

OFFICE OF THE SECRETARY OF STATE

LAVONNE GRIFFIN-VALADE
SECRETARY OF STATE

CHERYL MYERS
DEPUTY SECRETARY OF STATE
AND TRIBAL LIAISON



ARCHIVES DIVISION

STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

PERMANENT ADMINISTRATIVE ORDER

FILED
12/27/2023 1:57 PM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

DMAP 97-2023

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILING CAPTION: Update EPSDT Rules & Definitions for Medical Necessity & Medical & Dentally Appropriate to Align with Federal Requirements

EFFECTIVE DATE: 01/01/2024

AGENCY APPROVED DATE: 12/22/2023

CONTACT: Martha Martinez-Camacho
503-559-0830
hsd.rules@oha.oregon.gov

500 Summer Street NE
Salem, OR 97301

Filed By:
Martha Martinez-Camacho
Rules Coordinator

RULES:

410-120-1200, 410-130-0245, 410-151-0000, 410-151-0001, 410-151-0002, 410-151-0003, 410-151-0004, 410-151-0005, 410-151-0006, 410-151-0007, 410-151-0008

AMEND: 410-120-1200

NOTICE FILED DATE: 10/19/2023

RULE SUMMARY: The EPSDT program ensures comprehensive and preventive healthcare services to EPSDT beneficiaries. EPSDT provides EPSDT Medically Necessary and EPSDT Medically Appropriate Medicaid-covered services to treat physical, dental, vision, developmental, nutritional and mental and behavioral health conditions for children and youth ages 0-21.

CHANGES TO RULE:

410-120-1200

Excluded Services and Limitations ¶

- (1) Certain services or items are not covered under any program or for any group of eligible clients. Service limitations are subject to either: ¶
 - (a) the Health Evidence Review Commission (HERC) Prioritized List of Health Services as referenced in Oregon Administrative Rule (OAR) 410-141-3830 and the individual program chapter 410 OARs, ~~including chapter 410 Division 151 for~~; or ¶
 - (b) Early and Periodic Screening, Diagnostic and Treatment (EPSDT); as set forth in chapter 410 Division 151. ¶
- (2) If the client accepts financial responsibility for a non-covered service, payment is a matter between the provider and the client subject to the requirements of OAR 410-120-1280. ¶
- (23) The Health Systems Division (Division) shall make no payment for any expense incurred for services or items that meet any of the following: ¶
 - (a) Determined not medically or dentally appropriate by Division staff or authorized representatives, including the Division's contracted utilization review organization, or are not covered by the Health Evidence Review Commission Prioritized List of Health Services; ¶
 - (b) Not properly prescribed as required by law or administrative rule by a licensed practitioner practicing within

their scope of practice or licensure;¶

(c) For routine checkups or examinations for individuals age 21 or older in connection with participation, enrollment, or attendance in a program or activity not related to the improvement of health and rehabilitation of the client. Examples include exams for employment or insurance purposes;¶

(d) Provided by friends or relatives of eligible clients or members of his or her household, except when the friend, relative or household member:¶

(A) Is a health professional acting in a professional capacity; or¶

(B) Is directly employed by the client under the Department of Human Services (Department) Aging and People with Disabilities division (APD) Home and Community Based Services or the APD administrative rules, OAR 411-034-0000 through 411-034-0090, governing Personal Care Services covered by the State Plan; or¶

(C) Is directly employed by the client under the Department Child Welfare administrative rules, OAR 413-090-0100 through 413-090-0220, for services to children in the care and custody of the Department who have special needs inconsistent with their ages. A family member of a minor client (under the age of 18) must not be legally responsible for the client in order to be a provider of personal care services;¶

(e) For services or items provided to a client who is in the custody of a law enforcement agency or an inmate of a non-medical public institution, including juveniles in detention facilities, except such services as designated by federal statute or regulation as permissible for coverage under the Division's administrative rules (i.e., inpatient hospitalizations);¶

(f) Needed for purchase, repair, or replacement of materials or equipment caused by adverse actions of adult clients age 21 and over to personally owned goods or equipment or to items or equipment that the Division rented or purchased;¶

(g) Related to a non-covered service, some exceptions are identified in the individual provider rules. If the Division determines the provision of a service related to a non-covered service is cost effective, the related medical service may, at the discretion of the Division and with Division prior authorization (PA), be covered;¶

