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 = Early and Periodic, Screening, Diagnosis, and Treatment

- 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: Healthchek

- State developed print materials about the Healthcheck program to notify beneficiaries about the program.

- Each county has a “Healthchek Coordinator” to help answer questions about Healthcheck 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

- Centers for Medicare and Medicaid Services State Medicaid Manual, Chapter 5: EPSDT
  http://www.cms.gov/Manuals/PBM/itemdetail.asp?itemID=CMS021927
- CRAFFT Screening Toolkit
Q & A

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Contact Information

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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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