

AN OVERVIEW OF EPSDT FOR PARENTS

Introduction

This publication was created by The Governor's Council on Developmental Disabilities and the Georgia Advocacy Office in response to several recent developments in Georgia Medicaid policy including the passage of SB 507 and a recent court decision affirming a Medicaid-eligible child's right to services. It is our hope that greater public awareness about EPSDT will increase the ability of families and caregivers to obtain needed services for Medicaid-eligible children across the state.

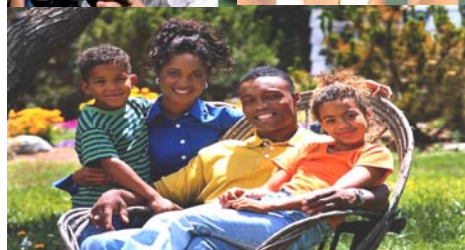
What is EPSDT?

The acronym EPSDT stands for Early and Periodic Screening Diagnosis and Treatment. This term comes from the federal Medicaid Act. The purpose of EPSDT is to ensure that *all Medicaid eligible children receive comprehensive and preventative health care to the maximum extent that Medicaid allows*. The intent of EPSDT is the early identification and treatment of conditions that may impede the growth and development of children.

How does EPSDT help?

The Early Periodic Screening Diagnosis and Treatment (EPSDT) provision in the Medicaid Act spells out what is expected of states. For adults, Medicaid allows for states to compose their own definition of medical necessity. For children however, EPSDT requires states to provide any "necessary health care, diagnostic services, treatment and other measures...to correct or ameliorate defects and physical and mental illnesses and conditions as covered by the Medicaid Act."² This means that services meeting these criteria, such as therapies, skilled nursing care, behavioral supports, vision or dental services must be provided even if they are something that a state does not cover for adults. A child should be provided with services based on their individual needs, as determined by their doctor or other health-care professional, not by predetermined limits or caps established in the state plan or Medicaid state policy.

Since EPSDT is a part of Medicaid law, the guidelines that apply to Medicaid also apply to EPSDT. Medicaid recipients have a right to receive prompt medical services "without delay caused by administrative procedures."² This means that if a child requires services under EPSDT they must receive those services promptly.



¹42 U.S.C. § 1396(r)(5)

²42 C.F.R. §435.930

What services can be provided under the EPSDT guidelines? The following list (EPSDT Scope of Benefits) is provided in the EPSDT section of the Medicaid act (*see* 42 U.S.C. § 1396d(a)). These are broad categories of service covered under the Medicaid Act and does not represent an exhaustive list.

- Inpatient hospital services (other than services in an institution for mental disease)
- Outpatient hospital services
- Rural health clinic services (including home visits for homebound individuals)
- Federally-qualified health center services
- Other laboratory and X-ray services (in an office or similar facility)
- EPSDT services
- Family planning services and supplies
- Physician services (in office, patient's home, hospital, nursing facility, or elsewhere)
- Medical and surgical services furnished by a dentist
- Home health care services, including nursing services, home health aides, medical supplies and equipment, physical therapy, occupation therapy, speech pathology, audiology services
- Private duty nursing services (in the home, hospital, and/or skilled nursing facility)
- Clinic services (including services outside of clinic for eligible homeless individuals)
- Dental services
- Physical therapy and related services (includes occupational therapy and services for individuals with speech, hearing, and language disorders)
- Prescribed drugs
- Dentures
- Prosthetic devices
- Eyeglasses
- Other diagnostic, screening, preventive, and rehabilitative services, including medical or remedial services recommended for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level (in facility, home, or other setting)
- Services in an intermediate care facility for the mentally retarded (ICF-MR) Inpatient psychiatric hospital services for individuals under age 21
- Services furnished by a midwife, which the nurse-midwife is legally authorized to perform under state law, without regard to whether or not the services are performed in the area of management of the care of mothers and babies throughout the maternity cycle
- Hospice care
- Case-management services
- TB-related services
- Respiratory care services
- Services furnished by a certified pediatric nurse practitioner or certified family nurse practitioner, which the practitioner is legally authorized to perform under state law
- Personal care services (in a home or other location) furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease
- Primary care case management services
- Any other medical care, and any other type of remedial care recognized under state law, specified by the secretary (includes transportation and personal care services)

How do I access services under EPSDT?

If you have concerns about your child's health or condition, you need to ask your physician for a comprehensive assessment. Federal law says this should be a comprehensive health and developmental exam to include dental, vision, motor, cognitive and behavioral functioning among other things. In Georgia, this assessment is called Healthcheck. If some aspect of your child's health needs to be addressed, such as therapy, or dental services, or corrective surgery, then your physician should prepare the appropriate orders (prescriptions) and the Division of Medical Assistance paperwork (DMA forms). For many services, prior authorization is required and your physician is required to complete this paperwork or submit a request over the internet. For services that do not require prior approval, you would take your child and the prescription to the service provider, they will provide the care your child needs, and bill Medicaid.

