



Department of
HUMAN SERVICES

***Iowa Medicaid
Early and Periodic Screening,
Diagnostic, and Treatment Service
Report***

September 27, 2021

Executive Summary

The purpose of this report is to ensure that pediatric health care services provided to Medicaid-eligible children are consistent with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program and that available services are aligned with federal and state policies.

The Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) program is Medicaid's federally mandated comprehensive and preventive health program for individuals younger than 21. EPSDT is part of the Omnibus Budget Reconciliation Act of 1989 and requires states to cover all services within the scope of the federal Medicaid program. The program is designed to focus on early prevention and treatment. Requirements include periodic screening, vision, dental and hearing services. Early identification and treatment of children at risk for developmental delay is critical to helping them achieve their full potential in life.

The EPSDT benefit is more robust than the Medicaid benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of EPSDT is to assure that individual children get the health care they need when they need it – the right care, to the right child, at the right time, in the right setting.

In preparation for the report, federal and state policies regarding EPSDT, as well as Centers for Medicare and Medicaid (CMS) informational bulletins about the program were reviewed. In addition, data provided to CMS and claims data were analyzed in an effort to quantify the services provided under EPSDT in Iowa. The Iowa Pediatric Collaborative, a group of leaders from multiple pediatric organizations across the state, who work together on issues affecting children, was also contacted for additional input.

The report outlines the key services provided under EPSDT, some services unique to Iowa, and the challenges of quantifying EPSDT services. The report also describes the use of telehealth to deliver some of the services, along with recommendations about ways to better define and identify services provided to children under EPSDT.

The total number of screenings completed through well child examinations is lower than the expected number of screenings completed for all age groups. Though the numbers for school aged children have been declining, the public health emergency may have had a negative impact in the total number of screenings completed for FFY20.

Throughout the research for the report, it was identified that EPSDT services could be better defined and identified to provide more clarity for providers and allow for a more thorough analysis.

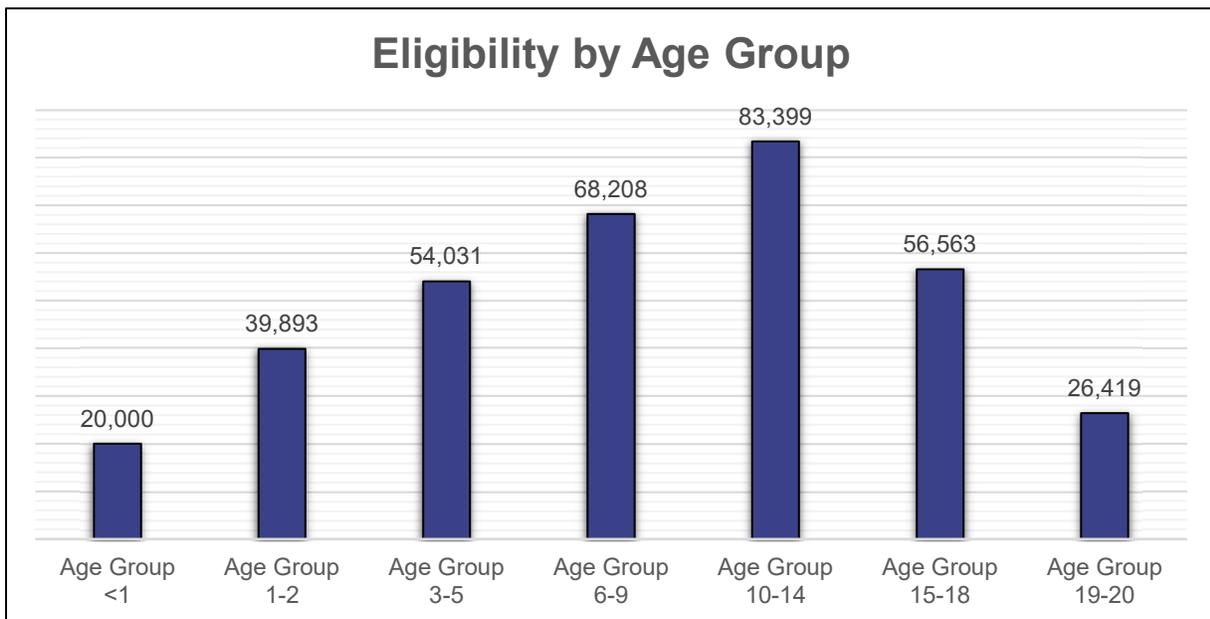
An attempt was made to pull claims data to quantify EPSDT treatment services using the specific EPSDT billing identification numbers. However, only 828 claims were identified using this identification and they were for initial and periodic comprehensive

