



EPSDT

Welcome

Objectives

1. To understand Health First Colorado EPSDT's benefits and policies when serving members aged birth up to their 21st birthday.
2. To utilize case studies to demonstrate ways EPSDT can be implemented to provide care to children 0-21.
3. To understand how to initiate EPSDT benefits.
4. Understanding HCBS waiver benefits versus EPSDT

Early and Periodic Screening, Diagnostic and Treatment

EPSDT is a federal mandate for preventive and comprehensive health for Medicaid-eligible individuals under the age of 21.

EPSDT provides infants, children, and adolescents with access to comprehensive, periodic evaluations of health, development, and nutritional status, as well as vision, hearing, mental health and dental services.

Goal of EPSDT

the right care, to the right child, at the right time,
in the right setting



E: Early

Assessing and identifying concerns early

Birth until their 21st birthday



P: Periodic

Checking children's health at periodic, age-appropriate intervals

On a regular schedule as defined by the American Academy of Pediatrics Bright Futures.

Periodicity Schedule

*Prenatal, Newborn, 3-5 days,
1 month, 2 month, 4 month, 6 month, 9 month,
12 month, 15 month, 18 month, 24 month, 30 month
Annually from 3-21 years*

S: Screening

Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems

- Comprehensive health and developmental history
- Comprehensive unclothed physical exam
- Appropriate immunizations (according to the Advisory Committee on Immunization Practices)
- Laboratory tests (including lead toxicity testing)
- Health Education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention)
- Includes lead screening

Includes physical health, behavioral health, vision, hearing, and dental screenings

D: Diagnostic

Performing diagnostic tests to follow up when a risk is identified

Concerns identified in screening that need further investigation or follow up



T: Treatment

Control, correct or ameliorate health problems found

Medically Necessary: “correct or ameliorate” defects and physical and mental illnesses or conditions

ameliorate: to improve or maintain the member’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems

Includes case management and outreach by RAEs

RAE Case Management

Information to all Medicaid-eligible individuals under age 21 (and pregnant adults) that EPSDT services are available and of the need for age appropriate screenings, well child visits, and immunizations

Provide or arrange for the provision of screening services for all children

Arrange (through referral) for corrective treatment as determined by child health screenings

Missed appointment follow-up

Refer for transportation assistance

EPSDT Service Criteria

1. Categorically coverable services within the scope of those listed in the federal Medicaid statute
2. Medically necessary
3. Medical or behavioral health in nature
4. Safe
5. Effective
6. Generally recognized as an accepted method of medical practice or treatment
7. Not be experimental/investigational
8. Most cost-effective option to achieve the required outcome
9. Provided by an enrolled or contracted Health First Colorado provider

Limitations of Medicaid Services for Children

	Permitted	Prohibited
Utilization Controls	<ul style="list-style-type: none">✓ Utilization controls, such as prior authorization for some services	<ul style="list-style-type: none">✗ Prior authorization for screenings✗ Using utilization controls that delay the provision of necessary treatment✗ Service caps (“Hard limits”)
Experimental Treatment	<ul style="list-style-type: none">✓ While EPSDT does not require coverage of experimental services, a state may do so if it determines that treatment would address a child’s condition✓ Relying on the latest scientific evidence to inform coverage decisions	
Cost Effective Alternatives	<ul style="list-style-type: none">✓ Considering cost when deciding to cover a medically necessary treatment or an alternative✓ Covering services in a cost effective way, permitted they are as good as or better than the alternative	<ul style="list-style-type: none">✗ Denying treatment due to cost alone

