

Medicaid is an important source of reimbursement for physical and behavioral health services for children who have experienced violence and trauma. Under Medicaid, children are entitled to a comprehensive benefit package that is specifically designed to meet children’s physical and mental health needs.

Below is a short description of one of Medicaid’s most important protections for children: Early and Periodic Screening, Diagnosis and Treatment (EPSDT). This benefit guarantees children periodic screening and assessments *as well as the services* needed to maintain or improve their health.

Background

Medicaid provides health insurance coverage for certain low-income people, including many women, children, seniors, and people with disabilities. It provides a comprehensive benefit package that includes certain acute, preventive, and long term care services.

Similar to private employer-sponsored coverage, there are defined benefits that beneficiaries are entitled to.

Because Medicaid is a federal-state partnership, the federal government sets a floor of benefits that must be included. For example, all Medicaid programs must cover inpatient hospital services.

States may decide to offer additional optional benefits, such as physical therapy or prescription drugs. The state makes important decisions on the “amount, duration and scope” of the benefits. In other words, the state decides how much of any service one is entitled to (e.g., how many visits per month) and what that service actually looks like. For the most part, Medicaid will only reimburse for services that are medically necessary and covered as part of the benefit package.

EPSDT

Children, however, have a special benefit under Medicaid law called Early and Periodic Screening, Diagnosis and Treatment—or EPSDT, as it is commonly known. Under this federally mandated benefit, children are able to access *all* needed habilitative or rehabilitative services that are medically necessary to maintain or restore their optimal health. Children and adolescents under age 21 are entitled to periodic screenings—and to all of the medically necessary treatment they need to fix or maintain their physical or mental health...even if the services are not covered by the state plan.

EPSDT works by having an initial screening for each child who has a caregiver or professional request one. The initial screening does not have to be done at the regular well-child visit (but it often is). Subsequent screenings are provided on a periodic basis at well child visits. If a parent can’t be there in person, neighborhood workers, caseworkers, or health aids will have a follow up meeting with the parent¹.





Exams are performed by or under the supervision of a provider who is certified by Medicaid to provide EPSDT screenings. States choose what types of providers can do EPSDT screens, and the Centers for Medicare and Medicaid Services (CMS) encourages the use of a wide range of providers to do an EPSDT screen. Initial screenings may be provided in a variety of settings including school health programs and children and youth programs.

The initial screening contains a comprehensive health *and* mental health assessment including an age appropriate screening for mental health and substance use. CMS expects that part of the periodic screenings is an age-appropriate behavioral health screening².

If, during this screening, any mental or physical health problem is diagnosed—or the provider determines that further assessment is needed—the child is eligible for additional screenings and all treatment necessary to restore or maintain full health.

In short hand, EPSDT requires states to provide kids the screenings they need—and the treatment they need to maintain optimal health. What is more, CMS recently released a “Dear State Director” letter that reiterates CMS’ commitment to EPSDT as an appropriate benefit to identify and treat the complex mental and behavioral health needs of children who have experienced violence and trauma.

In practice, however, there are some real challenges to fulfill the promise of EPSDT.

Putting the “T” in Treatment

The EPS and D (Early and Periodic Screening and Diagnosis) are routinely provided through Medicaid. This is the first and biggest step towards assessing children for trauma—and developing an appropriate plan of care. States are provided lots of tools to help notify families of their rights under EPSDT and states frequently partner with child welfare programs, schools and others to do the outreach, screening and case management.

The “T” for treatment is harder to navigate. Many barriers exist that keep children from actually getting the treatment they need—and are entitled to—under EPSDT. The barriers include: low reimbursement rates, complicated billing rules that deter providers who would otherwise be willing to serve these children; and the lack of community-based treatment providers (and licensed community providers)³. With careful coordination and good advocacy, however, it is possible to help children access needed treatment.

States implement care coordination in many different ways. Some states provide extra funding to primary care providers to hire extra staff; other states have care coordinators outside the provider’s office who support the practices. As states develop their internal health information technology capabilities, programs are being developed across different systems with the hopes of improving care coordination.

Many Medicaid agencies have found they need to educate providers and managed care companies about the EPSDT benefit and how children should access the services that are not otherwise covered. Local chapters of the American Academy of Pediatrics (AAP), for example, provide education to pediatricians and their administrative staff on how to help children navigate EPSDT. States should emphasize EPSDT, and define and clarify EPSDT requirements in their Medicaid managed care contracts.



