

Demystifying “EPSDT”

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The Medicaid program is the largest health insurance program in the U.S., covering millions of the poorest individuals and families in the nation. Medicaid is clearly a key source of health care financing, and is, in fact, the single largest payer for mental health services in the United States.¹

The Centers for Medicare and Medicaid Services [CMS] note that, while federal law does not contain explicit provisions concerning the exact types of mental health services that can be provided, all state Medicaid programs do provide some mental health services to enrollees.

“Medicaid reimbursement is available for mental and behavioral health services covered under various service categories: physician's services, inpatient and outpatient hospital services, licensed practitioner's services, clinics, rehabilitative services, inpatient psychiatric hospital services, and prescription drugs. Examples of services include counseling, therapy, medication management, psychiatry, licensed clinical social work services, peer supports, and substance abuse treatment.”

In recent years an extensive array of vehicles has been created that states can use to support effective community-based behavioral health services for children and youth in Medicaid including various waiver authorities, simplified state plan amendment processes, and special demonstration opportunities. Every state program is negotiated individually with CMS, and it can be challenging to keep up with the many positive innovations this yields, and sometimes frustrating to notice that some states' programs have flexibility for which others might yearn.

For Medicaid-enrolled children and youth, however, there is an equalizer – a 45 year old benefit with the hard-to-remember name of Early Periodic Screening, Diagnostic and Treatment – EPSDT. Notwithstanding the cliché, “If you've seen one Medicaid program, you've seen...one Medicaid program,” the EPSDT benefit is required in every state.

Succinctly stated, the Early and Periodic Screening, Diagnostic and Treatment benefit provides comprehensive and preventive health care services for all children under age 21 who are enrolled in Medicaid. It intends to ensure that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services they might require.² Let's examine that hard-to-remember benefit name in detail:

Early – EPSDT aims to assess and identify any health problems early.

Periodic – the benefit provides a systematic approach to check the child's overall health at periodic, age-appropriate intervals.

Screening – EPSDT provides physical, mental, developmental, dental, hearing, vision, and other screening tests to detect any potential health-related problems.

Diagnosis – based on screening findings, EPSDT insists of performing diagnostic tests to follow up whenever a health risk is identified.

¹ <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Mental-Health-Services-.html>

² <http://mchb.hrsa.gov/epsdt/index.html>

Treatment – The national Medicaid program is designed to control, correct or reduce any health problems found in children and youth in the screening and diagnostic process, by financing a very broad range of appropriate and necessary pediatric services.

Without ignoring the many other important realms of health care that children might need, Medicaid reimbursement is available for any mental and behavioral health services that are indicated. Children and youth may receive services in their homes, other residences (e.g. foster care placements), in schools, or in medical institutions, as necessary. While individual states generally have the option to cover some of these services, the EPSDT benefit supersedes such state-by-state differences, and requires that children receive *all* medically necessary services, including mental health services.

In a 2013 Informational Bulletin³ former CMS director Cindy Mann reminded state Medicaid directors that “The EPSDT program assures that... mental health and substance use issues are diagnosed and treated early before they become more complex and their treatment more costly. Under the EPSDT benefit, eligible individuals must be provided periodic screening (well child exams). One required element of this screening is a comprehensive health and developmental history including assessment of physical and mental health development. Part of this assessment is an age appropriate mental health and substance use health screening.”

Director Mann emphasized that “Early detection of mental health and substance use issues is important in the overall health of a child, and may reduce or eliminate the effects of a condition if diagnosed and treated early.” If, during a routine periodic screening, a provider determines that there may be a need for further assessment, an individual should be furnished additional diagnostic and/or treatment service. Her Informational Bulletin clarifies that “In addition to the required periodic screens, EPSDT provisions ensure that children receive medically necessary physician screenings in order to detect a suspected illness or condition not present or discovered during the periodic exam. The screening may also trigger the need for a further assessment to diagnose or treat a mental health or substance use condition.”

CMS has subsequently issued an updated the updated *EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents* (June 2014), a must-have primary reference that can be downloaded directly from http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/EPSDT_Coverage_Guide.pdf

States are required to provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions, including mental health or substance use conditions, based on certain federal guidelines.

