Section (Primary Department) **Utilization Management**	**SUBJECT (Document Title)** **EPSDT - CA**

Effective Date	**Date of Last Review**	**Date of Last Revision**	**Dept. Approval Date**
09/15/2014	02/08/2024	01/25/2023	02/08/2024

Department Approval/Signature:

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products				
☒ **Medicaid/CHIP**	☐ Arkansas	☐ Iowa	☐ Nevada	☐ Tennessee
☐ **Medicare/SNP**	☒ California	☐ Kentucky	☐ New Jersey	☐ Texas
☐ **MMP/Duals**	☐ Colorado	☐ Louisiana	☐ New York	☐ Virginia
	☐ District of Columbia	☐ Maryland	☐ New York (WNY)	☐ Washington
	☐ Florida	☐ Minnesota	☐ North Carolina	☐ West Virginia
	☐ Georgia	☐ Missouri	☐ Ohio	☐ Wisconsin
	☐ Indiana	☐ Nebraska	☐ South Carolina	

POLICY:

To identify the responsibilities of the health plan in arranging for the provision of EPSDT (Early and Periodic Screening, Diagnosis and Treatment) coverage for eligible members under the age of twenty-one (21).

As described in §1905(a) of the Social Security Act - To identify and ascertain, as early as possible, and provide continuing follow-up and treatment of physical and mental defects, and providing treatment to correct or ameliorate defects and chronic conditions.

To ensure that all eligible members receive medically necessary physical health, behavioral health and developmental services to maintain compliance with All Plan Letters, regulatory, Federal and State requirements.

DEFINITIONS:

California Children Services (CCS): California Children's Services (CCS) is a state program for children with certain diseases or health problems. The CCS program provides diagnostic and treatment services, medical case management, durable medical equipment, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions.

Case Management Services: Case management services include case management and targeted case management services designed to assist children in gaining access to necessary medical, social, educational, and other services. Case management provides monitoring for coordination of care provided to beneficiaries, including but not limited to all medically necessary services delivered both within and outside the provider network.

Catch-up EPSDT Screening: A complete screening that is provided to bring a child up to date with the States periodicity schedule. For example, a child did not receive a periodic screening at age five (5) but visits a provider at five (5) years four (4) months. The provider may use that

visit to provide a complete age appropriate screening and the screening may be counted on the CMS - 416 report.

CMS-416 Annual EPSDT Report: Medicaid Statute of Social Security Act 1902 (a) (43) establishes a report that provides basic information on participation in the Medicaid child health program. The statute requires that States provide the Center for Medicare & Medicaid Services (CMS) with the following: 1) Number of children provided child health screening services, 2) Number of children referred for corrective treatment, 3) Number of children receiving dental services, 4) State's results in attaining goals. The information is used to assess the effectiveness of State EPSDT programs in terms of the number of children, by age and Medicaid eligibility, who are provided child health screening services, are referred for corrective treatment, and the number receiving dental services. For purposes of reporting on this form, child health services are defined as initial or periodic screens required to be provided according to the State's screening periodicity schedule.

Deficit Reduction Act (DRA) of 2005: States are given the option to modify the approach to the delivery of services to children enrolled in Medicaid without a federal waiver, using the State plan amendment process. Under this option, States may enroll certain groups (mainly those in optional eligibility groups) in benchmark or benchmark equivalent benefit packages and wrap around benefits consisting of EPSDT benefits.

The DRA also includes a specific definition of Case Management and places limits on use of targeted case management and administrative case management.

EPSDT (Early and Periodic Screening, Diagnosis and Treatment): A benefit of the State's Medi-Cal program that provides comprehensive, preventative, diagnostic, and treatment services to eligible children under the age of 21, as specified in section 1905(r) of the Social Security Act. (42 U.S.C. §§ 1396a(a)(10)(A), 1396a (a)(43), 1396d(a)(4)(B), 1396d(r).)

- E= Early: Identifying problems early, starting at birth,
- P=Periodic: Checking children's health at periodic, age-appropriate intervals,
- S= Screening: Doing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems,
- D=Diagnosis: Performing diagnostic tests to follow-up when a risk is identified, and
- T=Treatment: Treating the problems found.

