

Medicaid: EPSDT

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Presentation Overview

- EPSDT definition and requirements
- Examples of how states use EPSDT
- Opportunities to apply EPSDT to SUD
- Links to additional information
- Q & A

EPSDT Benefit for Youth

EPSDT = **E**arly and **P**eriodic, **S**creening, **D**iagnosis, and **T**reatment

- Medicaid's comprehensive health benefit for youth under 21
- Intended to help identify and treat health problems early before problems become more complex and costly

EPSDT

- Not a service-but a requirement
- EPSDT was added in 1967, later expanded in 1989 to include:
 - Any medically necessary treatment needed even if not in a State plan but covered by Medicaid
 - Mental illnesses (include SUD) and developmental delays

EPSDT Benefit for Youth

Health Screening

Includes the following components:

- Comprehensive health and developmental history – *this includes an assessment of both physical **and** mental health development*
- Comprehensive unclothed physical exam
- Appropriate immunizations
- Laboratory tests
- Lead toxicity screening
- Health education – *designed to assist in understanding what to expect in terms of the child's development and to provide information about the benefits of healthy lifestyles and practices*

EPSDT Benefit for Youth

Health Screening

Must occur at:

- intervals which meet reasonable standards of medical practice
- in accordance with the schedule for pediatric vaccines
- such other intervals, indicated as medically necessary, *to determine the existence of certain physical or mental illnesses or conditions*

EPSDT Benefit for Youth

Vision, Hearing, and Dental Services

Which are provided at:

- intervals which meet reasonable standards of medical practice, as determined by the State after consultation with recognized medical organizations involved in child health care, and
- such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition

Include at minimum:

- diagnosis and treatment for defects in vision, including eyeglasses
- diagnosis and treatment for defects in hearing, including hearing aids
- relief of (dental) pain and infections, restoration of teeth, and maintenance of dental health

EPSDT Benefit for Youth

Diagnosis and Treatment Services

- Intended to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services
- States must provide diagnosis and treatment services *whether or not such services are covered under the State Medicaid plan.*

EPSDT Additional State Requirements

- Manage a “comprehensive child health program”
 - Seek out eligible children and inform them of the benefit of prevention and the health services and available under the State’s EPSDT program
 - Help beneficiaries use health services by offering and providing (if requested and necessary) assistance with transportation and scheduling appointments
- States must report EPSDT performance information annually to the federal Centers for Medicare and Medicaid Services

Ohio Medicaid's EPSDT Program: Healthcek

- State developed print materials about the Healthcek program to notify beneficiaries about the program

- Each county has a "Healthcek Coordinator" to help answer questions about Healthcek services



EPSDT and Substance Use

State Examples

- **Kentucky's** EPSDT “Special Services Program” has been used to cover substance use services such as intensive outpatient and residential treatment
- **Massachusetts** requires behavioral health providers seeing youth under 21 to utilize a standardized assessment tool, the CANS, which includes items specific to both child and caregiver substance use. MassHealth has also endorsed the CRAFFT for use in pediatric practices and created a toolkit to help pediatricians use it.

Opportunity

- States do not take advantage of EPSDT for SUD
- No access to data to quantify the problem
- Most states have poor or no screening for SUD
- Litigation under EPSDT to cover notification to children and families, identification and services—mainly mental health related

EPSDT Lawsuits As a Change Agent

- Compliance with EPSDT has led to numerous class action lawsuits across the country including:
 - **Emily Q. v. Belshe (California)** -- Plaintiffs alleged that the California had failed to offer Medicaid-enrolled children the full scope of mental health services covered under EPSDT.
 - **French v. Concannon (Maine)** -- Plaintiffs alleged that Maine was failing to comply with EPSDT requirements because the state was not apprising patients of the availability of or providing access to mental health services.
 - **Rosie D. v. Patrick (Massachusetts)** – Plaintiffs alleged that Mass had failed to offer Medicaid enrolled youth the full scope of mental health services covered under EPSDT.
 - **Sanders v. Lewis (West Virginia)** – Plaintiffs alleged that children in out-of-home placements were not being provided with access to mental health services under the state’s EPSDT program.

EPSDT Lawsuits As a Change Agent

- As a result of these lawsuits States have:
 - Enhanced their EPSDT outreach and notification requirements to ensure the beneficiaries are aware of the benefits available to them under EPSDT
 - Improved their data collection systems to better monitor and report on effectiveness of their EPSDT program
 - Developed incentives for Medicaid providers and managed care entities to help improve compliance with EPSDT requirements
 - Added new services to their State Medicaid plans
 - Created case management and coordination services to help beneficiaries access EPSDT services

Leveraging EPSDT for SUD

- Ensure that screening for mental health **AND** substance use is occurring and see if there is data available on “positive” substance use screens in primary care
- Encourage the State Medicaid agency to adopt substance use screening tools for use in primary care such as the CRAFFT or the AUDIT
- Health education is a required component of the EPSDT screening requirement. Work with Medicaid to develop substance use specific health education materials for use by pediatricians and other professionals seeing youth under 21.
- Encourage the state to sponsor workshops for pediatricians in how to talk with youth and families about substance use.

