Early Periodic Screening

Diagnostic and Treatment(EPSDT)

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Welcome

Objectives

1. To understand Health First Colorado EPSDT's benefits and policies when serving members aged birth up to their 21st birthday.

2. To utilize case studies to demonstrate ways EPSDT can be implemented to provide care to children 0-21.

3. To understand CMS new guidelines for EPSDT.

4. Understanding HCBS waiver benefits versus EPSDT

EPSDT

Early: Assessing and identifying problems early

Periodic: Checking children's health at periodic, age-appropriate intervals

Screening: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems

Diagnostic: Performing diagnostic tests to follow up when a risk is identified, and

Treatment: Control, correct or ameliorate health problems found.

EPSDT – Where is it defined?

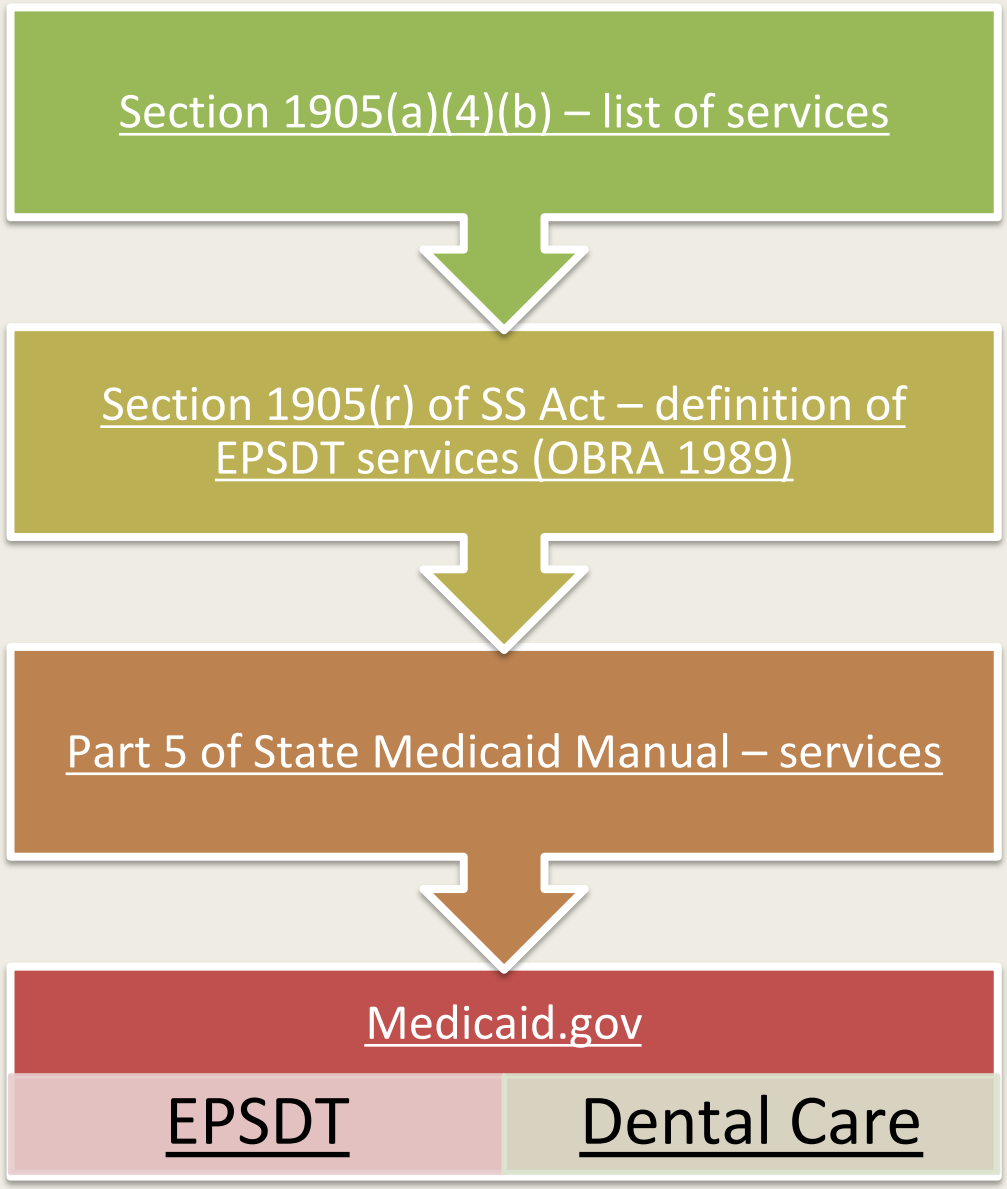
A Guide For States: Coverage in the Medicaid Benefit for Children and Youth at https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf

Dear State Medicaid Director, Olmstead Update Nos. 2 and 3 (July 25, 2000), and No. 5 (January 10, 2001);

CMS, Dear State Medicaid Director (May 20, 2010);

CMS, Joint CMCS and SAMHSA Informational Bulletin: Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions (May 7, 2013).

EPSDT – Where is it defined?



Early and Periodic Screening, Diagnostic and Treatment

EPSDT is a mandatory preventive and comprehensive health benefit for most Medicaid-eligible individuals under the age of 21 for most any state that accepts federal funding.

EPSDT provides infants, children, and adolescents with access to comprehensive, periodic evaluations of health, development, and nutritional status, as well as vision, hearing, mental health and dental services.

CMS Guidance

On September 26, 2024

Centers for Medicaid and Medicare sent new guidance to states

SHO # 24-005

RE: Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements

https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf

CMS Guidance

- **Promoting EPSDT awareness and accessibility**
- **Expanding and using the child-focused (EPSDT) workforce**
- **Improving care for EPSDT-eligible children with specialized needs**

Each section of the guidance summarizes:
federal requirements, followed by strategies and best practices to support states' implementation of those requirements.

CMS Guidance

CMS interprets the "correct or ameliorate" requirement
to mean that a service *need not cure a condition*
in order to be covered under EPSDT
as a medically necessary service.

Services that *maintain or improve* a child's current
health condition are also covered under EPSDT because
they "ameliorate" a condition; they prevent a condition
from worsening or prevent development of additional
health problems. Thus, services such as physical and occupational therapy,
for example, are covered when they have an ameliorative, maintenance
purpose.

EPSDT and Medical Necessity

- **Medical necessity is state defined;** there is no federal definition.
- EPSDT entitles children to any treatment or procedure that fits within one of the categories of Medicaid-covered services listed in Section 1905(a) of the Act if that treatment or service is necessary to ***"correct or ameliorate"*** defects and physical and mental illnesses or conditions identified by screens.
- "Maintenance" is a benefit under EPSDT
- Medical necessity is defined in 10 CCR 2505-10, 8.076 and 8.280

CMS Guidance

The EPSDT mandate represents a **critical part of the Medicaid program** that is designed to ensure eligible children have access to essential **medical, dental, behavioral health, and developmental services** from an early age.

By focusing on the critical importance of health care access and utilizing best practices to provide services to EPSDT-eligible children, states can help children and their families address and overcome barriers they may face **obtaining comprehensive health care services.**

EPSDT IS MEDICAID

EPSDT is Medicaid

There is no separate eligibility
There is no application
There is no special funding
There is no separate release of information form

Just ASK

Providers who feel a service or item is medically necessary can and should ask for that service even if it is not listed as a covered services - this is possible because of the EPSDT program!

Follow the direction on the ColoradoPAR website for how to make an EPSDT request

https://hcpf.colorado.gov/epsdt

Case Study #1

A 17 year old has been violent with family members. The police have been involved multiple times with the child going to the hospital on a mental health hold. Child also meets the definition of Developmental Disability through an Adaptive Behavior Score of 70.

Case Study #1

Initiate a Creative Solution call related to the 17 year old's mental health and IDD diagnosis. Ensure everyone is invited who is working on the case, including: CMA(CCB), school district, special ed, juvenile justice, the hospitals, all case management and RAE.

Case by case basis - everything is on the table by request

Care Meetings or Creative Solutions Meetings

For children with dual diagnosis
(Mental Health and Developmental Disabilities)

RAE's may send the CMA an invite to talk about a member with specialized needs.

Other invitees could include:

- Parents
- HCPF Staff
- Current Treatment Team
- GAL
- Division Human Services
- School District Staff

...Or Are Services Not Available In State

EPSDT may be able to cover out of state treatment for some children and youth with specialized needs.