EPSDT- certified Providers: (CMS 5123.1) Providers eligible to administer Medicaid services screenings, vision, dental, hearing and other diagnostic services or treatments as qualified under State law to furnish primary medical and health services. These services may be provided within State and local health departments, school health programs, programs for children with special health needs, maternity and infant care projects, children and youth programs, Head Start programs, community health centers, medical/dental schools, prepaid

health care plans, a private practitioner and other practitioners in a variety of arrangements. Providers may not be limited to those which have an exclusive contract to perform all EPSDT services.

Foster Care: Twenty-four (24) hour per day temporary substitute for a child placed away from the child's parents or guardians in a licensed, paid, out-of-home care, and for whom the Agency or a licensed or certified child placement agency has placement and care responsibility.

Home Health Agency: As defined in Health and Safety Code section 1727(a) and used herein, means a public or private organization licensed by the State which provides skilled nursing services as defined in Health and Safety Code section 1727(b), to persons in their place of residence.

Individual Nurse Provider (INP): A Medi-Cal enrolled Licensed Vocational Nurse or Registered Nurse who independently provides Private Duty Nursing services in the home to Medi-Cal beneficiaries.

Interperiodic Screenings: CMS 5140 health plans must provide interperiodic screening, vision, hearing, and dental services, which are medically necessary to determine the existence of suspected physical or mental illnesses or conditions. The determination of whether an interperiodic screen is medically necessary may be made by a health, developmental, or educational professional who comes into contact with the child outside of the formal health care system (e.g., State early intervention or special education programs, Head Start and day care programs, the Special Supplemental Food Program for Women, Infants and Children (WIC), and other nutritional assistance programs).

Medically Necessary or Medical Necessity: Pursuant to WIC, Section 14059.5(b)(1) for individuals under 21 years of age, a service is considered "medically necessary" or a "medical necessity" if the service meets the standards set forth in federal Medicaid law for EPSDT (Title 42 of the USC Section 1396(r)(5). Therefore an EPSDT service is considered medically necessary or a medical necessity when it is necessary to correct or ameliorate defects and physical mental illnesses and conditions that are discovered by screening services. MCPs must apply this definition when determining if a service is medically necessary or a medical necessity for an EPSDT eligible member. Decisions are individualized. Flat limits or hard limits based on a monetary cap or budgetary contracts are not consistent with EPSDT requirement. Therefore, the health plan is prohibited from imposing service limitations on any EPSDT benefit other than medical necessity.

Private Duty Nursing (PDN): Nursing services provided in a Medi-Cal beneficiary's home by a registered nurse or a licensed practical nurse, under the direction of a beneficiary's physician,

to a Medi-Cal beneficiary who requires more individual and continuous care than is available from a visiting nurse (42 CFR. § 440.80).

Targeted Case Management (TCM): services which assist Medi-Cal members within specified target groups to gain access to needed medical, social, educational and other services. In prescribed circumstances, TCM is available as a Medi-Cal benefit as a discrete service, as well as through State or local government entities and their contractors.

Transportation: CMS 5150 (42 CFR §431.53) To ensure that recipients obtain needed medically necessary Medicaid services, the health plan will need to offer and provide, if requested and necessary, assistance with transportation and scheduling appointments. This includes non-medical transportation (NMT) to and from medical appointments for the medically necessary DPSDT services the Health Plan is responsible for. Consistent with the requirements in APL 17-010, these services apply to both the examination and follow-up diagnostic and treatment services.

PROCEDURE:

1) Health plans are accountable and responsible for arranging the provision of EPSDT related services and screenings in compliance with the Advisory Committee of Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), the Center for Disease Control (CDC), the American Academy of Family Physicians (AAFP), the American Academy of Pediatric Dentistry (AAPD), the US Preventive Service Task Force (USPSTF) and applicable state specific and federal requirements.

