~~Chapter 5-000 HEALTH CHECKS and Treatment Services for Conditions Disclosed During HEALTH CHECKS (EPSDT)~~

~~5-001 Introduction~~

~~5-001.01 Legal Basis: HEALTH CHECKS are covered under the Early and Periodic Screening, Diagnosis, and Treatment Program which was established by Title XIX of the Social Security Act. Section 1905(r) of the Social Security Act was added by the Omnibus Budget Reconciliation Act of 1989 (P.L. 101-239).~~

~~5-001.02 Purpose and Scope: HEALTH CHECK, the Nebraska Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is a service available to all individuals age 20 and younger eligible for medical assistance. The goal is to provide each eligible individual the opportunity for achieving and maintaining optimal health status. This can be facilitated by early detection of illness or defects through regular and periodic screening examinations, by providing follow-up care of the conditions detected through regular and periodic by screening examinations by providing continuity of care, and by promoting healthy lifestyles. It is intended to encourage and ensure that treatment is available and received by those eligible and in need of treatment by the application of medical knowledge and technology to cure, correct, or alleviate health problems. Preventive health care provides the following benefits:~~

1. ~~Early detection and treatment of health problems to prevent serious impairment and to increase the chance of successful treatment;~~
2. ~~Protection from certain preventable diseases by immunization for children at an early age;~~
3. ~~Maintenance of good health and assurance of normal development through periodic check-ups and the establishment of a "medical home." In most cases, this will be a continuing relationship with a primary care physician; and~~
4. ~~Savings of future medical costs.~~

~~The EPSDT program's objectives are ensuring the availability and accessibility of required health care resources and helping Medicaid eligible children and their parents or caretakers effectively use them. This may be accomplished through care coordination. Care coordination includes –~~

1. ~~Provision of effective outreach/education activities which inform parents of the benefits of having their children receive HEALTH CHECK screening, diagnosis, and treatment services;~~
2. ~~Provision of consumer education to parents which assists in making responsible decisions about participation in preventive health care and appropriate utilization of health care resources;~~
3. ~~Assurance of continuing and comprehensive health care beginning with the screening through diagnosis and treatment for conditions identified during screening;~~
4. ~~Provision of assistance to families in making medical and dental appointments and in obtaining needed transportation; and~~
5. ~~Establishment of case management of screening services to monitor and document that all HEALTH CHECK (EPSDT) services are delivered within established time frames.~~

~~This may be accomplished through interagency agreement, managed care contract, or fee for service with qualified Medicaid-enrolled providers as determined by the NMAP. Examples of EPSDT participants in particular need of care coordination may be pregnant adolescents, children with special health care needs, medically fragile children, foster care children, and children with significantly environmental risk.~~

~~5-001.03 Definition of Terms: The following terms are defined in relation to HEALTH CHECK and treatment services under the EPSDT program.~~

~~Early: As soon as an individual's or a family's eligibility for assistance has been established; or, in the case of a family already receiving assistance, as early as possible in the individual's life. This includes informing Medicaid-eligible pregnant women so that prevention begins prenatally.~~

~~Periodic: Intervals established for examination or screening to ensure continued health and to detect conditions requiring treatment. Dental screening examinations are recommended for children three and older according to the American Dental Association. If a dental problem is suspected before age three, a dental screening should occur at that time. Medical, visual, and hearing exams are to begin with a neonatal exam and follow, at a minimum, the periodicity schedule based on the American Academy of Pediatrics schedule for health supervision visits (see 471 NAC 33-002.03). The physician may establish an alternate periodicity schedule based on medical necessity. The initial examination of a newborn is considered an initial HEALTH CHECK (EPSDT) examination and the child is considered participating in the program. All well-baby and well-child examinations are to be reported as HEALTH CHECK examinations through the HEALTH CHECK EPSDT program.~~

~~Screening Services: Periodic child health assessments which are regularly scheduled to examine and evaluate the general physical and mental health, growth, development and nutritional status of eligible children. The screenings are performed to identify individuals who may require diagnosis, further examination, and/or treatment. Prior authorization approval of health, dental, vision, and hearing screening examinations for EPSDT participants is prohibited. The following screening services are included in the EPSDT benefit:~~