Required for each EPSDT request:

1. EPSDT Request Form
2. Basic care plan from requesting facility
3. Cost breakdown from requesting facility
4. A recent list of all denials from appropriate in state providers
5. A referral for the services from a medical provider
6. RAE denial showing denial reason
7. Current clinicals
8. Payment options for costs not covered - education costs?

Fee for Service and EPSDT

Fee For Service - State Plan Benefits

- Billed to Health First Colorado
- May have limits on amount or duration
- All services must be approved by legislature and contained in CMS regulations
- Wraps around RAE non-contracted services and benefits
- Has definition of medical necessity (8.076)

EPSDT

- EPSDT is a mandatory part of the Medicaid program
- Not a separate checkbook – no services paid under this program or billed to this program - billed to Health First Colorado
- Removes limits on amount or duration in fee for service benefits
- Wraps around RAE non-contracted services and benefits
- Allows any benefit to be requested even if not in the state plan
- Adds to the definition of medical necessity (8.280)

Case Study #2

A 5 year-old with multiple disabilities needs a third pair of glasses, in less than a year, due to extreme wear and tear.

Case Study #2

EPSDT has no hard limits/caps for individuals 21 or younger. This child will receive new glasses.

Medical Necessity

- It is a reasonable, appropriate, and effective method for meeting the client's medical need;
- The expected use is in accordance with current medical standards or practices (clinical guidelines exist);
- It is cost effective; and
- It provides for a safe environment or situation for the client

Medical Necessity is NOT

Experimental or investigational

To enhance the personal comfort of the client

To provide convenience for the client or the client's caretaker

To take the place of clinical guidelines or evidence-based medicine

- A single provider cannot write an order and override the lack of evidence based medicine

Justifying Medical Necessity

Include the following information:

1. Full name of child, names of parents
   (parents and child may have different name
2. Date of birth of child
3. Insurance plan name
   (there may be more than one plan)
4. Relevant diagnoses
   (codes are helpful only if they are accurate! Ask the doctor.)
5. Item/service being requested

Family Voices CO can assist in writing Letters of Medical Necessity

Justifying Medical Necessity

6. Why the item/service is medically necessary (refer to the insurance plans' definition)
7. What positive/negative impacts the item/service will result in (include financial)
8. Scope and duration of treatment
9. Supplemental documents (pictures, letters from other providers, research articles, product information, Prior Authorization Request)
10. Include funding streams NOT able to help (denial letters, help)

Justifying Medical Necessity

Terms to use:

- medically necessary
- clinically based
- promoting independence
- preventing secondary disability
- cost-effective
- safety

Terms to avoid:

- custodial
- rehabilitate
- developmental delay/disability
- speech delay (without a diagnosis such as aphasia)
- **caregiver conve**nience

https://familyvoicesco.org/justifying-medical-necessity/

A Letter of Medical Necessity

Ask if your Letter of Medical Necessity answers the following:

- Is there a licensed provider stating in writing, the item/service is medically necessary?
- Is this item/service not for care giver convenience?
- Is this item/service costs effective and if so have you explained how?
- Is this item/service considered standard medical practice?
- Have you explained how long and how often the item/service will be used.
- Is this item/service right for the need of individual?

Just ASK

Providers who feel a service or item is medically necessary can and should ask for that service even if it is not listed as a covered services – this is possible because of the EPSDT program! Providers can even ask to have a service provided at a different location and to a greater extent!

Follow the direction related to the service about how to make a request - ColoradoPAR website for how to make an EPSDT request for physical health services, DentaQuest for oral health care, etc.

DON'T FORGET

EPSDT covers ALL Medical

AND:

- Dentistry
- Pharmacy
- Vision
- Behavioral Health

Children & Adult Waiver Services

Home and Community Based Waiver Services (HCBS)

Children's HCBS Waivers

Children Extensive Support-IDD

https://hcpf.colorado.gov/childrens-extensive-support-waiver-ces

Children's HCBS Waiver-

https://hcpf.colorado.gov/childrens-home-and-community-based-services-waiver-chcbs

