DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

DATE: March 16, 2023

ALL PLAN LETTER 23-005
SUPERSEDES ALL PLAN LETTER 19-010

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: REQUIREMENTS FOR COVERAGE OF EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT SERVICES FOR MEDI-CAL MEMBERS UNDER THE AGE OF 21

PURPOSE:
The purpose of this All Plan Letter (APL) is to clarify the responsibilities of Medi-Cal managed care health plans (MCPs) to provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to eligible Members under the age of 21. This policy applies to all Members under the age of 21 who are enrolled in MCPs. This guidance is intended to reinforce existing state and federal laws and regulations regarding the provisions of Medi-Cal services, including EPSDT. This guidance is also intended to outline requirements for MCPs to ensure Members have access to information on EPSDT and Network Providers receive standardized training on EPSDT utilizing the newly developed DHCS Medi-Cal for Kids and Teens Outreach and Education Toolkit.

BACKGROUND:
In 1967, Congress expanded the Medicaid benefit for children with the creation of the EPSDT benefit. The EPSDT benefit is set forth in the Social Security Act (SSA) Section 1905(r) and Title 42 of the United States Code (USC) Section 1396d.[1, 2] The EPSDT benefit provides a comprehensive array of prevention, diagnostic, and treatment services for individuals under the age of 21 who are enrolled in full-scope Medicaid. According to guidance from the Centers for Medicare and Medicaid Services (CMS), titled EPSDT —A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents (June 2014) on page one, “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

[1] SSA Section 1905 is available at: https://www.ssa.gov/OP_Home/ssact/title19/1905.htm
[2] 42 USC Section 1396d is available at: http://uscode.house.gov/view.xhtml?req=(title:42%20section:1396d%20edition:prelim

care they need when they need it—the right care to the right child at the right time in the right setting."[3]

Under the EPSDT benefit, states are required to provide any Medicaid-covered service listed within the categories of mandatory and optional services in the SSA Section 1905(a), regardless of whether such services are covered under California's Medicaid State Plan, for Members who are eligible for EPSDT services when the services are determined to be Medically Necessary to correct or ameliorate defects and physical and mental illnesses or conditions.

The SSA Section 1905(r) and Title 42 of the USC Section 1396d(r) defines EPSDT services as follows:

> (r) Early and periodic screening, diagnostic, and treatment services. The term "early and periodic screening, diagnostic, and treatment services" means the following items and services:
> (1) Screening services—
> (A) which are provided—
> (i) at intervals which meet reasonable standards of medical and dental practice, as determined by the State after consultation with recognized medical and dental organizations involved in child health care and, with respect to immunizations under subparagraph (B)(iii), in accordance with the schedule referred to in section 1396s(c)(2)(B)(i) of this title for pediatric vaccines, and
> (ii) at such other intervals, indicated as medically necessary, to determine the existence of certain physical or mental illnesses or conditions; and
> (B) which shall at a minimum include—
> (i) a comprehensive health and developmental history (including assessment of both physical and mental health development),
> (ii) a comprehensive unclothed physical exam,
> (iii) appropriate immunizations (according to the schedule referred to in section 1396s(c)(2)(B)(i) of this title for pediatric vaccines) according to age and health history,

[3] EPSDT — A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents is available at: https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf

(iv) laboratory tests (including lead blood level assessment appropriate for age and risk factors), and
(v) health education (including anticipatory guidance).

(2) Vision services—
(A) which are provided—
(i) at intervals which meet reasonable standards of medical practice, as determined by the State after consultation with recognized medical organizations involved in child health care, and
(ii) at such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition; and
(B) which shall at a minimum include diagnosis and treatment for defects in vision, including eyeglasses.

(3) Dental services—
(A) which are provided—
(i) at intervals which meet reasonable standards of dental practice, as determined by the State after consultation with recognized dental organizations involved in child health care, and
(ii) at such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition; and
(B) which shall at a minimum include relief of pain and infections, restoration of teeth, and maintenance of dental health.

(4) Hearing services—
(A) which are provided—
(i) at intervals which meet reasonable standards of medical practice, as determined by the State after consultation with recognized medical organizations involved in child health care, and
(ii) at such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition; and
(B) which shall at a minimum include diagnosis and treatment for defects in hearing, including hearing aids.

(5) Such other necessary health care, diagnostic services, treatment, and other measures described in subsection (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.