1. ~~Health Screening Services:~~
   a. ~~Comprehensive health and developmental history (including assessment of both physical and mental health development);~~
   b. ~~Comprehensive unclothed physical examination;~~
   c. ~~Appropriate immunizations for age and for health history;~~
   d. ~~Appropriate laboratory procedures, including blood lead testing, for age and populations groups; and~~
   e. ~~Health education (including anticipatory guidance);~~
2. ~~Dental Screening Services: For children age three and older, dental screening services are furnished by direct referral to a dentist. Children age two and younger are screened by the screening physician as part of the health screening exam. If a dental problem is suspected before age three, a referral to a dentist for a dental screening should occur. Medically necessary and reasonable diagnosis and treatment including, at a minimum, relief of pain and infections, restoration of teeth, and maintenance of health are covered;~~

3. Vision Screening Services: An age-appropriate visual assessment. Medically necessary and reasonable diagnosis and treatment for defects in vision are covered; and
4. Hearing Screening Services: An age-appropriate hearing assessment. Medically necessary and reasonable diagnosis and treatment for defects in hearing are covered.

Diagnosis: The determination of the nature or cause of a physical or mental disease or abnormality. A diagnosis enables a physician to make a plan for treatment specific to the EPSDT participant's problems. Under certain circumstances, diagnosis may be provided at the same time as screening. In other circumstances, diagnosis may be provided during a second appointment. The diagnosis may or may not require further follow-up. It may result in referral for treatment.

Treatment Services: HEALTH CHECK (EPSDT) follow-up services necessary to diagnose or to treat a condition identified during a HEALTH CHECK (EPSDT) health, visual, hearing, or dental screening examination are covered under the following conditions:

1. The service is required to treat the condition (i.e., to correct or ameliorate defects and physical or mental illnesses or conditions) identified during a periodic or interperiodic HEALTH CHECK (EPSDT) screening examination and documented on the screening claim form (Form MC-5 Form HCFA-1500, or dental claim form);
2. The provider of services is a Medicaid-enrolled provider;
3. The service is consistent with applicable federal and state laws that govern the provision of health care;
4. The service must be medically necessary, safe and effective, not considered experimental/investigational (see 471 NAC 10-004.05), and must be generally employed by the medical profession;
5. Supplies, items, or equipment that is determined to be not medical in nature will not be covered;
6. Where alternative and medically appropriate modes of treatment exist and are available the NMAP may choose among the alternatives which services are available based on cost-effectiveness;
7. Services currently covered under the Nebraska Medical Assistance Program will be governed by the guidelines of NMAP;
8. Services not covered under the Nebraska Medical Assistance Program but defined in Section 1905(a) of the Social Security Act must meet the conditions of items 1 through 6 (above). Criteria and requirements for certain services are outlined in 471 NAC 33-000. Unless otherwise outlined, all services not covered under NMAP must be prior authorized by the Medical Services Division, Health and Human Services. Requests for prior authorization must be sent to: Nebraska Health and Human Services Finance and Support, Medical Services Division, EPSDT Coordinator. The request must include -

~~a. A copy of the screening exam form or the name of the screening practitioner and the date of the screening exam which identified the condition; and~~

~~b. A plan of care which includes -~~

~~(1) History of the condition;~~

~~(2) Physical findings and other signs and symptoms, including appropriate laboratory data;~~

~~(3) Recommended service/procedure, including (if unknown) the potential provider of service (e.g., equipment, supplies) or where the services will be obtained;~~

~~(4) Estimated cost, if available; and~~

~~(5) Expected outcome(s).~~

~~The plan of care may be submitted on Form EPSDT-5, "Plan of Care," or as a statement by the screening practitioner. The Medical Director or designee shall make a decision on each request in an expeditious manner. Appropriate health care professionals may be consulted during the decision-making process. A copy of the decision will be sent to the screening practitioner, managed care plan if an enrollee, and the client's worker in the local Health and Human Services office. For wards of the Department, a copy of the decision is sent to the client's case manager in the local office. If the initial request is denied, additional information may be sent for reconsideration.~~

~~5-002 Worker Responsibilities~~

~~5-002.01 Informing Client: The worker shall inform the client of HEALTH CHECK (EPSDT) at the time of application and redetermination. The worker shall accomplish this by giving the client -~~

~~1. A verbal explanation of HEALTH CHECK (EPSDT), including a review of the HEALTH CHECK (EPSDT) pamphlet;~~

~~2. A pamphlet explaining HEALTH CHECK (EPSDT); and~~

~~3. The opportunity to ask questions.~~

Special emphasis is to be placed on informing for first time eligibles, mothers and families with infants or adolescents, or those not participating for over two years, or other eligible children considered 'at risk' for health care. A Medicaid-eligible woman's positive response to an offer of HEALTH CHECK (EPSDT) services during her pregnancy constitutes a request for services for the child at birth. For a child eligible at birth, the request for HEALTH CHECK (EPSDT) services is effective with the birth of the child.

