EPSDT
Early, Periodic, Screening, Diagnosis & Treatment

AAP/Bright Futures Periodicity Schedule
EPSDT Eligibility and Home Visits

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Goals

- Optimize health and well being of children ages 0-21 through EPSDT program

- Improve pediatric health outcomes to ensure healthy adults

- Foster the overall health of the pediatric population, including physical, mental, dental and social components of the whole person.
Objectives

• Define EPSDT
• Provide education regarding American Academy of Pediatrics guidelines/Periodicity Schedule
• Explore ways to verify EPSDT eligibility
• Identify options with member non-compliance (no-shows, unable to reach families)
• Maximize collaboration between Passport and providers to achieve optimal health outcomes
EPSDT Overview

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a federally mandated Medicaid program for children. In Kentucky, it is divided into two components: EPSDT Screenings and EPSDT Special Services. States are required to provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct health conditions.

Early and Periodic Screening, Diagnosis & Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.

- **Early** - Assessing and identifying problems early
- **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
- **Diagnosis** - Performing diagnostic tests and to follow up when a risk is identified, and
- **Treatment** - Control, correct or reduce health problems found.
EPSDT Overview

• The EPSDT Screening Program provides routine physicals or well-child check ups for Medicaid eligible children at certain specified ages. Children are checked for medical problems early. Specific tests and treatments are recommended at specified intervals (per AAP).

• Children should receive check-ups at or before the following ages: 1 month; 2 months; 4 months; 6 months; 9 months; 12 months; 15 months; 18 months; 24 months; 30 months; once a year for ages 3-20.

• Screening Services
  – Comprehensive health and developmental history
  – Comprehensive physical exam (unclothed)
  – Lab tests (including lead toxicity screening, HGB, Lipids)
  – Hearing and Vision Screenings
  – Developmental and mental health screenings
  – Assessments such as Nutrition, Physical Activity, Lead Risk, High Risk Behaviors, Oral Health
  – Appropriate Immunizations (according to Advisory Committee on Immunization Practices)
  – Health Education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention)
EPSDT Provider Role

- **Perform** age appropriate screenings for each EPSDT eligible member as per the AAP/Bright Futures Periodicity schedule.
- **Document** all components of the EPSDT screening.
- **Refer** for additional testing or treatment as deemed necessary.
  - When a screening examination indicates the need for further evaluation, diagnostic services must be provided. Necessary referrals should be made without delay and there should be follow-up to ensure the enrollee receives a complete diagnostic evaluation.
  - Necessary health care services must be made available for treatment of all physical and mental illnesses or conditions discovered by any screening and diagnostic procedures.
  - **Record** any referrals provided
- **Communicate** with PHP for any questions or concerns.
- **Collaborate** and partner together with Passport Health Plan through continuous Quality Improvement process to positively impact the health and quality of life of our members.

## Recommendations for Preventive Pediatric Health Care

**Bright Futures/American Academy of Pediatrics**

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in the management of children's health needs. Additionally, health information for families may become necessary if circumstances suggest variation from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment data separation: preventive care visits.

### EPSDT Screening Elements

- Developmental
- Behavioral Assessment
- Nutrition Assessment
- Dental Assessment
- Hearing Screening
- Vision Screening

### PROCESSES

- Newborn Blood Screening
- Critical Congenital Heart Disease Screening
- Immunization
- Hemoglobin Hemoglobin
- Lead Screening
- Tuberculosis Testing
- Diabetes Screening
- Ophthalmic Vision Screening
- Oral Health

### ANTICIPATORY GUIDANCE

- Growth and Development
- Nutrition
- Immunization
- Dental Health
- Psychosocial Development
- Behavioral Assessment
- Vision Screening
- Hearing Screening

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1. EPSDT: Early and Periodic Screening, Diagnosis, and Treatment.
2. Developmental-Behavioral Assessment: an assessment of a child's development and behavior to identify potential problems and plan for appropriate interventions.
4. Dental Assessment: an examination of a child's teeth and oral health to identify any issues or potential problems.
5. Hearing Screening: a test to determine if a child has normal hearing.
6. Vision Screening: a test to determine if a child has normal vision.
7. Critical Congenital Heart Disease Screening: a test to identify newborns with congenital heart defects.
8. Immunization: a series of vaccinations given to children to protect them from certain diseases.
9. Hemoglobin Hemoglobin: a test to check a child's level of hemoglobin in the blood.
10. Lead Screening: a test to check for lead poisoning.

