

Early and Periodic Screening, Diagnosis and Treatment
Annotated Federal Documents

The Child Health Law and Policy Project
of the
National Health Law Program

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Early and Periodic Screening, Diagnosis and Treatment Annotated Federal Documents

This memorandum updates an August 18, 1993 memo from the National Health Law Program that annotated EPSDT-related transmittals issued by the Health Care Financing Administration (HCFA). The August 1993 memo listed federal documents issued during the 1989-1993 time period. This memo adds documents covering primarily the 1992-1994 time period. We will be updating this memorandum later this year to include EPSDT transmittals issued since 1994.

The National Health Law Program is obtaining EPSDT documents from HCFA through Freedom of Information Act requests. However, important policy statements of the agency may be missing. We are asking for your help in collecting HCFA transmittals. Please send copies of any EPSDT documents/transmittals that you receive to: Jane Perkins, National Health Law Program, 211 N. Columbia Street, Chapel Hill, NC 27514.

Child health advocates should pay attention to these transmittals because they represent statements of federal agency policy. For example, some documents offer information about whether federal Medicaid dollars can be used to cover specific services. Also, given that HCFA has not promulgated final EPSDT regulations implementing the 1989 amendments to the Medicaid EPSDT statute, these transmittals are, in some cases, the only written indications of federal policy that we have.

ORGANIZATION OF THIS MEMO:

Documents are listed by subject matter: Primary Guidance, Outreach Requirements, Screening Requirements, Treatment Requirements, and Reporting Requirements. Each document has been assigned a call number (e.g., T-1). Call numbers of newly added documents shown in bold.

ORDERING INFORMATION:

We cannot provide complete sets of these documents. To order copies of individual transmittals, please contact our Los Angeles office, (310) 204-6010, and place your request using the document call number. There will be a small charge for copying and shipping.

Primary guidance

- G-6:** HCFA, State Medicaid Manual, § 5010 et seq. (Part 5 -- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT))(April 1990; Sept. 1992), reprinted in Medicare and Medicaid Guide (CCH) ¶ 14,551 (detailed guidelines for the program), amended further: Apr. 1994, Aug. 1996, Sept. 1998 (immunizations), Sept. 1998 (lead blood level testing), Oct. 1993 (dental screening), Apr. 1995 (periodicity; transportation and appointment scheduling assistance), Nov. 1993 (annual participation goals) (Available at <www.hcfa.gov>).
- G-5:** Dear State Medicaid Director Letter from David S. Cade, Director, HCFA Family and Children's Health Program's Group (July 19, 1999)
- Discussing changes to the uniform EPSDT reporting form, Form 416.
- G-4:** 58 Fed. Reg. 51,288 (Oct. 1, 1993)
- Proposed EPSDT regulations to implement 1989 amendments to the Medicaid Act.
- G-3:** 57 Fed. Reg. 54,705 (Nov. 20, 1992) (promulgating 42 C.F.R. § 441.13)
- Clarifying the prohibition on federal Medicaid funding for vocational training and educational activities in intermediate care facilities for the mentally retarded and in psychiatric facilities or programs providing psychiatric services to individuals under age 21.
- G-2:** HCFA Memorandum, Draft EPSDT Regulations (Oct. 1991) (detailed regulations, now awaiting clearance from OMB)
- G-1:** Dallas Regional Medical Services Letter No. 90-14 (Mar. 6, 1990)
- Listing changes included in OBRA '89, including screening components, lead testing, periodicity schedules, provider requirements, treatment requirements, reporting, and participation goals, by July 1, 1990 and every 12 months thereafter.

Outreach requirements

- O-10:** Note to Debbie Helms, Special Programs Initiatives Section, from Barbara England, HCFA Region V (July 22, 1993)

Describing outreach activities in Ill., Minn., Wis., Ohio which focused on public service announcements and videos.

- O-9:** Letter from Arthur O'Leary, Associate Regional Admin. (Region II), to Jo-Ann Costantino, Deputy Commissioner New York (May 22, 1992)

Approving New York outreach effort aimed to bring Medicaid eligible pregnant women into comprehensive health care services and WIC as activities that are "proper and effective administration of the state plan." Requirements of 42 CFR 433.45 must be met where another state agency's funds are being used for the state share.

- O-8:** Letter from Sara Rosenbaum, George Washington University, to Christine Nye, Director Medicaid Bureau (Feb. 3, 1992)

Discussing HCFA disallowance of FFP for costs associated with Arkansas Health Department's EPSDT provider training program.

- O-7:** Letter from Robert L. Bavelock, Acting Associate Regional Administrator, to Barbara Arnold, EPSDT Coordinator Vermont (July 11, 1991)

Federal regulations require more than informing annually Medicaid families who have not used EPSDT, to include informing new eligibles, non-users, foster care, pregnant women. These are minimal requirements for informing, and we encourage states to provide additional efforts.

- O-6:** Letter from Albert J. Benz, Associate Regional Admin., to Linda Cameron, Alaska EPSDT Program (Apr. 11, 1991)

Administrative FFP (50%) available for public service announcements to encourage the private sector to participate in EPSDT.

- O-5:** HCFA Medicaid Review Report HCFA Region IX Review of California's Administration of its Managed Care Program (FY 1993)

Review showed no managed care plans had implemented outreach procedures; HCFA recommended development of uniform, effective procedures for managed care plans to meet informing/outreach requirements; state needs to revise its instructions to managed care plans regarding plans' responsibility for notifying enrolled individuals about EPSDT within 60 days of eligibility; state should disseminate specific guidelines defining role and duties of managed care contractors' EPSDT liaison.

O-4: Exchange of Letters Between HCFA and Richard Donovan, Director Idaho Department of Health and Welfare (1991)

On-site HCFA review showed outreach and informing to be fragmentary and minimally functional; state directed to implement a new coordination and informing system; state will inform individuals who are due for screens in outreach letters generated by MMIS; initial contact to occur during eligibility interview but because of "information overload," HCFA "strongly recommends" additional contacts; state should explore "one-stop shopping" between state MCH, including WIC, and Medicaid, e.g., common application forms.

O-3: Letter from Jean Phillips, Administrator Idaho Division of Welfare, to Jan Cheever, Welfare Medical Program Specialist (Oct. 15, 1991)

Listing 15 recommendations for maximizing utilization of EPSDT.

O-2: Letter to George Vorys, Deputy Director for Ohio Medicaid Operations, from Charles Hazlett, Associate Regional Administrator (Region V)(Aug. 20, 1991)

Review of Ohio EPSDT program; outreach to mothers does not fully inform them of the care coordination and potential benefits; consider modifying program by presenting it as an option that would be "difficult to turn down."

O-1: Exchange of Letters between Kathryn Glynn, Chief Ohio Medicaid, and Charles Hazlett, Associate Regional Administrator (Region V)(May 13, 1992)

Confidentiality guidelines must be followed when obtaining information from the school lunch program re: potentially eligible EPSDT children; discussing school as a source of outreach.

Screening requirements

S-60: Dallas Regional Medical Services Letter No. 93-89 (Oct. 6, 1993)

Discussing pediatric vaccine distribution program.

S-59: Letter from Bonnie Bailey Howard, Medicaid Operations Specialist, to Jeanette Wansing (Mo.) (Aug. 27, 1993)

Pregnancy testing is a EPSDT covered screening service.

S-58: Letter from S.V. Cain, Chief Medicaid Operations Branch, to Mrs. Mary Dean Harvey, Director, Nebraska Department of Social Services (Aug. 6, 1993)

Discussing distribution through EPSDT of *Health Diary*, a self-help book for pregnant and parenting mothers from pregnancy to second year of life, which encourages interaction between patients and their health care providers and encouraging use for MCH and Medicaid-eligible women and children.

S-57: Letter from Richard P. Brummel, Associate Regional Administrator for Medicaid, to Richard K. Gram, Grace Hill Neighborhood Health Center (Mo.) (July 30, 1993)

Describing process for obtaining 100% reimbursement of FQHC for case coordination/case management for EPSDT eligible children, e.g. follow-up telephone calls or letters for patients who miss appointments.

S-56: Dallas Regional Medical Services Letter No. 91-60 (Jul. 23, 1993)

Discussing vaccine procurement savings and evaluation of administrative practices

S-55: Memo from Patrick S. Lawton, Medicaid Policy Specialist Region VI, to Shirley Duncan and Steve McAdoo, Texas Rural Legal Services (May 6, 1993)

Reporting unofficial HCFA finding that it does not violate federal law for providers to offer parents small incentives for children to get EPSDT screens.

S-54: Letter from Ed Lessard, Acting Regional Admin. (Region VI), to Benjamin Demps, Oklahoma Dep't of Human Services (Apr. 20, 1993)

Oklahoma out of compliance with lead testing requirements; suggestion to contract with laboratories in another state.

S-53: Memorandum from Rozann Abato, Acting Director Medicaid Bureau, to All Associate Regional Administrators (Apr. 7, 1993)

S-52: HCFA Program Issuance Transmittal Notice Region IV (Apr. 29, 1993) (MCD-38-93)

S-51: Medicaid State Operations Letter No. 93-31 (Region II) (May 24, 1993)

These three memos discuss payment for vaccines, physician use of single dose antigen rather than trivalent preparation, MMR.

S-50: Memorandum from Rozann Abato, Acting Director Medicaid Bureau, to All

Associate Regional Admin. (Apr. 7, 1993)

Inappropriate for providers to maximize reimbursement by providing doses of single antigen preparation that can be provided in trivalent preparation, MMR.

S-49: Letter from Gary Wilks, Associate Regional Admin., to David R. West, Manager Colorado Health and Medicaid Services (Jan. 22, 1993)

Discussing Colorado request for flexibility in lead blood screening.

S-48: Title XIX State Agency Letter No. 93-07 (Region X) (Dec. 16, 1992)

Discussion of lead screening, lead free zones, expectation that states follow CDC guidelines.

S-47: Chicago Regional State Letter No. 76-92 (Dec. 1992)

Additional guidance regarding lead blood screening, "lead free" zones discussed, investigation to determine source of lead discussed.

S-46: Memorandum from Christine Nye, Director Medicaid Bureau, to All State Medicaid Directors (Nov. 5, 1992)

S-45: HCFA Program Issuance Transmittal Notice Region IV, MCD-123-92 (Nov. 25, 1992)

Discussion of "lead free" zones.

S-44: Memorandum from Gary Wilks, Associate Regional Administrator, Division of Medicaid, to All State Medicaid Directors (Oct. 29, 1992)

Distributing to state EPSDT staff a survey regarding immunization vaccine acquisition.

S-43: Dear State Medicaid Director Letter (Oct. 15, 1992)

Lead screening consists of a verbal risk assessment and a blood lead level assessment, discussion of lead free zones, use of EP test.