Children with Life Limiting Illness

https://hcpf.colorado.gov/children-life-limiting-illness-waiver-clli

Children Habilitation Residential Program

https://hcpf.colorado.gov/childrens-habilitation-residential-program-waiver-chrp

Adult Waivers

Elderly Blind & Disabled

https://hcpf.colorado.gov/elderly-blind-disabled-waiver-ebd

Supported Living Services-IDD

https://hcpf.colorado.gov/supported-living-services-waiver-sls

Developmental Disability Waiver-IDD

https://hcpf.colorado.gov/developmental-disabilities-waiver-dd

Brain Injury Waiver

https://hcpf.colorado.gov/brain-injury-waiver-bi

Community Mental Health Waiver

https://hcpf.colorado.gov/community-mental-health-supports-waiver-cmhs

Waiver Services

Children's Extensive Support (CES)

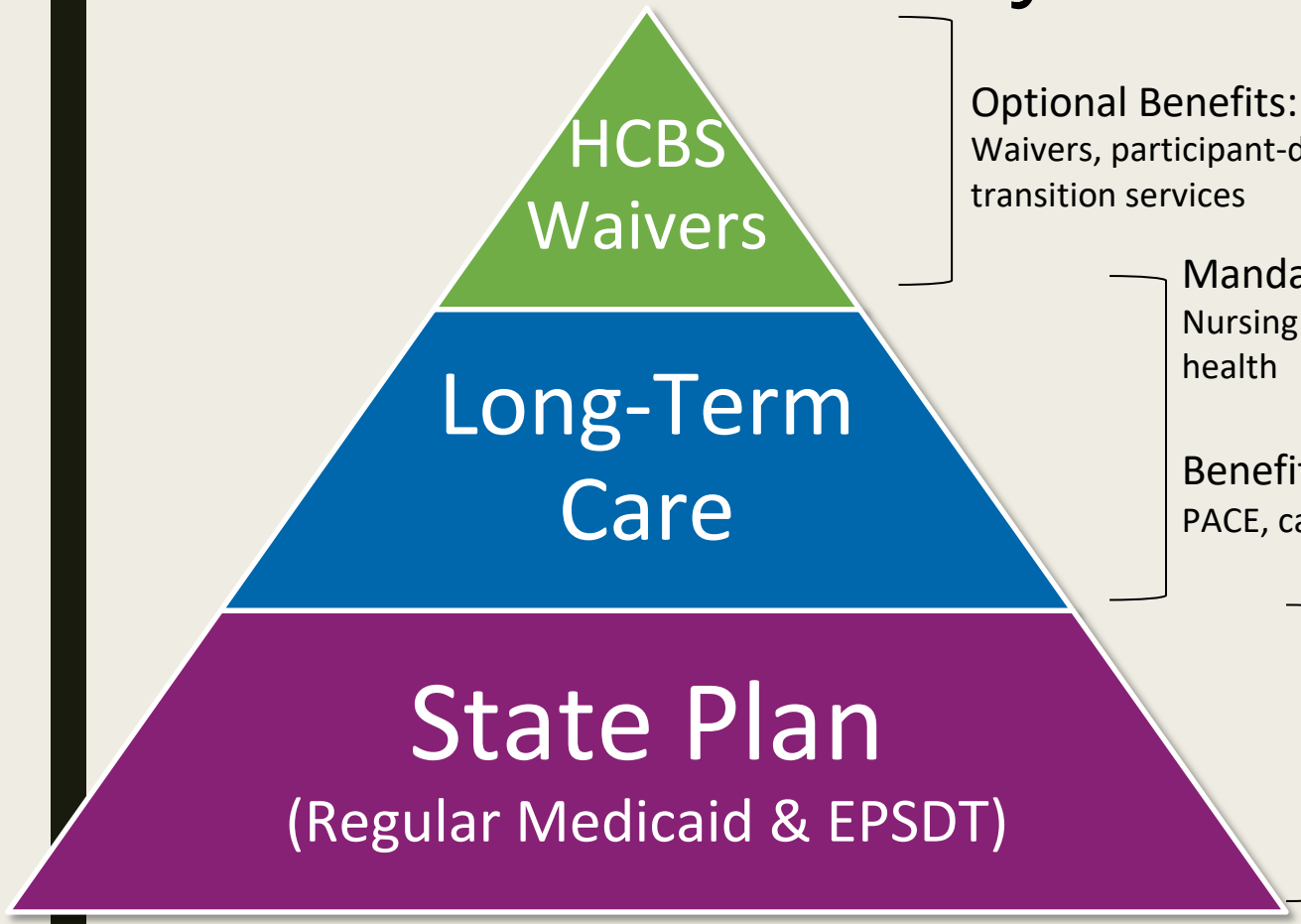
- Adaptive Therapeutic Recreational Equipment and Fees
- Assistive Technology
- Community Connector
- Home Accessibility Modifications and Adaptations
- Homemaker
- Massage Therapy
- Movement Therapy
- Primary Caregiver Education
- Respite
- Specialized Medical Equipment and Supplies
- Vehicle Adaptations
- Youth Day

