04

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

04

Person completing this chapter: _____

Role: _____

Date: _____

Additional Collaborative Partners for this chapter: _____

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CHAPTER CONTENTS

WHO THIS CHAPTER IS FOR:

- The primary audience for this chapter is state Title V Children and Youth with Special Health Care Needs (CYSHCN) program leaders and staff.
- If applicable, we encourage you to collaborate with colleagues in other departments within Title V or other state agencies who may play a larger role in EPSDT in your state.
- If you do direct service work with families, you may find Sections 3 & 4 particularly helpful.

WHY THIS CHAPTER MATTERS:

- Medicaid is a significant source of health care coverage for CYSHCN. As described further in Section 2 of this chapter, the EPSDT benefit is a source of robust coverage for all children enrolled in the Medicaid program, ensuring payment for all medically necessary services, even if the services are not covered under the state Medicaid plan. It is especially important to CYSHCN, who by definition use more health care services than children in general.
- State Title V programs are statutorily required to collaborate with Medicaid on EPSDT (see Section 5 for more details on this collaboration).[63] Title V expertise can help ensure equitable implementation of the EPSDT program and ensure CYSHCN are able to utilize this benefit to access needed services.

According to the National Survey of Children's Health 2019–2020 Combined Data Set, among CYSHCN:

- 36.4% have public insurance only (public insurance includes Medicaid and CHIP)
- 51% have private insurance only
- 8.6% have public and private insurance
- 3.9% were uninsured at the time of the survey

WHAT YOU WILL LEARN:

- An overview of the EPSDT benefit, medical necessity, and administrative responsibilities of the EPSDT program
- The process of medical necessity determinations within fee-for-service Medicaid and Medicaid Managed Care
- Opportunities to examine data related to EPSDT
- Opportunities to collaborate with Medicaid on efforts related to the EPSDT benefit

Throughout this tool, we invite you to reflect on and assess Title V's role in supporting implementation of EPSDT, and offer tools to identify potential roles. As with each chapter in this tool, it is not necessary to complete every single question for the tool be useful to you.

If you would like support, the Catalyst Center is here to help. Reach out to us at cyshcn@bu.edu.

63 United States Health Resources and Services Administration. (n.d.-a). *Early Periodic Screening, Diagnosis, and Treatment*. Retrieved August 2, 2022, from https://mchb.hrsa.gov/programs-impact/programs/early-periodic-screening-diagnosis-treatment.

1. INTRODUCTION

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit is required for all children and youth enrolled in Medicaid under age 21. This benefit requires Medicaid to cover any service that is deemed "medically necessary" for an enrollee regardless of whether or not it is a service covered by the state plan. The comprehensive and individualized nature of EPSDT is particularly important for children and youth with special health care needs (CYSHCN), who, by definition, require more health care services than children typically do.

FOR YOUR INFORMATION:

Medicaid.gov is a great general resource where you can view your state's State Plan Amendments (SPAs) and waivers.

2. THE DETAILS OF THE EPSDT BENEFIT

This federally mandated benefit ensures that all children younger than 21 years old who are enrolled in Medicaid receive preventive screenings and comprehensive health services in the amount, scope, and duration they need to develop and thrive. The EPSDT benefit requires that Medicaid provide physical, mental, developmental, dental, hearing, vision, and other tests to screen for and identify potential health problems, perform follow-up diagnostic tests to rule out or confirm a health risk or diagnosis, and cover treatment to control, correct, or reduce the identified health problems. The elements of EPSDT are:

E	Early: Assess and identify problems as early as possible
P	Periodic: Check children's health status at regular, periodic, age-appropriate intervals • Each state must develop periodicity schedules, or timeframes in which screenings take place, especially during children's early years, to facilitate timely diagnosis[64] ○ Bright Futures, an initiative led by the American Academy of Pediatrics, have developed recommendations for preventive screenings. The Bright Futures periodicity schedule is available here. • Children are also entitled to medically necessary screenings that fall outside of the state's periodicity schedule (also known as interperiodic screening; e.g. vision testing based on school nurse referral that falls outside the periodicity schedule)[65,66]
S	Screening: Provide physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems. Screening services include:[67] • Unclothed physical examination • Comprehensive health and developmental history (including assessment of both physical and mental health development) • Immunizations recommended by the CDC Advisory Committee on Immunization Practices (ACIP) • Health education and anticipatory guidance
D	Diagnostic: Perform diagnostic tests to follow up (rule out or confirm) when screening identifies a risk or potential problem
T	Treatment: Control, correct, or reduce health problems found

[64] Centers for Medicare & Medicaid Services. (n.d.-c). *Early and Periodic Screening, Diagnostic, and Treatment*. Retrieved August 2, 2022, from https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html.