S-42: HCFA Program Issuance Transmittal Notice Region IV (MCD-78-92) (Oct. 7, 1992)

Interperiodic screens are covered through EPSDT. Treatment is not available to

the child based solely on parent's assertion that child is ill. However, self-initiated physician visit by the parent is an interperiodic screen and further diagnosis and treatment would be available. Any physician encounter is potentially an interperiodic screen. Screen may be performed by a non-Medicaid provider as long as additional diagnosis and treatments are performed by Medicaid provider.

S-41: Letter from Arthur J. O'Leary, Associate Regional Administrator, to Jo-Ann Costantino, Deputy Commissioner, New York (July 16, 1992)

FFP has always been available for outreach as these activities are necessary to the proper and effective administration of the state plan, NY plan for immunization outreach allowed.

S-40: Medicaid State Operations Letter 93-38 (Region II) (June 15, 1993)

Progress report on the action plan of the interagency committee on immunization, report of March 4, 1993 attached.

S-39: Title XIX State Agency Letter No. 92-44 (Region X) (Apr. 21, 1992)

Blood lead testing, selected articles.

S-38: HCFA, Regional Identical Letter No. 92-073, to State Medicaid Agency Directors (Mar. 12, 1992)

State cannot limit providers to those who can perform all EPSDT services.

S-37: Memorandum from Christine Nye to All Regional Administrators (Feb. 28, 1992)

Summary report on findings of 10-state on-site review, finding it "questionable" whether some states met informing requirements. In Virginia, e.g., informing was left to counties, with some providing oral and written informing, some just oral, and some just written. In South Dakota, there was no tracking or follow up of individuals who miss periodic screening or who do not utilize EPSDT services.

S-36: Dallas Regional Medical Services Letter No. 93-05 (Feb. 10, 1992)

Discusses confidentiality requirements for schools. Schools have same access to eligibility information as do all other providers. Even if a school has a contract to provide outreach and/or transportation/appointment assistance, it must inform the recipient of the right to obtain services from other qualified providers. State

can contract directly with the individual school district to perform EPSDT outreach.

S-35: Letter from Betty L. Strecker, Director North Dakota Medicaid, to Gary Wilks, Associate Regional Admin. (Jan. 8, 1992)

State response to HCFA audit, stating that health education and anticipatory guidance provided through registered nurses and licensed social workers, very active in explaining the benefits of healthy lifestyles, immunizations, normal child development, drug/alcohol abuse prevention.

S-34: Title XIX State Agency Letter No. 92-13 (Dec. 10, 1991)

Discussing impact of new CDC lead screening requirements on state Medicaid agencies, attaching Preventing Lead Poisoning in Young Children (Oct. 1991).

S-33: Letter from Gary J. Clarke, Assistant Secretary for Medicaid (Fla.), to Suanne Brooks, Regional Administrator (Dec. 3, 1991)

Attaching draft memo of understanding with HeadStart wherein HeadStart agrees to maximize Medicaid funding for screening and treatment.

S-32: Medicaid Regional Memorandum No. 91-94 (Sept. 16, 1991)

Discussion of lead testing requirements.

S-31: Memorandum from Christine Nye, Director, to Regional Admin. Dallas (Aug. 8, 1991)

S-30: Dallas Regional Medical Services Letter No. 91-72 (Aug. 26, 1991)

S-29: Chicago Regional State Letter No. 66-91 (Oct. 1991)

S-28: Title XIX State Agency Letter No. 92-12 (Region X) (Dec. 10, 1991)

These documents interpret State Medicaid Manual 5123C, which prohibits states from excluding providers who offer only "one service." One service can be any of the following: vision screening service, dental screening service, hearing screening service, medical screen consisting of the five elements of a medical screen. State can enroll any provider qualified to deliver any one of these services and permit the medical screen to be split up, except for "health education/anticipatory guidance."

S-27: Memorandum from Christine Nye, Director, to Regional Admin. Dallas (Aug. 8,

1991)

HCFA opposes classifying someone who only provides health education as a provider. "Health education should be considered an essential component of every health care encounter, not a separable service."

Attached memo, Note for the Record (Feb. 5, 1992), finds that while states have flexibility in dictating who may deliver a periodic screen, for interperiodic screening purposes, the state has no authority to limit a qualified provider from the interperiodic environment or the diagnostic and treatment environment. Any practitioner qualified under the state plan may be reimbursed for the provision of any services that are part of the EPSDT benefit.

S-26: Letter from Christine Nye to Regional Administrator, Dallas (Aug. 8, 1991)

Discussing periodic and interperiodic screening components; Texas exhibits comparability problem when it provides more frequent periodic screening exams to one class of Medicaid-eligible children than for others (Head Start).

S-25: Letter from Don Hearn, Chief, Program Operations Branch, Division of Medicaid, to State Medicaid Directors (Aug. 2, 1991)

Forwarding to states a packet of information about immunizations to prepare them for surveys by the GAO to determine how Medicaid-enrolled children can be cost-effectively immunized.

S-24: Brief of Amicus Curiae US DHHS in *Matthews v. Coye* (Aug. 1, 1991)

HHS position in lead testing EPSDT case in California.

S-23: Tennessee Medicaid Bulletin No. 91-2 (Aug. 1991)

Anticipatory guidance and health education required part of each check up -- to assist in understanding what to expect regarding child development and to provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention [included in FOIA].

S-22: Memorandum from Gale A. Drapala, Regional Administrator (Region VI), to Regional Health Administrator (June 20, 1991)

Discussing meaning of "EPSDT provider" to include: state and local health departments, school health programs, programs for children with special health

needs, maternity and infant care programs, children and youth programs, Head Start programs, community health centers, medical/dental schools, prepaid health care plans, private practitioner, and any other licensed practitioners in a variety of arrangements. "The use of all types of providers is encouraged." Any provider who agrees to perform the screening package is eligible to enroll.

S-21: Title XIX State Agency Letter No. 91-33 (Region X) (Apr. 30, 1991)

S-20: Letter from David McNally, HCFA, to Associate Regional Manager, Division of Medicaid, Philadelphia (Mar. 15, 1991)

S-19: State Medicaid Operations Letter No. 91-44 (Region II) (June 3, 1991)

Children with already existing health problems would have available diagnostic and treatment services appropriate to their needs. To view otherwise is contrary to the "preventive thrust" of the program and the concept embodies in the EPSDT program to diagnose and treat health problems early before they worsen and become more costly. "We consider any encounter with a health care professional acting within the scope of practice as an interperiodic screen. It does not matter if the child receives the screening services while Medicaid eligible, nor whether the provider is participating in the Medicaid program at the time those screening services are furnished. Any necessary health care required to treat conditions as a result of a screen must be provided."

S-18: Memorandum from Lawrence L. McDonough, HCFA Region IX, to All State Title XIX Medicaid Agencies, Medicaid Regional Memorandum 91-20 (Feb. 26, 1991)

Because parent/guardian can reverse a decision to decline EPSDT services at any time, states are required to provide all medically necessary services available under 1905(a) to all individuals eligible for EPSDT services.

S-17: Title XIX State Agency Letter No. 91-07 (Region X) (Nov. 30, 1990)

Announcing FDA approval of new use of vaccine to prevent bacterial meningitis in infants.

S-16: Dallas Regional Medical Services Letter No. 89-33 (June 5, 1989)

Discussing maternal and infant health immunization.

S-15: HCFA Region IX Review of California's Administration of its Medicaid Managed Care Program (FY 1993)

Initial screening exams may be requested at any time and must be provided without regard to age; HCFA on-site review showed periodic assessments not timely provided and record-keeping deficient; state should ensure that managed care plans provide EPSDT periodic assessments as soon as medically practicable and that medical records are adequately documented to reflect treatment provided.

S-14: Region VII Medicaid State Bulletin - 248 (Dec. 4, 1992)

Lead screening in area/county that has been designated by a local health department as not having a lead poisoning problem; lead-free areas must be determined consistent with CDC guidelines.

S-13: Region VII Medicaid State Bulletin - 230 (Sept. 10, 1992)

S-12: Medicaid State Operations Letter No. 92-56 (Aug. 17, 1992)

All children aged 1-5 must be screened for lead poisoning; EP test is the minimum level of acceptable screening [But see, G-1].

S-11: Title XIX State Agency Letter No. 92-1 (Dec. 10, 1991)

Discussing lead blood testing in light of new CDC definitions and protocols for lead testing.

S-10: Exchange of Letters Between HCFA and Richard Donovan, Director Idaho Department of Health and Welfare (1991)

Re: HCFA's 1991 review of Idaho's EPSDT program: numerous problems with periodicity schedules need to be corrected; state must revise rules to include health education and anticipatory guidance as part of each EPSDT screen; HCFA policy is that all children 1-5 be screened for lead poisoning; physician discretion in determining whether an EPSDT test for lead toxicity should be performed applies only when the physician finds the screen is medically contraindicated.

S-9: Region IV Transmittal Notice (MCD-111-91)(Oct. 29, 1991)

Until regulations codified, states are to interpret statute in a "reasonable" manner; screening elements for periodic screen not necessary for interperiodic screen; any encounter with a health professional practicing within the scope of his practice is an interperiodic screen.

S-8: Region VII Medicaid State Bulletin - 196 (Aug. 26, 1991)

Children with existing health problems eligible for necessary treatment; any physician encounter is potentially an interperiodic screen; therefore, no requirement for a prior screening form; child needing treatment need not wait to be scheduled for a screen.

S-7: Region VII Medicaid State Bulletin-195 (Aug. 21, 1991)

Discussing lead toxicity screening.

S-6: HCFA Missouri OBRA 1989 EPSDT Implementation Review (and cover letter)(July, 5, 1991)

Noting the following problem areas: state failed to consult medical and dental organizations outside the state agency in developing periodicity schedules; state had not adhered to American Academy of Pediatrics' medical screening schedule (although "not required" to follow); newborn examinations not included as EPSDT screen; immunization component needed to be determined by child's health history as well as age; lead blood level assessments needed to be included as a laboratory test.

S-5: Dallas Regional Medical Services Letter No. 91-37 (May 15, 1991)

State must provide medically necessary services identified during EPSDT screen whether or not condition existed prior to the screen; "interperiodic screen" does not have to include any of the screening elements required for a periodic screen; medically necessary services cannot be excluded based on the type of screen performed [periodic/interperiodic] or how the service is billed [billed/not billed as a periodic screen]; any encounter with Medicaid or non-Medicaid participating health care professional practicing within his scope of practice is an interperiodic screen and state must cover any medically necessary services discovered.

S-4: Region IV Transmittal Notice (MCD-47-91)(May 1, 1991)

S-3: Chicago Regional State Letter No. 23-91 (Region V) (April 1991)

Condition does not have to be "discovered" during the screen to be eligible for expanded treatment services; it does not matter whether or not the child was Medicaid-eligible when the condition was first diagnosed.

