Early and Periodic Screening, Diagnosis and Treatment Program
EPSDT

Florida - Sunshine Health Annual Training
EPSDT Overview

- EPSDT purpose and requirements mandated by the Agency for Health Care Administration (AHCA)
- Utilization Management determinations for members under 21 years of age for non-covered services and/or exhausted benefits
- EPSDT policy and procedure for the Utilization Management review process and covered services
- Processing requests for services including special considerations, medical director review and benefit exceptions
EPSDT

Part I

· AHCA Requirements
AHCA Requirements

- Florida’s Agency for Health Care Administration outlines the requirements of the:
  - **Florida Medicaid Child Health Check-up Program (CHCUP)**
- The Child Health Check-up Program is Florida’s name for the federal program known as:
  - **Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)**
What is EPSDT?

- **Florida’s comprehensive** and preventive child health program for individuals under the age of 21 enrolled in Medicaid

- Availability and access to preventative health care resources

- Assists Medicaid recipients and parents/guardians to effectively use available resources
What is EPSDT? ...
What is EPSDT?

• Preventive screening and treatment for children under age 21 enrolled in Medicaid

• Addresses children’s health problems before they become advanced and treatment is more difficult and costly

• Provides coverage for medically necessary services that are included within the categories of mandatory and optional services listed in the Social Security Act 1905 (a)
EPSDT Eligibility

- Determined by the AHCA contract with Sunshine Health

- Includes members covered under:
  - Managed Medical Assistance (MMA)
  - Child Welfare (CW)
  - Long Term Care (LTC)
EPSDT Coverage

EPSDT covers a treatment or service that is necessary to “correct or ameliorate” defects and physical and mental illnesses or conditions.
What Does EPSDT Cover?

- Physician, nurse practitioner, hospital services
- Therapies: Physical, Occupational, Speech/Language
- Home health services
- Medical equipment, supplies and appliances
- Treatment for mental health and substance abuse disorders
- Treatment for:
  - Vision
  - Hearing
  - Dental diseases and disorders
What Does EPSDT Cover?

· A service does not need to cure a condition to be covered.

· Services that maintain or improve the child’s current health condition are to be covered because they “ameliorate” a condition.

  ➢ Maintenance services are defined as services that sustain or support rather than those that cure or improve health problems.

  ➢ Services are covered when they prevent a condition from worsening or prevent development of additional health problems.
EPSDT Scope of Treatment & Services

Developmental & Behavioral Screening
Rehabilitation Services
Home and Community Based Services
Personal Care Services
Other covered services and supplies
Scope of Treatment

• Services do not need to be a cure to be covered.

• Services are approved to allow the child’s condition to be more tolerable.

• Children with disabilities are to receive services that can prevent conditions from worsening, reduce pain and avert the development of more costly illnesses and conditions.
EPSDT Screening Services

- Comprehensive health and developmental history
- Development and behavioral screening
- Vision, dental and hearing screening
- Comprehensive unclothed physical exam
- Appropriate immunizations
- Laboratory tests (including lead toxicity screening)
Developmental & Behavioral Health Screening

- Periodic developmental and behavioral screening during early childhood is essential to identify possible delays in growth and development when steps to address deficits can be most effective.

- These screenings are required for children enrolled in Medicaid.
Rehabilitation Services

Determinations of whether a service is rehabilitative must take into consideration that a child may not have attained the ability to perform certain functions.
Rehabilitation Services

- Community-based crisis services such as:
  - Mobile crisis teams
  - Intensive outpatient services

- Individualized mental health and substance use treatment services, including in non-traditional settings such as:
  - School
  - Workplace
  - Home
Rehabilitation Services

- Counseling and therapy, including the elimination of psychological barriers that would impede development of community living skills
- Medication management
- Rehabilitative equipment such as daily living aids
A plan of care should reflect goals appropriate for the child’s developmental stage.
Home & Community Based Services

- Include intensive care coordination or “wraparound”
- Intensive in-home services
- Mobile crisis response and stabilization
- Screenings, assessments and treatments focusing on children who have been victims of complex trauma
Personal Care Services

Determination of if a child needs personal care services must be based upon the child’s individual needs and a consideration of family resources that are actually, not hypothetically, available.

Example of an actual resource: The child’s aunt is willing and available to assist with personal care three days a week for one hour.
Personal Care Services

Provide assistance with performing activities of daily living (ADLs) such as:

- Dressing
- Eating
- Bathing
- Transferring
- Toileting
- Preparing meals
- Managing medications
Other Covered Services

- Case management services
- Incontinence supplies
- Organ transplants and any related services
- Specially adapted car seat that is needed by a child because of a medical problem or condition
- Nutritional supplements
EPSDT – Medical Necessity

Individual Medical Necessity

Experimental & Investigational Treatments

Efficacy of Treatment & Cost Effectiveness
Individual Medical Necessity

The determination of whether a service is medically necessary for an individual child must be made on a case-by-case basis and take into consideration the particular needs of the child, including:

- All aspects of a child’s needs, including nutritional, social development, and mental health and substance use disorders

- Long-term needs, not just what is required to address the immediate situation

- Medical necessity decisions are individualized, therefore flat limits or hard limits based on a monetary cap are not consistent with EPSDT requirements
Individual Medical Necessity

- A state could impose a “soft” limit for a certain number of physical therapy visits annually for children.
- By providing an individual medical necessity review:
  If it were to be determined in an individual child’s case, upon review, that additional physical therapy services were medically necessary to correct or ameliorate a diagnosed condition, those services would have to be covered.
Experimental Treatments

- EPSDT does not require coverage of treatments, services or items that are experimental and investigational.
- Requests for investigational treatment for EPSDT are reviewed by the Medical Director.
- If necessary peer-to-peer review is done to explore alternative non-investigational treatment options and medical necessity will apply.
- According to AHCA Rule 59G-1.036 - Clinical Trials: Medicaid reimburses for services as a result of member participation in a clinical trial if services are covered under FL Medicaid.
Efficacy & Cost Effectiveness

- A plan may not deny medically necessary treatment to a child based on cost alone.