(h) Considered experimental or investigational, that deviates from acceptable and customary standards of medical practice or for which there is insufficient outcome data to indicate efficacy;¶

(i) Identified in the appropriate program rules including the Division's Hospital Services program administrative rules, Revenue Codes Section, as non-covered services;¶

(j) Requested by or for a client whom the Division has determined to be non-compliant with treatment and who is unlikely to benefit from additional related, identical, or similar services;¶

(k) For copying or preparing records or documents, except those Administrative Medical Reports requested by the branch offices or the Division for casework planning or eligibility determinations;¶

(L) Whose primary intent is to improve appearances, exceptions subject to the HERC coverage and guidelines;¶

(m) Similar or identical to services or items that will achieve the same purpose at a lower cost and where it is anticipated that the outcome for the client will be essentially the same;¶

(n) For the purpose of establishing or reestablishing fertility or pregnancy;¶

(o) Items or services that are for the convenience of the client and are not medically or dentally appropriate;¶

(p) The collection, processing, and storage of autologous blood or blood from selected donors unless a physician certifies that the use of autologous blood or blood from a selected donor is medically appropriate and surgery is scheduled;¶

(q) Educational or training classes that are not intended to improve a medical condition;¶

(r) Outpatient social services except maternity case management services and other social services described as covered in the individual provider rules;¶

(s) Post-mortem exams or burial costs;¶

(t) Radial keratotomies;¶

(u) Recreational therapy;¶

(v) Telephone calls except for:¶

(A) Tobacco cessation counseling as described in OAR 410-130-0190;¶

(B) Maternity case management as described in OAR 410-130-0595;¶

(C) Telemedicine as described in OAR 410-120-1990; and¶

(D) Services specifically identified as allowable for telephonic delivery when appropriate in the mental health and substance use disorder procedure code and reimbursement rates published by the Addiction and Mental Health division.¶

(w) Services that have no standard code set as established according to 45 CFR 162.1000 to 162.1011, unless the Division has assigned a procedure code to a service authorized in rule;¶

(x) Whole blood (Whole blood is available at no cost from the Red Cross). The processing, storage, and costs of administering whole blood are covered;¶

(y) Services that are requested or ordered but not provided to the client, unless specified otherwise in individual program rules;¶

(z) Missed appointments, an appointment that the client fails to keep. Refer to OAR 410-120-1280;¶
(aa) Transportation to meet a client's personal choice of a provider;¶
(bb) Alcoholics Anonymous (AA) and other self-help programs;¶
(cc) Medicare Part D covered prescription drugs or classes of drugs and any cost sharing for those drugs for Medicare-Medicaid Fully Dual Eligible clients, even if the Fully Dual Eligible client is not enrolled in a Medicare Part D plan. See OAR 410-120-1210 for benefit package;¶
(~~dd~~) ~~Services provided outside of the United States. Refer to OAR 410-120-1180.~~
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: ORS 414.065, ORS 414.025

REPEAL: 410-130-0245

NOTICE FILED DATE: 10/19/2023

RULE SUMMARY: The EPSDT program ensures comprehensive and preventive healthcare services to EPSDT beneficiaries. EPSDT provides EPSDT Medically Necessary and EPSDT Medically Appropriate Medicaid-covered services to treat physical, dental, vision, developmental, nutritional and mental and behavioral health conditions for children and youth ages 0-21.

CHANGES TO RULE:

~~410-130-0245~~

~~Early and Periodic Screening, Diagnostic and Treatment Program~~

~~(1) The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, formerly called Medichex, offers "well-child" medical exams with referral for medically appropriate comprehensive diagnosis and treatment for all children (birth through age 20) covered by the Oregon Health Plan (OHP) Plus benefit package.~~

~~(2) Screening Exams:~~

~~(a) Physicians (MD or DO), nurse practitioners, licensed physician assistants and other licensed health professionals may provide EPSDT services. Screening services are based on the definition of "Preventive Services" in Oregon Health Plan OAR 410-141-0000, Definitions;~~

~~(b) Periodic EPSDT screening exams must include:~~

~~(A) A comprehensive health and developmental history including assessment of both physical and mental health development;~~

~~(B) Assessment of nutritional status;~~

~~(C) Comprehensive unclothed physical exam including inspection of teeth and gums;~~

