EPSDT

MEDICAID'S EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT BENEFIT

HOW IT IS OPERATIONALIZED IN VIRGINIA

MODULE 1

EPSDT TRAINING MODULES

This training serves as a guidance document developed by DMAS concerning the interpretation of EPSDT requirements.

EPSDT Training Modules

EPSDT training will be divided into two modules

- **Module 1:**
  - **EPSDT Basics**
- **Module 2:**
  - **EPSDT Framework For Reviewers**

MODULE 1: EPSDT BASICS

- What is EPSDT and How Does It Work?
  - EPSDT Components
    - Screenings
    - Diagnostic Services
    - Treatment Services
  - Medical Necessity and Scope of Services
  - Required Services to Support Access
  - Beneficiary Outreach and Communication
  - Key Takeaways

What Does EPSDT Stand For?

EPSDT is the Early and Periodic Screening, Diagnostic, and Treatment benefit for individuals under 21 who are enrolled in Medicaid

- ✓ **Early**: Assessing and identifying problems as early as possible
- ✓ **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
- ✓ **Treatment**: Control, correct or reduce health problems found

What Is Medicaid's EPSDT Benefit?

The EPSDT benefit is designed to ensure children and youth under 21 receive early detection and medically necessary care to diagnose and treat health problems at no cost to the enrollee

- Federal EPSDT law under the Social Security Act:
  - Requires the delivery of comprehensive pediatric healthcare services to all Medicaid-enrolled children and youth under 21
  - Provides comprehensive array of prevention, diagnostic, and treatment services as specified in Section 1905(r) of the Social Security Act
- Covered benefits for children are more robust than Medicaid benefit for adults; screenings, coverage requirements, and definition of medical necessity are unique to children

Goal of EPSDT Benefit

Ensure that children get the

Right Care

at the

Right Time

in the

Right Setting

Medicaid's Commitment to Children

EPSDT is the Medicaid program's federally guaranteed benefit package for all Medicaid enrollees under age 21

Early and Periodic Screenings

- Regularly scheduled comprehensive health and developmental screenings
- Physical exams
- Vision and hearing tests
- Immunizations
- Lab tests
- Dental screenings and referrals
- Health education

Diagnostic Services

Medically necessary diagnostic services when a risk is identified, including:

- Follow-up testing
- Evaluation
- Referrals

Treatment Services

Timely treatment services determined by screenings, including medically necessary services to correct or ameliorate defects and address physical and behavioral health conditions

EPSDT Screenings

States must provide or arrange for EPSDT screening services both at established times (periodic) and on an as-needed (inter-periodic) basis to identify health and developmental issues as early as possible

Covered Screening Services

Comprehensive health and developmental history	Comprehensive, unclothed physical exam, including nutritional, height and weight, and Body Mass Index assessment	Appropriate vision and hearing screening
Developmental screening for physical and mental health development using standardized screening tool	Appropriate immunizations (based on age and history)	Appropriate laboratory tests, including blood lead test
Dental screenings and referrals to a dentist (starting at age 3)	Health education and anticipatory guidance for child and caregiver	Psychosocial/behavioral assessment, including depression screening and tobacco, alcohol or drug use assessment

- Any qualified provider may conduct EPSDT screenings
- Screenings may be provided in a variety of settings such as at provider's offices, local health departments, schools, or community health centers

- Families do not need to request EPSDT screenings
- EPSDT is a benefit, not a program or waiver that requires an application

PERIODIC SCREENINGS (WELL CHILD VISITS)

Virginia's EPSDT periodicity schedule sets the frequency by which screening services are provided and covered

Periodic Screening Requirements

- Provides preventive care that consists of AAP schedule of well-visits, vaccines, developmental and sensory testing
- Periodic screenings may not require prior authorization
- DMAS and the Medicaid managed care plans must:
  - Educate and inform members that are out of compliance with EPSDT periodicity and immunization schedules, and share copies, including timing and frequency, of these member notices with DMAS
  - Assure members under age 3 identified with developmental delays are referred to the Infant and Toddler Connection (early intervention)
  - Keep records of members' EPSDT services, including screenings, and report immunization data to the Virginia Immunization Registry
  - Incorporate EPSDT requirements (e.g. lead testing and developmental screening rates, immunization rates, monitoring treatment referrals) in its quality assurance activities

Virginia's EPSDT Periodicity Schedule

	Days		Months										Years																	
Age:	Newborn	3-5	1	2	4	6	9	12	15	18	24	30	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
History, Measurement, Physical Exam, Lab Tests, and Anticipatory Guidance, etc.	*Follow the American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care*																													
Mandatory Blood Lead Test								★			★		*Lead test if no prior history*																	
Immunizations	*Follow American Committee on Immunization Practices (ACIP) for immunizations*																													
Vision Screen													★	★	★	★		★		★		★			★			★		
Hearing Screen	★													★	★	★		★		★										
Psychosocial/Behavioral Assessment	*Follow the AAP Recommendations for Preventive Pediatric Health Care*																													
Developmental Testing							★			★	★	★																		
Refer to Dental Home/ Assess Oral Risks								★			★	★	*Refer to dental services at 3 and 6 years Provide dental exams every 6 months*																	

VIRGINIA'S MEDICAID PROGRAM DMAS

Inter-Periodic Screening (Sick Visits)

Inter-periodic screenings are outside of the State's periodicity schedule and are conducted based on an indication of a medical need to diagnose an illness or condition that was not present at the regularly scheduled (periodic) screening or to determine if there has been a change in a previously diagnosed illness or condition that requires additional services