These informing procedures are to be adapted to meet the needs of persons who are illiterate, blind, deaf, or who cannot understand the English language.

In addition, notifications are sent to clients informing them of when they are due for health and dental exams according to the periodicity schedule. All Claims Inquiry (CICS1, Selection 17) is a resource for the eligibility worker to determine when the last screening examination was covered by Medicaid.

For those families requesting HEALTH CHECK (EPSDT) and also requesting support services, the worker shall provide assistance or refer to the appropriate unit for assistance in arranging transportation, locating a doctor, dentist or other screening practitioner, or setting appointments. If the client has entered into a continuing care formal agreement, the continuing care provider may be responsible for some or all of the support services and follow-up (see 471 NAC 33-002.07A). For wards, see 471 NAC 41-004.

~~5-002.02 Assisting With Appointments: The designated worker shall -~~

1. ~~Offer and provide, if requested and necessary, assistance or referral in scheduling appointments and providing transportation for the screening exam and treatment services. A request for support services applies to screening, diagnosis, and treatment services unless otherwise indicated on the application or narrative. To ensure timely delivery of services, the worker shall have available, upon request, the names and locations of Medicaid providers (physicians, clinics, dentists, including Title V providers);~~
2. ~~Upon request for HEALTH CHECK (EPSDT) dental and/or health screening (including vision and hearing screens), provide the client or send to the screening physician, the Form MC-5 (many physician offices have a supply), and/or send the dental claim form to the screening dentist. The screening exams are to be performed within 120 days of the initial and periodic request. If the screening is overdue, one follow-up contact, documented and dated, is considered a good faith effort to provide timely delivery of services. This may be accomplished by the worker or by an automated client notice. A personal contact is the most effective method;~~
3. ~~As follow-up, inform the client of the need for further diagnosis or treatment services and provide assistance in transportation and appointment scheduling, if requested and necessary to enable the client to receive necessary diagnosis and treatment within 120 days after the date of the initial request for screening. This is accomplished by the worker or by an automated client notice. A personal contact is the most effective method. One follow-up contact, documented and dated, is considered a good faith effort to ensure initiation of treatment.~~

~~5-002.03 Documenting Contact and Assistance: Written documentation in the client file is necessary to show -~~

1. ~~That the client has been informed and offered HEALTH CHECK (EPSDT) by written and oral explanation at the eligibility determination or redetermination.~~
2. ~~That the supportive services of appointment scheduling and transportation assistance have been offered to the client and are provided at the client's request if necessary.~~
3. ~~The steps taken by the designated worker to -~~
   a. ~~Assist the client to receive a screening examination(s);~~
   b. ~~Ensure that treatment has begun within 120 days of the screening request for those who needed further diagnosis and treatment. The local office copy of Form MC-5 is the record of the completed health screening, and the local office copy of the dental claim form is the record of a completed dental screening for children or verification of health and/or dental screening or need for further diagnosis and treatment may be accomplished by utilizing All Claims Inquiry, CICS1, Selection 17; and~~
   c. ~~Assist clients to receive periodic services according to the periodicity schedules in 471 NAC 33-002.03.~~

5-003 Coordination With Other Requirements for Physical Examinations: Efforts must be made to coordinate screening with programs such as required physicals in the public schools, Head Start, and other programs which require examinations. Form MC-5 is to be used by physicians to avoid duplication.

5-004 Referral For Services Not Covered by Medical Assistance: Referral assistance must be provided for treatment not covered by NMAP (i.e., those services not covered under 1905(a) of the Social Security Act) but found to be needed as a result of conditions disclosed during the screening exam.

This includes giving the family or client the names, addresses, and the telephone numbers of providers who have expressed a willingness to furnish uncovered services at little or no expense to the family. Workers may contact the EPSDT coordinator in the Medical Services Division for referral resources. Workers may utilize the Nebraska Resource Referral System to attempt to provide referral assistance.

5-005 Relations With Special Supplemental Food Programs for Women, Infants, and Children (WIC): Coordination with the WIC program is required. WIC provides specific nutritious supplemental food and nutrition education at no cost to Medicaid-eligible pregnant, postpartum, and breast-feeding women, infants, and children up to their fifth birthday. Referrals, when appropriate for the family, are required to local WIC agencies to access nutritional services and education.

5-006 Payment Procedure: For payment procedure, see 471 NAC 33-002.08.