



# **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) – Supplemental Services**

## **Private Duty Nursing**

Department of Health Care Services



# Objectives

Describe the interconnected roles of California's Child Health and Disability Prevention (CHDP) Program, the California Children's Services (CCS) Program, and the Medi-Cal managed care plans (MCPs) regarding the review and authorization determination of "medically necessary" skilled and non-skilled nursing services.

Introduce Home Health Aid (HHA) Service Providers and Individual Nurse Providers (INPs) to the process used by DHCS to determine "medically necessary" Private Duty Nursing (PDN), and Certified Home Health Aide (CHHA) hours.



# Acronyms and Definitions

CCS	California Children's Services
CHHA	Certified Home Health Aide
DHCS	California Department of Health Care Services
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
HHA	Home Health Aid (Services)
INP	Individual Nurse Provider
MCP	Medi-Cal Managed Care Health Plan
NOA	Notice of Action aka CCS Denial Letter
PDN	Private Duty Nursing (RN or LVN)
POT	Plan of Treatment
SAR	Service Authorization Request
SURGE	Service Utilization Review Guidance and Evaluation
ISCD	Integrated Systems of Care Division
TAR	Treatment Authorization Request



# EPSDT



# What is EPSDT?

EPSDT services are a benefit of the State's Medicaid program (Medi-Cal) that provides comprehensive, preventative, diagnostic, and treatment services to eligible children under the age of 21, as specified in Section 1905(r) of the Social Security Act.

EPSDT is designed to ensure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible.





# Social Security Act Section 1905 (r)

**The term “early and periodic screening, diagnostic, and treatment services” includes:**

Screening services

Vision services

Dental services

Hearing services

Other necessary health care, diagnostic services, treatment, and other measures described in [section 1905\(a\)](#) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan, if those services can be covered under Medicaid.



# Components of EPSDT

EARLY	Assessing and identifying problems early, starting at birth
PERIODIC	Checking children's health at periodic, age-appropriate intervals
SCREENING	Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
DIAGNOSTIC	Performing diagnostic tests to follow up when a risk is identified
TREATMENT	Control, correct, or reduce identified health problems



# Broad Scope of EPSDT

EPSDT includes services that are medically necessary, regardless of whether such services are covered under Medi-Cal.

Service does not need to cure a condition.

Services that maintain, sustain or support the child's current health condition, prevent a condition from worsening, or prevent development of additional health problems are covered because they "ameliorate" a condition.

PDN and CHHA services are covered based on individual need and medical necessity.





# CCS Program Carve-Out

MCP contracts that exclude CCS Program services require the MCP to:

Refer a member under 21 years of age to the beneficiaries local CCS Program office for determination of eligibility upon adequate diagnostic evidence of a CCS Program-eligible condition.

Provide all medically necessary covered services for the CCS Program -eligible condition until CCS Program eligibility is confirmed.

Continue to provide all medically necessary covered services that are unrelated to the CCS Program-eligible condition and coordinate care.

Continue to provide all medically necessary covered services if CCS Program eligibility is denied.



# Medical Necessity

Authorizations for in-home nursing must be based on medical necessity and individual need.

Medically necessary EPSDT services “correct or ameliorate” a condition or illness. Services must be covered when they prevent a condition from worsening or prevent development of additional health problems - which includes maintenance services.



# CHDP & the DHCS Coverage of EPSDT

1973: California's Child Health and Disability Prevention (CHDP) program was established by Chapter 1069, Statutes of 1973 (AB 2068) to provide preventive health, vision, and dental screens to low income children and youth in California to address Section 1905 (r) of the Social Security Act.

CHDP oversees the early and periodic screening and follow-up diagnostic component of the federally mandated EPSDT benefit for Medi-Cal eligible children and youth who are not members of a managed care plan.

The DHCS authorizes EPSDT in-home PDN, and CHHA services only.



# EPSDT Supplemental Services (SS)

**Reviewed and Authorized by DHCS**

EPSDT PDN

- Home Health Aid (HHA) Services
- Individual Nurse Provider (INP)





# Requirements for EPSDT PDN Services

All providers must be licensed by the State of California.

The beneficiary's primary care physician, in accordance with regulations in CCR, Title 22, Division 3, Section 51003 & 51340.1(e), shall prescribe all treatments and interventions.

Must be medically necessary as defined by CCR, Title 22, Section 51003, 51340(e) & 51340.1.

Beneficiary must have full-scope Medi-Cal eligibility without EPSDT restrictions.

EPSDT PDN services are subject to prior authorization.



# PDN Providers

Medi-Cal HHAs

INPs

- Registered Nurse
- Licensed Vocational Nurse



# **Change in Service Authorization Process**



# Change in Service Authorization Process

Starting January 8, 2018

DHCS streamlined the EPSDT authorization process for PDN.

DHCS will no longer issue an Eligibility Verification Request (EVR) on the provider's behalf to the beneficiary's local CCS Program office for eligibility verification.

DHCS will no longer issue an In-Service Request (ISR) referencing the recommended service hours.





# Beneficiaries Enrolled in MCP

1

- DO NOT submit a TAR directly to DHCS.
- Refer to the MCP for service authorization.

2

- If MCP believes the beneficiary is CCS eligible, and the service is in support of a CCS eligible condition, the MCP will refer the Provider to submit a SAR to the beneficiary's local CCS Program office.

3

- If the service and beneficiary are CCS Program eligible, beneficiary's county CCS Program office will adjudicate the SAR.



# Beneficiaries Enrolled in MCP (cont.)

4

- If the CCS authorization (SAR) is denied and the request is medically necessary, submit the request and the CCS denial, if available, to the MCP for adjudication.

5

- DHCS TARs received for MCP enrollees will be denied.



# Fee-for-Service Beneficiaries

1

- If beneficiary is not enrolled in a MCP and has a CCS Program eligible medical condition, submit a SAR to the beneficiary's local county CCS Program office.

2

- Beneficiary's CCS Program office will review and adjudicate the SAR.

3

- If beneficiary is not enrolled in a MCP and the CCS Program denied the SAR, submit a TAR with CCS Program NOA, the POT, and supportive clinical documentation to DHCS for adjudication.



# Other Changes



# Notification Changes

Service approval is communicated through the adjudication response to the provider.

Providers and Counties are responsible to notify beneficiaries when adjudications are completed.

Adjudication responses and NOAs serve as notification of denials and modifications to providers and beneficiaries.



# **Helpful Information, References, and Resources**



# Helpful Information

Providers are responsible to direct beneficiaries to the DHCS website.

Providers can refer to the MCP's provider services telephone line on the back of the member's card.

Program information is available online at:

[http://files.medi-cal.ca.gov/pubsdoco/Manuals\\_menu.asp](http://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.asp)

PDN inquiries can be emailed to:

[PDNInquiries@dhcs.ca.gov](mailto:PDNInquiries@dhcs.ca.gov).



# References and Resources



[EPSDT-A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents](#)



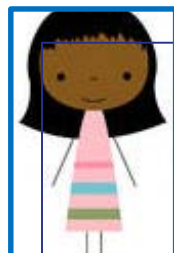
[Social Security Act Section 1905 \(a\) and \(r\)](#)



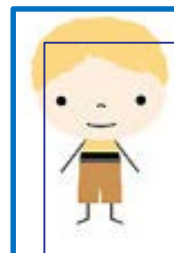
[Title 22 of the California Code of Regulations](#)



[California Department of Health Care Services - EPSDT](#)



[California Department of Health Care Services - Providers and Partners](#)



[All Plan Letter 14-017 Requirements for Coverage of EPSDT Services](#)





# Questions & Discussion