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**References:**

EPSDT Screening Elements

**History** (ALL age screens)
- Includes patient history and family history
  - Patient history includes birth history, PMH, physical, mental, social and developmental history
- Initial and Interval

**Measurements** *(ALL age screens)*
- Plot Length, weight
- Plot weight for length: 1month – 18 month (change to BMI @ age 2)
- Plot Head circumference 1 month - 24 month
- BMI percentile (Screens 2 yr – 20 yr) – a percentile plotted on a growth chart or documented as a percentile in the note is required
- Blood Pressure (Screens 3 yr – 20 yr) Perform earlier if risk conditions present. Document attempt if child uncooperative.

* Ht/ Weight/BMI Percentile = also HEDIS and Healthy Kentuckian Performance measure
**EPSDT Screening Elements**

**Vision Screening** (Visual Acuity - 3yr-6yr/ 8yr/ 10yr/ 12 yr/ 15 yr/ 18yr)
- Visual Acuity test - Select method as appropriate to age
- Visual Acuity examples = HOTV chart, tumbling E test, Snellen letters, Snellen numbers, or picture tests such as Allen figures, Lea Symbols; Snellen test
- *If child uncooperative/unable, documentation of attempt should be noted.*

**Vision Risk Assessment** (1 mo – 30mo/ 7yr/ 9yr/ 11yr/ 13-14yr/ 16-17yr)
- Risk Assessment Components (examples)
  - ALL ages – Parental/Member concerns
  - Age appropriate milestones (< 3 years); Example: 2 month – looks at parent and smiles
  - Prematurity <32 weeks, abnormal fundoscopic exam
  - Prematurity with risk conditions: Family hx of congenital cataracts, retinoblastoma, metabolic or genetic diseases; significant delay or neurologic difficulties, systematic diseases associated with eye abnormalities (1m-9m)
  - Abnormal eye alignment (4 month & 6 month)
  - Abnormal cover/uncover (9 month – 30 month)

*Ophthalmology referral as needed per Visual Acuity exam or Risk Assessment*
EPSDT Screening Elements

**Hearing Screening** (screens 4yr-6yr/ 8yr/ 10yr)
- Audiometry with results documented
- If child uncooperative/unable, documentation of attempt should be noted.

**Hearing Risk Assessment** (1month-3yr/ 7yr/ 9yr/ 11-21yr)

**Risk Assessment Components** (examples):
- ALL ages: Positive Parental/Member Concerns
- 1 month – 3 yr – Age appropriate developmental milestones being reached: Example 2 month – coos, different cries for different needs
- 1 month– 3yr: Medical History Risk Factors
  - Family history of permanent childhood hearing loss
  - NICU more than 5 days
  - In utero infections
  - Craniofacial anomalies
  - Physical findings such as white forelock
  - Syndromes associated with hearing loss or progressive or late onset hearing loss
  - Culture positive postnatal infections associated with sensorineural hearing loss
  - Head trauma, especially basal skull or temporal bone fracture
  - Chemotherapy

Audiology referral documented as needed per Audiometry or Risk Assessment
EPSDT Screening Elements

**Physical Exam** (ALL age screens)
- At each visit, age appropriate exam – infant fully unclothed, older children undressed and suitably draped.
- Complete head to toe review of systems
- INCLUDES dental exam/exam of mouth/teeth