[65] Centers for Medicare & Medicaid Services. (n.d.-h). *What You Need to Know About EPSDT*. Retrieved August 2, 2022, from https://www.medicaid.gov/sites/default/files/2019-12/what-you-need-to-know-about-epsdt.pdf.

[66] Example adapted from Medicaid and CHIP Payment and Access Commission. (n.d.-a). *EPSDT in Medicaid*. Retrieved August 2, 2022, from https://www.macpac.gov/subtopic/epsdt-in-medicaid/

[67] Screening content adapted from: Comeau, M., Chaudry, A., & McCoy, C. (n.d.) *EPSDT 101 – An overview for Louisiana Title* V [Slide Deck]. The Catalyst Center, Boston University.

Medicaid-enrolled children are eligible for the EPSDT benefit regardless of how they qualify for Medicaid (i.e., whether they are eligible through income criteria, disability, or through a waiver program). There is no EPSDT entitlement for children enrolled in separate CHIP programs (unless specified within the CHIP plan language) or State Health Insurance Marketplace plans.[68]

According to the National Survey of Children's Health 2019–2020 Combined Data Set, 8.6% of families report that their child or youth with special health care needs has a combination of private and public health insurance. When a child is enrolled in both private coverage and Medicaid, the private insurance is their primary coverage. Federal regulations require that third parties (payors other than the individual receiving services or Medicaid) are responsible for payment for services provided to a Medicaid beneficiary before the state Medicaid agency pays.[69] Under this "Third Party Liability" policy, states must seek payment from another payor, often a private insurance plan.[70] For preventive pediatric services, however, states must "pay and chase", meaning that they pay for services and then seek reimbursement from a third party.[71] Services can be covered under EPSDT after third party options have been exhausted.

Medical Necessity

The Medicaid state plan describes what services are covered for all Medicaid enrollees. Within the state plan, mandated benefits are those required by federal law in a state Medicaid plan—EPSDT is an example of such a benefit. Optional benefits are services that state Medicaid programs can choose to cover, but are not required by federal law. The EPSDT benefit for children is especially robust because it stipulates that any "medically necessary" service must be covered whether it is included in the state plan or not.[72]

Federal law establishes a broad standard for medical necessity. The operational definition varies by state, but in general, medically necessary services are those that:[73]

- Improve health or lessen the impact of a condition
- Prevent a condition
- Cure or restore health

STATE SPOTLIGHT:

In Vermont, the Title V CYSHCN program developed a system for tracking coverage denials based on family report. They noticed that particular services were repeatedly denied. They reached out to their state's Medicaid staff focused on EPSDT and informed them of this trend. The Medicaid agency affirmed that the services should have been covered under EPSDT and implemented agency change to prevent future denials.

(Source: Interview with Vermont Title V CYSHCN Staff, May 2020)

[68] Medicaid and CHIP Payment and Access Commission. (n.d.-a). *EPSDT in Medicaid*. Retrieved August 2, 2022, from https://www.macpac.gov/subtopic/epsdt-in-medicaid/.

69 Centers for Medicare & Medicaid Services. (n.d.-a). *Coordination of Benefits & Third Party Liability*. Retrieved August 2, 2022, from https://www.medicaid.gov/medicaid/eligibility/coordination-of-benefits-third-party-liability/index.html.

[70] Medicaid and CHIP Payment and Access Commission. (n.d.-b). *Third Party Liability*. Retrieved August 2, 2022, from https://www.macpac.gov/subtopic/third-party-liability/.

[71] Centers for Medicare & Medicaid Services. (2020). *Coordination of Benefits and Third Party Liability (COB/TPL) In Medicaid*. https://www.medicaid.gov/medicaid/eligibility/downloads/cob-tpl-handbook.pdf.

[72] Adapted from: Rosenthal, J., Henderson, M., Dolatshahi, J., Hess, C., Tobias, C., Bachman, S., Comeau, M., Dworetzky, B., & Wilson, K. (2017). *Public Insurance Programs and Children with Special Health Care Needs: A Tutorial on the Basics of Medicaid and the Children's Health Insurance Program (CHIP)*. http://ciswh.org/resources/Medicaid-CHIP-tutorial

[73] National Academy for State Health Policy. (2021, April 23). *State Definitions of Medical Necessity under the Medicaid EPSDT Benefit* . http://www.nashp.org/medical-necessity/.

