

Chapter 12: Medi-Cal Services for Children

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program

Introduction

An integral component of the Medicaid Program, the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program provides enhanced services to children enrolled in Medicaid. States are required to cover EPSDT services for all children and adolescents under the age of 21.¹ EPSDT provides two key benefits to Medicaid-enrolled children: 1) comprehensive screening services and 2) access to critical medically necessary services, whether or not those services are covered in the Medicaid state plan and offered to adults.

EPSDT Screenings

EPSDT screenings are comprehensive and should include, at a minimum, four separate screenings: medical, dental, vision and hearing.² Additionally, a screening includes immunizations, laboratory tests (such as a lead blood test) and health education.³ The screenings must be furnished at pre-set intervals (periodic screening) as well as at times in which a medical problem is suspected or a physical exam is otherwise needed (interperiodic screening).⁴

Minimum frequency of health assessments

Under 1 month old	18 through 23 months old
1 through 2 months old	2 years old
3 through 4 months old	3 years old
5 through 6 months old	4 through 5 years old
7 through 9 months old	6 through 8 years old
10 through 12 months old	9 through 12 years old
13 through 17 months old	13 through 16 years old
18 through 23 months old	17 through 20 years old

¹ 42 U.S.C. §§ 1396a(a)(10)(A), 1396a(a)(43), 1396d(a)(4)(B), 1396d(r)(as added and amended by Omnibus Budget Reconciliation Act of 1989, Pub. L. No. 101-239, § 6403, *reprinted in* 1989 U.S.C.C.A.N., 103 Stat. 2262-2264 (effective April 1, 1990). *See also* Cal. Code Regs. tit. 22, §§ 51184, 51242, 51340, 51340.1, 51532.

² *See* 42 U.S.C. §§ 1396a(a)(43), 1396d(r); 42 C.F.R. § 442.56(b). Note, however, that the regulations pre-date the most recent statutory amendments and, to some extent, do not reflect the statutory changes.

³ *Id.* *See also* 42 U.S.C. §§ 1396a(a)(62), 1396s.

⁴ *See* 42 U.S.C. §§ 1396a(a)(43), 1396d(r)(1)(A)(stating that the interval and frequency requirements “meet reasonable standards of medical and dental practice as determined by the State after consultation with recognized medical and dental organizations involved in child health care and with respect to immunizations”); 42 C.F.R. §§ 441.56(b)(2), 441.58; note, however, that the regulations pre-date the most recent statutory amendments and, to some extent, do not reflect the statutory changes. *See* Cal. Code Regs. tit. 17, §§ 6847(c) and (d). *See also* CMS, STATE MEDICAID MANUAL §§ 5123.1, 5123.2, 5140.

In California, EPSDT screening services generally consist of 1) an initial, periodic or additional health assessment of a Medi-Cal eligible child, 2) a health assessment, examination or evaluation to determine the existence of physical or mental illnesses or conditions, and 3) any other encounter with a licensed health care professional that results in the determination of the existence of a suspected illness or condition.⁵ EPSDT screens are offered to Medi-Cal-enrolled children through the Child Health and Disability Prevention Program (CHDP).⁶ Health assessments must include the following:⁷

- Health and developmental history and physical examination

Health care providers must obtain a health and developmental history from the family. The assessment must then include information about the child's physical and mental development in relation to her age group and cultural background.⁸

- Unclothed physical examination including assessment of physical growth

Health care providers must conduct a comprehensive physical examination of the child that includes recording and comparing the child's height and weight with those considered normal for that age and checking the general physical appearance of the child to determine overall health status. The process can help detect physical defects and includes examination of all organ systems such as pulmonary, cardiac and gastrointestinal.⁹

- Assessment of nutritional status

This assessment is accomplished through a complete physical exam, accurate measurements of height and weight, questions posed to the child and the parent(s) or caretakers about dietary practices, laboratory testing for iron deficiency and serum cholesterol determination.¹⁰

- Inspection of ears, nose, mouth, throat, teeth and gums

This inspection is typically part of the unclothed physical exam. The physical exam also should include an oral screening. In addition a dental referral is required for every child in accordance with the state's periodicity schedule and at other intervals.¹¹ In California, Medi-Cal

⁵ Cal. Code Regs. tit. 22, § 51184. See 42 U.S.C. § 1396d(r)(1)(A).