Bright Futures Periodicity Schedule and Guidelines for Pediatric Preventive Care
The Patient Protection and Affordable Care Act (ACA) specified that coverage of Preventive Care and screenings must be conducted with evidence-informed, comprehensive guidelines supported by the Health Resources and Services Administration (HRSA), which is an agency of the United States Department of Health and Human Services. HRSA participated in the development of, and provides ongoing support to, the national health promotion and prevention initiative known as Bright Futures, which is led by the American Academy of Pediatrics (AAP). The AAP develops theory-based and evidence-based guidance and recommendations for Preventive Care screenings and well-child visits for children and regularly publishes updated tools and resources for use by clinicians and state agencies. These tools include the "Bright Futures Guidelines" and the "Recommendations for Preventive Pediatric Health Care," which is also known as the "periodicity schedule." The periodicity schedule indicates specific preventive screenings and procedures that are to be provided to children at age-specific periodic intervals from birth through age 21.[4]

EPSDT in California
For Members under age 21, MCPs must provide a more robust range of Medically Necessary services than they do for adults that include standards set forth in federal and state law specific to EPSDT. This includes the contractual obligation to provide EPSDT in accordance with the AAP/Bright Futures periodicity schedule.[5]

EPSDT is established in the Medi-Cal Schedule of Benefits set forth in Welfare and Institutions Code (WIC) Section 14132(v)[6], which states that, "Early and periodic screening, diagnosis, and treatment for any individual under 21 years of age is covered, consistent with the requirements of Subchapter XIX (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code."[7]

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[4] For more information about the AAP/Bright Futures initiative, and to view the most recent periodicity schedule and guidelines, go to https://brightfutures.aap.org/Pages/default.aspx. Additional information on the periodicity schedule is available at: https://www.aap.org/en-us/professional-resources/practice- transformation/managing-patients/Pages/Periodicity-Schedule.aspx
[5] MCP Contract, Exhibit A, Attachment 10, Services for Members under Twenty-One (21) Years of Age. MCP Contracts are available at: https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx.
[6] WIC Section 14132. State law is searchable at: https://leginfo.legislature.ca.gov/faces/codes.xhtml.
[7] 42 USC Chapter 7, Subchapter XIX. The USC is searchable at: https://uscode.house.gov/.

WIC Section 14059.5(b)(1)[8] states that for individuals under 21 years of age, a service is "Medically Necessary" or a "Medical Necessity" if the service meets the standards set forth in Section 1396d(r)(5) of Title 42 of the United States Code. WIC Section 14059.5(b)(2) requires DHCS and its contractors to update any model evidence of coverage documents, beneficiary handbooks, and related material to ensure the Medical Necessity standard for coverage for individuals under 21 years of age is accurately reflected in all materials.

POLICY:
EPSDT includes but is not limited to the specific services listed above in Title 42 of the USC Section 1396d(r). For Members under the age of 21, MCPs are required to provide and cover all Medically Necessary EPSDT services, defined as any service that meets the standards set forth in Title 42 of the USC Section 1396d(r)(5), unless otherwise carved out of the MCP Contract, regardless of whether such services are covered under California's Medicaid State Plan for adults, when the services are determined to be Medically Necessary to correct or ameliorate defects and physical and mental illnesses or conditions.

A service does not need to cure a condition in order to be covered under EPSDT. Services that maintain or improve the child's current health condition, or those that can prevent adverse health outcomes, are also covered under EPSDT because they "ameliorate" a condition. Maintenance services are defined as services that sustain or support rather than those that cure or improve health problems. Services are covered when they prevent a condition from worsening or prevent development of additional health problems. The common definition of "ameliorate" is to "make more tolerable or to make better." Additional services must be provided if determined to be Medically Necessary for an individual child.[9]

Medical Necessity decisions are individualized. Flat or hard limits based on a monetary cap or budgetary constraints are not consistent with EPSDT requirements and, thus, are not permitted. When Medically Necessary, MCPs may not impose limits on EPSDT services and must cover services listed in Section 1905(a) of the SSA regardless of whether or not they have been approved under a State Plan Amendment (SPA)

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[8] WIC Section 14059.5. State law is searchable at: https://leginfo.legislature.ca.gov/faces/codes.xhtml.
[9] EPSDT — A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents, pages 23 and 24, is available at: https://www.hhs.gov/guidance/document/epsdt-guide-states-coverage-medicaid-benefit-children-and-adolescents.

Pursuant to WIC Section 14059.5(b)(1), for individuals under 21 years of age, a service is considered "Medically Necessary" or a "Medical Necessity" if the service meets the standards set forth in federal Medicaid law for EPSDT (Title 42 of the USC Section 1396d(r)(5)). Therefore, an EPSDT Covered Service is considered Medically Necessary or a Medical Necessity when it is necessary to correct or ameliorate defects and physical and mental illnesses and conditions. MCPs must apply this definition when determining if a service is Medically Necessary or a Medical Necessity for any Member under the age of 21.