States have the ability to establish their own criteria for deciding if a service is medically necessary, as long as the definition is not more restrictive than what is written in federal law. States may define medical necessity in their Medicaid manuals, administrative code, or using other mechanisms. In situations where medical necessity determinations are required, they must be assessed on a case-by-case basis.

Use the resource (updated April 2021) below to complete the following table. *https://www.nashp.org/medical-necessity/#:~:text=Medicaid%20provider%20manuals%20in%20the,or%20treat%20a%20medical%20condition.%E2%80%9D*	
Your state definition of medical necessity:	
Where medical necessity is defined in your state (e.g., Medicaid manual, administrative code, code of regulations, etc.):	
Date the definition of medical necessity was last updated in your state:	
Is there a separate definition of medical necessity for children and youth under age 21 in your state?	*If yes, list the definition here.*

Reflection Question:	
How does your state's definition of medical necessity align with how you think of medical necessity? What surprised you about the definition?	

Administrative, Education, and Reporting Requirements

In addition to covering medically necessary health services under the EPSDT benefit, state Medicaid agencies must provide education and enabling services to families of children enrolled in Medicaid. According to federal statute, state Medicaid agencies must:

- Provide information about the EPSDT benefit to families of eligible children within 60 days of an eligibility determination.[74]
- Help families access care by providing services such as transportation, assistance with scheduling appointments, and connections to other supports, particularly services offered by state Women, Infants, and Children (WIC) programs, and Title V.[75]

[74] Medicaid and CHIP Payment and Access Commission. (n.d.-a). *EPSDT in Medicaid*. Retrieved August 2, 2022, from https://www.macpac.gov/subtopic/epsdt-in-medicaid/.

[75] Ibid.

In addition to the above administrative requirements, states must meet specific Medicaid reporting requirements. States report annually on EPSDT data using CMS Form 416. This form captures the "number of children provided child health screening services, [the] number of children referred for corrective treatment, [the] number of children receiving dental services, [and the] state's results in attaining goals set under section 1905(r) of the Social Security Act."[76] In Form 416, states are required to demonstrate that at least 80% of children and youth enrolled in Medicaid participate in well-care services.[77]

Using the downloadable Form 416 data available on Medicaid.gov (direct link below); enter your state's data in the table below.

Public Health Essential Services-Assessment #1	Data available here: https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html Scroll down to "Annual EPSDT Reporting Using the Form CMS-416" and select the most recent data download under "Annual Reporting Data Files." Open the document with "StateRpt" in the name, and scroll to the data set for your state.	
	Total Screening Ratio: *The Total Screening Ratio "indicates the extent to which EPSDT eligibles received the number of initial and periodic screening services required by the state's periodicity schedule, prorated by the proportion of the year for which they were EPSDT eligible."*[78]	
	Total Participant Ratio: *The Total Participant Ratio "indicates the extent to which eligibles are receiving any initial and periodic screening services during the year."*[79]	
	Total eligible receiving any preventive dental or oral health service:	
	Total eligible enrolled in managed care:	

[76] Centers for Medicare & Medicaid Services. (n.d.-c). *Early and Periodic Screening, Diagnostic, and Treatment*. Retrieved August 2, 2022, from https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html

[77] United States Government Accountability Office. (2019). *Additional CMS Data and Oversight Needed to Help Ensure Children Receive Recommended Screenings*. https://www.gao.gov/assets/gao-19-481.pdf

[78] Centers for Medicare & Medicaid Services. (2019). *Instructions for Completing Form CMS-416: Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation Report*. https://www.medicaid.gov/medicaid/benefits/downloads/cms-416-instructions.pdf

[79] Ibid.

Reflection questions:	
What do you notice about the information in the table above?	
What role does your state Title V agency have related to activities described in the data above (e.g., developmental screening, relationships with managed care entities)?	
What else would you need to know to be able to understand what this data is suggesting? How would you go about getting more information?	
What opportunities can you think of to intervene/address gaps you may see through the data?	
What specific opportunities do you see to support families based on what you have learned?	

Federal statute requires that Title V and Medicaid share data collection responsibilities.[80] Data related to EPSDT can form the basis for collaboration between the two entities to ensure access to quality care for CYSHCN.

FOCUS ON EQUITY:

What does EPSDT data look like in your state? Is it broken down by race/ethnicity? When examining EPSDT data, note any disparities in race and ethnicity, primary language, geography, or other indicators.