⁶ See Cal. Code Regs. tit. 22, § 51184(a). See also Cal. Code Regs. tit. 17, §§ 6800, 6830. CHDP screenings are available to all children in families with income up to 200% FPL, including children in Medi-Cal, Healthy Families, and those who are enrolled in neither program.

⁷ Cal. Code Regs. tit. 17, § 6846. See Cal. Code Regs. tit. 17, § 6800.

⁸ See CMS, STATE MEDICAID MANUAL § 5123.2. Developmental assessment "includes a range of activities to determine whether an individual's developmental processes fall within a normal range of achievement according to age group and cultural background. Screening for developmental assessment is a part of every routine initial and periodic examination." While there is no universal list of dimensions of development, for younger children, providers should assess at least the following elements: gross motor development, fine motor development, communication skills or language development, self-help and self-care skills, social-emotional development, and cognitive skills. *Id.*

⁹ See *id.*

¹⁰ See *id.*

¹¹ See *id.*

beneficiaries are entitled to an annual referral to a dentist when they are three years of age or older.¹² The referral is for the purpose of diagnosis and treatment.¹³

- Vision screening

A vision assessment is often part of a health assessment when age-appropriate. Vision screening services are subject to their own periodicity schedules, but can be included a part of required minimum screening services where the periodicity schedule for those services coincide with that of the vision screening.¹⁴

- Hearing screening

A hearing assessment also is part of a health assessment when age appropriate.

- Tuberculin testing and laboratory tests appropriate to age and sex, including tests for anemia, diabetes and urinary tract infections
- Testing for genetic disorders such as sickle cell trait and lead poisoning where appropriate

Health Assessments should include appropriate laboratory tests, including those identified by the state as appropriate, such as hematocrit or hemoglobin screening, urinalysis, TB skin testing, STD and cholesterol screening and sickle cell testing.¹⁵ All Medicaid-eligible children are considered at risk for lead poisoning and must receive a lead blood test at 12 months and 24 months of age.¹⁶ Children between the ages of 36 months and 72 months of age must receive a blood lead test if they have not been previously screened.¹⁷

- Immunizations appropriate to age and health history necessary to make status current

Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) should be provided as part of the health assessment.¹⁸

- Health education and anticipatory guidance appropriate to age and health status.

Health education is a required component of screening services and should include anticipatory guidance. Health education and counseling should be offered to both parents or guardians “to assist in understanding what to expect in terms of the child’s development and to

¹² Cal. Code Regs. tit. 17, § 6843.

¹³ *Id.*

¹⁴ *See* CMS, STATE MEDICAID MANUAL § 5123.2.

¹⁵ *See id.*

¹⁶ *See id.*

¹⁷ *See id.*

¹⁸ *See id.* Appropriate immunizations include, but are not limited to, diphtheria, pertussis, tetanus, polio, measles, rubella, mumps, haemophilus influenzae type b conjugate (Hib), hepatitis B, and varicella zoster (chicken pox). The appropriate immunizations for various age groups may be found at: www.cdc.gov/vaccines/recs/schedules/default.htm.

provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention.”¹⁹

Medical Necessity and Scope of Services

The treatment component of EPSDT requires that states “provide or arrange for” to children enrolled in Medicaid necessary health care, diagnostic services, treatment and other measures to “correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services.”²⁰ This is a broader definition of “medically necessary care” for children and youth in Medi-Cal than for adults.²¹

Covered services under EPSDT include all mandatory and optional services that states can cover under Medicaid, regardless of whether those services covered for adults in the state plan.²² This includes a broad range of services such as dental services, prescription drugs, medical equipment, personal care services and physical therapy.²³ Thus, while a state may choose not to cover some of these services for adult Medicaid beneficiaries, the state nevertheless must cover these services for children and youth up to age 21. Services should be provided in a timely manner that meets reasonable standards of medical and dental practice and generally takes place within an outer limit of six months after the request for screening services.²⁴

ESPDT Obligations

In addition to the screening and treatment mandates, federal EPSDT laws also require that states conduct outreach and informing to notify children and families of EPSDT and offer scheduling and transportation assistance if needed.²⁵ State mandates require that Medi-Cal beneficiaries be offered assistance with transportation and scheduling of the assessment appointment.²⁶ They should, likewise, be offered assistance with referral and scheduling follow-up diagnostic and treatment services as well as assistance with transportation to those appointments.²⁷

In California, EPSDT = CHDP + Medi-Cal + EPSDT Supplemental Services

As described above, Medi-Cal beneficiaries receive EPSDT screenings through the CHDP Program.²⁸ Most diagnostic and treatment services are provided by Medi-Cal or through the

¹⁹ *See id.*

²⁰ *See* 42 U.S.C. § 1396d(r)(5); 42 C.F.R. § 441.50 et seq. Note, however, that the regulations pre-date the most recent statutory amendments and, to some extent, do not reflect the statutory changes. *See also* CMS, STATE MEDICAID MANUAL § 5124. *See* Cal. Code Regs. tit. 22 § 51184(c)(3).