MCPs must use the current AAP Bright Futures periodicity schedule and guidelines when delivering care to any Member under the age of 21, including but not to health and developmental screening services, physical examination, dental services, vision services, and hearing services.[10] MCPs must provide all age-specific assessments and services required by the MCP Contract and the AAP/Bright Futures periodicity schedule. However, this does not alleviate MCPs of their responsibility to provide any Medically Necessary EPSDT services that exceed those recommended by AAP/Bright Futures.

All Members under the age of 21 must receive EPSDT preventive services, including screenings, designed to identify health and developmental issues as early as possible. MCPs must provide Members with appropriate referrals for diagnosis and treatment without delay. MCPs are also responsible for ensuring Members under the age of 21 have timely access to all Medically Necessary services and that appropriate diagnostic and treatment services are initiated as soon as possible, but no later than 60 calendar days following either a preventive screening or other visit that identifies a need for follow-up.

In addition, MCPs must comply with the Americans with Disabilities Act mandate to provide services in the most integrated setting appropriate to Members and in compliance with anti-discrimination laws.[11,12]

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[10] MCP Contract, Exhibit A, Attachment 10, Services for Members under Twenty-One (21) Years of Age.
[11] Olmstead v. L.C. (1999) 527 U.S. 581. Decisions from the Supreme Court of the United States are available at: https://www.supremecourt.gov/
[12] California Government Code (GOV) Section 11135. GOV Section 11135 is available at: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=11135.&lawCode=GOV

Behavioral Health Treatment
MCPs are responsible for providing Medically Necessary Behavioral Health Treatment (BHT) services consistent with the requirements in this APL.[13]

Case Management and Care Coordination, Transportation, and Member Information
MCPs must provide case management and care coordination for all Medically Necessary EPSDT services.[14] MCPs must also ensure the coverage of Targeted Case Management (TCM) services.[15] MCPs are responsible for determining whether a Member under the age of 21 meets eligibility criteria for TCM services. MCPs must also refer Members who are eligible for TCM services to a Regional Center (RC) or local governmental health program, as appropriate for the provision of TCM services. If the Member under the age of 21 is receiving TCM services, the MCP is responsible for coordinating the Member's health care with the TCM Provider, and for determining the Medical Necessity of diagnostic and treatment services that are covered under the MCP Contract that are recommended by the TCM Provider. If it is determined that a Member is not eligible for TCM services, the MCP must ensure that the Member's access to services is comparable to TCM services.

MCPs are also required to provide appointment scheduling assistance and necessary transportation, including Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) to and from medical appointments for the Medically Necessary EPSDT services pursuant to their Contracts with DHCS.[16] Consistent with the requirements in APL 22-008, or subsequent updates to this APL, MCPs must provide NMT for all Medically Necessary services, including those services that are carved-out of the MCP Contract. MCPs are also required to establish procedures for Members to obtain necessary transportation services.

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[13] For more information on BHT, see APL 19-014, Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21, or subsequent updates to this APL. APLs are available at: https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx
[14] As defined in the MCP Contract coming into effect in 2024, Exhibit A, Attachment I, Section 1.0 Definitions and Acronyms, Care Coordination means an MCP's coordination of services for a Member between settings of care that includes: appropriate Discharge Planning for short term and long-term hospital and institutional stays, and appropriate follow up after an emergency room visit; services the Member receives from any other MCP; services the Member receives in Fee-For-Service (FFS); services the Member receives from out-of-Network Providers; and services the Member receives from community and social support Providers.
[15] MCP Contract, Exhibit A, Attachment 11, Case Management and Coordination of Care.
[16] APLs are searchable at: http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx.

MCPs must effectively inform Members under the age of 21, or their families/primary caregivers, about EPSDT, including the benefits of Preventive Care, the services available under EPSDT, where and how to obtain these services, and that necessary transportation and scheduling assistance is available. In addition to existing requirements for the provision of the Member Handbook/Evidence of Coverage to Members, this information must be provided annually to Members under age 21 or their families/primary caregivers.[17] MCPs have a responsibility to provide health education, including anticipatory guidance, to Members under age 21 and to their parents or guardians in order to effectively use those resources, including screenings and treatment.[18,19] The information provided must meet all language and accessibility standards, including translation, font, and format requirements, as set forth in federal and state law; the MCP Contract; and APLs, including APL 21-004, Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services, and APL 18-016, Readability and Suitability of Health Education Materials, or subsequent updates to these APLs.

