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DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: January 25, 2019

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: APL 19-001: EARLY AND PERIODIC SCREENING DIAGNOSTIC AND TREATMENT (EPSDT) SERVICES

PURPOSE:

The purpose of this Dental All Plan Letter (APL) is for the Department of Health Care Services (DHCS) to inform Medi-Cal Dental Managed Care (DMC) plans of recent policy changes that impact the provision of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for members under the age of 21 and provide guidance on required changes that need to be made to ensure compliance.

BACKGROUND:

Currently, DHCS Contract, Exhibit A, Attachment 12.C requires DMC plans to provide EPSDT services and EPSDT supplemental services to members under the age of 21 for all medically necessary dental covered services. On September 27, 2018, Senate Bill 1287¹ amended Welfare and Institutions Code, Section 14059.5 to revise the Medi-Cal definition of “medical necessity” to incorporate existing federal standards related to EPSDT services. Specifically, Title 42, United States Code, Section 1396d(r)(5)² states:

(r) The term “early and periodic screening diagnostic, and treatment services” means the following items and services:

(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* [emphasis added].”

To demonstrate alignment with these requirements, DHCS will be amending the DMC contracts to:

¹ http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB1287

² <http://uscode.house.gov/view.xhtml?hl=false&edition=2017&req=granuleid%3AUSC-prelim-title42-section1396d&num=0>

1. Ensure alignment with the broader federal scope and definition of “medical necessity” as it relates to the provision of EPSDT services to include services that are not a covered benefit; and
2. Remove all references to “supplemental services” as a supplemental EPSDT benefit does not exist under the federal definition.

POLICY:

Medical Necessity Definition

Pursuant to the federal requirement cited above, DMC plans must utilize the more expansive federal definition of medical necessity to provide members under the age of 21 access to a comprehensive set of benefits, including any medically necessary dental service that "corrects or ameliorates" a defect and physical or mental illness or condition discovered through early and periodic screening services, regardless of whether such services are covered under California's Medicaid State Plan.

DMC plans must revise all impacted documents, including but not limited to, policies and procedures, provider manuals, member handbooks, provider trainings, etc. to reflect the federal definition.

Removal of Supplemental Services

DHCS is in the process of updating Title 22, California Code of Regulations, Sections 51184, 51242, 51242.1, 51340, 51340.1, 51532, 51532.1, 51532.2 and 51532.3 to remove the term "supplemental services" as a supplemental EPSDT benefit does not exist under the federal definition.

DMC plans must similarly remove all references to "supplemental services" from all impacted documents, including but not limited to, policies and procedures, provider manuals, member handbook, provider trainings, etc.

Review and Authorization Process

Currently, DHCS Contract, Exhibit A, Attachment 12.C requires DMC plans to forward all provider requests for EPSDT supplemental dental services to DHCS for review by a DHCS Dental Program Consultant. This requirement is being removed, as a supplemental EPSDT benefit does not exist under the federal definition. DMC plans shall retain responsibility for the review, authorization, and provision of EPSDT services.

DMC plans must revise their review and authorization processes for dental services for members under the age of 21 to ensure consistent consideration of EPSDT criteria, including the federal definition of “medical necessity,” even when program criteria has not been met.

REQUIREMENT:

By March 1, 2019, DMC plans must submit revised policies and procedures regarding the provision of EPSDT services to DHCS for review and approval. The policies must be consistent with the DHCS policy described above. Each DMC plan must implement the policy no later than April 1, 2019. DMC plans must submit to DHCS any changes to their policies within ten (10) calendar days of any changes, and annually no later than thirty (30) calendar days after the beginning of every calendar year.

If you have any questions, please contact dmcdeliverables@dhcs.ca.gov.

Sincerely,

Original signed by:

Alani Jackson, MPA
Chief, Medi-Cal Dental Services Division
Department of Health Care Services