~~(D) Appropriate immunizations;~~

~~(E) Lead testing as required by OAR 410-130-0246;~~

~~(F) Other appropriate laboratory tests (such as anemia test, sickle cell test, and others) based on age and client risk;~~

~~(G) Health education including anticipatory guidance;~~

~~(H) Appropriate hearing and vision screening.~~

~~(c) The provider may bill for both lab and non-lab services using the appropriate Current Procedural Terminology (CPT) and Health care Common Procedure Coding System (HCPCS) codes. Immunizations must be billed according to the guidelines listed in OAR 410-130-0255;~~

~~(d) Inter-periodic EPSDT screening exams are any medically appropriate encounters with a physician (MD or DO), nurse practitioner, licensed physician assistant, or other licensed health professional within their scope of practice.~~

~~(3) Referrals:~~

~~(a) If, during the screening process (periodic or inter-periodic), a medical, mental health, substance abuse, or dental condition is discovered, the client may be referred to an appropriate provider for further diagnosis and/or treatment;~~

~~(b) The screening provider shall explain the need for the referral to the client, client's parent, or guardian;~~

~~(c) If the client, client's parent, or guardian agrees to the referral, assistance in finding an appropriate referral provider and making an appointment should be offered;~~

~~(d) The child's CCO or the FFS program will also make available care coordination as needed.~~

~~Statutory/Other Authority: ORS 413.042~~

~~Statutes/Other Implemented: ORS 414.025, 414.065, 414.150~~

ADOPT: 410-151-0000

NOTICE FILED DATE: 10/19/2023

RULE SUMMARY: The EPSDT program ensures comprehensive and preventive healthcare services to EPSDT beneficiaries. EPSDT provides EPSDT Medically Necessary and EPSDT Medically Appropriate Medicaid-covered services to treat physical, dental, vision, developmental, nutritional and mental and behavioral health conditions for children and youth ages 0-21.

CHANGES TO RULE:

410-151-0000

Early and Periodic Screening, Diagnostic and Treatment Program

(1) The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program offers comprehensive and preventive health care services to EPSDT Beneficiaries in accordance with 42 CFR § 441 Subpart B. EPSDT provides EPSDT Medically Necessary and EPSDT Medically Appropriate Medicaid-covered services to treat any physical, dental, vision, developmental, nutritional, and mental and behavioral health conditions. Coverage for EPSDT Beneficiaries includes all services coverable under the Oregon Health Plan (OHP), when EPSDT Medically Necessary and EPSDT Medically Appropriate for the EPSDT Beneficiary. ¶

(2) The EPSDT rules in this division relating specifically to the provision of OHP services for EPSDT Beneficiaries take precedence over any and all general rules relating to the provision of OHP services to the general OHP population set forth in Oregon Administrative Rules Chapters 410 and 309.¶

(3) Physicians or other practitioners of the healing arts as defined in OAR 410-120-0000 within the scope of their practice under State law may provide OHP services to EPSDT Beneficiaries.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, 414.065, 414.150

RULE SUMMARY: The EPSDT program ensures comprehensive and preventive healthcare services to EPSDT beneficiaries. EPSDT provides EPSDT Medically Necessary and EPSDT Medically Appropriate Medicaid-covered services to treat physical, dental, vision, developmental, nutritional and mental and behavioral health conditions for children and youth ages 0-21.

CHANGES TO RULE:

410-151-0001

Definitions.

The definitions in this rule apply to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program only. ¶

(1) "EPSDT Dentally Appropriate" ¶

(a) Means dental services, items, or dental supplies that are: ¶

(A) Recommended by a licensed health practitioner practicing within the scope of their license; and ¶

(B) Safe, effective, and appropriate for an EPSDT Beneficiary based on standards of good dental practice and generally recognized by the relevant scientific or professional community based on the best available evidence, which includes medical literature and expert consensus opinion and takes into account EPSDT Beneficiary values; and ¶

(C) Impactful in improving access to care, ability to actively participate in care, work, school, or social activities; and not solely for the convenience or preference of an EPSDT Beneficiary, caregiver, or a provider of the service, item, or dental supply; and ¶

(D) The most cost-effective level or type of health services, items, or supplies that are covered services that can be safely and effectively provided to an EPSDT Beneficiary. ¶

(b) All covered services must be EPSDT Dentally Appropriate for the EPSDT Beneficiary but not all EPSDT Dentally Appropriate services are covered services. ¶