Inter-Periodic Screening Requirements

- May not be limited in number nor require prior authorization
- Any qualified provider operating within the scope of practice, as defined by state law, can provide a screening service
- Medical necessity of inter-periodic screening may be determined by child's physician, dentist, or health, developmental, or educational professional who comes in contact with the child

Example of Inter-Periodic Screening

Age 6

Child receives regularly scheduled periodic vision screening, at which no issue is detected

Age 7

School nurse suspects child has vision issue and recommends the child see an optometrist. **Child receives inter-periodic vision screening**

Age 8

Child receives next regularly scheduled vision screening

EPSDT Diagnostic Services

**When a screening identifies a risk,
the child must be promptly referred for diagnostic services**

- Any visit or contact with a qualified medical professional is sufficient to satisfy EPSDT's screening requirement
- A screening service provided before a child enrolls in Medicaid is sufficient to trigger EPSDT coverage, after enrollment, for follow-up diagnostic services and necessary treatment
- A child's diagnostic service may be performed by a physician or other qualified practitioner

Medical Necessity Standard Under EPSDT

Services or devices that are medically necessary to correct or ameliorate a physical or mental condition must be provided, even if the service is not covered by the Medicaid State Plan

- Medical necessity is different under EPSDT compared to the regular Medicaid definition of medical necessity
- EPSDT's medical necessity standard is whether the service corrects or ameliorates a condition
- If application of the standard medical necessity criteria results in a denial, in whole or in part, for an individual under 21, then a secondary, individualized review must be done applying the correct or ameliorate standard
- Medical necessity must be determined on a case-by-case individual basis and must fully consider EPSDT criteria
- DMAS and its managed care plans may require prior authorization in order to safeguard against unnecessary use of services
  - Prior authorization cannot delay or deny medically necessary services
  - Hard or fixed limits may not be imposed

Medicaid Covered Services

EPSDT covers all medically necessary services that are included within any of the categories of Medicaid-covered services listed in 1905(a) of the SSA

- ✓ Physician services
- ✓ Pediatric and family nurse practitioner services
- ✓ Inpatient and outpatient hospital services
- ✓ Laboratory and X-rays
- ✓ Medical supplies and durable medical equipment
- ✓ Family planning services and supplies
- ✓ Federally Qualified Health Clinics and Rural Health Clinics
- ✓ Non-emergency medical transportation
- ✓ Pregnancy-related services
- ✓ Freestanding birth center services (when licensed or otherwise recognized by the state)
- ✓ Home health services
- ✓ Medication-assisted treatment (MAT)
- ✓ Nurse-midwife services
- ✓ Tobacco cessation counseling and pharmacotherapy for pregnant women
- ✓ Case management
- ✓ Community supported living arrangements
- ✓ Chiropractic services
- ✓ Clinic services
- ✓ Critical access hospital services
- ✓ Dental services
- ✓ Dentures
- ✓ Emergency hospital services (in a hospital not meeting certain federal requirement)
- ✓ Eyeglasses
- ✓ Health homes for enrollees with chronic conditions
- ✓ Hospice services
- ✓ Inpatient psychiatric services for individuals under age 21
- ✓ Intermediate care facility services for individuals with intellectual disabilities
- ✓ Occupational therapy
- ✓ Optometry services
- ✓ Other diagnostic, screening, preventive and rehabilitative services
- ✓ Other licensed practitioners' services
- ✓ Personal care services
- ✓ Physical therapy
- ✓ Podiatry services
- ✓ Prescribed drugs
- ✓ Primary care case management services
- ✓ Private duty nursing services
- ✓ Prosthetic devices
- ✓ Respiratory care services for ventilator dependent individuals
- ✓ Services furnished in a religious non-medical health care institution
- ✓ Speech, hearing and language disorder services
- ✓ State Plan Home and Community Based Services
- ✓ Targeted case management services
- ✓ Tuberculosis-related services

Scope of Services Covered by EPSDT

- EPSDT covers all medically necessary services included within any category of Medicaid services listed in Section 1905(a) and is not limited to services included in the Virginia Medicaid State Plan
- Services must be deemed effective to correct or ameliorate a diagnosed condition
- States are not required to do so, but Virginia Medicaid has opted to cover experimental/investigational services for individuals under 21 if it is determined that it would be effective to correct or ameliorate a child's condition
- These requests will be reviewed on a case-by-case basis
- If the analysis results in a full or partial denial, the reviewer must conduct a secondary review applying the EPSDT correct or ameliorate standard

Required Services to Support Access

DMAS and its contracted managed care plans must offer services to promote access to preventive, screening, diagnostic and treatment services, including but is not limited to providing translation services, sign language interpreter services, and auxiliary aides and services

Scheduling Assistance for Appointments

- If a family requests help with scheduling appointments for EPSDT services, Medicaid managed care plans must provide this assistance via case managers or other members of the care team {42 C.F.R. 441.62}

Necessary Transportation to and from Appointments

- DMAS and Medicaid managed care plans must cover emergency, urgent, and non-emergency medical transportation (NEMT) to ensure that members have access to and from providers of EPSDT services, including medical, behavioral health, dental and long-term services and support services*
- A parent/guardian can transport members to their Medicaid covered services and receive gas and/or mileage reimbursement
- Medicaid managed care plans must cover transportation services to and from out-of-state medical facilities for treatment when the treatment services are approved by the plan {42 C.F.R. 431.53}

Related Travel Expenses

- Medicaid managed care plans must cover the cost of meals and lodging for the member and a parent/guardian, caretaker, relative, friend or attendant en route to and from medical care and while the member is receiving medical care {42 C.F.R. § 440.170}
- Plans must cover the salary of the attendants who are not part of the member's family {42 C.F.R.§ 440.170}

*Transportation to DD waiver services are carved out and covered by FFS.

