

**Early and Periodic
Screening, Diagnostic and Treatment
from
Eligibility to Age Out**

Presentation Objectives:

- Definition
- Eligibility
- Expanded Services
- The Age Out Process
- School

Early And Periodic Screening, Diagnostic, and Treatment

Early and Periodic Screening, Diagnostic and Treatment (**EPSDT**) is the child health component of Medicaid. Federal statutes and regulations state that children under age 21 who are enrolled in Medicaid are entitled to **EPSDT** benefits and that States must cover a broad array of preventive and treatment services.

EPSDT was introduced as a part of the Social Security Act Amendments of 1967. Subsequent legislative changes have shaped the benefit, strengthening standards for identification of children in need of screening, standards for screening, coverage of diagnosis and treatment, and coordination between Medicaid and outside agencies to provide services that Medicaid does not cover

Description of EPSDT

EPSDT is more than periodic well-child visits

- The EPSDT benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.
 - **Early:** Assessing and identifying problems 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
 - **Treatment:** Control, correct or reduce health problems found

EPSDT Eligibility

Who is eligible for EPSDT services?

Any child under the age of 21 who is enrolled in Medicaid.

Who determines if a person is eligible for Medicaid service?

Local County Assistance Offices determine eligibility for Medical Assistance. Individuals who are eligible for Medicaid will be asked to enroll in a managed care plan*.

Medical Assistance purchases services through contracts with managed-care organizations (MCOs) and under an indemnity, or traditional, fee-for-service system.

*There is currently 7 Physical Health - MCOs which include AmeriHealth, Keystone First, United Health Care, UPMC, Health Partners, Highmark Whole Care, and Geisinger Health Plan.

There is currently 5 Behavioral Health - MCOs

EPSDT Expanded Services

What services are available the Expanded Services?

Those services are Home Health Aide (HHA)

Home Health Aide – assist with personal care needs such as bathing, dressing, walking, toileting, or behavioral health needs

And Skilled Nursing (SN)...

Skilled Nursing - provides RN/LPN level of nursing care based on medical needs of the child.

Services not include as part of EPSDT Expanded Services include:

- Respite
- Experimental Treatments
- Home Modifications

EPSDT Expanded Services...continued

How does one receive EPSDT Expanded services?

A child's pediatrician will recommend what EPSDT expanded services will benefit a child. This is documented by the pediatrician in a Letter of Medical Necessity (LOMN) which will detail the services and for how many hours and days per week the pediatrician recommends. The LOMN is then delivered to your Managed Care Organization (MCO)*, who will review the doctor's recommendations and authorize services. Authorization is generally anywhere from 6-12 months which is noted on the LOMN.

*The MCO's special needs coordinator will work with the family to identify a qualified provider of authorized EPSDT expanded service(s). It is the role of the MCO's special needs coordinator to coordinate between the chosen qualified agency and the family to begin services.

EPSDT Expanded Services...continued

What occurs in 6-12 months once the authorization is about to expire?

The MCO case worker, prior to authorization expiring, will work with the agency providing services to obtain the necessary paperwork to renew the authorization. This process continues until the child reaches age 21. EPSDT Extended Services will end on the 21st birthday of the child/young person.

Why is there sometimes a lapse in service/authorization?

-Some authorizations lapse because there is no agency or a shortage of staff to provide the service(s). Generally, the MCO case worker will still follow the child under case management to try to continue to assist in identifying an agency and getting the child reauthorized.

-Some authorizations for service(s) are only for during a school year in that services may only occur before or after time at school or just for time off from school such as summer/winter breaks.

EPSDT and the Age Out Process

The Managed Care Organizations (MCOs) must monthly submit a report to the Office of Medical Assistance Programs (OMAP) of all their members that are between the ages of 18 and 21 who are receiving EPSDT expanded services.

There are three 'categories' to identify these members between the ages of 18 and 21.

'Initially/newly' Identified Members: These are children identified upon their 18th birthday.

'Emergent' Identified Members: These are children identified after their 18th birthday but before their 21st. This may be a result of being new to EPSDT expanded services, recently enrolled in Medicaid, or they may have recently moved to PA.

'180-day' Identified Members: these are children identified 6 months prior to their 21st birthday.

OMAP staff, Special Needs Unit Coordinators, will then begin to track those members that are initially/newly and emergent identified age outs and monitor any changes being reported such as the services they receive.

EPSDT and the Age Out Process...continued

An integral part of the EPSDT Age Out process is the role of the Resource Facilitation Team (RFT). The RFT is the determining body for which waivers best seem to meet the member's needs and the program offices responsible for coordination of that waiver. The RFT is co-chaired by representatives from the Office of Medical Assistance (OMAP), the Office of Development Programs (ODP), the Office of Long-Term Living (OLTL), and the Bureau of Fee for Service Programs (BFFSP).

