

# EPSDT

MEDICAID'S COMPREHENSIVE HEALTH CARE BENEFIT FOR CHILDREN



# EPSTD

## Early and Periodic Screening, Diagnosis, and Treatment

# MEDICAID – A BRIEF OVERVIEW

- Title XIX of the Social Security Act - A program that provides medical assistance for individuals and families with low income and resources
- Became a law in 1965
- Jointly funded venture between federal and state governments
- Within broad guidelines set by the Federal Government, states are allowed to establish their own eligibility standards, determine the type, amount, duration, and scope of services, set the rate of payment for services, and administer its own program
- Therefore, Medicaid varies between states in can change within a state over time

# CHILDREN'S MEDICAID ...

...is different than  
Medicaid for  
adults in a few  
important ways.



# CHILDREN'S MEDICAID = EPSDT

- Established in 1967, EPSDT was designed to ensure that children covered by Medicaid receive comprehensive health care coverage.
- Medicaid is required to cover *any medically necessary health care service* listed in the Social Security Act, even if the service is not available to adults receiving Medicaid benefits.
- Primary focus on **prevention** and **early intervention**
- In Montana, children less than 21 years of age are covered under EPSDT.

# CHILDREN'S MEDICAID = EPSDT

EPSDT coverage **does not** include:

- “Experimental treatments”.
- Services or items not generally accepted as “safe and effective.”

# CHILDREN'S MEDICAID = EPSDT

<b>Early</b>	Assessing and identifying problems early
<b>Periodic</b>	Checking children's health at periodic, age-appropriate intervals
<b>Screening</b>	Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
<b>Diagnosis</b>	Performing diagnostic tests to follow up when a risk is identified, and
<b>Treatment</b>	Control, correct or reduce health problems found.

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-Periodic-Screening-Diagnosis-and-Treatment.html>

# EPSDT SCREENINGS = WELL CHILD CHECK UPS

Medicaid enrolled children receive both comprehensive well-child exams (periodic screenings) **AND** any necessary visits in between (inter-periodic visits).



# EPSDT SCREENINGS

- Screenings should be provided at intervals established by the state agency.
- This is called the **periodicity schedule**.
- Montana Medicaid has adopted the AAP/Bright Futures Recommendations for Preventive Pediatric Health Care as the **periodicity schedule**.
- <http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf>

Healthy Montana Kids Plus  
Well Child Screen Recommendations

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Well Child Screen Recommendations

Child's Name \_\_\_\_\_ Child's DOB \_\_\_\_\_ Child's SSN \_\_\_\_\_

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	Well Child Screen component	Age requirements	Date completed
A.	<b>Initial/Interval History</b>		
	Medical/physical history	all ages	
	Psychosocial history	all ages	
	Developmental history	all ages	
	Nutritional history	all ages	
B.	<b>Assessments</b>		
	Nutritional Screen	all ages	
	Developmental Screening	9 months, 18 months, 30 months	
	Motor	9 months, 18 months, 30 months	
	Social	9 months, 18 months, 30 months	
	Cognitive	9 months, 18 months, 30 months	
	Speech and language	9 months, 18 months, 30 months	
	Developmental Surveillance	all ages	
	Autism Screening	18 months, 24 months	
	Psychosocial/Behavioral Assessment	all ages	
	Alcohol and Drug Use Risk Assessment	11 years and older	
C.	<b>Unclothed Physical Inspection</b>		
	Height/weight/BMI	all ages	
	Head circumference	newborn through 2 years old	
	Body systems review	all ages	
	Check for signs of abuse	all ages	
	Blood pressure	3 years and older	
D.	<b>Vision Screen</b>		
	External inspection for gross abnormalities or obvious strabismus	all ages	
	Gross visual acuity with fixation test	birth to 2 years	
	Light sensation with papillary light reflex test	birth to 2 years	
	Observation and report of parent	birth to 2 years	
	Examination of red reflex	all ages	
	Alternate cover test	2 years to 5 years	
	Corneal light reflex	2 years to 5 years	
	Visual acuity using the Snellen chart (E chart as appropriate)	4 years and over	
	Color discrimination on all boys (once)	5 years and over	
E.	<b>Hearing Screen</b>		
	Newborn Hearing Screen	newborn	
	History, physical and developmental assessment	all ages	
	Middle ear exam by otoscopy	all ages	
	Assess hearing capability	all ages	

F.	<b>Laboratory Tests (use medical judgment and risk assessment to determine need EXCEPT for blood lead and hemoglobin/hematocrit)</b>		
	Blood Lead	12 and 24 months; by age 6 if not previously tested; other ages if indicated by risk assessment.	
	Hematocrit or hemoglobin	9-15 months	
	Urinalysis	if indicated by risk assessment	
	Tuberculin Testing	if indicated by risk assessment	
	Dyslipidemia Screening	18-20 years; other ages if indicated by risk assessment	
	Hereditary/metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia)	newborn	
	STI screening	all sexually active patients	
	Cervical dysplasia screening	all sexually active patients: 3 years after becoming sexually active or 21 years of age, whichever is first.	
	Other tests as needed		
G.	<b>Immunizations</b>	According to the current immunization schedule approved by the Advisory Committee on Immunization Practices (ACIP) <a href="http://www2.aap.org/immunization/">http://www2.aap.org/immunization/</a>	
H.	<b>Oral Health Screening (to be done by medical health provider)</b>		
	Initial/interval dental history	all ages	
	Counseling on oral hygiene	all ages	
	Counseling for non-nutritive habits (thumb-sucking, etc.)	as indicated	
	Oral inspection of mouth, teeth, gums	all ages	
I.	<b>Discussion and Counseling/Anticipatory Guidance</b>		
	Address needs and topics appropriate for age level per risk assessment	all ages	

# DIAGNOSIS AND TREATMENT

If the screening is abnormal → Diagnosis & Treatment

- A treatment plan should be developed.
- Treatment is to be provided, if appropriate.
- Or a referral is made to another provider for further evaluation or treatment, if necessary.
- The family should be assisted in scheduling the next EPSDT screening.
- Bi-annual dental exams should also be scheduled.

# EXAMPLES OF EPSDT SERVICES FOR CHILDREN

- Inpatient/outpatient care
- Prescriptions
- Nutrition
- Hearing devices and auditory training
- Dental/hygienist care and treatment
- Orthodontia for severe, handicapping malocclusions
- Mental/behavioral health services
- Transportation assistance to appointments
- Family planning
- Hospice services
- Home health and personal care
- Private duty nursing
- School Based services
- Durable Medical Equipment and Supplies
- Eye exams and eyeglasses
- Chiropractic care



# RESOURCES

Medicaid Website: [www.medicaid.mt.gov](http://www.medicaid.mt.gov)

Nurse First: 1-800-330-7847:

<http://www.dphhs.mt.gov/medicaid/nursefirst/>

Transportation Assistance: 1-800-292-7114

Plan First: 1-855-854-1399 (In-State Toll-Free): [planfirst@mt.gov](mailto:planfirst@mt.gov);

<http://www.dphhs.mt.gov/planfirst/documents/PFBrochure.pdf>



# QUESTIONS???

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