**Nutrition Assessment and Counseling*** (ALL age screens)
- Assessment of current nutritional status

**Physical Activity Assessment and Counseling*** (3yr – 21yr)
- Assessment of current physical activity

**Developmental Screening** (9 month/ 18 month/ 24 or 30 month)
- Structured/ Standardized Tool - Examples include, but not limited to:
  - Ages and Stages Questionnaires (ASQ) – Parent Completed
  - Strengths and Difficulties Questionnaire
  - Parents Evaluation of Developmental Status (PEDS) – Parent Interview Form
  - Bayley Infant Neurodevelopmental Screen (BINS) – Provider administered
  - Brigance Screens – Provider administered
  - Child Development Inventory (CDI) – Parent completed
  - Child Development Review (CDR-PQ) – Parent completed
  - Denver Developmental II – Provider administered
  - Infant Development Inventory – Parent Completed
  - Proprietary/practice developed structured tool

* Nutrition and Physical Activity Assessment and Counseling = also HEDIS and Healthy Kentuckian Performance Measure
EPSDT Screening Elements

**Developmental Surveillance** (ALL ages)
- Addressing age appropriate developmental milestones and relevant issues on each visit, elicited through observation, exam, parent/child questioning, standardized tool or tool/questions that the office has tailored for their practice. Milestone Areas include communicative, cognitive, physical, motor, social-emotional, language, learning, etc as appropriate for age.

**Autism Screening** (18 month and 24 month)
Standardized Tool Examples include:
- CHAT – Parent completed
- M-CHAT – Parent completed
- Pervasive Developmental Disorders Screening Test II (PDDST-II) – Parent
- STAT (Screening Tool for Autism in 2 yr olds) – Provider administered
- Social Communication Questionnaire (SCQ) – Parent completed
EPSDT Screening Elements

**Psychosocial/Behavioral Assessment (ALL ages)**

- Standardized tool, or Practice created questions/assessment tools – may be embedded in HPI/history questions, physical exam/review of systems, developmental surveillance section/questions, or a combination. Older children and adolescents may have separate Mental Health/Behavioral section on encounter form or separate tool/ screening for depression.

- Standardized Tool Examples include Pediatric Symptom checklist, Ages and Stages, HEADSSS, Strengths and Difficulties, Bright Futures Surveillance Tools, GAPS Questionnaire, etc.

**Depression Screening** (ages 11-21)

- AAP recommends use of a screening tool, examples include but not limited to:
  - Pediatric Symptom Checklist
  - PHQ-2
  - PHQ-9
  - Other tools as AAP Recommended in GLAD-PC Toolkit

- If a screening tool is not utilized, it should be evident in documentation that assessment for Depression has been completed.

* Depression Screening = also Healthy Kentuckian Performance Measure
EPSDT Screening Elements

**Immunizations** – (ALL age screens), according to the Advisory Committee on Immunization Practices
- Done/or up-to-date per CDC/AAP/Committee on Infectious Diseases

*Childhood and Adolescent Immunizations = also part of HEDIS measures (CIS and IMA)*

**Hematocrit/Hemoglobin** (12 month screen)
- Follow up action if Hgb <11 or HCT <33
- Results must be documented in chart (not just order)

**Anemia Risk Assessment** (4 month, 15/18/24/30 month, 3 yr-21 yr)
- If Risk Assessment questions positive = Follow up with Hgb or HCT screening

**Lead Screening** (12 and 24 month Screens)
- Results should be present in chart (not just order) - Follow up action documented if positive

*Lead Screening = also a HEDIS measure (LSC)*

**Lead Risk Assessment** (6 month/ 9 month/ 18 month/ 3yr-6yr)
- If Risk Assessment questions positive = Follow up with lead screening

**Tuberculosis Risk Assessment** (1 month/ 12 month/ 18 month/ 24 month/ 3yr-21yr)
- If Risk Assessment questions positive = Perform Tuberculin test
EPSDT Screening Elements