screenings. Inconsistent use of the billing identification to differentiate EPSDT services made it difficult to obtain a true picture of services provided.

Key Findings

Based on a report the state submits to CMS annually outlining EPSDT services, there were 348,513 children eligible for EPSDT services during Federal Fiscal Year (FFY) 20. Graph 1 displays the breakdown of individuals, by age group. The 10-14 age group had the highest number of eligible individuals with 83,399 and the under 1 age group had the lowest number with 20,000 eligible individuals.

Graph 1



EPSDT Eligibility by Age Group

The EPSDT program covers screening, diagnostic, treatment, and other health care services for Medicaid-eligible children from birth until the age of 21, as specified in section 1905(r) of the Social Security Act.

States must ensure the provision of, and pay for, any services, including treatment, in accordance with mandatory and optional benefits identified in section 1905(a) of the Social Security Act, determined to be “medically necessary” for the child or adolescent. The determination of whether a service is medically necessary must be made on a case-by-case basis, taking into account the particular needs of the child.

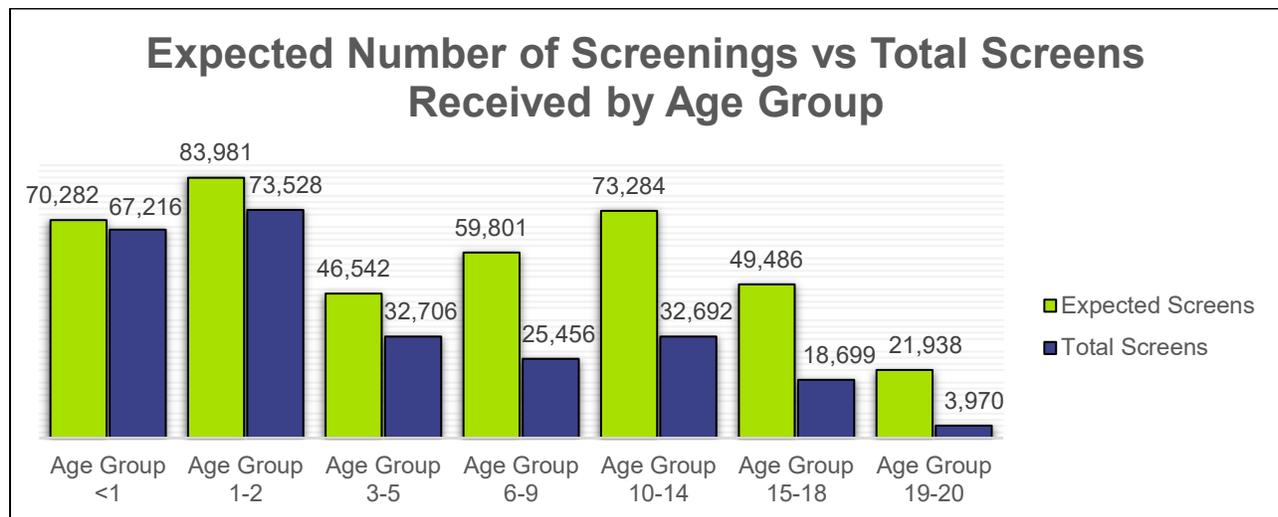
Screening Services

Developmental screenings serve a number of important purposes. The primary purpose is to help identify children who are at risk of developmental delay so that needs can be assessed and addressed early in life.