²¹ Compare this to the adult definition at Cal. Welf. & Inst. Code § 14059.5.

²² *See* 42 U.S.C. § 1396d(r)(5).

²³ *See also* CMS, STATE MEDICAID MANUAL § 5122.

²⁴ *See* 42 C.F.R. §§ 441.56(e).

²⁵ *See* 42 U.S.C. § 1396a(a)(43)(A); 42 C.F.R. §§ 441.56, 441.62. Note, however, that the regulations pre-date the most recent statutory amendments and, to some extent, do not reflect the statutory changes. *See also* CMS, STATE MEDICAID MANUAL § 5010, 5121, 5150.

²⁶ Cal. Code Regs. tit. 17, §§ 6844(a)(1) and (b)(1).

²⁷ *See* 42 U.S.C. § 1396a(a)(43)(A); 42 C.F.R. §§ 441.62; Cal. Code Regs. tit. 17, §§ 6824(b)(1), 6850(a)(1) and (b)(1).

²⁸ *See* Cal. Code Regs. tit. 22, § 51340(a).

EPSDT Supplemental Services Program.²⁹ Services that are medically necessary, but are not within the benefits package offered to adult Medi-Cal beneficiaries, such as orthodontic care, are provided by the EPSDT Supplemental Services Program.³⁰ EPSDT Supplemental Services also offer services that meet the EPSDT medical necessity standard (to “correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services”).³¹ Additionally, they cover those services that are typically subject to visit limitations for adults in Medi-Cal.³² For example, the Medi-Cal Program limits of two occupational therapy visits a month apply to adults, but not to children. .

EPSDT Supplemental Services are covered subject to prior authorization³³ and the Department of Health Care Services (DHCS) reviews Treatment Authorization Requests (TAR) for children receiving Medi-Cal Fee-for-Service. DHCS reviews TARs for services resulting from EPSDT screens whether the screen was performed by a Medi-Cal or non-Medi-Cal provider.³⁴ TARs cannot be required for EPSDT screenings. Requests for prior authorization must explicitly state that the request is for EPSDT Supplemental Services and should include the following:

- Principle diagnosis and significant associated diagnoses
- Prognosis
- Date of onset of illness or condition
- Clinical significance or functional impairment caused by illness or condition
- Specific types of services to be furnished by discipline with the doctor’s prescription

²⁹ Cal. Code Regs. tit. 22 §§ 51184(c), 51340(b).

³⁰ See Cal. Code Regs. tit. 22, § 51340.1. See also All County Welfare Directors’ Letter 95-57, Early and Periodic, Screening, Diagnosis and Treatment (EPSDT).

³¹ See Cal. Code Regs. tit. 22 § 51340(e)(3)(A). But see Welf. & Inst. § 14059.5, stating, “A service is ‘medically necessary’ or a ‘medical necessity’ when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.” See also All County Welfare Directors’ Letter 95-57, Early and Periodic, Screening, Diagnosis and Treatment (EPSDT).

³² See Cal. Code Regs. tit. 22, § 51304 (limiting coverage to two visits a month on services defined in sections 51308, 51308.5, 51309, 51310, 51312.). See also All County Welfare Directors’ Letter 95-57, Early and Periodic, Screening, Diagnosis and Treatment (EPSDT). Note that for children, the only limitation is medical necessity.