Waiver Services and Items

HCBS Waiver services have already been approved under CMS as not being available in
Fee for service or EPSDT

Some new or “gray area” items may need an EPSDT denial prior to moving to the waiver for coverage

Benefits Pyramid



Optional Benefits:
Waivers, participant-directed services, transition services

Mandatory Benefits:
Nursing facility services, home health

Benefits:
PACE, case management

Mandatory Benefits:
EPSDT, Inpatient and outpatient hospital services, physician services, laboratory and x-ray services, more…

Optional Benefits:
Prescription drugs, dental services

Case Study #3

The family's private insurance covers 10 therapy visits per year. The family just got on the Medicaid Buy-In and want to know what limits they have on Medicaid, for PT, OT & Speech.

Case Study #3

The family's private insurance pays for the therapy for first 10 visits. Medicaid as secondary insurance, covers therapies after the first 10.

Medicaid (due to EPSDT) does not have hard limits on therapies for children until age 21. There is also no copay for children.

EPSDT Billing Manuals

- EPSDT Billing Manual
- https://hcpf.colorado.gov/epsdt-manual
- Pediatric Behavior Therapies
- https://hcpf.colorado.gov/pediatric-behavioral-therapies
- Pediatric Behavioral Health
  - *https://hcpf.colorado.gov/pbt-manual*

EPSDT

EPSDT Exceptions, Forms and Processes

- Screening Request Form

https://hcpf.colorado.gov/sites/hcpf/files/EPSDT%20Screening%20Referral%20Form%20Sept%202019.pdf

- Placement Support Request

https://docs.google.com/forms/d/1eqISk5PBubXXFEhnM4DpXP6uw18zWHHACpijIdgmBQc/viewform?ts=6140dcd2&edit_requested=true