S-2: Region III Regional Administrator Letter from Director, Medicaid Bureau (R3-O-DMD (24)) (April 22, 1991)

Interperiodic screens include referrals from health and educational professionals and self-and family-initiated referrals; any medically necessary treatment must be provided if needed at the time of the screen; if provider meets all qualifications established by the state for becoming a qualified provider, there is no basis for excluding such providers from EPSDT program (example: physical therapists); states may have to recruit providers of those services not covered in the state's Medicaid plan for adults.

S-1: Exchange of Letters Between Albert Benz, Associate Regional HCFA Administrator, and Richard Donovan, Director Idaho Department of Health and Welfare (Nov. 20, 1989)

Discussing periodicity of dental, vision, and hearing exams.

See also Treatment, infra, discussing treatment of pre-existing conditions

Treatment requirements

T-233: HCFA, Medicaid and School Health: A Technical Assistance Guide (Aug. 1997)

Discussing ways Medicaid services can be facilitated and/or provided in schools; noting in managed care discussion that terms and conditions of 1115 waivers require states to submit to HCFA their plans for ensuring the full range of EPSDT services.

T-232: HCFA, Integrating EPSDT and Medicaid Managed Care: Strategies for States and Managed Care Plans (Sept. 1996)

Memo provides "general information" about EPSDT and managed care, noting EPSDT not well integrated into Medicaid managed care programs, reporting has been problematic, provider networks have been inadequate, needs of adolescents have not been met.

T-231: Health Care Financing Admin., Child Care and Medicaid: Partners for Healthy Children — A Guide for Child Care Programs (undated)

Explaining and encouraging linkages between Medicaid and child care facilities. Notes that: States cannot limit EPSDT providers to only those who can provide all EPSDT diagnostic and treatment services. Services may be furnished by qualified providers located in child care and Head Start programs, school-based health centers, state and local health departments, managed care organizations, physician offices, Indian Health Service Centers, and Community Health Centers. Under contract with Medicaid agency, child care facilities can be reimbursed at administrative rate for: assistance in application completion, informing and outreach for EPSDT, assistance with appointment scheduling, conducting health education campaigns and health fairs targeted specifically to Medicaid services for Medicaid eligible individuals, contacting parenting and pregnant teens about Medicaid, prenatal and post natal services.

T-230: Letter from Steve McAdoo, Associate Regional Admin. Region VI, to DeAnn Friedholm, Texas State Medicaid Director (Aug. 25, 1995)

Discussing EPSDT reimbursement for school-based case management activities.

T-229: HCFA Program Issuance Transmittal Notice Region IV (Mar. 1, 1995)

Discussing the phrase "under the direction of" in regard to speech pathology and audiology services when provided as school health and early intervention services under IDEA. Some states allow "teachers of speech and hearing impaired" to provide services under direction of speech pathologist: For Medicaid coverage, speech pathologist must be individually involved with the patient under his direction and accept ultimate responsibility for the actions of the personnel that he agrees to direct; speech pathologist must see the patient at least once, have input into care provided, and review patient after treatment has begun.

T-228: Dear State Medicaid Director Letter (Dec. 20, 1994)

Discussing administrative costs, case management administrative and service claims. Noting that proper administration costs include EPSDT administration. Administrative costs do not include gaining access to non-Medicaid services; may not include funding for a portion of general public health initiatives that are available to all persons, unless the campaign is explicitly directed at assisting Medicaid eligible individuals to access the Medicaid program.

T-227: Letter from Arthur J. O'Leary, Associate Regional Administrator, HCFA Region II, to Sue Kelly, Deputy Commissioner, New York Division of Health and Long Term Care (Dec. 1994)

Discussing roles for EPSDT in schools, to include outreach. Schools, with Medicaid reimbursement, can organize parent groups to encourage EPSDT participation, conduct health fairs on child health which emphasize preventive health care and promote EPSDT and provide case management (arranging prenatal care; service delivery). General public health activities, such as drug prevention education, provided to all school children, are not covered.

T-226: Letter from Louis T. Schiro, Director Medicaid Operations Branch HCFA Region II, to Barbara Frankel, New York Maternal and Child Health Care (Nov. 9, 1994)

Discussing proposed Child Health Initiative home visiting program under EPSDT by Monroe County Department of Health. Program to use paraprofessional home visitors to serve poor, inner-city children age birth through five who are at risk for developmental delay. Focusing on obtaining administrative cost reimbursement and limiting this to activities directly related to the administration of the state Medicaid plan. HCFA finds this may include tracking of compliance with well child visits, providing scheduling and transportation assistance, helping parents enroll in WIC. However, helping parents to identify when medical care is needed, by teaching milestones of normal child health and development is parent education. SSA 1905(r)(1) specifically includes health education as a component of EPSDT screening services. Since health education is clearly a Medicaid service, it cannot be claimed as an administrative activity. Must take care not to duplicate administrative activities of other programs, such as early intervention.

T-225: Dallas Regional Medical Services Letter No. 94-52 (July 14, 1994)

Allowable costs associated with EPSDT administrative case management services include assisting individuals to obtain access to Medicaid funded services and ongoing monitoring of Medicaid services. Administrative case management does not include informing of other state and federal programs and about health care issues, assisting individuals to apply for Medicaid, giving health related talks to parents' organizations and at health fairs, enrolling a child in a special education program. Case management service looks at whether absence of the case management to gain access to social, medical or educational services would adversely affect the recipient's medical condition. Development of the Individualized Education Plan (IEP) itself is the responsibility of the education agency, but Medicaid can pay for Medicaid-covered services in an IEP. Coordinating nutrition services may be covered as a case management service and coordinating services with the WIC program is an administrative case management service; case planning and coordination coverable as case management service if medically necessary; health education and anticipatory

guidance are mandatory part of an EPSDT screen but education of parents cannot be included as health education.

- T-224:** Exchange of Letters Between Eugene Grasser, Associate Regional Admin., and Marshall E. Kelly, Director of Florida Medicaid (Mar. 25, 1994; June 10, 1994)
- T-223:** Florida Agency for Health Care Admin, Technical Assistance Directive No. 4 (Aug. 17, 1994)

Refusing to approve Florida plan for early intervention services under Medicaid and requesting additional information. According to HCFA, there is no Medicaid "early intervention" service, so to obtain reimbursement, proposed services must be coverable under 1905(a) of the SSA. (Note, these include screening services at 42 CFR 440.130(b) — standardized tests). Psychological services include administering developmental tests and interpreting results, obtaining information, counseling, and parent training. Diagnostic services (440.130(a) includes consultation — formal face to face meetings among early intervention providers who are serving a particular child; interdisciplinary screens fit within category of "screening service" -- 440.130. "Services provided to non-Medicaid eligible family members independent of meeting the identified needs of the child are not covered by Medicaid."

Habilitation services are designed for purpose of developing functional abilities of persons who never acquired them. Rehabilitation services are for the purpose of restoring certain functional losses. Habilitative services are covered when provided by ICF/MR benefit, covered under a home and community based waiver, or when provided under community supported living arrangements benefit. Some states provide habilitation services by characterizing them as covered rehabilitation or clinic services. [Florida also notes coverage via 42 CFR 440.130 "any medical or remedial services..."]

Florida wanted to use providers certified by Title V, but HCFA stated that Medicaid provider qualifications should not be driven by other state agency policies -- however, Medicaid agency can adopt Title V policies if it desires. HCFA concerned with reimbursing various providers, e.g. services provided by teachers of early childhood/special education. Providers of services in "group, individual and home visiting session" (listing nutritional, psychological, audiological or nursing services) must meet all federal/state provider qualifications relating to those services.

Technical assistance directive notes that HCFA would not approve Medicaid reimbursement for early intervention services rendered by teachers, teacher aids,

and child developmentalists who are not licensed health practitioners or habilitation services. Thus, Title V assumed these costs. NOTE: HCFA had approved similar plans from other states (NC, SC, Idaho, Maine) and, according to Florida, was aware that it was reversing its position, based on provision of services by non-licensed providers. Florida notes the early intervention services are the same as those approved for NC and SC after 1989, including: teaching the child feeding skills, gross motor skills, communication skills, adaptive skills (toilet training) [Sue Mackey Andrews in conversation with Lourdes Rivera, stated that she is consultant to the states; that regional office approvals vary; that New York and Nevada have been approved for "very aggressive" plans.]

Licensed practitioners of the healing arts is a matter of state licensing and can include: physicians, physician assistants, nurse practitioners, registered nurses, licensed practical nurses, physical therapists, physical therapy assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, speech-language pathology assistants, audiologists, audiology assistants, licensed clinical psychologists, licensed school psychologists, licensed clinical social workers, licensed marriage and family counselors, licensed mental health counselors, registered dietitians, licensed nutritional counselors.

T-222: Medicaid Regional Memorandum No. 93-139 (Region IX) (Dec. 17, 1993)

Certain activities do not meet definition of case management: escorting recipients to appointments (can refer recipient to escort/transport service); providing shopping or bill paying; delivering bus tickets, food stamps or money. "Gaining access" may include necessary follow up or monitoring of status (which can include observing the client in various settings); it is reasonable to assume that it would be necessary for case managers to have discussions with recipients to make assessments and reassessments of need for services (medication monitoring, personal behavior).

T-221: Medicaid State Operations Letter No. 93-67 (Region II) (Sept. 13, 1993)

T-220: Regional State Letters – No. 41-93 (Region V); No. 93-67 (Region II); No. 93-79 (Region VI); Letter from Rozann Abato to Associate Regional Administrators (Aug. 25, 1993)

Transportation to school is primarily for education, not medical in nature and Medicaid funds are not available for transportation during the normal school day.

T-219: Dallas Regional Medical Services Letter No. 93-81 (Sept. 10, 1993)

Orthognathic surgery covered after recipient becomes ineligible only if: it is usual

practice to prepay the orthodontic service, service is part of an indivisible course of treatment, treatment initiated while recipient eligible, and service is an attached appliance that, if not removed, will cause harm.

T-218: Letter from Arthur J. O’Leary, Associate Regional Admin. Region II, to Sue Kelly, Deputy Commissioner New York Department of Social Services (Sept. 3, 1993)

Many services described for early intervention infant and toddlers can be covered by Medicaid. But these services must be listed within a Medicaid category, such as case management and transportation, other services should be placed within rehabilitation services, diagnostic and screening services, or preventive services (42 CFR 440.30).

T-217: Health Care Financing Admin., Medicaid National Summary of EPSDT (Sept 1993)

A compilation of 53 onsite reviews conducted by HCFA to assess state implementation of EPSDT requirements. Noting that 8 states had not updated informing materials since 1989, many states were requiring fewer screens than recommended by AAP; 24 states adhere to lead screening requirements while 16 states leave it to the physician’s discretion and 9 states are sporadic or not at all.