[80] United States Health Resources and Services Administration. (n.d.-a). *Early Periodic Screening, Diagnosis, and Treatment*. Retrieved August 2, 2022, from https://mchb.hrsa.gov/programs-impact/programs/early-periodic-screening-diagnosis-treatment.

Public Health Essential Services—Assessment #1, Policy Development #4 and 7	Does your state Title V program have access to data about prior authorization decisions (this may include publicly available data or data accessible through a data sharing agreement)? • Types of data may include: ○ Number of approvals ○ Number of denials ○ Type of services approved or denied ○ Patient demographics attached to decision data (relevant for equity) ○ Other	*If yes, indicate the data sets you have access to.*
	Does your state Title V agency have access to data about prior authorization denials and appeals (this may include publicly available data or data accessible through a data sharing agreement)? • Categories may include: ○ Number of approvals ○ Number of denials ○ Type of services approved or denied ○ Patient demographics attached to decision data (relevant for equity) ○ Other	*If yes, indicate the data you have access to.*
	Are there any state-specific reports that speak to the health, performance, or functioning of the EPSDT system available in your state?	*If yes, link to the report and describe key indicators.*
	Does your state Title V agency have a mechanism for learning from families about services received under EPSDT?	*If yes, briefly describe the mechanism.*

Allowable Limitations

While flat limits or monetary caps on services are not permitted under EPSDT, states may impose "soft caps" to control utilization or maximize cost-effectiveness. These allowable limitations include the following:[81,82]

- In determining medical necessity definitions, states may adopt a definition of medical necessity that imposes tentative limits on services, dependent on case-specific determinations. For example, a state could impose a "soft limit" on the number of allowed annual visits for a specific treatment, but if those services were determined to be medically necessary in an individual child's case, the services would have to be covered.

[81] Medicaid and CHIP Payment and Access Commission. (n.d.-a). EPSDT in Medicaid. Retrieved August 2, 2022, from https://www.macpac.gov/subtopic/epsdt-in-medicaid/

[82] Centers for Medicare & Medicaid Services. (2014). *EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents*. https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/epsdt_coverage_guide_68.pdf

- States are not required to cover experimental treatments. However, according to guidance from the Department of Health and Human Services, "[such] services and items may, however, be covered at the state's discretion if it is determined that the treatment or item would be effective to address the child's condition."[83]

- A state cannot deny a medically necessary service based only on cost, but it can consider cost as part of the prior authorization process. States can cover services in the most cost-effective manner, as long as the services are equally effective and available.
- Services provided under EPSDT must fall into one of the categories of services listed in Section 1905(a) of the Social Security Act.[84,85] This means that home modifications and respite are excluded under EPSDT, but may be covered under certain home- and community-based waiver programs.
- A state may require prior authorization for certain treatment services, but not for EPSDT screening services. States may not use the prior authorization process to delay care. The following sections examine prior authorization in more detail.

TIPS FOR FINDING THE INFORMATION IN THIS SECTION:

- Suggested internet searches: [State name] Medicaid provider manual; [State name] Medicaid member handbook
- Visit your state's Medicaid agency website and use the site map to navigate to pages that may focus specifically on information for providers, EPSDT, prior authorization, benefits, or medical necessity
- If you get stuck, reach out to the Catalyst Center at cyshcn@bu.edu

3. MEDICAID FEE-FOR-SERVICE: THE MEDICAL NECESSITY DETERMINATION PROCESS AND EPSDT

Prior Authorization is the primary mechanism of applying medical necessity criteria in the EPSDT benefit. Many services do not require prior authorization. For those that do, typically, providers submit letters of medical necessity, and the state Medicaid agency or its designee reviews the request and makes a determination.

Understanding who is involved and how the prior authorization process works contributes to a better understanding of opportunities to conduct data surveillance, potential areas of collaboration with state Medicaid agencies and other partners, and how to support families in navigating this process.

[83] Centers for Medicare & Medicaid Services. (2014). *EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents*. https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/epsdt_coverage_guide_68.pdf

[84] Social Security Act, 42 U.S.C. § 1905 (1935. Retrieved from https://www.ssa.gov/OP_Home/ssact/title19/1905.htm

[85] Centers for Medicare & Medicaid Services. (2014). *EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents*. https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/epsdt_coverage_guide_68.pdf

Medicaid fee-for-service describes a payment model where Medicaid reimburses providers for specific services in the amount and duration delivered to Medicaid enrollees. As described below, many states use a managed care model to pay for at least some of the services provided to enrollees. In such models, providers may receive a flat monthly rate to deliver services to patients.