(2) "EPSDT Beneficiary" means an individual under the age of 21 who is covered by the Oregon Health Plan (OHP). ¶

(3) "EPSDT Medically Appropriate:" ¶

(a) Means health services, items, or medical supplies that are: ¶

(A) Recommended by a licensed health practitioner practicing within the scope of their license; and ¶

(B) Safe, effective, and appropriate for the EPSDT Beneficiary and generally recognized by the relevant scientific or professional community based on the best available evidence, which includes medical literature and expert consensus opinion and takes into account EPSDT Beneficiary values; and ¶

(C) Impactful in improving access to care, ability to actively participate in care, work, school, or social activities and not solely for the convenience or preference of an EPSDT Beneficiary, caregiver, or a provider of the service, item, or medical supply; and ¶

(D) The most cost-effective level or type of health services, items, or medical supplies that are covered services that can be safely and effectively provided to an EPSDT Beneficiary. ¶

(b) All covered services must be EPSDT Medically Appropriate for the EPSDT Beneficiary, but not all EPSDT Medically Appropriate services are covered services. ¶

(4) "EPSDT Medically Necessary:" ¶

(a) Means health services, items and medical supplies that are required to address one or more of the following for an EPSDT Beneficiary: ¶

(A) The prevention, diagnosis, treatment or amelioration of an EPSDT Beneficiary's disease, condition, or disorder that results in health impairments or a disability; ¶

(B) The ability for an EPSDT Beneficiary to achieve age-appropriate growth and development. Services that may be EPSDT Medically Necessary to achieve age-appropriate growth and development include but may not be limited to services that are reasonably calculated to improve the EPSDT Beneficiary's ability to participate in work or school, or the prevention, diagnosis, detection, treatment, cure, correction, reduction, or alleviation of the effects of a physical, mental, behavioral, nutritional, dental, genetic, developmental or congenital condition, injury, or disability, regardless of whether they are included on the Prioritized List of Health Services (defined in OAR 410-120-0000) or are below the funding line on the Prioritized List of Health Services; ¶

(C) The ability for an EPSDT Beneficiary to attain, maintain, or regain independence in self-care, ability to perform activities of daily living or improve health status; or ¶

(D) The opportunity for an EPSDT Beneficiary receiving Long Term Services & Supports (LTSS) to have access to

the benefits of non-institutionalized community living, to achieve person-centered care goals, to participate in their own care planning, and to live and work in the setting of their choice. ¶

(b) An EPSDT Medically Necessary service must also be EPSDT Medically Appropriate. All covered services must be EPSDT Medically Necessary for the EPSDT Beneficiary.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, 414.065, 414.150

ADOPT: 410-151-0002

NOTICE FILED DATE: 10/19/2023

RULE SUMMARY: The EPSDT program ensures comprehensive and preventive healthcare services to EPSDT beneficiaries. EPSDT provides EPSDT Medically Necessary and EPSDT Medically Appropriate Medicaid-covered services to treat physical, dental, vision, developmental, nutritional and mental and behavioral health conditions for children and youth ages 0-21.

CHANGES TO RULE:

410-151-0002

Coverage Requirements

(1) The coverage requirements for services to EPSDT Beneficiaries set forth in this Rule supersede any other coverage standards or requirements set forth in any other Medical Assistance rules that are applicable to non-EPSDT Beneficiaries, regardless of whether the other standards or requirements conflict or are otherwise inconsistent with the EPSDT coverage requirements in this Rule. ¶

(2) The Oregon Health Authority (the Authority) and Managed Care Entities (MCEs) must cover services that are EPSDT Medically Necessary and EPSDT Medically Appropriate (or EPSDT Dentally Appropriate) for EPSDT Beneficiaries, even if: ¶

(a) The services are not included or paired on the Prioritized List of Health Services (defined in OAR 410-120-0000); or ¶

(b) The service is below the funding line on the Prioritized List of Health Services. ¶

(3) The Authority and MCEs may not deny coverage of services for EPSDT Beneficiaries without a case-by-case review for EPSDT Medical Necessity and EPSDT Medical Appropriateness (or EPSDT Dental Appropriateness). It is allowable for services to be denied for EPSDT Beneficiaries after a case-by-case review in which it is determined by the Authority or the MCE that the service is not EPSDT Medically Necessary and EPSDT Medically Appropriate (or EPSDT Dentally Appropriate) for that specific EPSDT Beneficiary. Specific circumstances in which the Authority and MCEs may deny coverage of services for an EPSDT Beneficiary are outlined in a guidance document, effective January 1, 2023, available at <https://www.oregon.gov/oha/HSD/OHP/Tools/EPSDT-Guidance.pdf>. ¶

