personal Care • Hospice • Case management • TB-related Services • Primary and secondary medical strategies, treatment and services for individuals with Sickle Cell Disease • Primary Care Case Management • Services in an intermediate care facility for Individuals with Intellectual Disability • Inpatient psychiatric services for individuals under age 21

Special Focus: Mental Health Services

- States **are encouraged to incorporate age-appropriate, evidence-based behavioral health and developmental screenings into well-child examinations**, consistent with Bright Futures
- A **formal behavioral health diagnosis is not required** for the provision of EPSDT services
- **Under EPSDT states are required to provide coverage of medically necessary, 1905(a) services,** which includes a broad array of possible services for any identified medical condition, including behavioral health conditions
- Behavioral health s**ervices may be covered under several 1905(a) categories**, leading to variation in state benefits and providers

Special Focus: Children with Complex Conditions

- Access to **medically necessary services** under the 1905(a) state plan personal care services, home health, or private duty nursing benefits, is required as part of EPSDT
- Services not in 1905(a) are not covered under EPSDT, and include those received through 1915(c) home and community-based waivers, 1915(i) home and community-based state plan services, 1915(j) self-directed personal assistance services and 1915(k) Community First Choice
- Generally, for children eligible for both EPSDT and a section 1915 services benefit, the section 1915 services are "'wrapping around"' the 1905(a) services available under EPSDT to ensure children's needs are met

Special Focus: Non-Emergency Medical Transportation

- **States must assure** that beneficiaries have transportation necessary to access covered medical services per 42 CFR 431.53
- Medicaid beneficiaries with an **unmet transportation need** may use NEMT to get to **and from** any covered service
- **NEMT may include a broad array of transportation** such as public transportation, taxis and vans, personal vehicle transport, air transport and, in a growing number of states, transportation networks
- CMS recently released The Medicaid Transportation Coverage Guide on September 29, 2023

Special Focus: Non-Emergency Medical Transportation (continued)

- **States must offer and provide** beneficiaries of EPSDT services with "necessary assistance with transportation as required under § 431.53," per 42 CFR 441.62
- States must offer and provide beneficiaries of EPSDT services with the necessary assistance with **scheduling appointments** for services.
- **State must inform beneficiaries and families** in clear and nontechnical language that necessary transportation and scheduling assistance described in § 441.62 is available to the EPSDT-eligible individual upon request

EPSDT and Delivery System

Fee-For-Service

- Applies to EPSDT
  - **Statewideness** – 1902(a)(1) and 42 CFR 431.50: The state plan must be in effect throughout the state
  - **Free choice of providers –** 1902(a)(23) and 42 CFR 431.51: Beneficiaries must be able to obtain covered services from any willing and qualified provider
- Does not Apply to EPSDT
  - **Comparability** – Exception in language following 1902(a)(10)(G) and 42 CFR 440.250(b): Within a state, services must be equally available in amount, duration, and scope across all populations. Only beneficiaries under age 21 are eligible for EPSDT. As noted earlier, under section 1905(r)(5), children eligible for EPSDT receive all medically necessary 1905(a) services regardless of whether the state covers for the services in the state plan

EPSDT and Delivery System

Managed Care

- **All EPSDT requirements must be adhered to, regardless of delivery system. Managed care beneficiaries are entitled to, at a minimum, the same services as available in fee-for-service program**
- Per, 42 CFR 438.206, **the Contractor must maintain and monitor a sufficient network of appropriate providers to provide access to services in a timely manner.**
  - Further, if the provider network is unable to provide the services, the Contractor must adequately and timely cover those services out of network as long as they remain unavailable within the network and must ensure that the cost to the beneficiary is no more than it would be in network.
  - The Contractor is required to meet state standards for timely access to care

EPSDT and Delivery System

- The **state is responsible for** assuring the provision of **EPSDT medically necessary services** not provided for under the managed care contract
- 42 CFR 438.10 requires **Managed Care Programs to provide information to beneficiaries/enrollees on how to access covered benefits not included under the contract**
- 42 CFR 438.210 requires that Managed Care Organization (MCO), Prepaid ambulatory health plan (PAHP), and Prepaid inpatient health plan (PIHP) must provide the same amount, duration and scope of the services they cover as would be covered under fee-for-service Medicaid, meaning that **medical necessity standards may not be more restrictive than fee-for-service**
- **More detail to come in upcoming webinars**

Poll Question: True or False

CMS defines “medical necessity.”

Poll Answer

False, states define medical necessity

Poll Question: True or False

A state can place soft limitations on the number of behavioral health visits for a child if they also state that coverage of medically necessary services can exceed those limitations based on prior authorization.