Beneficiary Outreach and Communications

The Commonwealth is required to inform families about the EPSDT benefit and how to access care within 60 days of a Medicaid eligibility determination and annually thereafter

The Social Security Act (§ 1902(a)(43)) requires that the State plan for medical assistance provide for:

> (A) informing all persons in the State who are under the age of 21 and who have been determined to be eligible for medical assistance including services described in section 1905(a)(4)(B), of the availability of early and periodic screening, diagnostic, and treatment services as described in section 1905(r) and the need for age-appropriate immunizations against vaccine-preventable diseases,
>
> (B) providing or arranging for the provision of such screening services in all cases where they are requested,
>
> (C) arranging for (directly or through referral to appropriate agencies, organizations, or individuals) corrective treatment, the need for which is disclosed by such child health screening services.

Affirmative Obligations of States

States have a responsibility to make sure Medicaid-eligible children and their families are informed about (i) the EPSDT benefit, (ii) the availability of screening services, and (iii) that a formal request for an EPSDT screening service is not required

The affirmative obligation to connect children with necessary treatment makes EPSDT different from Medicaid for adults {*See: CMS, State Medicaid Manual §§ 5010, 5121, 5310 (requiring states to "]a]ssure that health problems found are diagnosed and treated early, before they become more complex and their treatment more costly, . . . that informing methods are effective, . . . [and] that services covered under Medicaid are available.")*}

Virginia Medicaid and its contractors must use clear and non-technical language to explain

- The benefits of preventive health
- What services are available and where and how to obtain the services
- That EPSDT services are free to children and youth up to age 21
- That supportive transportation and scheduling assistance are available

DMAS' contracted managed care plans must include information about EPSDT and how to access such services in its member handbooks

DMAS and its contracted managed care plans must communicate effectively about EPSDT to individuals who have limited English proficiency or who may be deaf or blind

DMAS and its contracted managed care plans must assure that processes are in place to effectively inform individuals, generally within 60 days of the individual's initial Medicaid eligibility determination, and in the case of families which have not utilized EPSDT services, annually thereafter

COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

Dear Parent/Caregiver,

Welcome and Good News! Your child is now covered by the Medicaid or FAMIS Plus health insurance program. You can get free health care benefits to help keep your child healthy through EPSDT, which stands for Early, and Periodic Screening, Diagnosis and Treatment Program. It is very important because it provides your child with regular care as they grow up. There is no cost to you for these services.

EPSDT services are free and include:

- Regular check-ups for children and teens
- Shots (immunizations)
- Dental care
- Vision and hearing testing
- Medical screenings for problems
- Transportation
- Medically necessary services your child may need to correct a problem or prevent it from getting worse such as nursing, medical equipment, or counseling.

To get these services, call your child's doctor to schedule a check-up. Check-ups help to keep your child healthy. Remember to talk with your child's doctor about any special health needs your child has.

If you have any questions, please call the Managed Care Helpline toll-free at **1-800-643-2273 (TDD: 1-800-817-6608)** Monday to Friday, 8:30 a.m. to 6:00 p.m. (translation services available).

Children should get seven check-ups before they are two years old

- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months

Between ages two and six, children need a yearly check-up.

- 2 years
- 3 years
- 4 years
- 5 years
- 6 years

After age six, children should have a check-up every two years.

- 8 years
- 10 years
- 12 years
- 14 years
- 16 years
- 18 years
- 20 years

Birthday *News*

The Department of Medical Assistance Services, FAMIS Plus (Children's Medicaid)

Visit Cover Virginia at www.coverva.org for more information.

It's time for a well-child checkup

Remember, checkups are **free!**

Give your child the best gift of all – a well-child checkup!

Well-child checkups are important because they allow your doctor to make sure your child is healthy and growing well. They also give you a chance to ask questions and discuss any concerns that you have. Checkups can detect and prevent health and social-emotional problems. Best of all, well-child checkups are free!

The toddler years are an exciting period of exploration and growing independence for your child. This newsletter contains more information on your child's checkup as well as tips and resources that may help you during this time. We wish your family another year of health and happiness.

Checkup Schedule for your Toddler

12 months 15 months 18 months 24 months 30 months

Even if you've missed a checkup, don't worry, make an appointment now!

What to expect at your child's checkup

Physical Exam
Your doctor will measure and plot your child's height, weight, and head circumference on a growth chart, and look inside your child's mouth for problems

Lead Blood Test
At your child's 1st and 2nd year check-up, your doctor will need to test your child's blood for lead. This is a very important test. High blood lead levels may limit your child's growth, harm hearing, and make learning difficult.

Developmental Assessment
Your doctor will ask you questions about your child's development. If your doctor has concerns, he may refer you to the Infant & Toddler Connection (infantva.org). This program provides early intervention services to qualified children through age two.

Shots (Immunizations)
Your child will need many shots by age 2.

Safety Tips for 1 and 2 year olds

Toddlers love to explore but they need an adult's watchful eye to stay safe. Here are a few ways to keep your child safe at home and at play.

Injury Prevention
- Always use a child safety seat in the backseat of the car. Never leave your child alone in the car
- Avoid playing in or around cars. Teach your child street safety.
- Use safety gates in your home. Keep windows latched.
- Lock up medications and household cleaners.
- Empty bath tubs, buckets, and children's pools immediately after use. Keep toilet lids closed.
- Safely store firearms and ammunition separately or remove from the home.
- Avoid choking hazards such as balloons and safely store small objects and plastic bags.
- Keep your child away from hot oven doors, irons, wall heaters, and grills.
- Turn pot handles towards the back of the stove and keep hot food out of reach.
- Change your smoke alarm batteries when daylight savings time begins and ends.
- Cover electrical outlets.
- Keep cigarettes, lighters, ashtrays, and matches out of sight and out of reach.
- Before your child gets in the bath, check the water to see if it is too hot.