Screening Services include a comprehensive health and developmental history, comprehensive unclothed physical exam, immunizations, labs, and health education. Iowa Medicaid recommends various materials to determine the existence of certain physical, developmental, or mental illnesses or conditions including the Bright Futures, Guidelines for Health Supervision of Infants, Children, and Adolescents, Bright Futures Pediatric Intake Form, World Health Organization (WHO) growth chart/Center for Disease Control (CDC) growth charts, pediatric vision and hearing assessments, and the Ages and Stages brochure.

Graph 2 shows the total number of screenings versus the expected number of screenings by age group. Out of 405,314 expected screenings, there were only 254,267 received by all age groups. The highest number of screenings administered were to children ages 3-5 with the lowest number received by individuals aged 19-20. In FFY 20, the number of screenings completed compared to the number of expected screenings drops dramatically between ages 1-2 and ages 3-5 and continues to decline steadily. This may be due to the fact that as children enter school and have received all their necessary vaccines, many of their encounters for primary health care include a sports physical and may not be classified correctly to be pulled into the data set. By the time a member reaches age 19-20, total screenings are only 18 percent of the expected screenings.

Graph 2



Expected Number of Screenings vs Total Screens Received by Age Group

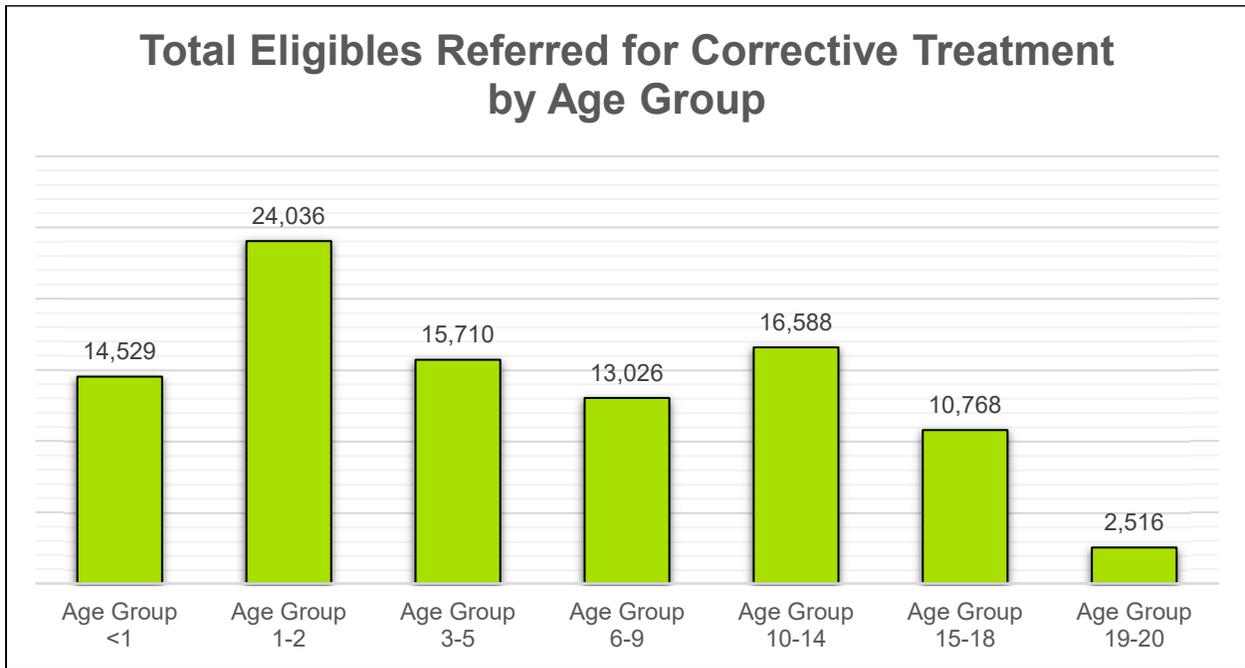
Diagnostic Services

If a need is identified during a screening, a referral for further evaluation and diagnostic services must be provided. Children identified with a developmental or social emotional concern should have a referral for comprehensive diagnostic evaluation and care coordination to assist the child, family, and healthcare team to develop a family - centered plan of care to optimize the child’s development and support the family. The

child should have periodic reassessment of progress completed by a health professional.

