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# EPSDT Updates

Early and Periodic Screening, Diagnostic & Treatment  
Program

Social Emotional Health Metric Learning Collaborative

October 6, 2022

The logo for the Oregon Health Authority. The word "Oregon" is in a smaller, orange, serif font. The word "Health" is in a large, blue, serif font. The word "Authority" is in a smaller, orange, serif font, positioned below "Health".

Oregon  
Health  
Authority

# What is EPSDT?

- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for **children under age 21 who are enrolled in Medicaid**
- States are required to provide comprehensive services and **furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions**, based on certain federal guidelines

[www.oregon.gov/EPSDT](http://www.oregon.gov/EPSDT)

# Myth: “Oregon doesn’t do EPSDT.”

- In Oregon, EPSDT constitutes the children’s benefit within the Oregon Health Plan.
- Oregon provides coverage for the vast majority of EPSDT-related services
- However: Oregon’s [2017-2022 1115 Medicaid waiver](#) allowed the state to **restrict coverage for treatment services identified during an EPSDT screening for individuals above age 1 to the extent that such services are not consistent with a prioritized list of conditions and treatments.**

# EPSDT in Oregon: Currently covered services

- EPSDT screening visits (well child visits, adolescent well visits) following the [Bright Futures Periodicity Schedule](#). Screenings must include:
  - Comprehensive unclothed physical exam
  - Comprehensive health and developmental history (including assessment of both physical and mental health development)
  - Developmental screening
  - Preventive laboratory tests (including lead toxicity testing)
  - Appropriate immunizations
  - Assessment of nutritional status
  - Anticipatory guidance and health counseling for parents and children
  - Referrals for medically necessary health and mental health treatment
- Screenings for vision, hearing, and oral/dental health
- Inter-periodic screening (unscheduled check-ups or problem-focused assessments that can happen at any time because of an illness or a change in condition)

# EPSDT in Oregon: Currently covered services\*

Medically appropriate and medically necessary services including:

- Physical health services
- Behavioral health services
- Case management
- Speech-language-hearing, occupational and physical therapy
- Eyeglasses, hearing aids, and augmentative communication devices
- Dental care
- Medical equipment and supplies
- School-based health services (carve out – separate from school-based clinic services)
- Therapeutic childcare
- Personal care services
- Rehabilitation services
- Nutritional supplements/medical foods



\*Covered for children at or over 1 year and younger than 21 years old when included on the Prioritized List. Children under 1 year of age receive all medically appropriate and medically necessary services.

[https://www.oregon.gov/oha/HSD/Medicaid-Policy/Documents/Oregon%20Health%20Plan%20STCs\\_2017-2022.pdf](https://www.oregon.gov/oha/HSD/Medicaid-Policy/Documents/Oregon%20Health%20Plan%20STCs_2017-2022.pdf)

# OHA did not seek renewal of the waiver regarding EPSDT

- Oregon needs to comply with the remaining components of EPSDT by January 1<sup>st</sup>, 2023



# Coverage expansion

- HERC is completing a review of unfunded services (“below the line”) with the **unique needs of children and youth in mind.**
- Most remaining EPSDT services will be moved above the funding line
- For services remaining unfunded (“below the line”), EPSDT requires that **medical necessity be determined on a case-by-case** basis for children and youth

# Examples - EPSDT items moved “above the line”

- Treatments supporting “child growth, development and participation in school” (effective 1/1/2022)
- Tendon and ligament injuries (effective 10/1/2022)
- Conduct disorder/impulse disorders (a type of behavior disorder) (effective 1/1/2023)
- Handicapping malocclusion (conditions that constitute a hazard to the maintenance of oral health and interfere with the well-being of the patient by adversely affecting dentofacial function or speech) (effective 1/1/2023)



# Coverage Expansion

- For unfunded items (“below the line”):
  - Utilization controls can still be used. However:
    - Established limits on services must be considered tentative
    - Prior Authorization and final denial decisions must be based on case-by-case review of medical necessity and medical appropriateness
    - The reason for a final denial cannot be solely that the service is unfunded or below the line.

# Coverage expansion

- **“Decision Draft” of the 2023 CCO contract reflects EPSDT requirements**
- **CCO Model Member Handbook has been updated with EPSDT information**



# Guidance is available

- A **draft** guidance document for CCOs was provided at the CCO Contracts & Compliance Workgroup on September 27, 2022
- CCOs are asked to review provide any feedback on the draft guidance document **by October 24, 2022**
  - Email feedback to [EPSDT.Info@odhsoha.Oregon.gov](mailto:EPSDT.Info@odhsoha.Oregon.gov)
- Goal is to have guidance finalized and posted in early November ahead of the January 2023 implementation date

# OHA's Communications Plan for EPSDT

- Member fact sheet, requirements for CCO member handbook, + TBD comms to members
- Memo and guidance to providers via Provider Matters – November, date TBD
- Update via pharmacy newsletter – October, date TBD
- Updates to advocates, general public – October, date TBD
- Ongoing community engagement and dialogue

**We are establishing ongoing dialogue with members, families, providers and partners to help us effectively expand and improve Oregon's implementation of EPSDT. We are still working on what this looks like and welcome your expertise on how to do a better job of serving Oregon's communities.**

# Recap: What is changing January 1, 2023?

- No EPSDT requirements will be waived in Oregon.
- For unfunded items (“below the line”):
  - Established limits on services must be considered tentative
  - Prior Authorization and final denial decisions must be based on case-by-case review of medical necessity and medical appropriateness
  - The reason for a final denial cannot be solely that the service is unfunded or below the line.

# Learnings from FFS

- Statement of Intent 4 updated as of 1/1/2022

...[The Oregon Health Plan Benefit Package of Covered Services] includes services such as, but not limited to, the following:

...Services paired with (or ancillary to) an unfunded condition (or otherwise not consistent with the funded region of the List) which, based on the child's individual circumstances, adversely affects the child's ability to **grow, develop, or participate in school** only when providing the unfunded service would improve the child's ability to **grow, develop or participate in school**.

<https://www.oregon.gov/oha/HPA/DSI-HERC/PrioritizedList/1-1-2022%20Prioritized%20List%20of%20Health%20Services.pdf>

# Learnings from FFS

- As of 8/17/22, the Medical Management Committee (MMC) has reviewed 39 cases since 1/1/22 that fall under updated SOI4 or future EPSDT.
- Most have been for Durable Medical Equipment (DME), other examples are ear tubes and a foot issue.
- The better the provider documentation, the easier the case is to review.

# EPSDT Regulations

- [Oregon Administrative Rule 410-130-0245](#) – Early and Periodic Screening, Diagnostic and Treatment Program
- Code of Federal Regulations [42 CFR § 441 Subpart B](#) – Early and Periodic Screening, Diagnostic and Treatment (EPSDT) of Individuals Under Age 21





# OHA now has an EPSDT webpage!

[www.oregon.gov/EPSDT](http://www.oregon.gov/EPSDT)

# Questions?

[EPSDT.Info@odhsoha.oregon.gov](mailto:EPSDT.Info@odhsoha.oregon.gov)

Dialogue with collaborators and partners, including families and members, helps us center equity. Thank you for your ongoing participation, and for providing us with the information we need to do a better job of serving Oregon's communities.