Points of contact

Public Health Essential Services—Policy Development #4, Assurance #10

Who is/are the staff in the state Medicaid program that focus on EPSDT (e.g., EPSDT Coordinator)? What is their contact information?

Staff Name	Job Title	Contact Information	Brief Role Description

For each of the individuals above, assess the relationship with Title V using the scale below:

Staff Name:

Relationship:

I just looked up their name today — I can contact this person any time and they will help me — I have a defined collaborative working relationship with this contact

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Relationship:

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Staff Name:

Relationship:

I just looked up their name today — I can contact this person any time and they will help me — I have a defined collaborative working relationship with this contact

Reflection question:	
What steps would you need to take to move your relationship with each person further along this continuum?	

BLOCK GRANT TIP:

Consider including information from the section above in the "Overview of the State" and/or "State Action Plan Narrative Overview" section of the Block Grant Application.

Prior authorization process for Medicaid Fee-For-Service under EPSDT

To help understand the process of prior authorization in your state, please answer the questions in the table below using the provider manual you found at the beginning of this section, the member handbook for your state's Medicaid program, or the "2021 Prior Authorization State Law Chart" from the American Medical Association.

Public Health Essential Services—Assurance #7	Locate the provider manual for the state Medicaid program.	*Link to document:*
	Locate the member handbook for the state Medicaid program.	*Link to document:*
	Initiating a Prior Authorization Request	
	What is the role of the health care provider in the prior authorization process?	
	Does the provider or member handbook describe specific services that require prior authorization?	
	What are the criteria for authorization?	
	Does the Medicaid Fee-For-Service program use a third-party vendor for prior authorization? a. If yes, document the name and contact information for the vendor (if available):	
	Decisions about Prior Authorization in the Medicaid Fee-For-Service program	
	What is the timeframe for decisions about prior authorization?	
	Who can the provider or family contact to ask about the status of a decision? *Tip: In some states, the state Medicaid agency operates a provider portal where they can check on the status of prior authorization requests. Check your state Medicaid agency's website for information about their provider portal, if applicable.*	
	How does Medicaid communicate decisions about prior authorization?	
	Appealing Decisions in the Medicaid Fee-For-Service program If a state Medicaid agency or Medicaid Managed Care (MMC) entity denies a prior authorization request, they must provide notice to a child (or child's family) informing them of this decision, explaining the rationale for the decision, and describing options for appealing the decision.[86]	
	What is the timeline for submitting an appeal?	
	What is the timeframe for decisions about appeals?	
	Who can the provider or family contact to ask about the status of an appeal?	
	How does Medicaid communicate decisions about appeals in your state?	

[86] Centers for Medicare & Medicaid Services. (2014). *EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents*. https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/epsdt_coverage_guide_68.pdf

4. MEDICAID MANAGED CARE (MMC): THE MEDICAL NECESSITY DETERMINATION PROCESS AND EPSDT

BLOCK GRANT TIP:

Use information from this section to inform the "Overview of the State" and "State MCH Capacity to Advance Effective Public Health Systems" sections of the Title V Block Grant/Annual Report.

Health care services for Medicaid enrollees are increasingly overseen by contracts between the state Medicaid program and organizations known as Medicaid managed care organizations (Medicaid MCOs). These organizations are paid under a contract to coordinate, manage, and deliver services to Medicaid enrollees. Children enrolled in Medicaid Managed Care are entitled to the EPSDT benefit. Medicaid Managed Care (MMC) contracts describe what services MCOs are responsible for covering. Medicaid MCOs may provide EPSDT services directly. In other states, the state Medicaid agency may be responsible for services covered under EPSDT that are not included in the MCO contract.

For more details about MMC, please visit Chapter 3 of this tool.

Managed Care Organizations in Your State

What are the Medicaid Managed Care organizations in your state that serve CYSHCN? This may include MCOs that are explicitly designed to serve CYSHCN or MCOs that serve all children or children and adults. Revisit the MCOs you identified in the MMC Chapter of this tool to complete the table below.

Medicaid Managed Care Organization Name	Notes (e.g. coverage group, etc.)

Medical Necessity definitions in Medicaid Managed Care

According to Medicaid regulations, definitions of medical necessity for children may not be more restrictive than the state's definition. State Medicaid agencies can include specific medical necessity language in managed care contracts to ensure that this criterion is met.[87] Locate the provider manual and member handbook for each of the MMC organizations listed above and copy and paste the URL into the corresponding box.

