

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:

Well Child Visit Program

- Well Child Visit 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** well child visit 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?



Early and Periodic Screening, Diagnosis and Treatment

Early	Assess and identify problems early on, prior to advancement and complications.
Periodic	Check children's health at periodic age appropriate intervals.
Screening	Provide physical, mental, developmental, dental, hearing, vision and other screenings to detect potential problems.
Diagnosis	Perform diagnostic testing and follow-up for high-risk children.
Treatment	Control, correct or reduce health problems identified.

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



Information or Referral	800-218-0001
www.floridahealth.gov/alternatesites/cms-kids/families/families.html	
Children's Medical Services	
Phone	850-245-4200
Email	cmscentraloffice@doh.state.fl.us
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

EPSDT Documentation Requirements:



- The medical record must include, at minimum, documentation of the specific age appropriate screening requirements according to the American Academy of Pediatrics (AAP) including Bright Futures Periodicity Schedule including the date the test or procedure was performed, the specific tests or procedures performed, the results of the test or procedures or an explanation of the clinical decision to not perform a test or procedure and the following:
 1. Consent for screening with the beneficiary's and or legal guardian/representatives signature.
 2. Beneficiary and family history with appropriate updates at each screening visit, including, but not limited to the following:
 - a. Psychosocial/behavioral history.
 - b. Developmental history.

EPSDT Documentation Requirements (continued)



- c. Adolescent counseling and risk factor history.
- d. Immunization history.
- 3. Measurements, including but not limited to:
 - a. Length/height and weight.
 - b. Head circumference.
 - c. Weight for length percentiles.
 - d. Body mass index (BMI).
 - e. Blood pressure.
- 4. Sensory screening, subjective and or objective:
 - a. Vision.
 - b. Hearing.

EPSDT Documentation Requirements (continued)



5. Developmental/behavioral assessment as appropriate including:
 - a. Developmental screening to include but not limited to:
 1. A note indicating the date the test was preformed.
 2. The standard tool used which must have:
 - a. Motor, Language, cognitive and social-emotional developmental domains.
 - b. Established reliability scores of approximately 0.70 or above.
 - c. Established validity scores of approximately 0.70 or above for the tool conducted on a significant amount of children and using an appropriate standardized developmental or social-emotional assessment instrument.

EPSDT Documentation Requirements (continued)



3. Evidence of a screening result or screening score.
 - a. Autism screening.
 - b. Developmental surveillance.
 - c. Psychosocial/behavioral assessment.
 - d. Alcohol and drug use assessment.
 - e. Depression screening.
6. Unclothed physical examination.
7. Procedures as appropriate including but not limited to:
 - a. Newborn blood screening.
 - b. Vaccine administration if indicated.
 - c. Hematocrit and or hemoglobin.
 - d. Lead screening and testing.
 - e. Tuberculin test if indicated.

EPSDT Documentation Requirements (continued)



- f. Dyslipidemia screening.
- g. Sexually transmitted infection/disease screening.
- h. Cervical dysplasia screening.
- i. Other pertinent lab and or medical test as indicated.

8. Oral health including:

- a. Dental assessment.
- b. Dental counseling.
- c. Referral to dental home at the eruption of the first tooth or 12 months of age.

9. Anticipatory guidance including but not limited to:

- a. Safety.
- b. Risk education.
- c. Nutritional assessment.

EPSDT Documentation Requirements (continued)



d. Supplemental Nutrition Assistant Program (SNAP) and Women, Infants and Children (WIC) status.

e. Adolescent counseling including but not limited to:

1. Reproductive Health
2. Substance abuse
3. Relationships
4. Coping skills
5. Wellness

EPSDT Documentation Requirements (continued)



10. Appropriate referral to other enrolled Sunshine Health Medicaid providers for diagnosis and treatment.
11. Follow-up on referral made to other enrolled Sunshine Health Medicaid providers for diagnosis and treatment.
12. Next Scheduled EPSDT screening appointment.
13. Missed appointments and any contact or attempted contacts for rescheduling of EPSDT.

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 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
- <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>
- 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>