- Child Welfare Flow Chart

https://hcpf.colorado.gov/sites/hcpf/files/Child%20Welfare%20Flow%20Chart_1.pdf

- Exception to Coverage Request Form

https://hcpf.colorado.gov/sites/hcpf/files/Child%20Welfare%20Flow%20Chart_1.pdf

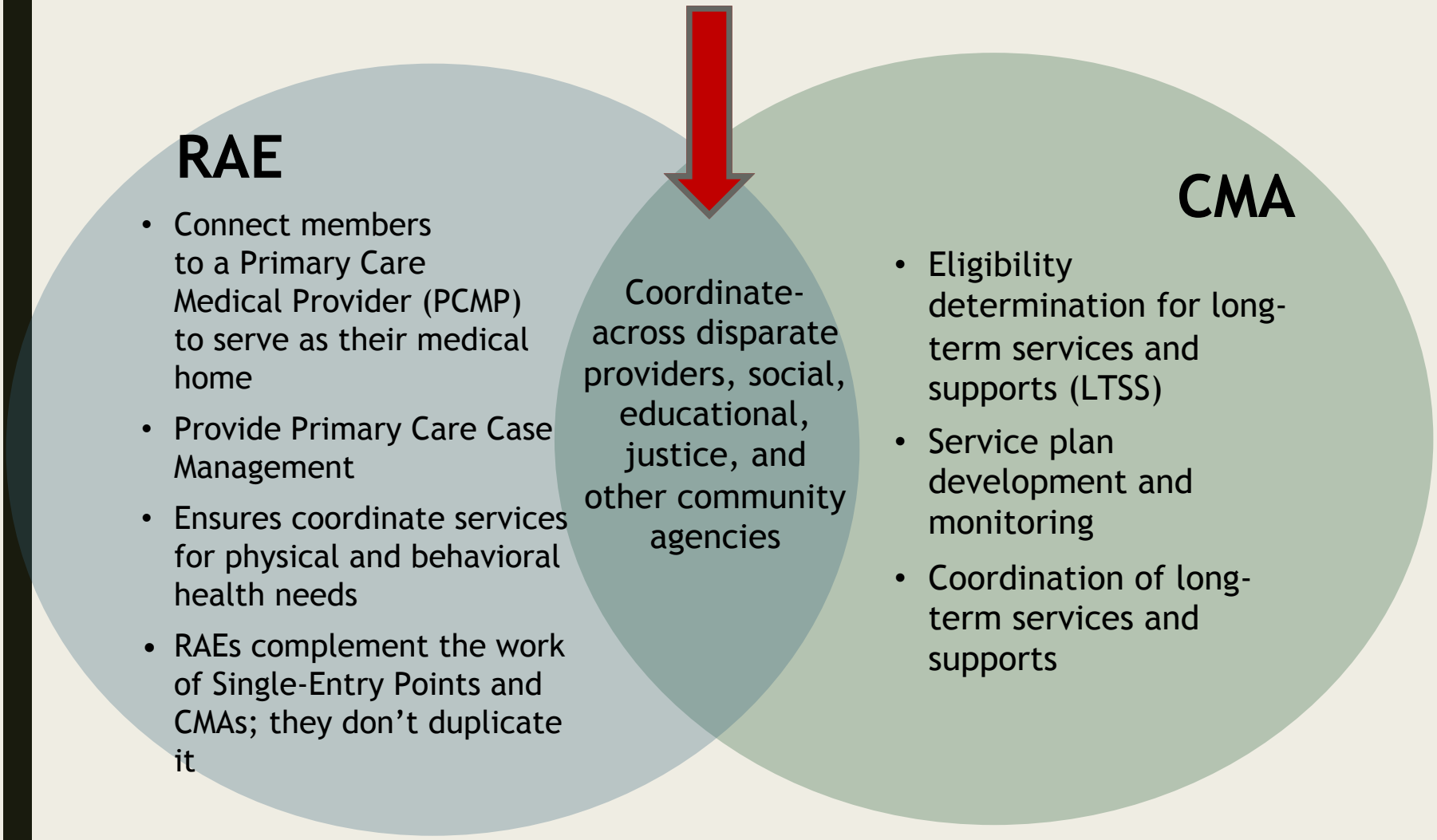
Case Study #4

A 20 year old needs his wisdom teeth removed under anesthetic.