Milestones

Every child is unique but here are a few skills to look for:

12 Months
- Begins to take steps and talk
- Waves "bye-bye"
- Plays pat-a-cake and peek-a-boo
- Says a few words plus "mama" and "dada"
- Shows curiosity

15 Months
- Feeds self with fingers
- Listens to a story
- Drinks from a cup
- Understands simple commands

18 Months
- Uses a spoon and cup
- Uses two-word phrases
- Throws a ball
- Kisses and shows affection
- Plays simple pretend

2 Years
- Goes up and down stairs one at a time
- Kicks a ball
- Stacks blocks
- Imitates adults
- Shows more independence

Talk to your doctor if you are concerned that your child is not reaching these milestones. For more tips on your child's health, visit vdh.virginia.gov/brightfutures

Need help providing your child with nutritious food?

WIC provides nutritional care and food assistance to eligible families, including special programs during the summer for children in child

Dental Services for your Toddler

It's important to have a regular dentist who will keep your child's teeth healthy.
Call ***Smiles For Children***, to find a dentist and get information about your child's oral health and dental benefits. 1-888-912-3456.

Birthday *News*

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It's time for a well-child checkup

Remember, checkups are **free!**

Give your child the best gift of all – a well-child checkup!

Well-child checkups are important because they allow your doctor to make sure your child is healthy and growing well. They also give you a chance to ask questions and discuss any concerns that you have. Check-ups can detect and prevent health and social-emotional problems. Best of all, well-child checkups are free!

Early childhood is an exciting period of exploration and growing independence for your child. This newsletter contains more information on your child's checkup as well as tips and resources that may help you during this time. We wish your family another year of health and happiness.

Checkup Schedule for Ages 3 and 4

Schedule a checkup each year around your child's 3rd and 4th birthdays.

Even if you've missed a checkup, don't worry, make an appointment now!

What to expect at your child's checkup

Physical Exam
The exam includes vision and blood pressure screens starting at age 3 and a hearing screen at age 4.

Your doctor will also test your child's blood for lead if it has not already been tested.

Shots (Immunizations)
Shots can prevent serious health problems. Your child will need many shots before starting school. If you've missed shots, your doctor can follow a "catch-up" schedule.

Developmental Assessment
Your doctor will ask you questions about your child's development, including their social

Tips for 3 and 4 year olds

Young children love to explore but they need an adult's watchful eye to stay safe.

Safety Tips
- Always use a child safety seat in the backseat of the car.
- Never leave your child alone in the car.
- Supervise all play near water, pets, streets, driveways, and anywhere your child can climb.
- Teach your child street safety.
- Use helmet for biking.
- Lock up medications and household cleaners.
- Empty bath tubs, buckets, and children's pools immediately after use.
- Safely store firearms and ammunition separately or remove from the home.
- Avoid choking hazards such as balloons and safely store small objects and plastic bags.
- Avoid hot oven doors, irons, wall heaters, and grills.
- Turn pot handles towards the back of the stove and keep hot food out of reach.
- Change your smoke alarm batteries when daylight savings time begins and ends.
- Cover electrical outlets.
- Keep cigarettes, lighters, ashtrays, and matches out of sight and out of reach.
- Before your child gets in the bath, check the water to see if it is too hot.

Transportation

If you need transportation to a medical appointment or to pick up a prescription, call your Transportation Reservation ahead.

Aetna: 1-800-734-0430
Anthem: 1-877-892-3988
Magellan: 1-800-424-451
Optima: 1-877-892-3986
UnitedHealth: 1-833-215-
Virginia Premier: 1-800-7

Milestones

Every child is unique but here are a few skills to look for:

3 Years
- Rides a tricycle
- Knows name, age, sex
- Copies a circle and a cross
- Dresses self
- Shows a ride range of emotions

4 Years
- Can sing a song
- Knows reality from fantasy
- Talks about daily activities
- Can hop, jump on one foot
- Cooperates with other children

Talk to your doctor if you are concerned that your child is not reaching these milestones. For more tips on your child's health, visit www.vdh.virginia.gov/brightfutures

Color the apple for a healthy snack.

Need help providing your child with nutritious food?

WIC provides nutritional care and food assistance to eligible families

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Give your child the best gift of all – a well-child checkup!

Well-child checkups are important because they allow your doctor to make sure your child is healthy and growing well. They also give you a chance to ask questions and discuss any concerns that you have. Check-ups can detect and prevent health and social-emotional problems. Best of all, well-child checkups are free!

During middle childhood, your child's confidence will grow with new physical, mental, and social skills. This newsletter contains more information on your child's checkup as well as tips and resources that may help you during this time. We wish your family another year of health and happiness.

Checkup Schedule for Age 5 through Age 10

Schedule a checkup each year around your child's 5th, 6th, 7th, 8th 9th and 10th birthdays.

Even if you've missed a checkup, don't worry, make an appointment now!

What to expect at your child's checkup

Physical Exam
The exam includes vision, hearing and blood pressure screens.

Shots (Immunizations)
Shots can prevent serious health problems. If you've missed shots, your doctor can follow a "catch-up" schedule.

Developmental Assessment
Your doctor will ask how your child is doing at home and in school and how well your child gets along with others. Your doctor will also talk to you and your child about setting healthy routines for nutrition, physical activity

Tips for 5 to 10 year olds

During this time, children become more active and independent. To succeed in school, make sure your child gets plenty of sleep. They need clear rules for safe behavior. Here are a few ways to keep your child safe at home and at play.