Medical Necessity is NOT

Experimental or
investigational

To enhance the
personal comfort
of the client

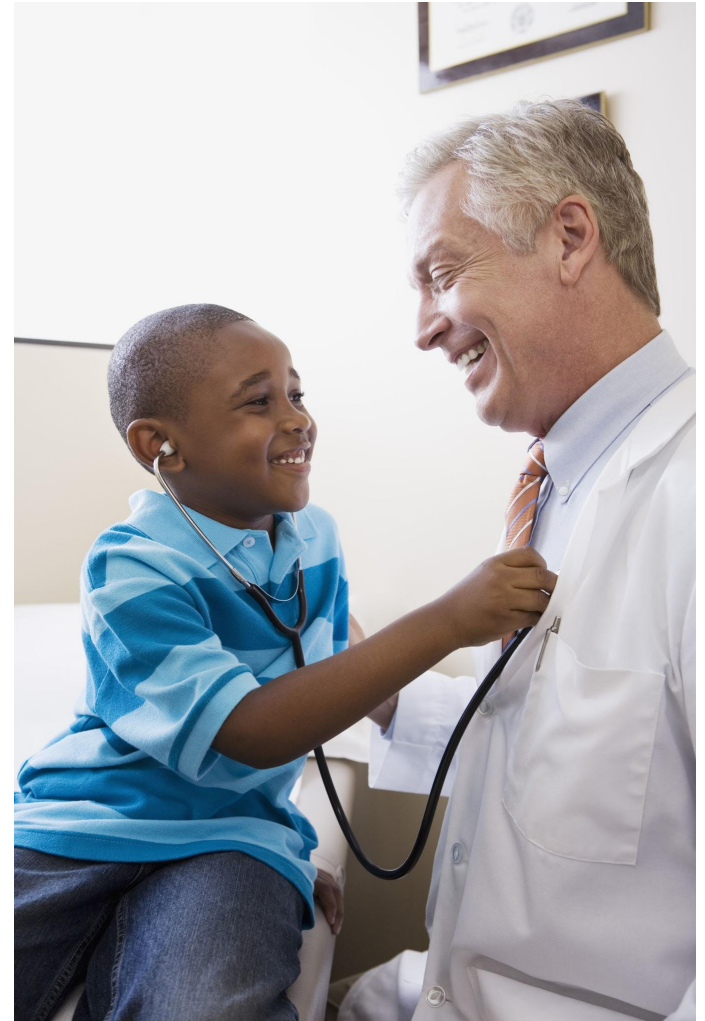
To provide
convenience for
the client or the
client's caretaker

To take the place of
clinical guidelines
or evidence-based
medicine

Letters of Medical Necessity

Patient and provider information

- Provider details: Include name, credentials, and contact information. Place the letter on official letterhead.
- Patient details: Include the patient's name, date of birth, Medicaid ID number, and diagnosis. including the specific ICD-10 code(s).
- Patient history: Provide a summary of the patient's relevant medical history, previous treatments, and the outcome of those treatments.



Letters of Medical Necessity

Justification for the recommended treatment

- Describe the current condition
- Detail the treatment plan including duration
- Provide clinical rationale
- Connect to EPSDT requirements: "correct or ameliorate"
- Explain the consequences of denial
- Explain how this is the most cost effective option to achieve the goal
- Cite supporting evidence



Letters of Medical Necessity



Supporting documents and finalization

- Include additional records: Include copies of relevant test results, imaging, clinical notes, and specialist evaluations to provide further evidence.
- Sign and date: Ensure the letter is signed and dated by the qualified healthcare provider.

Justifying Medical Necessity

Terms to use:

- medically necessary
- clinically based
- promoting independence
- preventing secondary disability
- cost-effective
- safety
- ameliorate

Terms to avoid:

- developmental delay/disability (without specific diagnosis)
- speech delay (without specific diagnosis)
- educational
- comfort
- caregiver convenience
- vague language

Reviewing a Letter of Medical Necessity

Ask if your Letter of Medical Necessity answers the following:

- Is there a licensed provider stating in writing, the item/service is medically necessary?
- Is this item/service not for caregiver convenience?
- Is this item/service costs effective and if so have you explained how?
- Is this item/service considered standard medical practice?
- Have you explained how long and how often the item/service will be used.
- Is this item/service right for the need of individual?

How to submit an EPSDT request



Requests for EPSDT services do NOT have to be labeled as such. Any request for services for a member under 21 years of age is a request for EPSDT services.

If no traditional prior authorization request process is available for the service, complete the [EPSDT Request Form](#) or email request to HCPF_EPSDT@state.co.us

EPSDT IS MEDICAID

- There is no separate eligibility
- There is no application
- There is no special bucket of money
- There is no separate release of information form

Case Study #1

A twelve-year-old has been aggressive with family members. The police have been involved multiple times with the child going to the hospital for psychiatric treatment holds. Child also meets the definition of Developmental Disability due to an adaptive behavior score below 70.

Case Study #1

Initiate a Creative Solution call related to the twelve-year-old's behavioral health and IDD diagnosis. Ensure everyone who is working with the child is invited, including: CMA, school district, special education team, juvenile justice, therapists, hospitals, etc.

Regional Accountable Entity(RAE) Facilitates these calls

Case by case basis - everything is on the table by request including out-of-state treatment if no in-state options are found

Case Study #2

A 4-year-old with multiple disabilities needs a third pair of glasses, in less than a year, due to extreme wear and tear.



Case Study #2

EPSDT has no hard limits for individuals 21 or younger.
This child will receive new glasses.

No Hard Limits-on anything including therapies, no
hard limits on anything that is medically necessary.

Case Study #3

The family's private insurance covers 10 therapy visits per year. The family just got on the Medicaid Buy-In for Children with Disabilities and wants to know what limits they have on Medicaid for PT, OT & Speech therapy.



Case Study #3

The family's private insurance pays for the therapy for first 10 visits. Medicaid as secondary insurance, covers therapies after the first 10 as well as any copays, deductibles, and cost sharing owed on the first 10 visits

Medicaid (due to EPSDT) does not have hard limits on therapies for children until age 21.