Best practices included: Massachusetts — adopted health education and counseling in the EPSDT protocol and periodicity schedule. Defines this as educating and counseling recipient/parent or guardian, in matters appropriate to the recipient’s age, such as nutrition, growth and development, tobacco and drug use, sexuality, AIDS, safety, and accident prevention. Health education and counseling is a recommended procedure at each of the 23 post-newborn intervals of the periodicity schedule. Wisconsin — model efforts at coordinating with WIC (e.g. common application for Food Stamps and AFDC, one-stop shopping via unified EPSDT case management and screening, manual sends clear message to providers to coordinate (Ark. also noted for one-stop shopping); California — San Diego Medical Passport project to automate the use of a document which contains the medical history of children in foster care; Oregon – “Safe Net” toll-free warmline that provides information by public health nurses on well-child care, maternity services, nutritional services through WIC, family planning and immunizations; Washington — heavy coordination between EPSDT and Title V.

T-216: Memorandum from Rozann Abato, Acting Director Medicaid Bureau, to All Associate Regional Admin. (Aug. 25, 1993)

T-215: Dallas Regional Medical Services Letter No. 93-79 (Sept. 7, 1993)

Medicaid funds not available for reimbursement of transporting Medicaid recipients to school on a normal school day, even though school-based health services may be provided during part of the day. Primary purpose of attending school is education, while medical services are secondary.

T-214: Medicaid Regional Memorandum No. 93-88 (Region IX) (July 26, 1993)

State cannot define physician service to exclude certain medically necessary services which the physician is legally authorized to provide. Any attempt to divide Medicaid physician services, or any other required service, by diagnosis, illness, or condition so that the state does not cover the full scope of services authorized by the regulations would violate the requirements of 42 CFR 440.230(c). HCFA has always taken the position that state has "great latitude" to define the amount, duration, and scope of an optional service, limited only by 42 CFR 440.230(b). Comparability (42 CFR 440.240) requires that if a service is equally useful in treating a variety of conditions, the state must make the service available to all recipients to whom the service is useful, regardless of which condition they have. E.g. while a state may design the optional rehabilitation benefit to most likely benefit individuals recovering from a stroke, it cannot identify the service as "rehabilitation for strokes" as such an approach clearly violated Medicaid comparability requirements.

T-213: Letter from Robert J. Taylor, HCFA Region III, to Special Assistant, Medicaid Special Programs Initiatives Staff (July 12, 1993)

Discussing Medicaid and school based health services and technical assistance planning from HCFA.

T-212: Letter from Robert J. Taylor, Associate Regional Admin., to Ann Stottlemeyer, Director West Virginia Office of Medical Services (July 8, 1993) (State Plan Amendment (SPA) attached)

Approval of SPA for rehabilitative services, specifically behavioral health services including, crisis intervention services (individual and family), crisis support in residential settings, crisis stabilization; rehabilitative supportive services, including counseling, intensive in-home services (individual and family therapy), behavioral management services, basic living skills development; early intervention available to all recipients who have identified handicap or at risk for developmental delays due to biological or environmental factors. Environmental risk defined as a factor that may pose a serious threat to development including

inadequate health care, poor nutrition, lack of physical or social stimulation, or psychotic, drug-dependent, or alcohol dependent family members. Services include clinical evaluations (office and home based), and treatment plan development (multi-disciplinary team).

- T-211:** Memorandum from Rozann Abato, Acting Director HCFA Medicaid Bureau, to Associate Regional Administrator, Dallas (June 14 ,1993)
- T-210:** Medicaid State Operations Letter 93-42 (Region II) (July 8, 1993)
- T-209:** Chicago Regional State Letter No. 33-93 (July 1993)
- T-208:** Dallas Regional Medical Services Letter No. 93-064 (July 2, 1993)

Infant/toddler restraint seats are not medical supplies, equipment, or appliances under home health service because they are routinely used for healthy children, do not treat any specific medical condition, and are not specialized items differing from ordinary use. However, for a disabled infant or toddler, a restraint seat may be prescribed as medically necessary and covered as a prosthetic device or home health service for children with spastic reflexes and motions. If a state operates a transportation system exclusively for Medicaid, restraint seats which remain state property are a reimbursable part of the capital cost of operating the system.

- T-207:** Letter from Wilma Cooper, Acting Associate Regional Admin., to Janie Miller, Acting Commissioner, Kentucky Dep't for Medicaid Services (May 28, 1993)

Comprehensive mental health evaluations for sexual abuse victims can covered under EPSDT; comprehensive mental health evaluations must be provided to other EPSDT eligibles who need them. The evaluations can be covered as a regular component of Medicaid but cannot be limited to child sexual abuse victims.

- T-206:** Letter from Rozann Abato, Acting Director Medicaid Bureau, to State Medicaid Directors (May 26, 1993)

Discussing state "flexibility" to use medical necessity or utilization controls, including "tentative" limits on services, exclusion of services/items that are not medically necessary or medical in nature, prior authorization, limits on the settings or provider types through which the services may be offered. Tentative limits must not delay delivery of needed service or limit free choice of provider. Services/items not covered include those that are not medically necessary or are unsafe or experimental, or not generally recognized as accepted treatment. State may exclude supplies, items not medical in nature, e.g. personal computers

used to help the child in social or educational situations. However, a state could determine that under certain circumstances this equipment is covered when used for a medical purpose. State may provide the service in the most economic mode, so long as it is similarly efficacious and does not delay services. For example, air-fluidized bed not required if less costly egg-crate mattress will serve the same medical needs. If the agency can demonstrate sufficient access to a service, it need not furnish it through every setting or provider type, e.g. can limit physical therapy to clinics and need not provide through privately practicing physical therapists.

T-205: Letter from Robert J. Taylor, Associate Regional Admin., to Joseph Millstone, Director, Md. Medical Care Policy Admin. (May 9, 1993)

Discussing SPA (93-12) to reimburse schools for health related services.

T-204: Letter from Barbara J. England, Medicaid Policy Specialist, HCFA Region V, to Honorable Grace Drake, Ohio Senate (May 5, 1993)

Discussing Medicaid coverage of IDEA services.

T-203: Memorandum from Wilma M. Cooper, Acting Associate Regional Admin., to Acting Director Medicaid Bureau (Apr. 22, 1993)

Discussion of Georgia SPA to add mental health preventive services for children. Questions whether prevention of dysfunctional family life, family disintegration, removal from natural home are medical reasons for services and asks that these reasons be removed from SPA. Notes 6/1/92 memorandum from Medicaid Bureau discussing rehabilitation services for the mentally ill to include "meeting, counseling, etc. with the client, family, legal guardian and/or significant other may be covered provided that the services are directed exclusively to the effective treatment of the recipient. Consultation with, and training others, can be necessary part of planning and providing care to patients.... Consultation can, however, devolve to a point where it becomes a means of treating others. State plan amendments must make clear that services are only provided to, or directed exclusively toward, the treatment of Medicaid eligible persons." (Emphasis is original). Regional administrator does not believe that development or review of an ISP or IFSP is a Medicaid coverable service.

T-202: Letter from Director, Office of Medicaid Management, to All Associate Regional Administrators (Apr. 20, 1993)

Enclosing copy of review guide for EPSDT services provided through managed

care programs, developed by Regions IV and X.

T-201: Letter from Rozann Abato, Acting Director Medicaid Bureau, to John Solomon, South Carolina Medicaid Coordinator (Mar. 1, 1993)

Third party liability for Medicaid services provided to children as part of an IEP/IFSP. If pursuit of liability would create additional costs on child's parents, state education agency could assume liability for amount which would be paid by a third party insurer for Medicaid covered services under the IEP and bill Medicaid for the balance.

T-200: Title XIX State Agency Letter No. 93-25 (Mar. 1993)

T-199: Chicago Regional State Letter No. 82-92 (Dec. 1992) (attachments include information about benefits of these devices)

T-198: Letter from Robert J. Taylor, Associate Regional Admin., to Sherry Knowlton, Deputy Secretary Pennsylvania Department of Public Welfare (Dec. 9, 1992)

Medicaid coverage could, under certain circumstances, be available for assistive devices typically included in IEPs, including TouchTalker with Minspeak, DynaVox, and Apple II computer. May be furnished through EPSDT as home health (if at home) or prosthetic device.

T-197: Letter from Steve McAdoo, Chief Program Operations Branch, to DeAnn Friedholm, Texas Medicaid Director (Feb. 25, 1993)

Discussing provision of services to children in nursing facilities — even if need for customized durable medical equipment not included in NF plan of care, section 1905(r) provisions would require it to be covered if medically necessary. Also discussing payment policies if services included in plan of care.

T-196: Medicaid State Bulletin - 256 (Feb. 1, 1993)

T-195: Chicago Regional State Letter No. 9-93 (Region V) (Feb. 1993)

T-194: Title XIX State Agency Letter No. 93-27 (Region X) (Mar. 1993)

T-193: Medicaid State Operations Letter No. 93-10 (Region II) (Feb. 1993)

T-192: Dallas Regional Medical Services Letter No. 93-22 (Mar. 11, 1993)

Investigations to determine the source of lead contamination covered as "rehabilitative services" if: Medicaid eligible child diagnosed with elevated blood lead level, on-site investigation of the child's home conducted by health professional (or other individual designated by the state). FFP not available for

testing of substances or non-primary residences, lead removal. Should not be claimed as a preventive service.

- T-191:** Letter from Christine Nye, HCFA Director, to Lourdes Rivera and Carol Regan, CDF (Dec. 24, 1992)
- T-190:** Letter from William Lyons, Associate Regional Admin., to Brian W. Moore, Alabama Medicaid Agency (Oct. 2, 1992)

Re: IFSP and IEP: If only Medicaid recipients or their third parties are charged for the services, then the care is free and Medicaid will not reimburse. Medicaid must pursue third party liability on behalf of Medicaid services or there is no Medicaid payment.

- T-189:** Title XIX State Agency Letter No. 93-04 (Region X) (Dec. 1, 1992)

Maximization of FFP for EPSDT activities in the schools

- T-188:** Memorandum from Christine Nye, Director Medicaid Bureau, to Associate Regional Admin. New York (undated 1992)

Local public health department usually a Medicaid provider, which may employ sanitarians to perform investigations to determine source of lead poisoning; discusses limitations on billable sanitarian activities.

- T-187:** Memorandum from Christine Nye, Director Medicaid Bureau, to Associate Regional Administrators, Regions I-X (Oct. 16, 1992)
- T-186:** Dallas Regional Medical Services Letter No. 92-118 (Nov. 13, 1992)

Even if Medicaid eligible child is living in an area officially designated as not having a childhood lead poisoning problem, a verbal risk assessment should occur. "Lead free" must be defined consistent with the recommendations in CDC statement but does not preclude state use of other criteria [But see, G-1].

- T-185:** Letter from Christine Nye, HCFA, to Associate Regional Administrator Region I-X (Oct 16, 1992)
- T-184:** Dallas Regional Medical Services Letter No. 93-016 (Feb. 11, 1993)
- T-183:** HCFA Program Issuance Transmittal Notice Region IV, MCD-117-92 (Nov. 18, 1992)
- T-182:** Letter from Lawrence L. McDonough, Associate Regional Administrator, to Jose Fernandez, Deputy Director, California Medical Care Services (Oct. 30, 1992)

T-181: Chicago Regional State Letter No. 72-92 (Region V) (Nov. 1992)

Policy regarding coverage of prepaid orthodontic services.