Safety Tips
- Use a car safety seat for all children until they reach the highest weight or height allowed by their seat. Once they are facing forward, children should use a forward-facing car safety seat with a harness for as long as possible, until they reach the height and weight limits for their seats.
- Teach your child street safety.
- Make sure your child wears safety gear when playing sports and always wears a helmet while biking.
- Teach your child to swim and set clear water safety rules.
- Remind your child never to talk with strangers in person or online.
- Lock away medications, household cleaners, and matches.
- Safely lock up firearms and ammunition … remove from the home.
- … smoke alarm batteries when … time begins and ends.

… Virginia's name for children's … FAMIS Plus provides great benefits … children in families with low or no … the children are covered by … Information is available at …

Social Development

Learning how to interact with others and develop relationships is an important skill that children develop during this time. Here are a few ways you can help:

- Praise your child and show affection.
- Spend time with your child.
- Encourage expression of feelings and teach ways to deal with negative feelings such as anger.
- Teach how to resolve conflicts.
- Promote friendships through team or group activities.
- Set limits and rules (bedtimes, homework, chores) and stick to them.

Nutrition and Physical Activity

Good nutrition and physical activity are important for your growing child. Here are a few ways you can help:

- Make sure your child has a good breakfast.
- Aim for five servings of fruits and veggies a day.
- Limit snacks that are high in fat and sugar such as candy, chips, and soda.
- Limit the amount of time your child watches TV, plays video games and surfs the internet.
- Be a role model - eat healthy and plan physically active family outings like bike rides and hikes.

Transportation

If you need transportation to a medical appointment or to pick up a prescription, call your Transportation Reservations number 5 days ahead.

Aetna: 1-800-734-0430
Anthem: 1-877-892-3988
Magellan: 1-800-424-4518
Optima: 1-877-892-3986
UnitedHealth: 1-833-215-3884
Virginia Premier: 1-800-727-7536

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Well-child checkups are important because they allow your doctor to make sure your child is healthy and growing well. They also give you a chance to ask questions and discuss any concerns that you have. Checkups can detect and prevent health and social-emotional problems. Best of all, well-child checkups are free!

During late childhood, your child will experience dramatic physical and emotional changes. Parents often wonder what they can do to help their child during this time. This newsletter contains more information on your child's checkup as well as tips and resources that may help you during this time. We wish your family another year of health and happiness.

Checkup Schedule for Your Preteen or Teen

Schedule a checkup each year around your child's 11th, 12th, 13th and 14th birthdays.

Even if you've missed a checkup, don't worry, make an appointment now!

What to expect at your child's checkup

Shots (Immunizations)
Shots given during this time may include:
- Booster shots
- Previously missed shots
- Yearly flu shot or reminder
- Your doctor may also talk to you about the HPV vaccine.

Developmental Assessment
Your doctor will ask questions and talk to both you and your child about the following:
- Home life
- School performance
- Peer pressure and bullying
- Safety and good health habits
- Nutrition and exercise
- Risky behaviors such as tobacco, alcohol and drug use and sexual activity

During this time, your child may be more concerned about privacy. Your child or the doctor may want you to leave the room during the exam and may have things to talk about in private.

Tips for 11 to 14 year olds

At this age, children are becoming more independent and making a lot of choices for themselves. They still need help from a loving adult to help them be safe and healthy.

- Remind your child to always wear a seatbelt when in the car.
- Know where your child is, and who they are with.
- Make sure your child eats a good breakfast and gets enough sleep.
- Aim for five servings of fruits and veggies a day, and limit sugary drinks.
- Encourage at least one hour of physical activity each day.
- Remind your child to be careful around strangers, and to always protect their privacy when online.
- It is important to talk to your child about hard issues like drugs, smoking, drinking, and sexuality. Start by finding out what your child knows and thinks about these topics, and then share yours.
- Teach your child the risks of using tobacco, alcohol, inhalants, and drugs.
- Talk about how important it is to have friends who do not act in dangerous or unhealthy ways, and help find ways to avoid peer pressure.
- Discuss ways to prevent pregnancy and sexually transmitted infections, even if you have taught your child to delay sexual activity.
- Listen to your child. Answer questions honestly and directly. If you find it too hard to have those conversations, ask for help from the doctor or another adult you trust.

Growth and Development

Every person is unique, but here are some common challenges that your child may face during this time period:

- Learning to manage feelings and moods.
- Changes in body and emotions from sexual development.
- Concerns about body image.
- Making good choices about being safe, and avoiding risky behaviors and situations.
- Acting more independently, but still respecting the needs and feelings of others.

Sudden changes in behavior, changes in friends, falling grades, or dropping out of usual activities can be signs of depression, bullying, substance abuse, or an unhealthy relationship. Talk to the doctor if you are concerned about your child's emotions or behaviors. A good resource for more information is www.samhsa.gov/topics

For more tips on your child's health, visit www.vdh.virginia.gov/brightfutures

Dental Services for Preteens and Teens

It's important to have a regular dentist who will keep your child's teeth healthy.
Call ***Smiles For Children***, to find a dentist and get information about your child's oral health and dental benefits. 1-888-912-3456.

FAMIS Plus is Virginia's name for children's Medicaid. **FAMIS Plus** provides great benefits and covers children in families with low or no income, even if the children are covered by health insurance. Information is available at www.coverva.org

Transportation

If you need transportation to a medical appointment or to pick up a prescription, call your Transportation Reservations number 5 days ahead.