Questions to Ask

As you consider how to link children with trauma-informed services, it will be important to know a little bit more about how EPSDT actually works in your state.

Remember, every child and adolescent under 21 in Medicaid is entitled to all medically necessary services through the EPSDT benefit, but it might take some persistence to figure out how best to get those services covered. Realize also that EPSDT existed before the Affordable Care Act, so even if your state is choosing not to expand Medicaid, the rules still apply.

First Steps...Helping Kids and Families Get Connected to Help

For advocates looking to get started, here are some key first steps and questions to ask as you begin to detangle your state's system.

What is EPSDT called in your state?

Every state calls their program something a little different. Ask your Medicaid department what they call the EPSDT program. For example, in Texas, EPSDT is called TX Health Steps. What's your program called?

What kids in my state are eligible for an EPSDT screening?

The answer to this is "all kids enrolled in Medicaid." While that's true, a lot of kids aren't getting the screenings or the treatments. Working with your Medicaid department to identify screening gaps can help determine where you should target your efforts. For example, adolescents have far lower rates of EPSDT screening than younger children.

Who in my state cares about EPSDT?

Ask around! You'll find partners in the local AAP chapter; a statewide kid's coalition; local education authorities; and individual providers who are doing EPSDT screens. Working together, you can help identify the best practices needed for you to help get kids the trauma-informed services they need.



Who in my state can provide an EPSDT screening? Can my organization become a Medicaid EPSDT provider?

Only licensed Medicaid providers can be reimbursed for these services but each state sets different qualifications for EPSDT providers. Physicians, nurse practitioners and school districts are widely licensed to do EPSDT screenings. Some states include local health departments, community health programs, home visiting programs and family planning clinics. Ask about the requirements for your organization—or individual providers—to become licensed Medicaid providers, eligible for reimbursement. Make sure to ask about doing the initial screening assessments!

How do families learn about EPSDT? What tools are available to me to help inform kids and their families about EPSDT?

States are required to inform eligible families about the EPSDT benefit. Schools, public health departments and other community providers can play a role in getting children in the door to have their EPSDT screening. Ask for resources in your community where you can send a child to start the EPSDT process. Ask for materials to refer families to get their screenings.

Who in my state provides care coordination and/or case management for EPSDT?

The requirements for who can actually provide the care coordination for kids receiving EPSDT will vary by state. Some states hire case managers; some help manage the process through the health home coordinators; some contract out the care coordination work. This position is vital for helping families navigate the system, provide necessary support services like transportation, and ensure that children get the prior approval they need.

What is the role of managed care in my state's EPSDT?

Families in many states will receive their Medicaid coverage through a managed care organization. They are required to provide EPSDT to all kids. Some may have care coordinators on staff. It is important to understand the role of the managed care company in the state. How do they do "prior authorization?" How do they do care coordination? Have they even heard of EPSDT? States have contracts with each managed care company and those contracts will detail what coverage should look like. Who in the state is working with the managed care companies to implement EPSDT? And what should families do if the managed care company says no to needed services?



The promise of EPSDT to link children who have experienced trauma with the services they need is real. The benefit is designed to help children access all needed habilitative or rehabilitative services that are medically necessary to maintain or restore a child's health. Advocates need to understand how EPSDT works in their state in order to help families navigate the system and access needed services. Detangling Medicaid and EPSDT can take some time but advocates can make headway by asking these questions and by working with allies in their state.

For additional information, please call the Futures Without Violence Public Policy Office at 202-595-7382.

Notes

- 1 Medicaid Manual Chapter; EPSDT
- 2 <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-07-11.pdf>
- 3 Improving the Lives of Young Children: Increasing Referrals and Follow-up Treatment in Medicaid and CHIP. Urban Institute; Jennifer E. Pelletier and Genevieve M. Kenny. December 2010

Futures Without Violence, formerly Family Violence Prevention Fund, works to prevent violence within the home, and in the community, to help those whose lives are devastated by violence because everyone has the right to live free of violence.

This part of a series of briefs meant to help advocates for women and children exposed to violence navigate the new health care law.

For additional information, please go to: www.healthcaresaboutipv.org or www.futureswithoutviolence.org, or call 202-595-7382.



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