T-180: Dallas Regional Medical Services Letter No. 92-102 (Oct. 13, 1992)

While removing lead investigations from the preventive services section of the State Medicaid Manual, HCFA stresses that such investigations may be covered as rehabilitation services. Thus, the service need only be *recommended* by a physician or practitioner of the healing arts, not provided by the physician.

T-179: HCFA Program Issuance Transmittal Notice Region IV (MCD-78-92) (Oct. 7, 1992)

T-178: Letter from Arthur J. O'Leary, Associate Regional Admin. Region II, to State Agencies Administering the Medicaid Program (Dec. 3, 1991)

T-177: Medicaid State Operations Letter No. 91-84 (Region II) (Dec. 3, 1991)

T-176: Dallas Medical Services Letter 92-72 (July 20, 1992)

The following do not fall within the scope of services, when needed by a quadriplegic child living in a foster home: motorized lift for the family van, motorized stair lift; wheel chair ramp to the back yard, bathroom modifications. "Medicaid services must be medical in nature." State has discretion to determine medical necessity of; E.g., swimming classes in health club for child with cystic fibrosis, computer system and bedside communication device for child with cerebral palsy, air conditioner to lessen seizures for child with seizure disorder; "Beeper" to promote communication with brain damaged child; speech therapy services may be medically necessary and coverable as "physical therapy" or "rehabilitative" services. Defines the "one service" language of section 5123 of State Medicaid Manual. Clinic service can include a contracting practitioner's office or a mobile van but not recipient's place of residence. Payment must be made for treatment services even if there is no screening form in the file. Any treatment services based on a physician's order or prescription are required to be provided to recipients if the condition was discovered during a periodic or interperiodic screen, the treatment is medically necessary, and the services are provided by a qualified Medicaid provider.

T-175: Letter from Gerald J. Spatz, Medicaid Program Specialists, Medicaid Operations Branch, Division of Medicaid Region V, to Champa Bhatia, Program Specialist, Michigan Dep't of Social Services (Sept. 23, 1992)

Commenting on Michigan's proposed SPA to expand coverage of "preventive services" to extend services to pregnant women, to include psychosocial,

nutritional assessment, counseling, health education and transportation. HCFA suggests covering the service through EPSDT (rather than as preventive). Issue involves whether State can provide Medicaid services to Medicaid eligible children through the ineligible parents. HCFA says it is permissible if: as defined, the services are medical and are directed exclusively to the treatment of the child. However, the SPA cannot violate comparability, i.e. by limiting the services only to infants under age one. Under EPSDT the service would be available to anyone under age 21 "unless you can write it up so that only an infant under age one could conceivably use the service." HCFA notes that the State Medicaid Manual supports placing the service as an EPSDT service, giving the example of section 5123.2A2, which provides for a nutritional service as part of the screen.

T-174: Letter from William Lyons, Associate Regional Admin., to Brian Moore, Commissioner Alabama Medicaid Agency (Sept. 10, 1992)

Communicative devices coverable through EPSDT if medically necessary for the child, even if used for educational or vocational purposes; tactile aids to improve ability to hear may be medically necessary; computers to allow home based persons to communicate as services for persons with speech hearing disorders (440.110), prosthetic devices, rehabilitative services, outpatient/rural health, clinic service, FQHC (based on types of providers and requirements of the category).

T-173: HCFA Program Issuance Transmittal Notice Region IV, MCD-90-92 (Sept. 4, 1992)

Discussing required screening for lead poisoning, investigations to determine the source of lead, billing by sanitarians.

T-172: Memorandum from Christine Nye to All Regional Administrators (Sept. 2, 1992)

T-171: Regional Identical Letter No. 92-156, from Gary Wilks, Associated Regional Administrator, Division of Medicaid, to State Medicaid Directors (Sept. 28, 1992)

T-170: HCFA, Region IV Program Issuance Transmittal Notice, MCD-101-92 (Oct. 19, 1992)

T-169: Chicago Regional State Letter No 61-92 (Sept. 1992)

T-168: Dallas Regional Medical Services Letter No. 92-105 (Oct. 22, 1992)

Describing HCFA's policy for maximizing FFP in schools and school districts, including outreach, case management and transportation activities and coverage of "restorative, corrective and remedial services." Notes that when most IEP

services and most provider types are already covered in the State plan, a new SPA is not required. To get Medicaid reimbursement, providers of, e.g. speech therapy and psychology services, must meet Medicaid provider qualifications, not just Dep't of Education (IEP) credentialing.

- T-167:** HCFA Program Issuance Transmittal Notice Region IV (Sept. 1, 1992) (MCD-89-92)
- T-166:** Medicaid State Bulletin-231 (Sept. 10, 1992)
- T-165:** Chicago Regional State Letter No. 66-92 (Oct. 1992)
- T-164:** HCFA Program Issuance Transmittal Notice Region IV (Sept. 1, 1992)
- T-163:** HCFA Regional Identical Letter No. 92-154 (Sept. 21, 1992)
- T-162:** Memorandum from Christine Nye, Director Medicaid Bureau, to Associate Regional Administrators Region I-X (Aug. 20, 1992)

Maintenance services which sustain or support, rather than cure or improve health problems are covered to the degree that they prevent conditions from worsening or prevent the development of additional health problems. The requirement to provide services at intervals that meet reasonable standards of medical/dental practice implies that recipient should receive whatever services are necessary to maintain his or her health in the best condition possible.

- T-161:** HCFA, EPSDT: A Guide for Educational Programs (Sept. 1992)

Guide to acquaint schools with EPSDT and how schools can develop or augment EPSDT outreach and health services programs. Noting that a wide variety of providers can be certified to provide EPSDT services: physicians, dentists, other providers qualified under state law. Specific examples of linkages provided.

- T-160:** Chicago Regional State Letter No. 62-92 (Sept. 1992)
- T-159:** Dallas Regional Medical Services Letter No. 92-78 (Aug. 5, 1992)

Medicaid may reimburse coverage of licensed nutritionists and licensed dietitians for EPSDT purposes.

- T-158:** Medicaid State Operations Letter No. 92-57 (Aug. 26, 1992)
- T-157:** HCFA Program Issuance Transmittal Notice Region IV (Dec. 2, 1992) (MCD-113-92)

State can enroll licensed nutritionists and dietitians as Medicaid providers under 42 CFR 440.60. Services must be medical in nature for diagnosing, treating, or preventing or minimizing the effects of illnesses, injuries or other impairments.

T-156: Dallas Regional Medical Services Letter No. 92-84 (Aug. 17, 1992)

Asking Region VI states to submit lead data in certain format.

T-155: Medicaid Regional Memorandum No. 92-80 (Region IX) (Aug. 10, 1992)

Discussing rehabilitation services for the mentally ill: services must be medical or remedial in nature for the maximum reduction of physical or mental disability and restoration of recipient to best possible functional level, to include: basic living skills, social skills, counseling, and therapy. Does not include: vocational training, personal care or case management services (which may be covered under other categories). Meeting with family guardian, significant other may be covered "provided that the services are directed exclusively to the effective treatment of the recipient."

T-154: Dallas Regional Medical Services Letter No. 92-73 (July 20, 1992)

Discussing rehabilitation services for the mentally ill. It is more meaningful to consider the goal of the treatment. Examples of services that may be covered: basic living skills (e.g. food preparation, community awareness and mobility skills), social skills, counseling, and therapy. Services that do not fall within definition: vocational training, person care services (coverable under separate category), case management (coverable under separate category). Under rehabilitation option, meeting, counseling with the client, family, guardian may be covered provided that the services are directed exclusively to the effective treatment of the recipient.

T-153: HCFA Regional Identical Letter No. 92-128, to State Medicaid Directors (July 10, 1992)

T-152: Dallas Medical Services Letter No. 92-72 (July 20, 1992)

T-151: Chicago Regional State Letter No. 51-92 (July 1992)

State makes final decision on medical necessity, not the physician. EPSDT services must be coverable under section 1905. Following a request from Rhode Island, HCFA says the following do not fall within the scope of services, when needed by a quadriplegic child living in a foster home: motorized lift for the family van, motorized stair left, wheel chair ramp to the back yard, bathroom modifications. "Medicaid services must be medical in nature."

T-150: Letter from David DuPre, Chief Medicaid Operations Branch, Region V, to Kathryn Glynn, Office of Medicaid Ohio (July 6, 1992)

Discussing home and community based waiver program for ventilator dependent and its relation to EPSDT. A state Medicaid program must make EPSDT available for any individual who is under the age of 21 and who is eligible for Medicaid whether or not that individual is receiving services under a home and community based services waiver.

T-149: Memorandum from Gale A. Drapala, HCFA Region VI Administrator, to Regional Director, DHHS - Dallas (June 18, 1992)

Discusses several services Medicaid can offer beneficiaries in proposed Student Support Centers (to address drug and truancy problems that interfere with learning and adjustment), including case management, rehabilitative services, special day treatment programs that combine therapy and counseling, psychologists' services.

T-148: Memorandum from Christine Nye, Director, to Regional Admin. Region IV (June 17, 1992)

T-147: Letter from William Lyons, Associate Regional Director, to Carol Herrmann, Alabama Medicaid Agency (June 29, 1992)

Regarding SOBRA pregnant women, one option is to consider EPSDT a single service category for children not, by its nature, pregnancy related. Another option is to treat poverty level pregnant women as eligible for any EPSDT services that are pregnancy related and that relate to conditions that might complicate pregnancy.

T-146: Memorandum from Christine Nye, Director, to Associate Regional Admin. Region VI (Dallas) (June 16, 1992)

T-145: Dallas Regional Medical Services Letter No. 92-77 (Aug. 5, 1992)

T-144: Chicago Regional State Letter No. 67-92 (Oct. 1992)

Nutritional supplements, per se, not covered under Medicaid, but nutritional supplements that are medical in nature may be covered as part of other medical assistance, such as outpatient hospital services or clinic services. Nutritional supplements can also be covered as "adaptive aids" in home and community based waivers.

T-143: Letter from Christine Nye, HCFA Medicaid Director, to Lourdes Rivera and Sara Rosenbaum, CDF (May 21, 1992)

Case management is an EPSDT covered service because it is listed in 42 USC 1396a(a)(19). Notes confusion with targeted case management because there is

a shared definition.

T-142: Letter from Charles W. Hazlett, Associate Regional Admin., to Kathryn T. Glynn, Ohio Dep't of Human Services (May 13, 1992)

Confidentiality of Medicaid eligibility information in school settings.

T-141: Dallas Regional Medical Services Letter No. 92-37 (Region VI) (Apr. 25, 1992)

Update on coverage of services in inpatient psychiatric facilities for recipients under age 21.