2) The Health Plan is the primary provider of these medical services except for those services that have been expressly carved out. When necessary, the Health Plan will provide case management, coordination of care and TCM to ensure that EPSDT members can access medically necessary EPSDT services and not rely on outside entities (for example local education agency, CCS, regional center, DHCP) as primary provider of medically necessary EPSDT services.

3) Required Activities (42 CFR §441.56)
   a) Informing members - Health plans provide for a combination of written and oral methods designed to inform all EPSDT eligible individuals and/or their families about the EPSDT program within specified State/Federal mandated timeframes. Member enrollment packets include information regarding EPSDT.
   b) Using clear non-technical language, the health plan provides each member a handbook/guide with information about the following:
      i) The services available under the EPSDT program and where and how to obtain those services;

ii) That the services provided under the EPSDT program are without cost to eligible individuals under eighteen (18) years of age, and if State requirement, to those eighteen (18) or older, up to age twenty-one (21), except for any enrollment fee, premium, or similar charge that may be imposed on medically needy recipients; and;

iii) That all medically necessary transportation and scheduling assistance described in 42 CFR §441.62 is available to the EPSDT eligible individual upon request.

c) In addition to the member handbook/guide, outreach initiatives and activities are conducted by the health plan and corporate level to ensure access and availability of EPSDT services.

4) Inform those individuals who are visually impaired and hard of hearing, or who cannot read or understand the English language.
See National Customer Care Linguistic Policy

5) The health plans will provide assurance to Centers for Medicare & Medicaid Services (CMS) and State agencies that processes are in place to inform individuals of their initial plan eligibility. Members will be notified within (60) days, or per the specific State requirement as applicable.

6) EPSDT services:
   a) Screenings - regularly scheduled examinations and evaluations of the general physical and mental health, growth, development, and nutritional status of infants, children, and adolescents.
   b) Comprehensive screenings are provided in compliance with the American Academy of Pediatrics (AAP) /Bright Futures periodicity schedule.
   c) Screening services must also be provided in accordance with reasonable standards of medical and dental practice as determined by State regulatory requirements, and recognized medical and dental organizations involved in child health care (i.e., AAPD, AAP and USPSTF).
   d) EPSDT screenings are to be performed by providers qualified by the state to perform EPSDT services. At a minimum, these screenings must include, but are not limited to:
      i) A comprehensive health and developmental assessment, updated at each screening examination
      ii) Assessment of Nutritional Status and complete physical evaluation and identification of unusual eating habits, accurate measurement of height and weight, laboratory testing to screen for iron deficiency.
      iii) A comprehensive unclothed physical exam
      iv) Immunizations appropriate to age and health history as recommended by ACIP
      v) Appropriate laboratory tests, lead toxicity screening at twelve (12) and twenty-four (24) months per current federal requirements

vi) Health education, including anticipatory guidance and counseling
vii) Vision and hearing screening
viii) Tuberculosis screening
ix) Dental/oral health screening services furnished by direct referral to a dentist for children as early as the first tooth appears, but no later than three (3) years of age. An agency may request an exception from CMS for this age requirement within an outer limit of age 5 for a two (2) year period, and may request an additional two (2) year exception. If a health plan requests an exception, it must demonstrate to CMS' satisfaction that there is a shortage of dentists that prevents the health plan from meeting the age three (3) requirement.

e) Screening services must be provided in accordance with reasonable standards of medical and dental practice as determined by the State regulatory requirement, after consultation with recognized medical and dental organization involved in child health care (i.e., AAP, CDC, and USPSTF.)
f) EPSDT partial or inter-periodic well-child services as appropriate.
g) The EPSDT program includes the coverage of health care services that are:
   i) Necessary to prevent, treat or ameliorate physical, mental or developmental problems or conditions identified by screening services, an EPSDT certified provider or other health professional
   ii) Sufficient in amount, duration, and scope to treat the identified condition
   iii) Subject to limitation only on the basis of medical necessity.
h) The service is covered regardless of whether or not it is a contracted service, unless it is specifically excluded, (carved-out- LA) or prohibited by Federal rules.