Aetna: 1-800-734-0430
Anthem: 1-877-892-3988
Magellan: 1-800-424-4518
Optima: 1-877-892-3986
UnitedHealth: 1-833-215-3884
Virginia Premier: 1-800-727-7536

Birthday *News*

The Department of Medical Assistance Services, FAMIS Plus (Children's Medicaid)

Visit Cover Virginia at www.coverva.org for more information.

It's time for a health and wellness checkup

Remember, checkups are **free!**

Give your child the best gift of all – a well-child checkup!

Checkups are important because they allow your doctor to make sure your teen is healthy and growing well. They also give you a chance to ask questions and discuss any concerns that you have. Checkups can detect and prevent health and social-emotional problems. Best of all, checkups are free!

During the transition from childhood to adulthood, your teen will experience dramatic physical and emotional changes. Parents often wonder what they can do to help their child during this time. This newsletter contains more information on your child's checkup as well as tips and resources that may help you during this time. We wish your family another year of health and happiness.

Checkup Schedule for Your Teen or Young Adult

Schedule a checkup each year around your teen's 15th, 16th, 17th, 18th, 19th and 20th birthdays.

Even if you've missed a checkup, don't worry, make an appointment now!

What to expect at your teen's checkup

Shots (Immunizations)
Shots given during this time may include:
- Booster shots
- Previously missed shots
- Yearly flu shot or reminder
- Your doctor may also talk to you about the HPV vaccine.

Developmental Assessment
Your doctor will ask questions and talk to both you and your teen about the following:
- Home life
- School performance
- Peer pressure
- Safety and good health habits
- Nutrition and exercise
- Risky behaviors such as tobacco, alcohol and drug use and sexual activity

During this time, your teen is likely to be concerned about privacy. Your teen or the doctor may want you to leave the room during the exam and may have things to talk about in private.

Tips for 15 to 21 year olds

Your teen will experiment with new behaviors during the transition to adulthood. Sometimes your teen may make mistakes or misjudge a situation. Here are a few tips to discuss with your child:

- Make sure your teen knows who to call in case of emergency.
- Ask for details when your teen goes out and expect a phone call if plans change.
- Discuss safe, constructive ways to express anger without violence.
- Talk together about the dangers of drugs, tobacco, alcohol, and risky sexual activity. If you are uncomfortable talking about these issues with your teen, ask a health professional or other trusted adult to help you.
- Help your teen plan ahead for uncomfortable situations such as feeling pressure to have sex or being offered a ride home from someone who has been drinking.
- Agree on rules for when and where your teen can use the car.
- Be firm about safe driving rules such as always wearing a seatbelt, minimizing distractions and obeying speed limits. Insist that your teen never drink and drive.

Growth and Development

Every person is unique, but here are some common challenges that your teen may face during this time period:

- Learning to manage feelings and moods.
- Changes in body and emotions from sexual development.
- Concerns about body image.
- Making good choices about being safe, and avoiding risky behaviors and situations.
- Acting more independently, but still respecting the needs and feelings of others.

Sudden changes in behavior, changes in friends, falling grades, or dropping out of usual activities can be signs of depression, bullying, substance abuse, or an unhealthy relationship. Talk to the doctor if you are concerned about your child's emotions or behaviors. A good resource for more information is www.samhsa.gov/topics

For more tips on your child's health, visit www.vdh.virginia.gov/brightfutures

Dental Services

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VIRGINIA'S MEDICAID PROGRAM DMAS

Key Takeaways

- EPSDT is the benefit package for Medicaid-enrolled children and youth under 21
- The benefit covers periodic and inter-periodic screening, diagnosis and treatment services
- Under EPSDT, all medically necessary services that correct or ameliorate a condition, even those not included in the State Plan, must be covered by Medicaid
- The EPSDT definition of medical necessity and the coverage requirements are unique to children and youth under 21

Goal of EPSDT Benefit

Ensure that children get the

Right Care

at the

Right Time

in the

Right Setting

EPSDT

MEDICAID'S EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT BENEFIT

FRAMEWORK FOR REVIEWERS

MODULE 2

EPSDT Training Modules

EPSDT training will be divided into two modules

- **Module 1:**
  - **EPSDT Basics**
- **Module 2:**
  - **EPSDT Framework For Reviewers**

Scope of EPSDT Covered Treatment Services

Under EPSDT, states must provide all medically necessary services included in Section 1905(a) of the Social Security Act, regardless of whether the services are identified in a State Plan or available to adults enrolled in Medicaid

- DMAS and its managed care plans can require **prior authorization** for particular services to safeguard against unnecessary use of services, ***but***:
  - Prior authorization **cannot delay or deny** medically necessary services
  - States **may not impose hard or fixed limits** on specific services for children
- Medical necessity must be determined on an individualized **case-by-case basis** and **consider all aspects of the child's needs**, including long-term needs
- If the service or device is **medically necessary,** it must be provided

*EPSDT pediatric medical necessity definition focuses on **correcting or ameliorating conditions that affect a child's growth and development***

Ameliorate means to improve or to prevent a condition from getting worse

Is The Medicaid Individual Under Age 21?

Is the request for a service type within the scope of services covered under § 1905(a) and (r) of the Act?

To help determine this, review the information in sections (a) through (c) on next slides

Determining Scope

a. EPSDT services include medical or remedial care that is medically necessary to correct or ameliorate a defect, physical or mental illness, or condition, regardless of whether such services are covered under the State Plan

   i. Coverage under EPSDT is not limited to clinical coverage policies, service definitions, or billing codes. EPSDT covers most of the services an individual under 21 years of age needs to stay as healthy as possible, provided the service falls within the scope of services listed in Section 1905(a) of the Act.

   ii. EPSDT entitles enrolled infants, children, and adolescents to any treatment or procedure that fits within 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.

   iii. Requests for services under EPSDT do not have to be labeled as such. Any request for services by a member under age 21 should include a secondary review under the EPSDT correct or ameliorate criteria if the request is not fully approved after applying medical necessity criteria.