T-140: Letter from Don Hearn, Child Program Operations Branch, to Donald Kelley, Texas Medicaid Director (Mar. 30, 1992)

If agency determines augmentative communication devices are medical necessary, it must cover them under the EPSDT program.

T-139: Letter from Robert Preston, Associate Regional Admin., to Ruth Palumbo, Acting Associate Director for Rhode Island Medical Services (Mar. 25, 1992)

Discussion of coverage of nutritional services, finding that if nutritionists are licensed by the state and meet state definition of practitioner of the healing arts, their services could meet the definition of preventive services in 42 CFR 440.60. Could also provide these services under this regulation as "other type of remedial care." Notes that EPSDT and preventive services are separate service categories under Medicaid. Does not believe it is appropriate to enroll nutritionists to provide a separate screening service, namely identification of nutritional status; rather, that assessment would be performed by a physician or other EPSDT screening provider. If nutritional or dietary problems identified, nutritionists could perform evaluation and treatment.

T-138: Dallas Regional Medical Services Letter No. 92-21 (Mar. 11, 1992)

Targeted case management services do not consist of the provision of other needed services, but are to be used as a vehicle to help targeted individuals gain access to them. Congress concerned that targeted case management not duplicate other services. Discharge planning already is required, so case management funding streams should not be used to pay for it. However, once the patient has left the institution, targeted case management funds can be

used.

- T-137:** Letter from Robert Preston, Associate Regional Admin., to Robert J. Palumbo, Acting Associate Director for Rhode Island Medical Services (Mar. 9, 1992)

Policy clarification regarding coverage of nutritional services in the context of EPSDT. Physician services provided within the scope of medicine provided by a physician may be covered, as would services furnished by clinic staff in situations where the clinic benefit included nutrition services, could also cover under 42 CFR 440.60, as services provided by a licensed practitioner of the healing arts (i.e., licensed nutritionist). State Medicaid Manual 5123.2.A.2 requires assessment of nutrition and further evaluation if dietary inadequacy, obesity or other problems indicated.

- T-136:** Chicago Regional State Letter No. 29-92 (Mar. 1992)

Medicaid coverage of pediatric and family nurse practitioners.

- T-135:** Memorandum from Christine Nye to All Regional Administrators (Feb. 28, 1992)

Summary report on findings of 10-state on-site review, finding some problems with coverage of treatment services, including: Virginia could not limit expanded services to only treatment of conditions discovered during an initial screen; Texas could not exclude coverage for conditions existing prior to the screen. Also found lack of coordination between Medicaid and Head Start and early intervention and special education programs.

- T-134:** Dallas Regional Medical Services Letter No. 92-14 (Feb. 14, 1992, rec'd date)

HCFA regulations for speech pathology and audiology apply to school-based providers.

- T-133:** Dallas Regional Medical Services Letter No. 93-05 (Feb. 10, 1992)

Discussing Medicaid services provided through the schools.

- T-132:** Medicaid State Operations Letter No. 92-11 (Region II) (Feb. 6, 1992)

Enclosing booklet on Medicaid coverage of health-related services for children

receiving special education. Booklet, page 10, lists reimbursable services including: speech pathology services, occupational therapy, physical therapy, psychological services, school health social worker services, early identification, screening, assessment services, medical services for diagnostic and evaluative purposes. These services must be billed through a Medicaid category. "Among the various Medicaid benefits, the rehabilitative services category — which carries no Federal requirement for physician prescription, provider qualifications, or setting limitations — is the most flexible." Services mandated under EPSDT, when medically necessary, include: clinic services, rehabilitative services, physical therapy, occupational therapist, speech pathology and audiology services, licensed psychologist, and social worker services.

T-131: Letter from Lawrence L. McDonough, Associate Regional Admin. Region IX, to Anne Ronan, Arizona Center for Law in the Public Interest (Jan. 21, 1992)

Discussing skilled nursing services to ventilator dependent children. EPSDT definition of medical necessity applies, whether the parents are at home or at work is not relevant to the issue of medical necessity.

T-130: Dallas Regional Medical Services Letter No. 92-6 (Jan. 21, 1992)

Discussing OBRA '90 provision re: minimum qualifications of physician for billing services provided to pregnant women and children.

T-129: HCFA Program Issuance Transmittal Notice Region IV (Jan. 8, 1992) (MCD-137-91)

T-128: Letter from Thomas G. Wallner, Associate Regional Administrator, to Richard P. Donovan (Nov. 21, 1991)

Discussing continuing care providers.

T-127: Letter from Gail R. Wilensky, Admin., to Manny Martins, Tenn. Bureau of Medicaid (Jan. 3, 1992)

T-126: Letter from Wilma Cooper, Acting Associate Regional Administrator, Atlanta, to Director Medicaid Bureau (Jan. 12, 1993)

Documents discussing HCFA refusal to approve Tenn. state plan amendment (SPA 91-13) [on Sept. 24, 1991] that would reimburse physicians at 60% of the usual state Medicaid rate for physician services provided to children for visits in

excess of the quantitative limits applied to adults (e.g. 24 office visits) as problematic with respect to EPSDT, 42 CFR 440.230, and 42 CFR 447.204 (Equal access). Also disapproved as violating OBRA '89 Tenn. practice of paying at reduced rate because the physician had not checked the "EPSDT box" on the claim form.

- T-125:** Dallas Regional Medical Services Letter No. 91-99 (Dec. 19, 1991)
- T-124:** Letter from Ronald Preston, Associate Regional Administrator, to Richard J. Palumbo, Department of Human Services, Rhode Island (Dec. 9, 1991)
- T-123:** Medicaid State Operations Letter No. 91-87 (Region II) (Dec. 18, 1991)

Discussing provision of EPSDT in least costly environment. State may use "most economic mode" as long as the determination process does not delay the delivery of needed service and does not limit free choice. OBRA '89 did not take away state flexibility to use medical necessity or utilization controls to manage available resources. "The state should define medical necessity on an individual basis and must be able to support its decision with documentation of the case." The State must have some standards in the EPSDT utilization control context to ensure that utilization controls do not delay needed services. If less costly in an institution rather than at home, the state may restrict to that setting.

- T-122:** Letter from Christine Nye, Director, to Associate Regional Admin. Region II (Nov. 20, 1991)

Federal regulations do not allow state to reimburse hearing tests performed by state licensed hearing aid dispensers [EPSDT not mentioned].

- T-121:** Letter from Christine Nye, Director, to Regional Administrator Region VI (rec'd Nov. 19, 1991)

Augmentative communication device, while not a prosthetic device, may be medical equipment available through EPSDT.

- T-120:** Title XIX State Agency Letter No. 92-05 (Region X) (Nov. 4, 1991)

State may determine to provide medically necessary services is the "most economic mode," as long as services not delayed and provider choice maintained. Prior authorization must not delay needed services. State should define medical necessity on an individual basis and have standards to ensure that utilization controls do not delay needed services.

T-119;(T-45): Chicago Regional State Letter No. 75-91 (Region V) (November 1991)

State has discretion in determine medical necessity; E.g., swimming classes in health club for child with cystic fibrosis, computer system and bedside communication device for child with cerebral palsy, air conditioner to lessen seizures for child with seizure disorder; "Beeper" to promote communication with brain damaged child; speech therapy services may be medically necessary and coverable as "physical therapy" or "rehabilitative" services.

T-118: Letter from Christine Nye, HCFA Director, to Dear State Medicaid Director (Oct. 29, 1991)

Clarifying and revising earlier HCFA position regarding EPSDT coverage of services and overlap with home and community based waivers. Revises view that EPSDT services are part of state plan services (and thus supplant the need for these services in HCBWs). Rather, finds that EPSDT services are distinct from the categories of services a state covers under its state plan or its hcbw. Thus, no need for states for revise waiver services.

T-117: Letter from Albert J. Benz, Associate Regional Administrator, to Richard P. Donovan (Sept. 5, 1991)

If service under Part B and Part H is free to the general public, no sliding fee is charged, and no private insurance is billed, Medicaid can be billed under EPSDT if the service is in the IFSP or IEP. "Section 1903(c) is clear that nothing in title XIX should be construed as prohibiting or authorizing the Secretary to prohibit payment...." However, school system must establish a fee schedule, agree with Medicaid, and bill all third parties. If private insurance is available and the recipient refused to allow insurance company to be billed, Medicaid is not required to pay and the individual is ineligible for failing to assign benefits.

T-116; (T-33): Letter from Christine Nye, HCFA Medicaid Director, to Regional Administrator Region III (FME-42) (Aug. 7, 1991)

State must determine on an individual basis whether particular rehabilitative equipment items and services are medically necessary in cases where the item or service is questionable or otherwise not provided by state Medicaid; clinic services may not be provided outside the clinic setting; states may use administrative case management workers when case management is limited to coordinating access to Medicaid services; however, it may be medically necessary to provide case management for services not within Medicaid or medical in nature (e.g., helping an adolescent with an abusive, alcoholic parent gain access

to Alateen); states may not place arbitrary limits on EPSDT services. If treatment requires more than one pair of eyeglasses per year, that should be provided.

T-115: Letter from Don Hearn, Chief Program Operations Branch, to Donald L. Kelley, Texas Medicaid Director (July 17, 1991)

Discussing relation of OBRA '89 treatment requirements and section 4604 of OBRA '90; citing 42 CFR part 456 as placing ultimate responsibility on state to determine medical necessity; "it is not permissible to include in a waiver any service that is already covered under the state plan." With OBRA '89, all Title XIX-reimbursable medically necessary services essentially become state plan services; "therefore, it would not be appropriate to continue to include those types of services in the waiver." Child eligible for Medicaid because of a waiver (e.g. through deeming waiver) stays on waiver, but state is required to also provide EPSDT services to this waiver child. Non-EPSDT services include: habilitation, respite, minor home modifications.

T-114: Letter from Gale Drapala, Regional Admin., to Donald L. Kelley, Texas Medicaid Director (Dec. 3, 1991)

Discussing medical necessity/cost effectiveness requirements.

T-113: Memorandum from Christine Nye, Director Medicaid Bureau, to Regional Admin. Region VI (Nov. 25, 1991)

T-112: Memorandum from Christine Nye, Director Medicaid Bureau, to Regional Admin. Region I (Oct. 15, 1991)

T-111: Memorandum from Christine Nye, Director Medicaid Bureau, to Regional Admin. Region VIII (Oct. 3, 1991)

State can determine to provide service in the most economic mode, as long as the determination does not delay the service or limit choice of provider.

T-110: HCFA, Medicaid Coverage of Health-Related Services for Children Receiving Special Education: An Examination of Federal Policies (Nov. 1991) (see also T-132)

Discussing IDEA and Medicaid policies.

T-109: Chicago Regional State Letter No. 66-91 (Oct. 28, 1991)

Indicates that HCFA would oppose classifying someone who only provided health

education as a provider. "Health education or anticipatory guidance should be considered an essential component of every health care encounter, but not a separable service."