[87] Centers for Medicare & Medicaid Services. (2014). *EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents*. https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/epsdt_coverage_guide_68.pdf

Medicaid Managed Care Organization Name	Provider manual	Member Handbook

For the MMC organizations you listed above, how do they define medical necessity?

Medicaid Managed Care Program	Definition of Medical Necessity

Reflection Question:	
Are there differences between the definitions identified in Section 4, above, and those outlined for Medicaid Managed Care organizations? If so, describe them here:	

Medicaid Managed Care: The Medical Necessity Determination Process and EPSDT

Similar to Medicaid Fee-For-Service, prior authorization is the primary mechanism of applying medical necessity criteria in the EPSDT benefit for Medicaid Managed Care organizations.

Points of contact

Public Health Essential Services—Policy Development #4, Assurance #10

Who is/are the staff in the MMC organization(s) that focus on EPSDT (e.g., EPSDT Coordinator)? What is their contact information?

MCO Name	Staff Name	Job Title	Contact Information	Brief Role Description

For each of the individuals above, assess the relationship with Title V using the scale below:

Staff Name:

Relationship:

I just looked up their name today — I can contact this person any time and they will help me — I have a defined collaborative working relationship with this contact

Staff Name:

Relationship:

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Staff Name:

Relationship:

I just looked up their name today — I can contact this person any time and they will help me — I have a defined collaborative working relationship with this contact

Reflection question:	
What steps would you need to take to move your relationship with each person further along this continuum?	

Public Health Essential Services—Assurance #7	Using information that you have collected from the MMC provider manuals, MMC member handbooks, and your contacts at MMC organizations, answer the following questions.		
	What is the role of the health care provider in the prior authorization process?		
	Does the provider or member handbook describe specific services that require prior authorization?		
	What are the criteria for authorization?		
	Does the MMC program use a third party vendor for prior authorization? If so, document it below:		
	MCO Name	**Yes (include name and contact information)**	**No**
	Decisions about Prior Authorization in the MMC program		
	What is the timeframe for decisions about prior authorization?		
	Who can the provider or family contact to ask about the status of a decision?		
	How does Medicaid communicate decisions about prior authorization?		
	Appealing Decisions in the MMC program		
	What is the timeline for submitting an appeal?		
	Who reviews the appeal?		
	What is the timeframe for decisions about appeals?		
	Who can the provider or family contact to ask about the status of an appeal?		
	How does Medicaid communicate decisions about appeals in your state?		

5. TITLE V/MEDICAID PARTNERSHIP AND EPSDT

Statutory Requirements

Interagency coordination is a statutory requirement for both Title V and Medicaid programs. This collaboration can take different forms in different states, and is described in each state's interagency agreement. Title V expertise working with CYSHCN and their families and focus on direct, enabling, and public health services are assets for informing the content of effective interagency agreements. Statutory requirements for collaboration as described by the Maternal and Child Health Bureau include:[88]

- Assist with coordination of EPSDT to ensure programs are carried out without duplication of effort. (Section 505 [42 U.S.C. 705] (a)(5)(F)(i) and Section 509 [42 U.S.C. 709] (a)(2))
- Assist in coordination with other federal programs, including supplement food programs, related education programs, and other health and developmental disability programs. (Section 505 [42 U.S.C. 705] (a)(5)(F)(iii)
- Provide, directly or through contracts, outreach, and assistance with applications and enrollment of Medicaid-eligible children and pregnant women. (Section 505 [42 U.S.C. 705] (a)(5)(F)(iv)
- Share data collection responsibilities, particularly related to services provided for pregnant women and infants eligible for Medicaid or CHIP. (Section 505 [42 U.S.C. 705] (a)(3)(D))"

STATE SPOTLIGHT:

The Virginia Medicaid program has a Memorandum of Agreement (MOA) with their state health department, which manages the Title V program. These two state agencies have a long history of working together to address different aspects of care for CYSHCN. As an example, in an effort to increase the rate of developmental screenings, Medicaid has collaborated with the Title V program to promote Bright Futures (child health guidelines developed by the American Academy of Pediatrics) along with the EPSDT benefit. They are working to update their business-associated agreement with the state health department, which includes a variety of services in addition to the CYSHCN program.