Poll Answer

True, a state can place “soft limits,” with a prior authorization process based on medical necessity criteria, on services covered under EPSDT, including behavioral health services

EPSDT Environmental Scan Findings

Ashley Palmer, Senior Research Scientist

and

The NORC at the University of Chicago Team

EPSDT Project

- National Environmental Scan
- Case Studies
- Technical Assistance (one-on-one, peer learning, webinars)
- Report to Congress
- Update *EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents*
- *EPSDT Behavioral Health Services Toolkit*
- State EPSDT Profile Dashboard

Environmental Scan Purpose

- Provides an understanding of the current EPSDT landscape nationwide (all 50 states, the District of Columbia, and Guam, Puerto Rico, and the Virgin Islands)
- Review state implementation to identify gaps and best practices
- Informs the development of strategies to improve state EPSDT performance

Methods: Data Sources

Qualitative Data	***Total Reviewed***
State Plans	52
State Beneficiary Informing Materials	47
State Provider Handbooks	48
Managed Care Contracts	44
Managed Care Beneficiary Handbooks	49
Managed Care Provider Handbooks	49
Specialty MCO Beneficiary Handbooks	27
Listening Sessions with Key Stakeholders	6
Quantitative Data	***Years Analyzed***
Core Set of Children's Health Care Quality Measures for Medicaid and CHIP	2018-2020
Form CMS-416 Annual Reporting Data Files	2021

Methods: MCO Selection

- Reviewed the provider manual and beneficiary handbook from one comprehensive MCO in each state
  - Chose the MCO with the highest enrollment for which adequate materials were available
- Reviewed beneficiary handbooks from specialty MCOs
  - One behavioral health MCO in each state
  - All identified foster care MCOs in each state
  - All identified children and youth with special health care needs (CYSHCN) MCOs in each state

Key Topic Areas

- The environmental scan reviewed materials for:
  - Description of EPSDT
  - EPSDT guidance and measurement
  - Informing providers and beneficiaries about EPSDT
  - Behavioral health services
  - Dental services
  - Transportation services
  - Interpreter services
  - EPSDT services for special populations

Key Findings

- No state or resource is perfect when it comes to EPSDT implementation or communication with EPSDT beneficiaries
- Almost every state has examples of best practices that can be used as a model by other states
- Every state has opportunities for improvement that should be addressed

Best Practice Examples

- Indicating that services should be tailored to the individual, with determinations of medical necessity made on an individual basis
- Including guidance on how to access transportation to medical, dental, and behavioral health services
- Including information on timeliness for diagnosis, treatment, and/or referrals

Opportunities for Improvement Examples

- Missing or unclear EPSDT definition
  - Defining EPSDT as well-child visits only
  - Incorrect or misleading information about EPSDT
  - Language that is not clear and could confuse beneficiaries
- States may have incorrectly established hard limits on services
- Incorrect or missing references to the periodicity schedule
- Offering materials only in English

EPSDT Technical Assistance Opportunities

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and

The NORC at the University of Chicago Team

Technical Assistance (TA)

- CMS has contracted with NORC at the University of Chicago (NORC) to provide EPSDT technical assistance (TA) to states based on findings from the environmental scan
- The goal of this TA is to assist states with:
  - How to inform providers and beneficiaries about EPSDT
  - Implementing EPSDT

TA Methods

- Follows a topic-based curriculum over the next few years
  - Quarterly webinars
  - One-on-one TA
  - Peer workgroups/Learning Collaboratives
  - Resource development
- Audience: All state Medicaid agencies
  - Outreach about upcoming TA activities sent to 2-3 EPSDT state contacts who will be the points of contact for each state. EPSDT state contacts will be responsible for communicating internally about TA activities and sharing invitations as needed.

Quarterly TA Webinars

- November/December 2023- Environmental Scan Results
- January 2024- TBD
- April 2024- TBD
- July 2024- TBD

*Topics of the TA webinars may include well-child visits, mental health, transportation

One-on-One TA Now

- Email EPSDT@cms.hhs.gov with EPSDT TA requests NOW!
- CMS and NORC may also contact states to offer TA

Poll Question

- What EPSDT topics could your state use assistance with? (Check all that apply)
  - Describing EPSDT
  - EPSDT measurement
  - Informing providers and beneficiaries about EPSDT
  - Mental health services
  - Dental services
  - Transportation services
  - Interpretation services
  - Services for special populations
  - EPSDT in managed care

Poll Answer

All of the Above. Please email EPSDT@cms.hhs.gov with your EPSDT TA requests.

Questions

Thank You!

- Need EPSDT TA, email EPSDT@cms.hhs.gov.
- Slides from today's event will be posted: https://www.medicaid.gov/resources-for-states/cmcs-medicaid-and-chip-all-state-calls/cmcs-medicaid-and-chip-all-state-calls-2023/index.html
- Please complete the survey that will pop-up at the end of the call.
- The next TA webinar will be in November or early December and announced soon.