Clinical information between all appropriate parties is communicated generally at two milestones:

3-year (age 18 – initially/newly identified): generally, includes the LOMN, demographics spreadsheet, plan of care, and any notes.

180-day (6 months prior to 21st birthday): generally, updated documents from the 3-year notification including nursing notes, etc.

When a child is actively registered with an AE, said information is emailed to the ODP Central office lead who will forward all documents to the child's Virtual Team (VT). The VT consist of the ODP Regional EPSDT lead, the AE EPSDT lead(s) and the SCO EPSDT lead(s).

EPSDT and the Age Out Process...continued

The RFT meets monthly to discuss members who are concern cases and those approaching “Age Out” to ensure they transition to an appropriate waiver upon their 21st birthday.

The process continues to be a coordinated effort involving the RFT members in addition to the MCO’s, the VT, Services Coordinators, providers and other community partners as appropriate until and sometimes beyond the members 21st birthday.

For those children/young adults approaching age 21 that ODP is the identified lead and are actively registered with the county AE , a transition to an ODP waiver will likely be the new funding source to ensure the child/young adult’s health and safety needs are met.

EPSDT and the Age Out Process...continued

Areas of Note:

- A child can be eligible to receive EPSDT services and not be eligible for ID/Autism services.
- Active planning and conversations are critical
 - graduation*, services needs, documents, etc.

- EPSDT services or hours may not always easily translate over to ODP funded services (EPSDT entitlement vs Waiver eligibility)

-Health Home Aide ---> Companion and/or IHCH

-Skilled Nursing ---> Shift Nursing

Shift nursing may only be funded for adult participants (21 years or older) through an ID/A waiver if documentation is secured by the SC that shows the service is medically necessary and either not covered by the participant's insurance or insurance limitations have been reached

What role does the student's school play in the receiving of services?

The Individuals with Disabilities Act (IDEA) requires the development and implementation of an individualized education program (IEP) that addresses the unique needs of each child with a disability. Medicaid covered services* included in the IEP may be provided in schools.

*physical and occupational therapies, personal care, and services for children with speech, hearing, and language disorders.

Who pays for those services while the student is attending school?

The PA Dept. of Education-local school districts are responsible to provide coverage/support to children, again as outlined in the IEP.

EPSDT and School...continued

What happens to services if the student stays in school until age 22?

-Student/family decides to remain in school until 22, their last day of school will be the day they turn 22. This could be in the middle of a school year.

-The school will continue to be responsible for delivery of services noted in the student's IEP. For example, if nursing services were in the student's IEP, then the school district would be responsible for payment and delivery of nursing per the IEP

-Any EPSDT Extended services (summer, weekends, evenings, etc.) will end on the child's 21st birthday. This would include any exceptions to EPSDT covering services during school hours.

-Students will remain eligible to be enrolled in the P/FDS waiver if they choose to stay in school until their 22nd birthday.

EPSDT Resources

*Medicaid website on EPSDT

[Early and Periodic Screening, Diagnostic, and Treatment | Medicaid](#)

*DHS County Assistance Office – Contact information

[CAO Contact \(pa.gov\)](#)

*DHS Bureau of Managed Care Operations - physical

[OMAP-Bureau of Managed Care Operations \(pa.gov\)](#)

*DHS Bureau of Managed Care Operations – behavioral

[BehavioralHealth-MCOs \(pa.gov\)](#)

*ODP Announcement 22-008

[ODP Announcement \(amazonaws.com\)](#)

*Commonwealth of PA, Department of Education, Individuals with Disabilities Education Act Part B

[Individuals with Disabilities Education Act Part B](#)

*DHS Special Needs Flyer

[Special needs flyers \(pa.gov\)](#)

*DHS Home and Community-Based Services

[Home and Community-Based Services \(pa.gov\)](#)

EPSDT ODP Regional Leads

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EPSDT Eligibility – quick reference

County Assistance Office
Determines
Medicaid/EPSDT eligibility

Eligible

Ineligible

EPSDT Services:

Dental
Vision
Therapies (OT/PT/Speech)
Behavioral
Medical

EPSDT Extended Services:

Home Health Aide
Skilled Nursing

Parent/Child's private insurance
would have criteria for what
service(s) may or may not be
covered.