- Cost effectiveness of alternatives need to be part of the prior authorization process.

- Services may be provided that are most cost effective as long as the less expensive service is equally effective and actually available.

- Services are to be provided in the most integrated setting appropriate to a child’s needs.
Early Steps Program

Program Features
Early Intervention Services
Early Steps Resources
Early Steps Program

The Early Steps Program run by Children's Medical Services:

- Serves families with infants and toddlers, birth to 36 months of age, who have developmental delays or an established condition likely to result in a developmental delay.

- Each child receives an Individualized Family Support Plan (IFSP) that meets his or her needs.

- Families and caregivers also receive support to develop the skills and confidence they need to help their children learn and develop.
Early Steps Program Features

• Brings services into the child's life rather than fitting the child into services
• Maximizes each child's learning opportunities
• Enhances each child's development and participation in community life
• Provides each child with a consistent team for evaluation and services
• Gives families options in service decisions and encourages active partnerships
Early Steps Program Features

- The program provides a primary service provider to work with the member’s family, other caregivers and the team.
- These services are provided by contracted local Early Steps offices throughout Florida.
- There is no charge for most services provided, or the services will be covered by insurance or Medicaid if applicable.
Early Intervention Services

- Sunshine Health will authorize covered services recommended by the Early Steps Program when medically necessary.
  - Early Steps is for children up to 3 years of age.
  - PCPs refer the member for an Early Steps Evaluation.

- Sunshine Health and the local Early Steps Programs have established methods of communication for member referrals.

- Sunshine Health participates in the Vaccines for Children Program and the Florida SHOTS data transfer.
  - Data is sent to the Sunshine Health Inovalon HEDIS database.
Early Steps: Resources

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| Mailing Address              | Children’s Medical Services  
|                             | 4052 Bald Cypress Way  
|                             | Bin A06  
|                             | Tallahassee, FL 32399-1707 |
EPSDT Provider Education

HEDIS Child Measures
Provider Incentives
Provider Resources
Processing EPSDT Claims
Behavioral Health Screening
Healthy Behaviors
Provider Education

Providers are encouraged to:

• Perform a well-child visit at the physician’s discretion when the child presents at the office:
  ➢ Following a previous or minor illness
  ➢ Follow-up ED visit
  ➢ For a sports/camp physical

• Perform well and sick at the same visit and bill appropriate to the services rendered.

• Target parents/guardians of infants and adolescents for preventive screenings and education.
Provider Education: HEDIS

· The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by health plans to measure performance on important dimensions of care and service. AHCA also uses HEDIS data to measure health plan performance.

· Providers are educated on **HEDIS Child Measures** in the areas of:
  - Preventive screenings and treatment
  - Immunizations
  - Follow-up visits
  - Medication guidelines
Provider Incentives

- Pay for Performance was implemented in 2016.

- Providers are paid a $25 incentive for HEDIS well-child visits.
Provider Resources

- Centers for Disease Control and Prevention Advisory Committee on Immunization Practices immunization schedules
  www.cdc.gov/vaccines/acip/index.html

- American Academy of Pediatrics (AAP) periodicity schedule
  https://brightfutures.aap.org/clinical-practice/Pages/default.aspx

- American Academy of Pediatric Dentistry (AAPD)
  http://www.aapd.org/
Providers: Processing Claims

· Providers must bill Sunshine Health using correct coding guidelines to ensure accurate reporting for EPSDT services.

· Providers are required to submit immunization data to the state.
Provider Education:
Behavioral Health Screening

- Providers need to consider all aspects of a child’s needs including:
  - Developmental and behavioral health screenings
  - Substance use disorders

- Medical necessity may not contradict or be more restrictive than federal requirements, therefore treatment for behavioral health services cannot be denied due to benefit limitations.
Provider Education: Healthy Behaviors

Per AHCA mandate all managed care plans shall:

- Educate PCPs annually on the availability of healthy behavior programs and incentives to support member Engagement.
- Require all PCPs screen members for signs of alcohol or substance abuse as part of prevention during specific times such as:
  - Initial contact with a new member
  - Routine physical examinations
  - Initial prenatal contact
EPSDT

Looking Ahead
Looking Ahead

2018 Opportunities for Improvement:

· Improved process implemented for staff/providers to ensure understanding that EPSDT services cannot and should not be denied based on cost.

· Sunshine Health will collaborate with providers on the following education initiatives:
  - To complete sick and well exams at their discretion especially when an infant may be too ill to receive immunizations.
  - Annual alcohol or substance abuse screening training will be offered to providers.
  - To increase the number of adolescent PCP follow-up visits after an office sick visit.
EPSDT Supports
Caring for our Children
References

- FL.UM.14 Management Requests as part of EPSDT or as a Potential Benefit Exception
- FL.UM.05 Timeliness of UM Decisions
- FL.UM.02 Practice Guidelines and Clinical Criteria
- FL.UM.02.02 Clinical Decision Criteria and Application
- FL.UM.02.01 Medical Necessity Review
- Florida Medicaid Provider Fee Schedules
- AHCA contract F026
- Centers for Disease Control and Prevention Advisory Committee on Immunization Practices immunization schedules www.cdc.gov/vaccines/acip/index.html
- American Academy of Pediatrics (AAP) periodicity schedule https://brightfutures.aap.org/clinical-practice/Pages/default.aspx