Determining Scope

b. Consider the following when determining if the request is for a service covered under 1905(a) and (r) of the SSA:

   i. Look at the service type closely. A medical service need not be listed by name in order to fall under one of the enumerated categories of Section 1905(a) of the Act. A request should not be denied simply because the name of the service type requested does not match one of the named covered services under the Act.

   ii. A request for a service that is typically considered a "waiver" or "habilitation" service should not be denied outright. The specific service type requested must be examined carefully to determine if it falls under 1905(a) of the Act.

   iii. NOTE: There are some service descriptions under 1905(a) that are seemingly broad, such as 1905(a)(30) ("any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary"), but this is limited by the interpretation found in 42 C.F.R. 440.170. Another example of broad service categories that should be reviewed closely are listed in 1905(a)(13).

Determining Scope

c. Requests for services that are considered experimental/investigational

   i. States are not required to do so, but Virginia Medicaid has opted to cover experimental/investigational services for individuals under 21 if it is determined that it would be effective to correct or ameliorate a child's condition

   ii. These requests will be reviewed on a case-by-case basis. If the analysis results in a full or partial denial, the reviewer must conduct a secondary review applying the EPSDT correct or ameliorate standard

Initial Review of Service Request

- Apply medical necessity criteria for the service type requested
  - It is important not to inject different/additional standards and criteria that are not based in the law
  - For Fee-For-Service members, the reviewer applies the medical necessity criteria in the relevant DMAS regulation and/or DMAS Manual that addresses the requested service type
  - For members enrolled in managed care, for many service areas the MCO reviewer applies the MCO's medical necessity criteria using its medical management processes
    - Note: Such criteria must be no more restrictive than the DMAS Fee-For-Service criteria for the same service 42 C.F.R. 438.210(a)(2), (a)(5)(i).
    - There are several exceptions that require use of the DMAS medical necessity criteria and are addressed in the DMAS EPSDT Manual. {CCC Plus waiver services, Community Mental Health Rehab Services, BRAVO services, Private Duty Nursing, Personal Care, Assistive Technology, ARTS, Part C/Early Intervention}

Initial Review of Service Request

- After Applying Medical Necessity Criteria
  - If the service request is approved in its entirety, then issue a decision granting the request
  - If application of the medical necessity criteria does not result in a full approval of the service type and amount requested, then proceed with a Secondary Review using EPSDT correct or ameliorate criteria

Secondary Review (EPSDT Correct or Ameliorate Analysis)

An individualized Secondary Review must be completed prior to issuing an adverse decision on the service authorization request for an individual under 21

What does "Ameliorate" mean?

- CMS guidance; *EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents (June 2014)*
  - Services that maintain or improve the child's current health condition are covered under EPSDT because they "ameliorate" a condition.
  - Maintenance services are covered. These are services that sustain or support (rather than cure or improve) health problems.
  - Services are covered when they prevent a condition from worsening or prevent development of additional health problems.
  - A common definition of ameliorate is to "make more tolerable."

SECONDARY REVIEW CONSIDERATIONS

Important Considerations in the Secondary Review

- Even if the service will not "cure" the member's condition, it must be covered if determined medically necessary to improve or maintain the member's overall health
- The service or treatment need not ameliorate the member's health condition taken as a whole, but need only be medically necessary to ameliorate one of the member's conditions
- The specific criteria in the clinical coverage policies or service definitions (specific diagnoses or symptoms) do not have to be met for members under age 21 if the service is medically necessary to correct or ameliorate a defect, physical or mental illness, or condition
- The specific limits in coverage policies or service definitions (such as number of hours, number of visits, or other limitations on amount, duration, or scope) do not apply to members under 21 if more hours or visits, etc. of the requested service are medically necessary to correct or ameliorate a defect, physical or mental illness, or condition

SECONDARY REVIEW SHOULD BE INDIVIDUALIZED

The Secondary Review should be an individualized review

- Look at the child as a whole. This review should include, but not be limited to:
    a. The member's past medical history,
    b. The member's current condition(s),
    c. What was authorized for the member most recently,
    d. Have the member's conditions or circumstances changed since the time of the last authorization,
    e. Any information regarding future prognosis for the child, and
    f. Any notes, records, or other information from the initial medical necessity review and any internal peer review.
- Be cautious in considering the child's family circumstances and limiting services based on how much assistance a parent can provide beyond the reasonable duties of a typical parent

Other Considerations

CMS Guidance: EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents (June 2014)

- Service must be in accordance with current medical standards or practices.
  - Exception: Requests by individuals under 21 for services/procedures considered experimental will be reviewed on a case-by-case basis. If the analysis results in a full or partial denial, the reviewer must conduct a secondary review applying the EPSDT correct or ameliorate standard.
- Cost Effectiveness - States may choose to cover services in the most cost-effective mode as long as the less expensive service is equally effective, actually available, does not delay services, and does not violate other federal laws, such as the ADA.

Utilization Controls

- States may impose utilization controls to safeguard against unnecessary use of services, but there are limits on doing so as related to the EPSDT benefit. Utilization controls must not prevent or delay the provision of medically necessary services and must still allow for an individualized review.
- Prior Authorization Procedures
  - must be conducted on a case-by-case basis, evaluating each child's needs individually
  - may not delay delivery of needed services
  - may not be required for any EPSDT screening service.
- Hard or fixed limits may not be imposed on services for members under age 21. A request for services above a limit must not be denied outright. The medical necessity must be reviewed on a case-by-case basis.
- An MCO may place appropriate limits on a service but must submit their utilization control plans and service limitations to DMAS for approval to confirm compliance with limitations imposed by federal Medicaid law.