³³ Cal. Code Regs. tit. 22, § 51340(c). To be covered, the services must satisfy the requirements set forth in sections 51003, 51303 or 51340.1 or meet the following criteria: 1) the services are necessary to correct or ameliorate defects and physical and mental illnesses and conditions; 2) supplies, items or equipment are medical in nature; 3) the services are not requested solely for the convenience of the beneficiary, her family, the physician or another provider; 4) the services are not unsafe and not experimental; 5) the services are not primarily cosmetic; 6) where there are alternative medically accepted modes of treatment, the services are most cost-effective; 7) the services provided are generally accepted by the professional medical and dental community as effective and proven treatments for the conditions for which they are proposed to be used and are within the authorized scope of practice of the provider; 8) the predicted beneficial outcome outweighs potential harmful effects; and 9) available scientific evidence demonstrates that the services improve overall health outcomes as much as, or more than, established alternatives. Cal. Code Regs. tit. 22, § 51340(e). Additionally, for EPSDT case management services to be covered, the service which access is to be gained through case management is medically necessary for the beneficiary, the EPSDT-eligible beneficiary has a medical or mental health condition or diagnosis and the case management service cannot reasonably be obtained through use of family, agency or institutional assistance that is typically used by the general public in assuring that children obtain necessary medical, social, educational, or other services. Cal. Code Regs. tit. 22, § 51340(f).

³⁴ See *id.*

- Therapeutic goals to be achieved by discipline and anticipated time for achieving goals
- Extent to which health care services have been previously provided to address the illness or condition and results demonstrated by prior care
- Other documentation that may assist the Department in making the decision.³⁵

Ensuring that Medi-Cal Enrolled Children Get EPSDT Services (Not Well-child Visits)

Most children enrolled in Medi-Cal obtain both screening and treatment services through managed care plans.³⁶ In limited circumstances, children in managed care plans may receive screening services outside their plan. Regardless of whether the services are obtained through the managed care plan or through an independent CHDP provider, the screenings must comply with the federal and state mandates and include all required elements, such as age-appropriate immunizations, laboratory tests and dental, vision and hearing screens.

EPSDT and CHDP assessments offer comprehensive screening and are often more thorough and detailed than those provided by private managed care plans for their patients. Because most of the patients Medi-Cal-contracted pediatricians serve are private managed care plan subscribers, these pediatricians are often unaware of EPSDT screening mandates and, therefore, fail to provide the required screenings. For example, because private managed care plans do not require lead screenings in their well-baby and well-child visits, pediatricians refer few children in private managed care plans to laboratories for lead blood tests and often forget to refer Medi-Cal managed care-enrolled children for these tests despite the federal and state mandate to do so.

Advocacy Tip ► Because most well-baby and well-child visits offer less comprehensive screenings than those required by EPSDT, advocates must make sure that their clients' children receive comprehensive EPSDT and CHDP screens, including lead blood tests, dental, hearing and vision exams, nutritional assessments and health education, which Medi-Cal-enrolled children need and to which they are entitled.

Other Programs for Children

Child Health and Disability Prevention Program (CHDP)

The Child Health and Disability Prevention Program (CHDP) provides access to a limited range of health care services for low-income children.³⁷ A child may be eligible for CHDP services if she is a Medi-Cal beneficiary under the age of 21, or if she is not a Medi-Cal beneficiary, in a

³⁵ See Cal. Code Regs. tit. 22, § 51340(d). Note that if the provider submitting the TAR is not a type of provider recognized under the adult program, then as part of submitting a TAR, the provider must also submit a request to be qualified as an EPSDT supplemental service provider. See Cal. Code Regs. tit. 22, § 51242.

³⁶ See Cal. Code Regs. tit. 17, § 6866(a)(3); Medi-Cal Managed Care Division Policy Letter 00-03 (July 5, 2000), Change of Children in Percent of Poverty Program Aid Categories to Mandatory Enrollment in Medi-Cal Managed Care.

³⁷ Cal. Health & Safety Code §§ 124025 *et seq.*

family of any income level and between birth and 90 days after entering first grade.³⁸ Additionally, children under the age of 19 with family incomes below 200% of the federal poverty level qualify.³⁹ Children enrolled in CHDP alone usually do not qualify for full-scope Medi-Cal benefits because they do not possess a necessary immigration status or because their family incomes are too high for Medi-Cal. A key component of CHDP is the health assessment.⁴⁰ Screening services offered by CHDP are the same ones provided to Medi-Cal beneficiaries under EPSDT (see the first part of this chapter.) Results of the health assessment should be furnished to the child's family by the CHDP provider.⁴¹

Components of CHDP Health Assessment:

- (1) Health and developmental history
 - (2) Unclothed physical examination, including assessment of physical growth
 - (3) Assessment of nutritional status
 - (4) Inspection of ears, nose, mouth, throat, teeth and gums
 - (5) Vision screening
 - (6) Hearing screening
 - (7) Tuberculin testing and laboratory tests appropriate to age and sex, including tests for anemia, diabetes and urinary tract infections
 - (8) Testing for sickle cell trait and lead poisoning where appropriate
 - (9) Immunizations appropriate to age and health history necessary to make status current
 - (10) Health education and anticipatory guidance appropriate to age and health status
- Cal.Code Regs. tit. 17, § 6846(b).