(4) The Authority and MCEs must cover Durable Medical Equipment for EPSDT Beneficiaries in accordance with sections (1) through (3) of this rule and OAR 410-122-0010 through OAR 410-122-0720. ¶

(5) Providers must not refuse to render or refer for EPSDT Medically Necessary and EPSDT Medically Appropriate (or EPSDT Dentally Appropriate) care. Coverage decisions must be made by the Authority or the MCE in accordance with the requirements in sections (1) through (4) of this rule and any denial of coverage must be provided in writing by the Authority or the MCE in accordance with the requirements in OAR 410-151-0007. Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, 414.065, 414.150

ADOPT: 410-151-0003

NOTICE FILED DATE: 10/19/2023

RULE SUMMARY: The EPSDT program ensures comprehensive and preventive healthcare services to EPSDT beneficiaries. EPSDT provides EPSDT Medically Necessary and EPSDT Medically Appropriate Medicaid-covered services to treat physical, dental, vision, developmental, nutritional and mental and behavioral health conditions for children and youth ages 0-21.

CHANGES TO RULE:

410-151-0003

Utilization Management Requirements

- (1) The Oregon Health Authority (Authority) and Managed Care Entities (MCEs) do not have the right to pre-establish limits or caps on the amount of services or number of visits covered for EPSDT Beneficiaries. Instead, coverage decisions must be made in accordance with OAR 410-151-0002. However, it is acceptable to establish limits (for example, 10 physical therapy visits) subject to prior authorization for coverage of additional services. ¶
- (2) The Authority and MCEs do not have the right to require prior authorization for any EPSDT screening services. ¶
- (3) The Authority and MCEs shall promptly complete prior authorization procedures in accordance with OAR 410-141-3835 and OAR 410-130-0200 and the individual program chapter 410 and 309 OARs as applicable. ¶
- (4) The Authority and MCEs shall ensure prompt delivery of EPSDT Medically Necessary and EPSDT Medically Appropriate (or EPSDT Dentally Appropriate) services to EPSDT Beneficiaries.
- Statutory/Other Authority: ORS 413.042
- Statutes/Other Implemented: ORS 414.025, 414.065, 414.150

ADOPT: 410-151-0004

NOTICE FILED DATE: 10/19/2023

RULE SUMMARY: The EPSDT program ensures comprehensive and preventive healthcare services to EPSDT beneficiaries. EPSDT provides EPSDT Medically Necessary and EPSDT Medically Appropriate Medicaid-covered services to treat physical, dental, vision, developmental, nutritional and mental and behavioral health conditions for children and youth ages 0-21.

CHANGES TO RULE:

410-151-0004

Screening Exams

(1) Periodic EPSDT screening exams shall be provided in accordance with the Bright Futures Periodicity Schedule (https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf) and must include:

(a) A comprehensive health and developmental history including assessment of both behavioral health and physical health development;

(b) Assessment of nutritional status;

(c) Comprehensive unclothed physical exam including inspection of teeth and gums;

(d) Appropriate immunizations;

(e) Lead testing as required by OAR 410-130-0246;

(f) Other appropriate laboratory tests (including but not limited to anemia test and sickle cell test) based on age and EPSDT Beneficiary risk;

(g) Health education including anticipatory guidance; and

(h) Appropriate hearing and vision screening.

(2) EPSDT providers may bill for both lab and non-lab services using the appropriate Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes. Immunizations must be billed according to the guidelines listed in OAR 410-130-0255;

(3) Inter-periodic EPSDT screening exams are any EPSDT Medically Necessary and EPSDT Medically Appropriate (or EPSDT Dentally Appropriate) encounters with a physician or other licensed practitioner of the healing arts within their scope of practice under State law. Inter-periodic EPSDT exams may occur at any time and may be warranted when the EPSDT Beneficiary has been ill or has experienced a change in health or development.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, 414.065, 414.150

ADOPT: 410-151-0005

NOTICE FILED DATE: 10/19/2023

RULE SUMMARY: The EPSDT program ensures comprehensive and preventive healthcare services to EPSDT beneficiaries. EPSDT provides EPSDT Medically Necessary and EPSDT Medically Appropriate Medicaid-covered services to treat physical, dental, vision, developmental, nutritional and mental and behavioral health conditions for children and youth ages 0-21.