(Excerpted from EPSDT section of the Catalyst Center website)

Opportunities for Partnership

As stated above, state Medicaid agencies are required to ensure that children receive the services that they are entitled to under EPSDT. Evidence suggests that children do not always receive these services.[89, 90] In particular, families face barriers to accessing treatment services including: low provider participation in Medicaid, lack of coordinated support to follow up on specialty referrals, gaps in Medicaid coverage, difficulty scheduling follow up appointments due to limited availability, and challenges posed by the location of specialty providers.[91]

[88] Content in this list adapted from: Rosenthal, J., Henderson, M., Dolatshahi, J., Hess, C., Tobias, C., Bachman, S., Comeau, M., Dworetzky, B., & Wilson, K. (2017). *Public Insurance Programs and Children with Special Health Care Needs: A Tutorial on the Basics of Medicaid and the Children's Health Insurance Program (CHIP)*. http://ciswh.org/resources/Medicaid-CHIP-tutorial; and United States Health Resources and Services Administration. (n.d.-a). *Early Periodic Screening, Diagnosis, and Treatment*. Retrieved August 2, 2022, from https://mchb.hrsa.gov/programs-impact/programs/early-periodic-screening-diagnosis-treatment

[89] United States Government Accountability Office. (2019). *Additional CMS Data and Oversight Needed to Help Ensure Children Receive Recommended Screenings*. https://www.gao.gov/assets/gao-19-481.pdf

[90] Johnson, K. (2010). *Managing the "T" in EPSDT services*. https://www.nashp.org/wp-content/uploads/sites/default/files/ManagingTheTinEPSDT.pdf

[91] Ibid.

Collaborations between Title V and Medicaid around EPSDT can lead to improvements in the system of care for CYSHCN by facilitating access to crucial screening and treatment services. Such opportunities for Title V and Medicaid partnership include:

- Aligning and streamlining data systems to monitor children's insurance status, other needed resources and referrals, and health outcomes.[92]
- Conducting quality assurance/improvement.[93]
- Providing outreach and enrollment activities to make families aware of Medicaid eligibility, screening children for eligibility, or referring them to Medicaid[94]
- Collaborating to identify CYSHCN.[95] Tailoring programs to CYSHCN can help ensure they receive appropriate care. However, doing so first requires identifying them.[96] Title V CYSHCN programs are familiar with the CAHMI screener and have experience implementing eligibility criteria for their own programs that they can bring to a collaborative effort to identify CYSHCN in Medicaid.[97]
    - *Tip: Title V and Medicaid typically use different terms to describe CYSHCN as a population. For more information about defining CYSHCN, please see the issue brief* The Role of State Medicaid and Title V Program Definitions of Children and Youth with Special Health Care Needs in the Provision of Services and Supports, *available here: https://ciswh.org/resources/the-role-of-state-medicaid-and-title-v-program-definitions-of-cyshcn-in-the-provision-of-services-and-supports/*
- Partnering to create new billing codes to streamline the prior approval process to facilitate access to services and prescriptions[98]
- Conducting parent education regarding the EPSDT benefit through Title V programs such as home visiting programs, newborn screening, and early intervention[99]
    - *Tip: Check out the Catalyst Center's website for additional resources to help inform education and outreach activities. https://ciswh.org/project/the-catalyst-center/*
- Educating and providing information to family leadership organizations such as Family Voices, providers, and other stakeholders to support understanding of medical necessity and the EPSDT benefit. Providers in particular may be unfamiliar with the process of effectively documenting medical necessity for Medicaid prior authorizations.[100] Increasing provider capacity can help ensure that prior authorizations are approved.
    - *Tip: The Catalyst Center and the National Coordinating Center for the Regional Genetics Network hosted a series of webinars about medical necessity in the summer of 2022. These webinars incorporate both the provider and family perspective. Access the webinars here: https://ciswh.org/resources/medical-necessity-webinar-series/*

[92] Rosenthal, J., Henderson, M., Dolatshahi, J., Hess, C., Tobias, C., Bachman, S., Comeau, M., Dworetzky, B., & Wilson, K. (2017). *Public Insurance Programs and Children with Special Health Care Needs: A Tutorial on the Basics of Medicaid and the Children's Health Insurance Program (CHIP)*. http://ciswh.org/resources/Medicaid-CHIP-tutorial

[93] Ibid.

[94] Ibid.

[95] Johnson, K. (2010). *Managing the "T" in EPSDT services*. https://www.nashp.org/wp-content/uploads/sites/default/files/ManagingTheTinEPSDT.pdf

[96] Ibid.

[97] Ibid.