EPSDT Aging Out Process – quick reference

Young Person (18-21) receiving extended EPSDT Services

Transition process begins

At age 18, initial notification is made by the MCO SNU CM to the Office of Medicaid Assistance Program's (OMAP) SNU coordinator to begin the transition process

notification

*Planning

The ODP Central Office Lead then makes notification to the EPSDT Virtual Team of MCO member (young person) turning 18 with direction to begin planning* for eventual transition from EPSDT services

*Tracking and Conversations between AE and SCO

*Monthly Resource Facilitation Team (RFT) Meetings to review cases

*Conversations between SC and Family

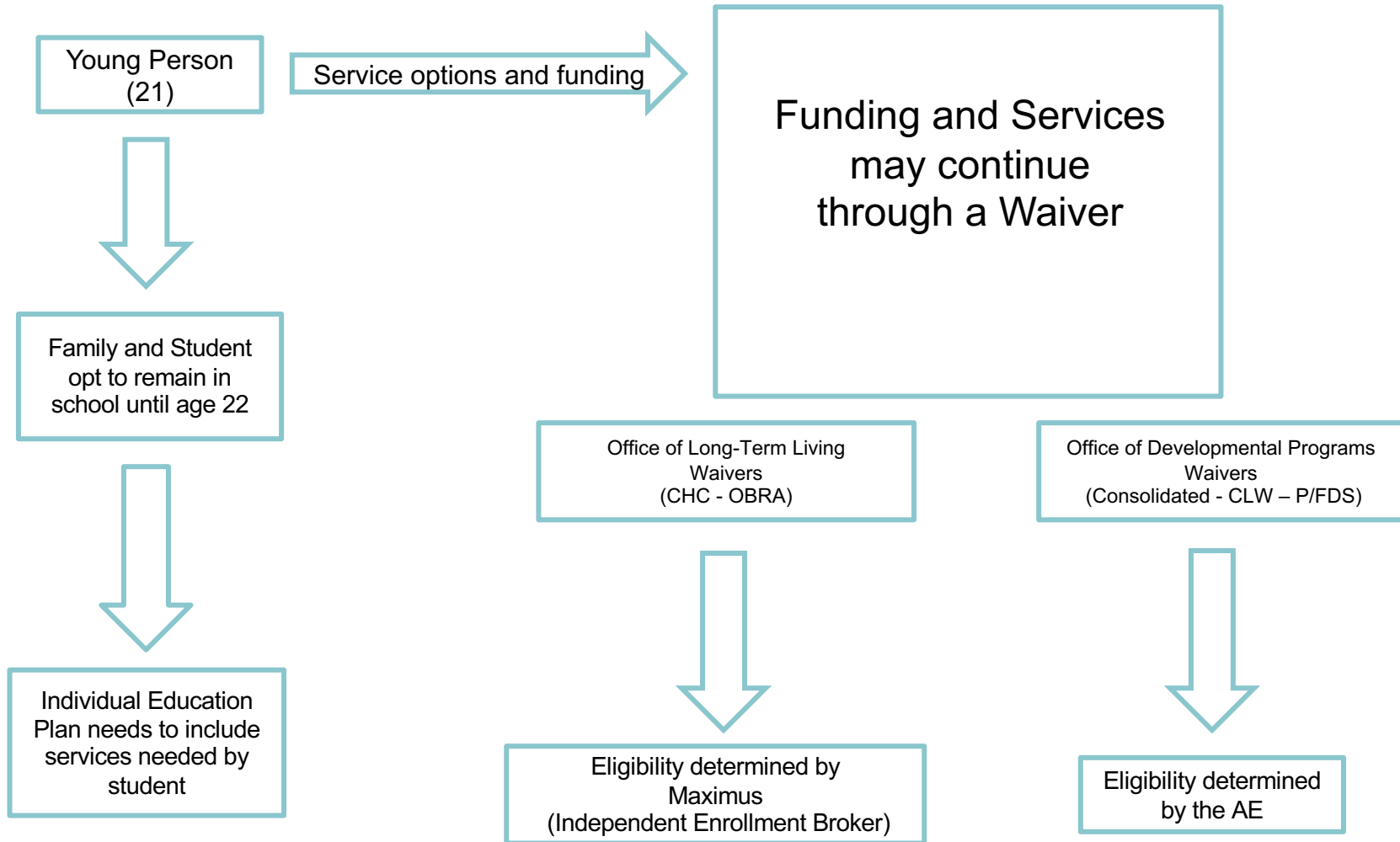
*Conversation/Planning between Family, SC, and School

*Collaboration/Conversation between EPSDT VT members

*Notification happens again 6 months prior to the MCO member (young person) turning 21



21 and Beyond – quick reference



EPSDT from Eligibility to Age Out

Questions?

Thank You