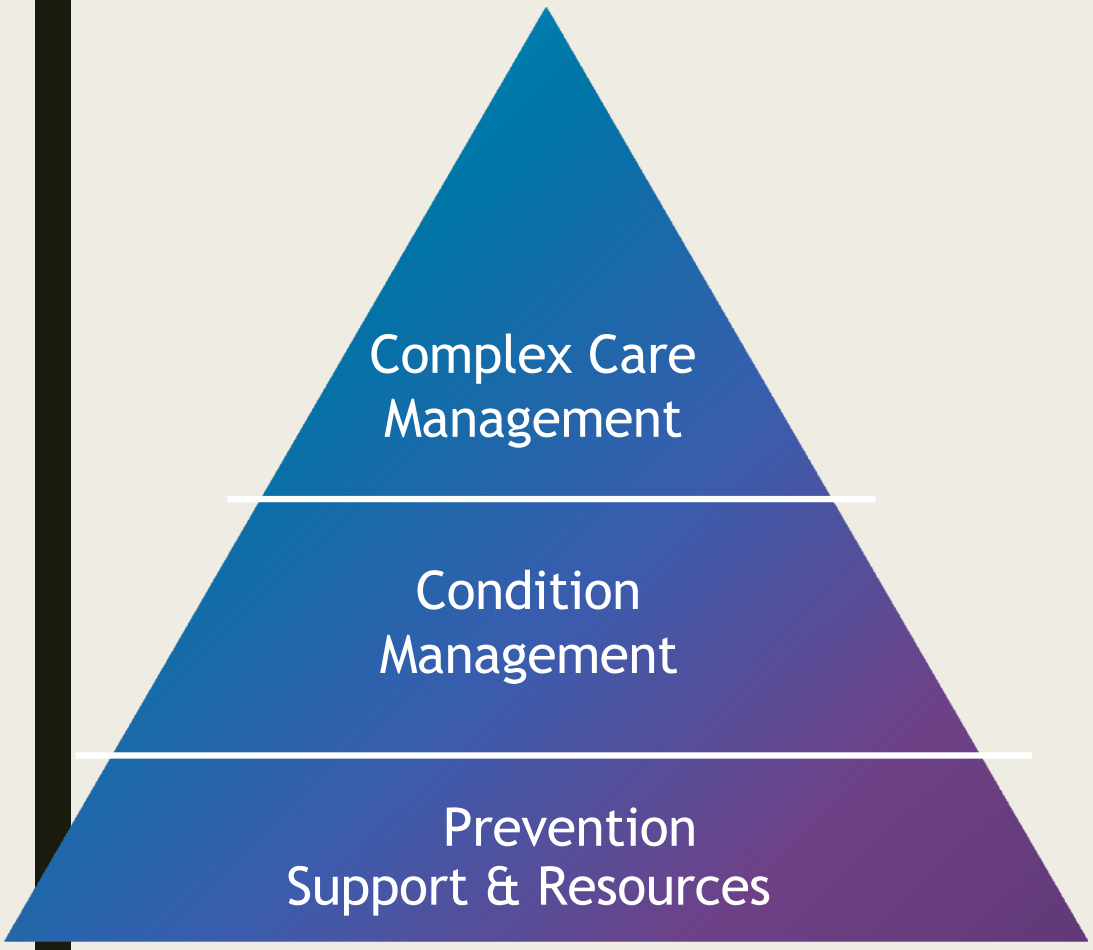
Case Study #4

Medicaid (due to EPSDT) can cover the wisdom teeth removal under anesthetic until age 21.

CMA and RAE Roles



Strengthen Coordination of Services: Population Health Management



Top 5%; most complex

Middle ~ 15%; chronic, potential emerging complex

Base ~ 80%; preventive, functional care; community, social support

Role of RAEs: Behavioral Health Network Management

- Must develop a contracted statewide network of behavioral health providers to provide services under the capitated behavioral health benefit
- Credentialing of contracted behavioral health providers
- Reimbursement of behavioral health providers for all services covered under the capitated behavioral health benefit
- Utilization management of covered behavioral health services
  - Promote physical and behavioral health for members
  - Provide or arrange for the delivery of mental health services

Are Youth in Child Welfare Different?

Some benefits require prior authorization requests (PARs) before the service can be provided. Medical providers are responsible for submitting PARs.

Children under the age of 18 do not have co-payments. Former foster care children ages 18-26 do not have co-payments.

Non-emergent medical transportation (NEMT) to and/or from Medicaid medical appointments is available when a client has no other means of transportation.

Child and youth well care is a priority, and additional services are provided under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.

Child Welfare Flow Chart

- https://hcpf.colorado.gov/sites/hcpf/files/Child%20Welfare%20Flow%20Chart_1.pdf

If Denied - Why Denied?

IF THE DENIAL IS FOR NOT BEING MEDICALLY NECESSARY, FOLLOW THE APPEAL PROCESS THROUGH THE RAE AND TO THE STATE ADMINISTRATIVE LAW JUDGE (ALJ)

IF THE DENIAL IS FOR NOT BEING A COVERED BENEFIT OR COVERED SERVICE, WRAP THE REQUEST AROUND TO HEALTH FIRST COLORADO AS A PAYER

MOVE

Reminder

- Even if an individual is in a “adult” program, such as a behavioral health program, they are still entitled to EPSDT, Including:
  - *Limits (caps)*
  - *Flexibility*
  - *Amount*
  - *Duration*

Until age 21!

Disabling Barrier Grant

Outreach to The following counties:

Aubree McKinney aubree@familyvoicesco.org

1. Mesa County
2. Montrose County
3. La Plata County

Kayleigh Sheble kayleigh@familyvoicesco.org

4. Fremont County
5. Pueblo County
6. El Paso County

Take Away

EPSDT:

1. No limits or hard caps in services are allowed even if the limits is in state rules
2. All services that *could be provided* under Medicaid regardless of whether they are covered in the state plan
3. EPSDT applies to all XIX eligibility categories for those 20 and under (not CHP+)
4. Case management and outreach required

Just ASK

Contacts

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