What should you do if your physician's claim is denied?

In the event that DCH or its contractors (such as GMCF) denies a request for services for a Medicaid-eligible child, or if services are reduced in frequency (fewer days per month), duration (less time in therapy), or intensity, you (the parent) must receive a notice in the mail telling you that the treatment or service has been denied or reduced. SB 507 requires that the denial letter include a description of:

- 1) the exact treatment/services being denied;
- 2) any additional information needed from the child's medical provider that could change DCH's or their contractors' decision;
- 3) the specific reason, including the facts relevant to the individual case, that DCH or their providers used to determine that the service is not medically necessary for that Medicaid-eligible child.

If you do not receive a written notice of the reasons for denial with the information we just described, the state has violated the Medicaid Act. There are various claims you could then make against the state. A "reasonable promptness claim" means that you were not informed within 90 days of the reason for denial. A "failure to provide proper notice claim" means you did not receive information of the denial in writing, which should include other information your child's physician could provide to DCH or its contractors for them to reconsider the claim. If you do not receive written notice as outlined above, we encourage you to call your legislator and inform them that DCH is not adhering to the requirements of the Georgia law as stated in SB 507 and inappropriately denying your child care prescribed by their physician.

If your claim is denied, you have a right to file an appeal. The denial letter should inform you of what information you need to submit. Generally speaking, the state has 90 days within which to make a final determination on the appeal. For children enrolled in a CMO, this time frame may be extended by any time the parent takes to appeal the CMO's decision to the state. DCH must send the request for a hearing to Office of State Administrative Hearings (OSAH) promptly so they can schedule a hearing for your appeal within that 90 day time frame.

You may send a request for an appeal to the Department of Community Health, Medicaid Office of Legal Services, 2 Peachtree Street, NW, 40th Floor, Atlanta, GA 30303. Be sure to get a certificate of mailing or send the appeal by certified mail, return receipt requested. You may fax it to 404-657-9711.

Appeals, continued.

While your case is under appeal, your child will still be covered by Medicaid. If your claim is denied upon appeal, then you will be responsible for repaying Medicaid for a portion of the care your child received during the 90 days your appeal was pending. This is something that parents should be aware of when making the decision whether to appeal their claims denial.

What does EPSDT mean for parents of Medicaid- eligible children?

EPSDT is the most comprehensive child health program in either the public or private sector. EPSDT is a powerful tool for getting children what they need when they need it. All children who are eligible to receive Medicaid are guaranteed by law screening and all medically necessary diagnostic and treatment services for their physical and mental illnesses or conditions whether or not the services are regularly covered under the state Medicaid plan. CMOs (care management organizations) must provide these services to all enrolled children under their contracts with the state. DCH is ultimately responsible for EPSDT, but the contracts with the CMOs require them to provide the EPSDT services for eligible children. Parents and children have many protections under EPSDT. We are hoping this information will encourage parents to seek the services their Medicaid-eligible children need, get their physician to write the necessary orders, submit the claims to Medicaid and appeal denials if they occur. Together we can make Medicaid more responsive to the children it serves.

A separate publication has been prepared for physicians and other healthcare providers that contains the specific information they need to prepare and file orders, prior approvals and appeals.

Brief Summary of Senate Bill 507:

Georgia legislation enacted SB 507 in 2008, which defines a “medically necessary service” with respect to speech, occupational and physical therapies for Medicaid-eligible children to be one “prescribed by a physician or other practitioner to diagnose, correct or ameliorate defects, physical or mental illnesses, and health conditions, whether or not such services are in the state plan.” The new law further defines the key terms “correct or ameliorate” to mean “to improve or maintain a child’s health in the best condition possible, compensate for a health problem, prevent it from worsening, prevent the development of additional health problems, or improve or maintain a child’s overall health, even if treatment or services will not cure the recipient’s overall health.” SB 507 also sets a 15 day time frame for prior approval decisions and enforces the notice provisions as described on pg. 3. O.C.G.A. § 49-4-169.1 (1) and (4).

Brief Summary of Moore v. Medows:

In 2008, a federal court ruled in favor of a Georgia child whose doctor said she needed 94 hours of nursing care per week, but who had received notice from DCH that her approved hours were being reduced. The court found that EPSDT required the state to provide for the amount of treatment which the child’s treating physician deems necessary to correct or ameliorate her condition. The only criterion that the state can consider is whether the care requested is necessary to correct or ameliorate the child’s condition. Moore v. Medows, Civil Action File No 1:07-CV-631-TWT