Certain Carved-Out Services

For Members under the age of 21, MCPs are required to provide and cover all Medically Necessary EPSDT services except those services that are specifically carved out of the MCP Contract and not included in the MCP's capitated rate. Carved-out services vary and can include, but are not limited to, California Children's Services (CCS) Program for non-Whole Child Model (WCM) counties, , pharmacy services, dental services, Specialty Mental Health Services, and Substance Use Disorder Services. This portion of the APL is not intended to address all carved-out services; however, DHCS is providing necessary clarification to MCPs below specific to the CCS Program and dental services for when these services are carved-out of the MCP Contract.

MCPs must provide NMT for all Medically Necessary services, including those services that are carved out of the MCP Contract. MCPs are responsible for coordination for NEMT.

California Children's Services Program

Some MCP Contracts carve-out coverage for CCS-eligible conditions.[20] If a Member of an MCP is under the age of 21 and the MCP Contract carves out coverage for CCS-

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[17] Title 42 of the Code of Federal Regulations (CFR), Part 441. The CFR is searchable at: https://www.ecfr.gov/.
[18] 42 USC Section 1396d(r)(1)(B)(v)
[19] EPSDT — A Guide for State: Coverage in the Medicaid Benefit for Children and Adolescents, page 4.
[20] DHCS' Overview of CCS Medical Eligibility is available at: https://www.dhcs.ca.gov/services/ccs/Pages/medicaleligibility.aspx

eligible conditions, then the Member may obtain treatment related to the CCS-eligible condition from CCS if the Member enrolls in CCS.

Once the MCP has adequate diagnostic evidence that a Member has a CCS-eligible condition, the MCP must refer the Member to the local county CCS office for determination of eligibility. Until the Member's CCS eligibility is confirmed by the local CCS Program, and the Medically Necessary services are being provided under the CCS Program, the MCP remains responsible for the provision of all Medically Necessary EPSDT services. After a Member is enrolled in the CCS Program within a Whole Child Model county, obligation of the MCP's case management and care coordination must continue to communicate with the local county CCS Program to ensure that the Member's care needs are continuously met and to arrange for the Member's EPSDT services. For those Members enrolled in an MCP within a Classic CCS county, case management and care coordination are the obligation of the local CCS county Program.

Dental Services

Although dental services are carved-out of most MCP Contracts, the Contract requires MCPs to cover and ensure that dental screenings/oral health assessments for all Members are included as a part of the Initial Health Appointment.[21][22] For Members under the age of 21, a dental screening/oral health assessment must be performed as part of every periodic assessment, with annual dental referrals made for Members no later than 12 months of age or when a referral is indicated based on assessment. Fluoride varnish, including when provided by a primary care pediatrician, and oral fluoride supplementation assessment and provision must be consistent with the AAP/Bright Futures periodicity schedule and anticipatory guidance. MCPs must also ensure that Members are referred to appropriate Medi-Cal dental Providers.

Additionally, MCPs must cover and ensure the provision of covered medical services related to dental services that are not provided by dentists or dental anesthetists, but may require prior authorization for medical services required in support of dental procedures.[23]

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[21] Dental services are not carved out for the Health Plan of San Mateo Dental Pilot.
[22] For more information, see APL 22-0030, Initial Health Appoint, or subsequent updates to this APL.
[23] For more information, see APL 15-012, Dental Services – Intravenous Sedation and General Anesthesia Coverage, or subsequent updates to this APL.

Outreach and Education Materials
In partnership with stakeholders, including Medi-Cal-enrolled children and families, DHCS developed child-focused and teen-focused brochures that provide an overview of EPSDT, including Covered Services, how to access those services, and the importance of Preventive Care. DHCS also developed the "Medi-Cal for Kids & Teens: Your Medi-Cal Rights" letter that illustrates what to do if Medi-Cal care is denied, delayed, reduced, or stopped including who to contact, how to file grievances and appeals, and how to access other enrollee assistance resources. The brochures and Your Medi-Cal Rights letter underwent extensive stakeholder review and consumer testing to ensure the materials met the needs of Members and Providers in Medi-Cal. Based on consumer feedback, DHCS is referring to EPSDT as Medi-Cal for Kids & Teens in these outreach and education materials. MCPs must use these brochures and the "Medi-Cal for Kids & Teens: Your Medi-Cal Rights" letter, developed by DHCS. For consistent messaging, MCPs will be required to update their Member-facing materials as needed with "Medi-Cal for Kids & Teens."

MCPs are required to publish the DHCS materials and "Medi-Cal for Kids & Teens: Your Medi-Cal Rights" letter on their websites. MCPs may include the MCP logo on the DHCS supplied outreach and education brochures. MCPs cannot make any other changes to the brochures or Your Medi-Cal Rights letter.