Just ASK

Providers who feel a service or item is medically necessary can and should ask for that service even if it is not listed as a covered services – this is possible because of the EPSDT program! Providers can even ask to have a service provided at a different location and to a greater extent!



Follow the direction related to the service about how to make a request

- ColoradoPAR website for how to make an EPSDT request for physical health services, DentaQuest for oral health care, etc.

Home and Community Based Waiver Services (HCBS)

Children's Waivers

[Children Extensive Support](#)

[Children Habilitation Residential Program](#)

[Children's HCBS](#)

[Children with Life Limiting Illness](#)

[Children with Complex Health Needs](#)

Adult Waivers

[Elderly Blind & Disabled](#)

[Supported Living Services](#)

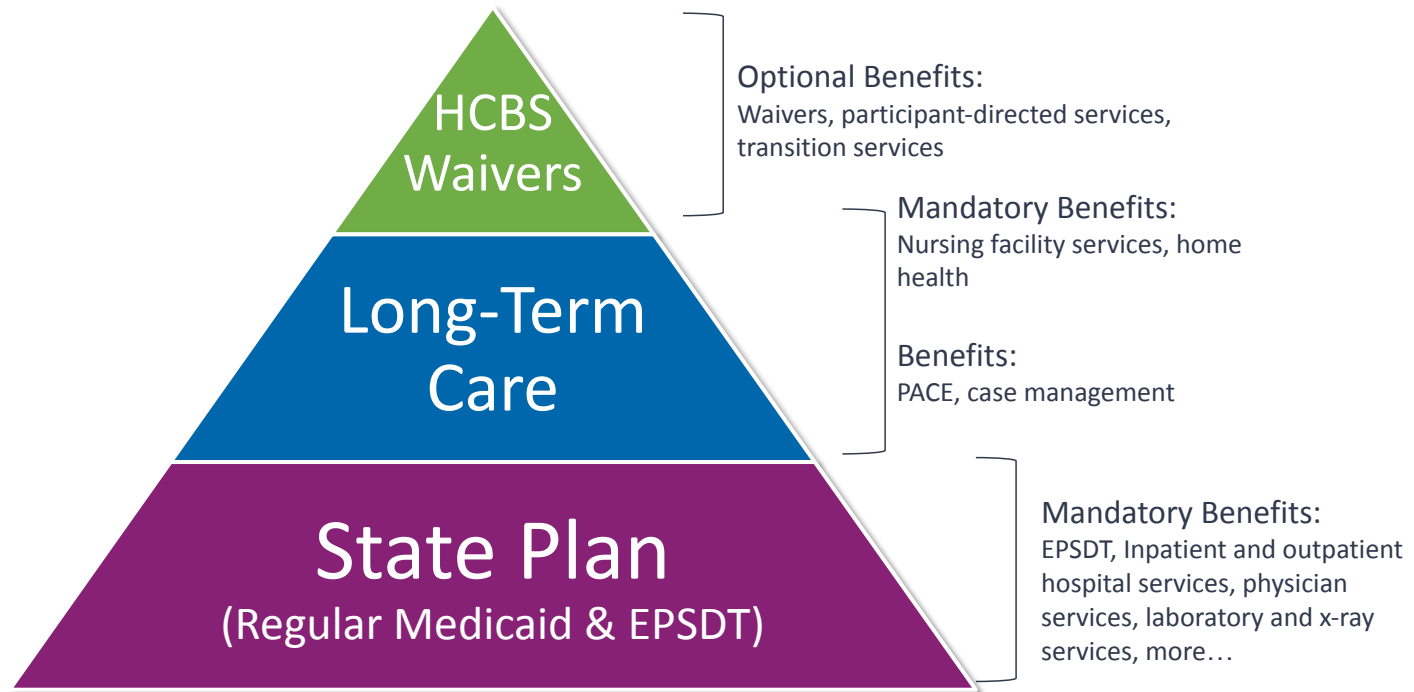
[Developmental Disability](#)

[Brain Injury](#)

[Community Mental Health](#)

[Complementary and Integrative Health](#)

Medicaid Benefits Pyramid



- **Waiver services are NOT under EPSDT**

Waiver Services and Items



HCBS Waiver services have already been approved under CMS as not being available in fee for service or EPSDT



Some new or “gray area” items may need an EPSDT denial prior to moving to the waiver for coverage

EPSDT

Early: Assessing and identifying concerns early

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, and

Treatment: Control, correct or ameliorate health problems found.

DON'T FORGET

**EPSDT covers ALL
Medical AND:**

- Dentistry
- Pharmacy
- Vision
- Behavioral Health



EPSDT Resources

Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements - September 2024

HCPF EPSDT Fact Sheet - January 2024

Colorado EPSDT Website

Colorado EPSDT Rules and Regulations (8.280 - pg 82)

Contacts

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