Graph 3 details the total eligible members referred for corrective treatment following screening and diagnostic services in FFY20.

Graph 3



Total Eligibles Referred for Corrective Treatment by Age Group

Treatment Services

Medically necessary treatments must be provided after a need is identified during a screening and/or diagnostic procedure. There are no limitations regarding coverage of treatment services under the EPSDT program, regardless of the limitations under the State Plan. Examples of treatment services covered under EPSDT include:

- Physical Therapy- Physical Therapy focuses on improving strength, flexibility, coordination, balance, movement, and gross motor skills. This can include assistance with the use of adaptive and mobility equipment based on the needs of the child.
- Speech Therapy- Speech Therapy provides treatment for speech disorders, communication problems, aphasia, dysarthria, swallowing, and feeding problems.
- Occupational Therapy- Occupational Therapy supports children in their ability to complete skills of everyday life. These services can address feeding skills, sensory or motor development, and interacting with others.

- Vision- Vision services are provided to improve eye health of children and treat visual impairment. This can include eyeglasses and corrective procedures.
- Dental- Dental services are provided to improve the overall oral health for children. These services can include preventative treatment, restorative treatment, and orthodontia services.
- Hearing- Hearing Services can improve a child's development through early intervention. Treatment for hearing loss can include hearing aids, assistive devices, and cochlear implants.

It is up to the state to determine the medically necessity of a treatment on a case-by-case basis.

Other Health care Services

Other Health Care Services are provided when the service is appropriate and medically necessary. These services are reviewed on a case-by-case basis based on the individual needs of the member. These services include, but are not limited to:

- Mental Health Services- These services are provided to treat any conditions that were identified through screenings and diagnostic evaluations. The American Academy of Pediatrics recommends screenings in the following areas: autism, depression and alcohol and drug use. Treatment for mental health can include psychotherapy, medication management, behavioral health intervention and outreach, social skills development, and alcohol and substance use services.
- Private Duty Nursing Services- Private duty nursing services are provided by a registered nurse or licensed practical nurse under the direction of the child's physician. These services can include medication administration, assistance with activities of daily living (ADL), skilled therapies, and skilled assessments.
- Personal Care services- Personal care services are provided by a home health aide or certified nurse's aide and supervised by a registered nurse under the direction of the child's physician. These services can include assistance with ADLs. Personal care services can be provided under EPSDT when the member has needs that exceed the State Plan policy limits.
- Durable Medical Equipment- Wheelchairs, gait trainers, standers, specialized car seats, bath equipment, and Nutrition services can be provided to meet the unique and specialized needs of a child.
- Child Care Medical Services -This program is a goal-oriented day service that provides medical and therapeutic services in addition to childcare for children that cannot be served effectively by traditional daycare. Medically necessary

services are provided under a plan of care and include medical, nursing, personal care, psychosocial and developmental therapies required by the medically complex child.

Child Care Medical Services

Child Care Medical Services was developed in 2013 as a demonstration project and added to State Plan Services in 2016. Its goal is to provide day services in a licensed childcare center for children up to 21 years of age who have complex medical needs. Due to these complex needs, these individuals cannot be cared for in a typical childcare setting. This program was developed in Iowa and designed to meet the needs of children accessing Iowa Medicaid services.

Using a hybrid approach of nursing, therapy and health aide services, this program provides children with personal care, socialization, development, occupational (OT) physical (PT) or speech therapy (ST), behavioral services and specialized medical care for up to eleven hours a day depending on the needs of the child and the family. This program currently serves approximately 77 children.