Beginning in 2023, MCPs are required to mail these DHCS supplied outreach and education materials consisting of the age appropriate material and "Medi-Cal for Kids & Teens: Your Medi-Cal Rights" letter to Members under the age of 21 on an annual basis. For new Members, MCPs are required to mail the materials within seven calendar days of enrollment in the MCP. MCPs are required to mail out the first set of materials to existing Members beginning June 1, 2023. For 2023, DHCS will translate the brochures and Your Medi-Cal Rights letter into DHCS's threshold languages.

Beginning in 2024 and on an annual basis by January 1 of each calendar year, MCPs are required to mail or share electronically[24] DHCS supplied materials for existing Members under the age of 21. For new Members, MCPs are required to mail or share electronically, DHCS supplied materials within seven calendar days of enrollment in the MCP.

[24] For more information, see APL 19-003, Providing Informing Materials to Medi-Cal Beneficiaries in an Electronic Format, or subsequent updates to this APL.

Provider Training
Starting in January 2024, MCPs are required to ensure all their Network Providers complete EPSDT-specific training no less than every two years.[25]

On an annual basis by February 15 of each calendar year, MCPs are required to submit to DHCS a comprehensive plan to ensure that all Network Providers receive proper education and training regarding EPSDT. The annual comprehensive plan must include an attestation that their Provider Network is in compliance with the EPSDT training requirements and include a list of Network Providers who have completed training within the past 12 months. The annual comprehensive plan must also include how many Network Providers, serving Members under the age of 21, how many Network Providers are not in compliance, and an outline of the steps the MCP has taken to ensure Network Providers are fully compliant.

To reduce Network Providers contracted with multiple MCPs from completing duplicative trainings, MCPs have the option to share training records with other MCPs.

MCPs are required, at minimum, to use the Provider training program developed by DHCS to promote a more uniform and shared understanding of the benefit throughout the State. The training program refers to EPSDT as Medi-Cal for Kids & Teens. If MCPs choose to augment the training with additional information, then they must submit their training materials with edits highlighted to DHCS for review and approval prior to their use.

Coordinating with Other Outside Entities Responsible for Providing EPSDT Services
Where another entity, such as a Local Education Agency (LEA), RC, or local governmental health program, has overlapping responsibility for providing services to a Member under the age of 21, MCPs must do the following:

- Assess what level of EPSDT Medically Necessary services the Member requires,
- Determine what level of service (if any) is being provided by other entities, and
- Coordinate the provision of services with the other entities to ensure that MCPs and the other entities are not providing duplicative services, and that the Member is receiving all Medically Necessary EPSDT services in a timely manner.

[25] For more information, see the Medi-Cal managed care Contract that will go live January 2024.

MCPs have the primary responsibility to provide all Medically Necessary EPSDT services, including services which exceed the amount provided by LEAs, RCs, or local governmental health programs. However, these other entities must continue to meet their own requirements regarding provision of services. MCPs should not rely on LEA programs, RCs, CCS, local governmental health programs, or other entities as the primary provider of Medically Necessary EPSDT services.

The MCP is the primary provider of such medical services except for those services that have been expressly carved-out. MCPs are required to provide case management and care coordination to ensure that Members under the age of 21 can access Medically Necessary EPSDT services as determined by the MCP Provider. For example, when school is not in session, MCPs must cover Medically Necessary EPSDT services that were being provided by the LEA program when school was in session.

MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and Policy Letters. MCPs must communicate these EPSDT requirements to all Subcontractors and Network Providers. MCPs must ensure that all of their own policies and procedures (P&Ps), as well as the P&Ps and practices of any Subcontractors and Network Providers, comply with these EPSDT requirements and this APL.

If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's contractually required P&Ps, the MCP must submit its updated P&Ps to its Managed Care Operations Division (MCOD) contract manager within 90 days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must submit an email confirmation to its MCOD contract manager within 90 days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The email confirmation must include the title of this APL as well as the applicable APL release date in the subject line.

DHCS will monitor MCPs for compliance with these requirements. Failure to comply with the requirements contained in this APL may result in a corrective action plan, and/or administrative and financial sanctions,[26] as provided for under the terms of the MCP Contracts and any applicable APL and state or federal statutes and regulations, including but not limited to Title 22 of the California Code of Regulations Sections 53350, 53352, and 53860.

[26] For more information, see APL 22-015, Enforcement Actions: Administrative and Monetary Sanctions, or subsequent updates to this APL.

If you have any questions regarding the requirements of this APL, please contact your MCOD contract manager.

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief
Managed Care Quality and Monitoring Division