To be thorough, EPSDT is made up of the following screening, diagnostic, and treatment services:

Screening Services:

- Comprehensive health and developmental history
- Comprehensive unclothed physical exam
- Appropriate immunizations (according to the Advisory Committee on Immunization Practices)
- Laboratory tests (including lead toxicity screening)

³ <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-03-27-2013.pdf>

- Health education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention)
- Vision services
- Dental services
- Hearing services, and
- Other necessary health care services.

Diagnostic Services:

When a screening examination indicates the need for further evaluation of a child’s health, then diagnostic services must be provided. Necessary referrals are expected to be made without delay and there should be follow-up to ensure the enrollee receives a complete diagnostic evaluation. States are expected to enforce quality assurance procedures to assure that comprehensive care is provided.

Treatment: Necessary health care services must be made available for treatment of all physical and mental illnesses or conditions discovered by any EPSDT screening and diagnostic procedures.

If requested, states must also offer the enrolled youth or family assistance with scheduling appointments, or with transportation, to access the services to which the child is entitled (42 CFR 431.53). Furthermore -- for very young children, for example -- services may be provided directly to the parent or caregiver, on behalf of the enrolled child, in order to address the identified healthcare need of that child, without regard to the Medicaid eligibility status of that parent or caregiver.

The CMS Informational Bulletin cites an extensive list of clinical guidelines calling for early identification and screening for mental illness and substance use disorders. A table⁴ of developmentally and age-appropriate screening tools recommended for this purpose links directly to each of seven specific screening tools.

The EPSDT provisions in the national Medicaid program [42 CFR 441, Part B] require state Medicaid agencies to:

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available
- Inform them of the need for age-appropriate immunizations;
- Provide or arrange for the provision of screening services for all children;
- Arrange (directly or through referral) for corrective treatment as determined by child health screenings; and
- Report EPSDT performance information to CMS annually.⁵

There are limits to the EPSDT benefit, but fewer than are generally assumed. Services need to be deemed “medically necessary” by a qualified health practitioner – experimental, or purely cosmetic, procedures are not covered -- but the conception of medical necessity in EPSDT is intentionally expansive, consistent with the emphasis in Medicaid on promoting children’s healthy development and maximizing their health and function. Accordingly, service limits that state Medicaid programs may impose on adults, such as a limit on therapy sessions, or a maximum number of prescriptions per month, cannot be applied to children.

⁴ <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-03-27-2013.pdf>

⁵ <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>

In *Medicaid: A Primer* (2013), the Kaiser Family Foundation concluded that, “as a model of uniform, comprehensive benefits that apply to a population nationally, EPSDT is unique in both Medicaid and the broader insurance market.”⁶

State Medicaid programs have not always fulfilled the full intent of the proactive, comprehensive EPSDT benefit; and no fewer than 15 major class action lawsuits have resulted in settlement agreements or consent decrees requiring states to change their practices to fulfill the intent of this national program (see, for example, Appendix II in the 2001 Government Accounting Office report at <http://www.gao.gov/new.items/d01749.pdf>).

State Medicaid programs must also provide enrolled children with referral assistance for any treatment services their providers might not cover, that are found to be needed as a result of conditions identified or disclosed during the screening and diagnostic processes. Specifically, such referral assistance must include giving the family or recipient the names, addresses, and telephone numbers of providers who have expressed a willingness to furnish uncovered services at little or no expense to the family. The state must make available a variety of individual and group providers qualified and willing to provide EPSDT services; and must also make appropriate use of state health, vocational rehabilitation and maternal and child health programs, as well as other public health, mental health, and education programs and related programs, such as Head Start, Title XX (Social Services) programs, and the Special Supplemental Food Program for Women, Infants and Children (WIC), to ensure an effective child health program.

One of my favorite publication titles belongs to an excellent brief written in 2010 for the National Academy for State Health Policy by Kay Johnson. I recommend *Managing the “T” in EPSDT*⁷ as a useful reference to inform families, care managers and advocates, so that children enrolled in Medicaid can receive the full range of preventive, diagnostic, primary care, dental, vision, mental health, developmental, and other healthcare services they might require.

⁶ <http://www.kff.org/medicaid/upload/7334-05.pdf>

⁷ <http://www.nashp.org/sites/default/files/ManagingTheTinEPSDT.pdf>