As the service has grown, and traditional assessment tools have not been able to fully capture the unique needs of the children and families using this service, the Department has been working in collaboration with ChildServe over the last eight months to achieve a standardized approach for authorization of this service. The intent of the program, services provided, and the scoring tools used were reviewed. A new scoring tool was created to address the uniqueness of this program and the children it serves. Currently ChildServe is the only provider in Iowa that delivers this type of service for children with complex needs.

Telehealth

During the public health emergency (PHE) beginning in 2020, the use of telehealth to provide health care services that were traditionally provided in-person, increased significantly. This was due in part to the Governor's Executive Order authorizing the provision of telehealth services via audio-only telephone and requiring reimbursement for medically necessary, clinically appropriate telehealth services to be reimbursed on the same basis as covered in-person services.

From January 1, 2020, to December 31, 2020, 1,035,025 telehealth claims were reimbursed by Iowa Medicaid. Many providers utilized telehealth for various services covered within this report and provided under EPSDT, though due to inconsistent billing identification we are not able to determine the number of services provided that would have been classified as EPSDT. Prior to the public health emergency in 2020, therapies such as physical, OT, PT and ST had not been provided via telehealth in significant numbers, although Iowa Administrative code IAC 208.3(2) outlines requirements for providing these services via telehealth.

For calendar year (CY) 20, there were 2,494 occupational therapy services provided using telehealth. One hundred percent of those were administered during the PHE. Prior to the public health emergency declaration in March of 2020, there were no telehealth occupational therapy claims for CY20.

One thousand nine hundred and sixty physical therapy services were provided during CY20, and 100 percent of these services occurred during the PHE.

Despite not addressing telehealth services in code or regulation for speech therapy, 23 of the 3,762 services provided using telehealth in CY20 were completed prior to the PHE. This was also the largest category of services provided using telehealth of the three therapies. This number does not include audiology services.

The Iowa Medicaid Quality Improvement Organization (QIO) in collaboration with providers and stakeholders is dedicated to evaluating claims and member outcomes to determine need for continued coverage policies for telehealth services post PHE. There may be a role for telehealth in EPSDT services post pandemic but its application and effectiveness in providing traditionally hands-on face-to-face services such as OT, PT and ST is still being determined and evaluated. Additional data is not available at this time as telehealth was not widely used prior to the PHE and additional ongoing review of data will need to be completed once the PHE has ended to fully determine effectiveness.

Conclusion and Recommendations

EPSDT services are critical to the early detection, diagnosis, and treatment of children's medical issues to provide the best outcome possible and partner with families in navigating diagnoses that require lifelong treatment and services. While the focus of EPSDT is screening, diagnosis and treatment, Iowa Medicaid has worked with provider organizations to create services and reimbursement unique to Iowa that delivers specialized services to meet the needs of medically complex children.

Research for this report uncovered some gaps regarding what qualifies as EPSDT services, and issues with data identification that made it difficult to determine all the services that are provided under EPSDT. To that end, the report makes some recommendations about ways to address these issues.

Recommendations include:

- Iowa Medicaid to collaborate with federal partners at CMS and provide clarification and education to providers to offer a greater understanding of the use of EPSDT services. The services should be provided based on the result of a screening and/or diagnostic procedure.
- Iowa Medicaid will provide clarification and education to providers to ensure that any service provided as a result of an EPSDT screening and/or diagnostic

procedure should be identified by using a modifier along with the billing code to clearly identify EPSDT services.

- Department of Human Services (DHS), with Department of Public Health (DPH) should analyze the decline in recommended screenings to identify which screenings are being missed and areas for improvement that could result in earlier diagnosis and treatment of issues.
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Iowa Medicaid is committed to helping improve children's health outcomes and will be implementing the changes recommended within this report over the next year.

DHS appreciates the time and effort the stakeholders have given to this effort.