Following a health assessment, CHDP offers referrals for diagnosis and treatment when appropriate.⁴² This includes assistance with scheduling and completing appointments to ensure that the child receives needed diagnosis and treatment.⁴³ Appointments for diagnosis and treatment services shall be completed in a reasonable period of time, not to exceed 60 days from the date of the health assessment.⁴⁴ The health assessment provider is responsible for assisting the child and her family in completing the diagnosis and treatment.⁴⁵

³⁸ Cal. Health & Safety Code § 124090; Cal. Code Regs. tit. 17, §§ 6830(a), (b)(1).

³⁹ See Cal. Code Regs. tit. 17, § 6830(b)(2).

⁴⁰ See Cal. Code Regs. tit. 17, § 6800. A "health assessment" means the following:

- Comprehensive health and developmental history, and a physical examination
- Appropriate health screening procedures and immunizations
- Evaluation of results in terms of needed diagnosis and treatment
- Obtaining a copy of results and their meaning
- Health education appropriate to person's age and health status, including anti-tobacco use education.

Id.

⁴¹ See Cal. Code Regs. tit. 17, § 6846(e)(1).

⁴² See Cal. Code Regs. tit. 17, § 6850(a).

⁴³ See *id.*

⁴⁴ *Id.*

⁴⁵ *Id.*

Other Programs for Children with Special Health Care Needs

California Children's Services

California Children's Services (CCS) is a statewide health care program for children with certain physical limitations or chronic diseases.⁴⁶ The program, funded by federal, state and county resources, offers medically necessary diagnostic and treatment services, equipment, prescription drugs, medical case management, and others to meet the medical needs of the client's CCS-eligible condition.⁴⁷ In addition, the Medical Therapy Program provides physical and occupational therapy services for children with neuromuscular, musculoskeletal or muscular diseases.⁴⁸

In order to qualify for CCS, a child must be under the age of twenty-one and possess a CCS-qualifying condition.⁴⁹ CCS-eligible conditions include, but are not limited to, the following: cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing a pathological condition.⁵⁰ Additionally, to be eligible, a child must be a resident of California and have a family income under \$40,000 in adjusted gross income on the state tax form, out-of-pocket medical expenses for the child exceeding 20% of the family income or be enrolled in the Healthy Families Program.⁵¹ Undocumented children may also qualify for services under this program.

For other health services that children may be eligible to receive, see the "Other Related Programs" in Chapter 17.

⁴⁶ See Cal. Health & Safety Code § 123800 *et seq.* Information about the program is also available on the state's Web site at: www.dhcs.ca.gov/services/ccs/Pages/default.aspx.

⁴⁷ See Cal. Health & Safety Code § 123840; Cal. Code Regs. tit. 22, § 41518.

⁴⁸ See Cal. Code Regs. tit. 2 § 60300, Cal. Code Regs. tit. 22, §§ 41517.7, 41832. Occupational and physical therapy services offered by the Medical Therapy Program are provided at Medical Therapy Units in certain public schools. There is no financial eligibility requirement to qualify for these limited services.

⁴⁹ See Cal. Code Regs. tit. 22, § 41510.

⁵⁰ See Cal. Code Regs. tit. 22, § 41835-41872. Cal. Health & Safety Code §§ 100275, 123830, 123835. Medical eligibility for the program is determined by the CCS medical consultant or designee through the review of medical records that document the applicant's medical history, results of a physical examination by a physician, laboratory test results, radiologic findings, or other tests or exams that support the diagnosis of the eligible condition. See Cal. Code Regs. tit. 22, § 41800.

⁵¹ See Cal. Health & Safety Code §§ 123865, 123870. Note that all applicants to CCS who may be eligible for cash assistance or for Medi-Cal benefits are required to apply for Medi-Cal. See Cal. Health & Safety Code § 123995.