Notice of Decision

- After the Secondary Review has been completed, a written notice must be issued that explains the basis for the decision reached
- The notice must comply with federal and state regulatory requirements, as well as recent guidance issued by DMAS
  - Medicaid Memo: *Information Regarding Contract Requirements for Medicaid Managed Care Organizations* (March 3, 2021)
  - Medicaid Memo: *Information Regarding DMAS Client Appeals (State Fair Hearing)* (May 10, 2021)

Notice of Decision

- The notice must reflect that a Secondary Review was done using the EPSDT correct or ameliorate standard and explain how it was applied to the facts
- "Show your work"
- If a service is being denied or partially denied, the notice must explain the service is:
  - Not a covered service under 1905(a) of the Act, or
  - It is a covered service under 1905(a) but is not medically necessary and why it is not medically necessary for the individual
- This includes addressing any opinion submitted by a treating physician or other medical evidence submitted by the individual

Resources

- ✓ CMS Website: https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html
- ✓ EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents www.medicaid.gov/sites/default/files/2019-12/epsdt_coverage_guide.pdf
- ✓ DMAS Website: https://dmas.virginia.gov/for-providers/maternal-and-child-health/early-and-periodic-screening-diagnostic-and-treatment-epsdt/

QUESTIONS

? How does a child get approved for EPSDT?

- EPSDT is a federally mandated Medicaid benefit under Title XIX. It is not a program or a waiver, and individuals under 21 receiving Medicaid benefits under Title XIX are entitled to EPSDT benefits.
- Children do not have to enroll in or request EPSDT.

QUESTIONS

? Why doesn't the EPSDT benefit include FAMIS?

- Medicaid is governed under Title XIX of the SSA and FAMIS is governed by Title XXI of the SSA (Children's Health Insurance Program).
- EPSDT is a federally mandated Medicaid benefit, and does not extend to benefits available under other Titles.
- Virginia operates FAMIS as a standalone program from Medicaid. While FAMIS does cover certain screening, diagnostic, and preventive services, the EPSDT correct or ameliorate criteria does not apply to services requests from FAMIS recipients under 21.

QUESTIONS

? Please clarify when you refer to “any provider” who is performing a periodic or inter-periodic diagnostic screen.

- Per *CMS' EPSDT – A Guide for States*, any qualified provider operating within the scope of his or her practice (as defined by state law) can provide an EPSDT screening service for individuals under 21 who are enrolled in Medicaid.
- A screening conducted by a qualified provider who is not a Medicaid provider can still be the basis for EPSDT coverage for the follow up diagnostic services and treatment by a qualified Medicaid provider.

QUESTIONS

? May an MCO deny an out of network provider and offer an in network provider to provide the same services under the EPSDT benefit?

- Per contract, an enrollee shall be allowed to maintain his or her current providers (including out-of-network providers) for thirty (30) calendar days, or where services are authorized, for the duration of the service authorization or thirty (30) calendar days, whichever comes first. During the time period, the MCO agrees to maintain the enrollee's current providers at the Medicaid FFS rate and honor service authorizations issued prior to enrollment for the specified time period.
- Within the first 30 days of an enrollee's membership with a health plan, reasonable efforts shall be made to contact out-of-network providers who are providing services to enrollees during the initial transition of care period, and provide them with information on becoming credentialed, in-network providers. If the provider does not join the network, or the enrollee does not select a new in-network provider by the end of the 30-day period, the health plan shall choose one for the enrollee. The health plan shall offer single-case agreements to providers who are not willing to enroll in the plan's provider network.

QUESTIONS

- ? EPSDT seems to almost allow for everything to be approved under EPSDT criteria yet I don't think that was the intent of the legislation. How do you suggest this best be adjudicated? Where is the line regarding approval vs. denial when it comes to Fee for Service population?
- As noted in *CMS' EPSDT – A Guide for States*, EPSDT is broad by design as it is a comprehensive benefit for individuals under 21.
- All requests for services for individuals under 21 (regardless of whether the individual is enrolled in managed care or is fee-for-service) must be reviewed through the EPSDT lens, considering the correct or ameliorate criteria, and decisions must be individualized and be based on the individual's condition.

Questions

? Does the secondary review have to be done by a different reviewer or can the same reviewer review using the correct/ameliorate analysis?

- While there are two steps involved in reviewing a request for services from an individual under 21 (see Slide 12, "Medical Necessity Standard Under EPSDT"), the result is a single decision.
- The second step is an individualized review utilizing the correct or ameliorate criteria by a reviewer with experience in treating the individual's condition(s).
- Both steps can be accomplished by the same reviewer, provided the reviewer has the requisite experience to conduct the second step.

QUESTIONS

- ? How would correct or ameliorate apply to preventive services i.e. no current condition so how would it apply?
- Services to prevent the development of a condition or maintain the individual's current level of functioning must be evaluated on a case-by-case basis through an appropriate screening utilizing EPSDT criteria.
- Further, some preventive services are built into periodicity schedules. Some of these services may be required at a higher frequency than contemplated by periodicity schedules if such need has been a determination by a qualified provider. *CMS' EPSDT – A Guide for States* provides the following example:
- "For example, a child determined by a qualified provider to be at moderate or high risk for developing early childhood caries [tooth decay] could be covered to receive dental exams and preventive treatments more frequently than the twice-yearly periodicity schedule recommended by the AAPD."

Send questions or comments to
epsdt@dmas.virginia.gov