Leveraging EPSDT for SUD

- As State's are required to make available treatment services once an issue has been identified through a screen, work with Medicaid to ensure that:
 - Referrals to services are tracked and occurring
 - Provider capacity exists to respond
 - Tracking of EPSDT services needed can lead to discussions about program changes in Medicaid (case by case EPSDT response vs. developing a systemic response)

For Additional Information

- Robert Wood Johnson Foundation (2005). Medicaid EPSDT and AOD Treatment: Policy Brief
<http://www.rwjf.org/files/publications/other/PolicyBriefFinal.pdf>
- Centers for Medicare and Medicaid Services State Medicaid Manual, Chapter 5: EPSDT
<http://www.cms.gov/Manuals/PBM/itemdetail.asp?itemID=CMS021927>
- Centers for Medicare and Medicaid Services Annual EPSDT Participation Report: FY 2009.
<https://www.cms.gov/MedicaidEarlyPeriodicScrn/Downloads/2009National.pdf>
- CRAFFT Screening Toolkit
<http://www.masspartnership.com/pcc/pdf/CRAFFTScreeningTool.pdf>

Q & A

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Your Medicaid Agency and You

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Presentation Overview

- Partnering with Medicaid: Building a 2-Way Street
- When you have an “Ask” of Medicaid
- Doing your homework
- Partnering with Medicaid
- Implementation and follow-up
- Current opportunities
- Q & A

Building a 2-Way Street

- Long before you have an “ask” of Medicaid:
 - Learn about the Medicaid agency/programs
 - Inform Medicaid about your agency/programs
 - Develop and maintain opportunities for ongoing exchange and dialogue
 - Establish an expectation that both parties will **meaningfully** inform the other when a policy or other change will impact the other
 - Engage in joint planning to meet mutual goals and responsibilities

Preparing Your Approach to Medicaid:

- Know your “ask”
 - Don’t have a laundry list of problems
 - Find common ground on 2 -3 goals /priorities
- Be realistic about your expectations
 - Are you expecting a fix or are you suggesting options to partner on a fix
- Research the policy/issue
- Conduct an in-depth analysis and create a concept paper
- Understand the Medicaid platform for how Medicaid services are delivered

Researching the Issue

- What are you proposing?
- Why are you proposing it?
- Whom does it affect?
- How does it affect the Medicaid program?
- When are you proposing implementation?
- How do you propose to implement it?
- If it wasn't implemented, what will happen? What are the downsides of not moving forward? Prepare for all sides of the issue.

In Depth Analysis

- Identify the Problem
- Identify existence of any current service, program, or policy that addresses the problem
 - Yes: why is there a need for this service?
 - Modify current policy or program
 - No: what can address this problem?
- Supporting Evidence
- Data, data, data
- Identify service populations
- Stakeholders

Preparing for Medicaid

- Concept Paper
 - Summary of research and analysis elements
 - Benefits to Medicaid recipients (#)
 - Projected Cost
 - Cost-Benefit Analysis
- Other states examples
- Understand and be prepared to discuss impact of your proposal on the Medicaid platform
 - Managed care, Medicaid FFS, PCCM

Approaching Medicaid

- Maintaining that 2-way street --“Together” vs. “You should...”
- Present Information
- Provide data
- Power of coalition—who else shares your perspective? Who is a supporter within Medicaid?
- Prepare for modifications to your proposal
- Prepare for “no”– find out what a no is about

Medicaid Perspective of an “Ask”

- How does this impact the entire Medicaid program?
- Does it set a precedent that will impact another area?
 - Provider requirements
 - Staffing requirements
 - Service setting
 - Program requirements
 - Expected outcomes
 - Documentation requirements
 - Service exclusions/limitations
 - Rates

Medicaid Perspective of an “Ask”

- What is the ROI?
- How will compliance be assured to CMS?
- How will we monitor for fraud and abuse?
- If we make this change, does it open up other issues that will have to be discussed with CMS?

Partnering on Implementation

- Everyone shares in the responsibility and accountability
 - Identify resources that you can offer
- Timeframe
 - Be clear on steps in the process and roles
 - Getting it right
- Once the service is implemented, the process is not over.
 - Identify potential barriers after service implementation
 - Successful services/programs require constant monitoring and tweaking
 - Establish plan to use data to guide changes

Current Opportunities

- Medicaid expansion and enrollment practices
- Medicaid and the state's health exchange
- Parity
- Monitoring for gaps and ensuring access
- Home and community-based services
- Integration of SUD and mental health
- Integration of behavioral and physical health

Q & A

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