[98] Rosenthal, J., Henderson, M., Dolatshahi, J., Hess, C., Tobias, C., Bachman, S., Comeau, M., Dworetzky, B., & Wilson, K. (2017). *Public Insurance Programs and Children with Special Health Care Needs: A Tutorial on the Basics of Medicaid and the Children's Health Insurance Program (CHIP)*. http://ciswh.org/resources/Medicaid-CHIP-tutorial

[99] Ibid

[100] Johnson, K. (2010). *Managing the "T" in EPSDT services*. https://www.nashp.org/wp-content/uploads/sites/default/files/ManagingTheTinEPSDT.pdf

- Writing medical necessity policy review into Interagency Agreements/Memoranda of Understanding
- Drawing on Title V's expertise developed through relationships with CYSHCN and families to elevate the experiences of Medicaid enrollees. For example, many state Title V programs have done work to promote and implement the medical home model, or have delivered care coordination services.[101] The medical home model positions a provider or practice in the role of monitoring care plans and following up to ensure that families access referral services.[102] Title V CYSCHN programs can share the skills and knowledge developed through this work to inform efforts to ensure Medicaid-enrolled children's access to treatment services.

Public Health Essential Services—Policy Development #6	Review your state Title V/Medicaid interagency agreement. What does it include explicitly about EPSDT? (Interagency agreements available here: https://mchb.tvisdata.hrsa.gov/Home/IAAMOU)	
	List any additional roles and responsibilities of Title V related to EPSDT in your state:	
Public Health Essential Services—Policy Development #3	What is the mechanism in your Title V program for educating families about EPSDT?	

[101] Ibid.

[102] Ibid.

Reflection questions:	
Drawing on what you have learned throughout this chapter, consider the following.	
What are some ideas for opportunities to deepen existing partnerships with Medicaid around EPSDT?	
What are some ideas for opportunities to expand to new areas of focus within your partnership with Medicaid?	
Based on what you have learned from completing this section, describe the Title V role in the system of services for CYSHCN related to EPSDT. Indicate where you fall on this scale: • I have a clearly defined role in relation to EPSDT. • I have a clearly defined role in relation to an aspect of EPSDT. • Some of my work involves collaboration with colleagues whose work focuses on EPSDT. • I do not do work that relates directly to EPSDT. • Not sure	
Describe the Title V role	
What is your team's role in relation to EPSDT?	
What would you like your team's role to be?	
What capacity does your team have to move toward that role?	

As described in the introduction, the 10 Essential Public Health Services are a key framework underpinning this workbook. Complete the table below to assess your state Title V program's level of activity related to the Medicaid EPSDT benefit and level of capacity to participate in work related to ESPDT.

The table below is adapted from State Title V Roles in Health Reforms Including the Affordable Care Act: A Title V State Access to Care Assessment Tool*, a product of the National MCH Workforce Development Center.*

1 – Not applicable 2 – No activity/capacity 3 – Low activity/capacity 4 – Moderate activity/capacity 5 – Strong activity/capacity

Essential Public Health Service	Current Activity and Capacity	Comments
Assess and monitor population health status, factors that influence health, and community needs and assets	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Investigate, diagnose, and address health problems and hazards affecting the population	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Strengthen, support, and mobilize communities and partnerships to improve health	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Create, champion, and implement policies, plans, and laws that impact health	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Utilize legal and regulatory actions designed to improve and protect the public's health	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Assure and effective system that enables equitable access to the individual services and care needed to be healthy	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Build and support a diverse and skilled public health workforce	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Build and maintain a strong organizational structure for public health	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	

6. RESOURCES

- EPSDT—A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents—https://www.medicaid.gov/sites/default/files/2019-12/epsdt_coverage_guide.pdf
- A Review of Title V and Title XIX Interagency Agreements—https://www.ncemch.org/IAA/resources/C_State_MCH_Medicaid_Chapter2.pdf
- Managing the "T" in EPSDT Services—https://www.nashp.org/wp-content/uploads/sites/default/files/ManagingTheTinEPSDT.pdf
- Keeping Medicaid's Promise: Strengthening Access to Services for Children and Youth with Special Health Care Needs (2017, Manatt) https://www.manatt.com/insights/white-papers/2019/keeping-medicaids-promise-strengthening-access-to
- Strengthening the Title V-Medicaid Partnership: Strategies to Support the Development of Robust Interagency Agreements between Title V and Medicaid: https://nashp.org/wp-content/uploads/2017/04/Strengthening-the-Title-V-Updated.pdf