**Dyslipidemia Screening** (Once between 9-11, once between 18yr – 20 yr)
- Fasting lipid profile to be performed at least once in early between 9-11 and at least once in late adolescence, 18-20 yr screens

**Dyslipidemia Risk Assessment** (24 mo/ 4yr/ 6yr/ 8 yr/ 12yr – 17 yr)
- If Risk Assessment questions positive = Perform fasting lipid profile

**Tobacco, Alcohol & Drug Use Risk Assessment** * (11yr – 21 yr)
- Assessment to determine child’s current behaviors. Risk Assessment Examples:
  — Have you ever had an alcoholic drink?
  — Have you ever used tobacco, marijuana or any other drug to get high?
- If using tool, example = CRAFFT Screening Questionnaire
- Counseling/Education regarding tobacco, alcohol and drug use

*Also Healthy Kentuckian Performance Measures

**STI Risk Assessment** (11 yr – 21 yr)
- Assess if sexually active = If yes, perform chlamydia and gonorrhea screen
- If sexually active AND positive testing above = ALSO perform syphilis and HIV test
  Counseling/Education regarding high risk sexual behaviors

*Also Healthy Kentuckian Performance Measures
EPSDT Screening Elements

Oral Health and Dental Exam
• Dental/Oral exam required on EVERY age visit – exam of mouth and/or teeth.
• Additionally:
  — Oral Health Risk Assessment and appropriate education/guidance – age 6 months and above
  — Assessment of Dental Home availability with each visit starting at 12 months
  — Refer to Dental Home if available, at each visit starting at 12 months (If Dental Home not available, continue to administer Oral Health Risk Assessment & guidance

Anticipatory Guidance (ALL age screens)
• Health education and anticipatory guidance shall be done during each visit, to the parent/guardian/child to assist in understanding what to expect in terms of the child’s development and to provide information about the benefits of healthy lifestyles and practices as well as injury and disease prevention.
• Health Education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention)
• Document in record the SPECIFIC education topics discussed.

More information can be found:
https://brightfutures.aap.org/Pages/default.aspx (Bright Futures/AAP website)
EPSDT Screening Elements

• Other Provider Tips
  – Build EPSDT elements into EMR
  – Utilize age specific EPSDT templates
  – If an EPSDT is performed during a sick visit, be sure all EPSDT elements are still performed
  – Be sure 18, 19 and 20 year old EPSDT visits capture all EPSDT components
EPSDT Outreach Team

Telephonic Outreach
- The EPSDT Team outreaches to members/families that are overdue for their EPSDT screenings, as well as those coming up for their next screening.

Community Partnerships
- The EPSDT Team participates in many community events to educate members and families regarding EPSDT screenings, and the importance of keeping each well child appointment with their PCP.

EPSDT Eligibility Information
- The EPSDT team is also available to confirm EPSDT eligibility. You can fax or call the team for up-to-date EPSDT eligibility information.
  - Phone: 502-585-8210
EPSDT Eligibility Confirmation

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To confirm EPSDT eligibility on five (5) or more members, please fax your request to the EPSDT Team at 502-585-8457, at least 24 hours in advance. Otherwise, please leave a message on the EPSDT Team Voicemail at 502-585-8210.
EPSDT Eligibility Confirmation

- Providers can also verify which age screening a member is due for by utilizing the EPSDT Calculator, available on Passport.healthplan.com
- http://passporthealthplan.com/providers/educational-resources/
Passport contracts with the Departments of Health to provide home visit outreach to members identified as overdue for age appropriate screens. Providers are required to make three outreach attempts and if unsuccessful can contact the EPSDT team to request a home visit.
CONTACTS

• Sherry Griffith, RN BSN CCM
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EPSDT

THANK YOU!

Healthy children = Healthy adults!

Please contact Sherry Griffith RN, BSN CCM Quality Improvement Team Lead at 502-585-7973 or Sherry Rumbaugh RN, CCN Quality Improvement Director at 502-585-8361 for any questions regarding EPSDT elements, documentation, HEDIS or QI Program.