CHANGES TO RULE:

410-151-0005

Referrals

(1) When a medical, behavioral health, nutritional, or dental condition is discovered during the EPSDT screening process, the EPSDT Beneficiary shall be referred to an appropriate provider for further diagnosis and, when EPSDT Medically Necessary and EPSDT Medically Appropriate (or EPSDT Dentally Appropriate), receive treatment. ¶

(2) The screening provider shall explain the need for the referral to the EPSDT Beneficiary, and, when applicable, the EPSDT Beneficiary's parent or guardian.¶

(3) If the EPSDT Beneficiary, EPSDT Beneficiary's parent, guardian, or legal authority agrees to the referral, the referring provider shall offer assistance in finding an appropriate referral provider and making an appointment.¶

(4) The EPSDT Beneficiary's MCE or the Authority shall also make available care coordination as needed.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, 414.065, 414.150

ADOPT: 410-151-0006

NOTICE FILED DATE: 10/19/2023

RULE SUMMARY: The EPSDT program ensures comprehensive and preventive healthcare services to EPSDT beneficiaries. EPSDT provides EPSDT Medically Necessary and EPSDT Medically Appropriate Medicaid-covered services to treat physical, dental, vision, developmental, nutritional and mental and behavioral health conditions for children and youth ages 0-21.

CHANGES TO RULE:

410-151-0006

Transportation and scheduling assistance

In accordance with the responsibilities in OAR 410-136-3000 Medical Transportation Services, the Authority or the MCE must offer and provide, when requested by the EPSDT Beneficiary or their parent or guardian: ¶

(1) Transportation assistance to covered services: ¶

(2) Scheduling assistance for appointments for covered services.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, 414.065, 414.150

ADOPT: 410-151-0007

NOTICE FILED DATE: 10/19/2023

RULE SUMMARY: The EPSDT program ensures comprehensive and preventive healthcare services to EPSDT beneficiaries. EPSDT provides EPSDT Medically Necessary and EPSDT Medically Appropriate Medicaid-covered services to treat physical, dental, vision, developmental, nutritional and mental and behavioral health conditions for children and youth ages 0-21.

CHANGES TO RULE:

410-151-0007

Notice and hearing requirements.

If the Authority or an MCE takes action to deny, suspend, reduce or terminate services for an EPSDT Beneficiary, it must provide the EPSDT Beneficiary, and, as applicable, the EPSDT Beneficiary's parent or guardian, with a written notice that complies with the requirements in OAR 410-141-3885 and OAR 410-120-1865, which require, without limitation: ¶

(1) A statement of the intended action and effective date; ¶

(2) The specific reasons and legal support for the action; ¶

(3) An explanation of the EPSDT Beneficiary's appeal and hearing rights; ¶

(4) The EPSDT Beneficiary's rights to representation.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, 414.065, 414.150

ADOPT: 410-151-0008

NOTICE FILED DATE: 10/19/2023

RULE SUMMARY: The EPSDT program ensures comprehensive and preventive healthcare services to EPSDT beneficiaries. EPSDT provides EPSDT Medically Necessary and EPSDT Medically Appropriate Medicaid-covered services to treat physical, dental, vision, developmental, nutritional and mental and behavioral health conditions for children and youth ages 0-21.

CHANGES TO RULE:

410-151-0008

EPSDT Beneficiary communication requirements

The Authority and MCEs must notify EPSDT Beneficiaries and, as applicable, the EPSDT Beneficiary's parent or guardian, about services covered under EPSDT and how to access them, in accordance with a guidance document which became effective January 1, 2023 and is available at <https://www.oregon.gov/oha/HSD/OHP/Tools/EPSDT-Guidance.pdf>. The notice must comply with the criteria for written materials set forth in OAR 410-141-3585 and be sent to EPSDT Beneficiaries and, as applicable, the EPSDT Beneficiary's parent or guardian in accordance with the following timelines:¶

(1) Within sixty (60) days of an EPSDT Beneficiary enrolling in Oregon Health Plan (OHP) coverage:¶

(2) Immediately following birth for newborn infants; and¶

(3) Annually for any EPSDT Beneficiary who has not undergone an EPSDT screening or used other OHP services.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, 414.065, 414.150