T-108: Memorandum from Christine Nye, Director Medicaid Bureau, to Regional Admin. Region VIII (Oct. 3, 1991)

Discussing state definition of medical necessity.

T-107: Letter from Rozann Abato, Acting Director Medicaid Bureau, to Jean Schoonover, Chief Idaho Dep't of Health and Welfare Programs (Aug. 6, 1991)

Medicaid is excellent resource in the national effort to deal with drug addiction and related problems. E.g. case management can combine needed therapy, counseling and other services.

T-106: Letter from Robert Bavelock, Acting Associate Regional Administrator, to Linda J. Schofield, Director, Connecticut (June 12, 1991)

T-105: Medicaid State Operations Letter No. 91-51 (Region II) (June 11, 1991)

Medicaid program can potentially pay for some related services under Part H or Part B, IDEA, including physical therapy, psychological services, screening and assessment services because these are covered under EPSDT.

T-104: Letter from Christine Nye, Director, to Associate Regional Administrator Region V (June 8, 1991)

T-103: Letter from William R. Lyons, Associate Regional Admin., to Carol Herrmann, Commissioner, Alabama Medicaid Agency (Apr. 17, 1992)

Drug rebate program takes precedence over EPSDT in that if a manufacturer has not signed a rebate agreement those drug products are not available under EPSDT. This had caused problems because a manufacturer of a lead treatment drug (BAL) was not participating in the drug rebate program.

T-102: Letter from William Lyons, Associate Regional Admin., to Helen Wetherbee, Director Mississippi Division of Medicaid (June 6, 1991)

Discussing "under the direction of" phrase of 42 CFR 440.110 (therapy services).

T-101: Title XIX State Agency Letter No. 91-46 (June 3, 1991)

T-100: Medicaid state Operations Letter No. 91-52 (Region II) (June 17, 1991)

EPSDT is a restriction on state flexibility to cover organ transplants. Medically necessary organ transplants must be covered. State makes medical necessity determination and is not bound by Medicare guidelines or to provide services it does not consider safe and effective or which are experimental. State must comply with 1903(i) requirements for written plan to receive FFP.

T-99: Letter from Christine Nye to Director, Medicaid Bureau (May 23, 1991)

T-98: Letter from Gary Wilks, Associate Regional Administrator, Region VIII, to All State Medicaid Directors (June 6, 1991)

States must provide any medically necessary organ transplants to children under age 21. "Section 1905(r)(5) ... is clear that all services or treatments which are 'medically necessary' to correct or lessen health problems detected or suspected by the screening services must be provided...."

T-97: Letter from Christine Nye to Director, Medicaid Bureau (May 17, 1991)

T-96: Chicago Regional State Letter No. 34-91 (June 1991)

T-95: Title XIX State Agency Letter No. 91-52, Region X (July 3, 1991)

Discussing Medicaid funding of services provided in schools. Medicaid can potentially pay for some of the "related services" required by Part B of the IDEA and for many Part H services in the IFSPs, if the service is coverable through Medicaid and "medical or remedial" in nature, including: physical therapy, speech pathology services, occupational therapy, psychological services, screening and assessment services. Provider, e.g. school or medical practitioner, must be Medicaid participating and bill third-parties, 42 CFR 433.139.

T-94: Dallas Regional Medical Services Letter No. 91-37 (May 15, 1991)

Clarification of EPSDT requirements concerning pre-existing conditions and durational limits.

T-93: Letter from Christine Nye, Director Medicaid Bureau, to Regional Administrator Region III (May 7, 1991)

State must determine on an individual basis whether particular rehabilitative equipment and services are medically necessary in those cases where the service is not otherwise provided under the state's Medicaid plan. Under EPSDT, clinic services may be provided in various facilities, including mobile van, but not outside of 42 CFR 440.90. Case management services must be provided to an EPSDT recipient when found medically necessary. State can use state workers when case management needs limited to coordination of access to Medicaid-

funded services. However, state may need to provide case management services under a(a)(19) which reach beyond Medicaid to coordinate access to a range of services, regardless of source of funding. States cannot place arbitrary limits on services. Eyeglasses cannot be limited to one pair a year when medically necessary.

T-92: Title XIX State Agency Letter No. 91-33 (Region X) (Apr. 30, 1991)

T-91: Letter from David McNally, HCFA, to Associate Regional Manager, Division of Medicaid, Philadelphia (Mar. 15, 1991)

Children with already existing health problems should have available diagnostic and treatment services appropriate to their needs. To view otherwise is contrary to the "preventive thrust" of the program and the concept embodied in the EPSDT program to diagnose and treat health problems early before they worsen and become more costly. "We consider any encounter with a health care professional acting within the scope of practice as an interperiodic screen. It does not matter if the child receives the screening services while Medicaid eligible, nor whether the provider is participating in the Medicaid program at the time those screening services are furnished. Any necessary health care required to treat conditions as a result of a screen must be provided."

T-90: Letter from Albert Benz, Associate Regional Admin. (Region X), to Jean Schoonover, Chief Idaho Dep't of Health and Welfare Programs (Apr. 30, 1991)

"Basically, the only limits on EPSDT services are that the services be medically necessary and are not determined to be unsafe or experimental." Where state has limits on physical therapy services, exceptions for children need to be made. Prior authorization can be used, based on the needs of the child.

T-89: Memorandum from Christine Nye, Director, to Regional Admin. Region VI (Apr. 22, 1991)

State must provide any medically necessary services, whether or not the need for the service existed prior to the screen. Listed medical screening elements not needed for an interperiodic screen. State cannot exclude medically necessary services based on the type of screen performed or how the service is billed. Any encounter with a health care professional acting within his scope of practice is an interperiodic screen.

T-88: Letter from Albert Benz, Associate Regional Admin. (Region X), to Jean Schoonover, Chief Idaho Dep't of Health and Welfare Programs (Mar. 22, 1991)

Medicaid EPSDT can cover durable medical equipment prescribed through the Crippled Children Services Program.

T-87: Letter from William Lyons, Associate Regional Admin., to Carol Herrmann, Commissioner Alabama Medicaid Agency (Mar. 1, 1991)

T-86: Chicago Regional State Letter No. 43-91 (undated)

Discussing circumstances for covering services by speech pathologists and audiologists.

T-85: Memorandum from Lawrence L. McDonough, HCFA, Region IX, to All State Title XIX Medicaid Agencies, Medicaid Regional Memorandum 91-20 (Feb. 26, 1991)

(Clarifying Reg. Memo. 90-80, 8/8/90). States must provide assistance in gaining access to needed social, education, and other services, as case management under 1905(a)(19), as defined in 1915(g)(2). However, states are not required to provide targeted case management under EPSDT.

T-84: Title XIX State Agency Letter No. 91-19 (Jan. 29, 1991)

Discussing FOHCs and EPSDT. Clinic billing as clinic services rather than EPSDT services increases spending though total amount of care does not change and lack of EPSDT specific claims impedes case management and reporting

T-83: Letter from Christine Nye, Director, to Deborah A. Randall, Arent, Fox (Washington, DC) (1991)

Services delivered to the family of an eligible child to improve the physical and mental well-being of the child who is failing to thrive due to neglect, abuse, or maternal deprivation are covered if the "services are directed exclusively to the effective treatment of the Medicaid-eligible individual. The service must be aimed exclusively at the medical treatment of the Medicaid eligible patient, not at the treatment of someone other than the patient. In addition, the services must be medical in nature and cannot be social services." In example, services delivered by registered nurse.

T-82: Letter from Christine Nye, HCFA Medicaid Director, to Linda Schofield, Director Connecticut Medical Care Administration (Dec. 1990?)

Discussing coverage of case management as an EPSDT treatment. Case management services, as defined in section 1915(g)(2) but provided under the authority of 1905(a)(19), are mandatory for EPSDT recipients for whom they are

medically necessary. Targeted case management is not mandatory under EPSDT. Options for EPSDT: use existing service providers (doctor, clinic), use Medicaid agency or designee (Title V, contract entity) for administrative case management (coordinating access to Medicaid funded medical services); services under a(a)(19) to coordinate access to a broad range of medically necessary services, regardless of source of funding. These medically necessary services do not have to be medical in nature or reimbursable under Medicaid (adolescent to Alateen to prevent further psychological damage).

T-81: Memorandum from Rozann Abato, Acting Director HCFA, to Associate Regional Administrator Atlanta (Sept. 5, 1990)

Monetary cap or dollar limits precluded under EPSDT.

T-80: Letter from Rozann Abato, Acting Director Medicaid Bureau, to Associate Regional Director, San Francisco (July 9, 1990)

MCCA amendments mean that Medicaid regulations related to third party liability and education and vocational services exclusion in 42 CFR 441.13(b) cannot be used as a basis for denying payment of otherwise covered Medicaid services because they are part of a IFSP or IEP. "(We had previously denied these services on the theory that the state's education agency was the primary payor.)"

T-79: Letter from Gail R. Wilensky, Administrator, to Sen. Daniel P. Moynihan (May 23, 1990)

To the extent individuals are eligible for Medicaid and need inpatient hospital care for crack cocaine addiction, it is available under Medicaid. Medicaid also offers rehabilitative services from short outpatient episodes to full day treatment. Discusses Medicaid restrictions on services in Institutions for Mental Diseases.

T-78: Dallas Regional Medical Services Letter No. 90-27 (Apr. 19, 1990)

States required to provide FQHC core services defined in section 1861(aa)(1) (A)-(C), including physician assistant, nurse practitioner services, clinical psychologist services, clinical social workers services, services and supplies incident to clinical psychologist and social worker services as would be covered if furnished by or incident to physician services and any other Title XIX ambulatory services. Discussing enrollment and billing procedures for FQHCs.

T-77: Dallas Regional Medical Services Letter No. 90-24 (Mar. 30, 1990)

Certification of need requirements for inpatient psychiatric services for individuals under age 21.

T-76: Dallas Regional Medical Services Letter No. 90-23 (Mar. 29, 1990)

Pay and chase instructions for third party liability involving prenatal and preventive care.

T-75: Dallas Regional Medical Services Letter No. 90-19 (Mar. 16, 1990)

Availability of FFP for free services.

T-74: Dallas Regional Medical Services Letter No. 90-12 (Feb. 27, 1990)

Guidelines for state contracts with outside parties to confirm to providers a Medicaid recipient's eligibility, noting that the outside party "must be an agent of the state" and must enter a contract.

T-73: Letter from Don Hearn, Chief Program Operations Branch Division of Medicaid, to Donald Kelly, Deputy Commissioner, Texas Department of Human Services (Feb. 6, 1990)

Case management services provided by Texas Commission for the Blind are not eligible for Medicaid reimbursement because they are provided free (title V exception noted). Some circumstances for billing Medicaid are listed.