7) Health care services include, at a minimum, services identified in section two (2) & five (5) and include, but are not limited, to the following medically necessary services:
   a) Chiropractic
   b) Behavioral Health Treatment (BHT) Services
   c) Nutrition counseling
   d) Audiology, including:
      i) Hearing screening
      ii) Audiological assessments; electrophysiological measures such as auditory brainstem response (ABR)
   e) Examination, fitting and purchase of hearing aids, including hearing aid accessories and supplies
   f) Private duty nursing services including:
      i) An initial assessment and development of a plan of care by a registered nurse
      ii) On-going private duty nursing services delivered by a licensed practical nurse or a registered nurse
      iii) Offer Case Management Services for Care Coordination, when needed. If needed, Anthem shall use one or more Home Health Agencies, Individual Nurse Providers,

or any combination thereof, in providing Case Management Services as set forth in the Medi-Cal contract to plan enrolled EPSDT eligible Medi-Cal beneficiaries approved to receive Private Duty Nursing services, including, upon that member's request, Case Management Services to arrange for all approved Private Duty Nursing services desired by the member, even when the Plan is not financially responsible for paying for the approved Private Duty Nursing services.

g) Durable medical equipment (DME), including assistive devices
h) Occupational, physical, and speech therapy services, for either habilitative or rehabilitative treatment if the services are not:
   i) Specified in the member's individualized education plan (IEP), or
   ii) Specified in the member's individualized family service plan (IFSP) and delivered in the schools or through Children's Medical Services community-based providers.
i) The health plan provides referrals for services not covered for members, including appropriate referrals to:
   i) Head Start Programs
   ii) The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
   iii) School Health-Related Special Education Services
   iv) Vocational rehabilitation
   v) Maternal and Child Health Services located at local health departments.

REFERENCES:

- 42 Code of Federal Regulation 440.230 (b) and (c)
- 42 Code of Federal Regulation 440.80
- 42 Code of Federal Regulation 441.50 EPSDT Provision
- DHCS APL 19-010 "Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21" issued 11/12/19
- DHCS Contracts
- Social Security Act §1902(a)(43), §1905(a)(4)(B) and §1905r – EPSDT Provision and Outreach
- The Centers for Medicare and Medicaid Services – www.cms.gov

RELATED POLICIES AND PROCEDURES:

- Blood Lead Screening – Clinical Indications
- EPSDT Corporate Outreach and Monitoring
- EPSDT Internal Reminder System Data Extract Process
- Medical Record Requirements - Core Process Primary Care Providers Member Services Functions

- Prior Procedure Reference(s)
    - EPSDT Services
- Reimbursement Policy: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

RELATED MATERIALS:

- Member Handbook
- Provider Manual - Clinical Practice Guidelines

RESPONSIBLE DEPARTMENTS:

Primary Department:
Utilization Management (UM)

Secondary Department(s):
Case Management (CM)
Delegated Vendors
Provider Services – National Provider Relations

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
02/08/24	• Annual Review—no changes
01/25/23	• Annual Review • Alphabetized References and Related Policies and Procedures sections • Updated Primary Department section from "Medical Management: Utilization Management (UM) Case Management (CM)" to "Utilization Management (UM)" to match primary department in header • Added "Case Management (CM)" as a secondary department
02/03/22	• Annual review • Added long version of EPSDT in the first sentence
01/27/21	• Annual review • Updated definitions and references

Review Date	Changes
	• Wording updated per DHCS
11/11/20	• Off-Cycle Review • Updated additional wording per DHCS request to be in line with APL 19-014 • Updated definition: EPSDT (Early and Periodic Screening, Diagnosis and Treatment) • Added the definitions: Home Health Agency and Individual Nurse Provider (INP) • Procedure updated
03/11/20	• Annual review • Updated wording per DHCS request to be in line with APL 19-014
12/11/19	• Updated wording per DHCS request to be in line with APL 19-010
05/29/19	• Added Case Management Services under PDN services
03/06/19	• Annual Review, Updated References
03/20/18	• Annual Review, no changes
03/31/17	• Annual Review, no changes
04/29/16	• Annual Review, no changes
05/22/15	• Document Created