T-72: Memorandums from Kathleen A. Buto, Acting Director, to Region IV Administrator (April 5, 1989; Aug. 9, 1989)

T-71: HCFA Program Issuance Transmittal Notice Region IV (Sept. 6, 1989) (MCD-66-89)

Discussing retroactive eligibility of poor pregnant women and preventive pregnancy services, stating that while many services are coverable as preventive services not all are, including eye exams or purchase of eye glasses

T-70: Letter from Rozann Abato, Acting Director Medicaid Bureau, to State Medicaid Directors (May 26, 1993)

Discussing state "flexibility" to use medical necessity or utilization controls, including "tentative" limits on services, exclusion of services/items that are not medically necessary or medical in nature, prior authorization, limits on the settings or provider types through which the services may be offered.

T-69: Medicaid State Operations Letter No. 93-09 (DMD:MOB:5) (Feb. 18, 1993)

Locating the source of lead contamination may be considered an integral part of the management and treatment of Medicaid-eligible child diagnosed with elevated blood lead level; FFP only available to investigate child's home or primary residence; lead abatement not covered.

T-68: HCFA Medicaid Review Report HCFA Region IX Review of California's Administration of its Managed Care Program (FY 1993)

On-site review showed managed care plans to lack sufficient level of detail concerning coverage of dental, transport and scheduling assistance services, and state should ensure contracts are specific on these points; state should establish tracking mechanisms to make sure managed care contractors are complying with EPSDT policies; state should "fortify" its monitoring procedures to make sure plans are providing full range of EPSDT services.

T-67: Letter from Charles Hazlett, Associate Regional HCFA Administrator, to Kathryn Glynn, Director Ohio Department of Human Services (undated)

Discussing rural health center and FQHC billing children's services as "RHC/FQHC services" rather than EPSDT services in order to capture higher payment rates; this increases Medicaid spending and impedes case management and compliance with EPSDT reporting requirements; HCFA assessing FQHC policy; statute does not say every service provided to Medicaid recipients by an FQHC must be considered an FQHC service; state not required to pay 100% of reasonable costs for components of EPSDT package that exceed what would otherwise be available under the plan to persons who are not receiving EPSDT.

T-66: Region VII Medicaid State Bulletin - 245 (Dec. 4, 1992)

Policy for availability of FFP for prepaid orthodontia under EPSDT in circumstances where the child becomes ineligible before treatment is completed.

T-65: Region VII Medicaid State Bulletin - 240 (Oct. 23, 1992)

Describing HCFA's policies concerning maximizing FFP in school and school districts, claiming costs for therapists in public schools.

T-64: Chicago Regional State Letter No. 65-92 (Region V)(Oct. 1992)

State not required to provide inpatient psychiatric services for children under age 21 in every facility that state law considers to be a psychiatric facility; state may determine that a psychiatric hospital can provide any medically necessary inpatient services that child may require and not medically necessary to provide inpatient psychiatric services in additional lower level of care settings.

T-63: Region VII Medicaid State Bulletin - 231 (Sept. 10, 1992)

Maintenance to sustain or support rather than cure or improve health problems is covered to the degree the service prevents conditions from worsening or prevents the development of additional health problems.

T-62: Region VII Medicaid State Bulletin - 230 (Sept. 10, 1992)

Lead environmental investigations do not include community-wide assessments or abatement; sanitarians can be Medicaid providers.

T-61: Chicago Regional State Letter No. 61-92 (Region V)(Sept. 1992)

Guidance on Medicaid funding of EPSDT services provided by school and school districts.

T-60: Medicaid State Operations Letter No. 92-56 (DMD:MOB:5)(Aug. 17, 1992)

Lead investigation is a rehabilitative, not preventive, service; under certain circumstances, licensed sanitarians can become Medicaid providers.

T-59: Region VII Medicaid State Bulletin - 225 (July 20, 1992)

State may, but is not required to, cover licensed nutritionists and licensed dieticians as "other licensed practitioners."

T-58: Region VII Medicaid State Bulletin - 224 (July 13, 1992)

T-57: Chicago Regional State Letter NO: 51-92 (Region V)(July 1992)

Medicaid services must be medical in nature; modification to a home or van are not covered services except under a waiver (e.g., motorized stair lift, wheel chair ramp, bathroom modifications); "with regard to any services sought through the EPSDT program it is the State that makes the determination of medical necessity, not the child's physician."

T-56: Letter from Christine Nye, HCFA Medicaid Director, to Lourdes A. Rivera and Sara

Rosenbaum, CDF (May 21, 1992)

Case management service may be used to reach out beyond the bounds of the Medicaid program to coordinate access to a broad range of medically necessary services; services do not have to be medical in nature or reimbursable through Medicaid.

T-55: Letter to State Medicaid Directors from Christine Nye, HCFA Medicaid Director (April 23, 1992)

Sterilization performed on EPSDT eligibles not eligible for FFP at either the enhanced family planning rate or the FMAP rate as a regular medical service; regulations (42 C.F.R. 441.253) allow FFP only if individual is over age 21 at time consent is obtained.

T-54: Region IV Transmittal Notice (MCD-137-91)(Jan. 8, 1992)

Discussing status as a "continuing care provider," particularly with respect to district health departments, rural health clinics, developmental disabilities centers, and physician's offices.

T-53: Letter to Richard Donovan, Director Idaho Department of Health and Welfare, from Thomas Wallner, Associate Medicaid Regional Admin. (Jan 6, 1992)

Discusses removal of children from home and community based waiver services in light of EPSDT expansions; inappropriate to remove EPSDT children from waiver when the waiver offers services such as home modification, home delivered meals or other services not listed in 1396d(a); where personal care services the only service offered under the HCBS waiver, there is no impact in removing EPSDT children from waiver.

T-52: Region IV Transmittal Notice (MCD-126-91 (Dec. 31, 1991)

HCFA developing regulations to define the settings that may be used for inpatient psychiatric benefit for EPSDT; meanwhile, state does not have to treat at lower level of care settings if a psychiatric hospital can provide the necessary inpatient service.

T-51: Region IV Transmittal Notice (MCD-135-91 (Dec. 30, 1991)

T-50: Memorandum from Christine Nye, HCFA Medicaid Director, to Regional Administrator Region VI (Nov. 25, 1991)

T-49: Memorandum from Christine Nye, HCFA Medicaid Director, to Regional

Administrator Region I (Oct. 15, 1991)

State may provide medically necessary services in the "most economic mode" as long as determination does not limit recipient's right to free choice of provider and payments are consistent with efficiency, economy and quality of care; prior authorization must not delay needed service or limit free choice of provider; state may restrict services to institution, rather than home, if it determines that it is less costly to do so.

T-48: Title XIX State Agency Letter No. 92-12 (Region X)(Dec. 10, 1991)

Someone who provides only health education is not an EPSDT provider; states using multiple providers to render one screening package must demonstrate that the individual child received all five elements included in the screen before the screen is considered complete.

T-47: Region VII Medicaid State Bulletin - 204 (Nov. 21, 1991)

OBRA-'89 does not take away state "flexibility" in using medical necessity or utilization controls so long as the process does not delay receipt of needed services and recipient's free choice of provider is not limited.

T-46: Letter from Christine Nye, HCFA Medicaid Director, to Alan Toppel, Executive Director Commission on Accreditation of Rehabilitation Facilities (Arizona)(Nov. 18, 1991)

No statutory authority under Medicaid for automatic "deeming" of inpatient psychiatric facilities that meet JCAHO standards; HCFA in process of revising regulations for this benefit and requirement for JCAHO accreditation will be removed.

T-45: Chicago Regional State Letter No: 75-91 (Region V) (November 1991)

State has discretion in determine medical necessity; E.g., swimming classes for child with cystic fibrosis, computer system for child with cerebral palsy, air conditioner for child with seizure disorder may be medically necessary and coverable as "physical therapy" or "rehabilitative" services; determination of medical necessity belongs "solely" with the state; state not required to provide every service through every possible setting or provider type as long as state can make a "reasonable representation" that adequate access exists; "case management," as defined in 1396d(a)(19) must be covered (and may coordinate services regardless of the source of their funding); however, targeted case

management services not mandatory since service is defined at 1396d(g).

T-44: Region IV Transmittal Notice (MCD-111-91)(Oct. 29, 1991)

Until regulations codified, states are to interpret statute in a "reasonable" manner; States cannot exclude treatment for services discovered prior to the EPSDT screen; screening elements for periodic screen not necessary for interperiodic screen; any encounter with a health professional practicing within the scope of his practice is an interperiodic screen.

T-43: Letter from Charles Hazlett, Associate Regional Medicaid Administrator, to George Vorys, Deputy Director Ohio Medicaid Administration (Oct. 24, 1991)

Not "appropriate" for HCFA to approve or disapprove a state's definition of medical necessity or the application of medical necessity criteria; enactment of OBRA 89 did not alter in any way the state ability to make determination of medical necessity; state not required to pay for physician services it determines are not medically necessary.

T-42: Letter from Christine Nye, HCFA Medicaid Director, to Regional Administrator Region III (FME-42)(Oct. 8, 1991)

State must not allow items under the EPSDT benefit which are not Medicaid services under any reasonable reading of section 1905(a), regardless of whether the items can be considered "medically necessary"; state discretion to determine medical necessity; E.g., swimming classes for child with cystic fibrosis may be medically necessary and coverable as "physical therapy" or "rehabilitative" services; determination of medical necessity belongs "solely" with the state; state not required to provide every service through every possible setting or provider type as long as state can make a "reasonable representation" that adequate access exists (e.g., speech therapist).

T-41: Letter from Christine Nye, HCFA Medicaid Director, to Honorable Robert J. Lagomarsino (Oct. 4, 1991)

While inpatient psychiatric care required for acutely ill, community-based care provided whenever possible and outpatient therapy available in clinics under Medi-Cal [EPSDT not mentioned].

T-40: Letter from Christine Nye, HCFA Medicaid Director, to Regional Administrator Region VIII (Oct. 3, 1991)

Advising state on its definition of "medical necessity"; state definition needs to be clarified so that it clearly covers services to ameliorate or improve a child's condition even if that condition cannot be prevented or cured; state not required to cover services it determines are not medically necessary.

T-39: Letter from Gene Hyde, Regional HCFA Administrator, to Gary Stangler, Director Missouri Department of Social Services (Sept. 23, 1991)(with attachments)

"Official notice" that state is out of compliance with EPSDT statute because it is not providing payment for all required EPSDT services; rather, state is holding provider claims for "off plan" services (i.e. services not included in the state plan) until it develops an adequate process for adjudication.

T-38: Exchange of Letters and Information Between HCFA and Missouri Medicaid (Sept. 21, 1992)

Autopsies of Medicaid-eligible children do not qualify as services under the Medicaid but may qualify as administrative expenses of the state agency for collection and utilization of information derived from the autopsies.

T-37: Exchange of Letters Between HCFA and Richard Donovan, Director Idaho Department of Health and Welfare (1991)

On-site HCFA review showed state needed to develop specific criteria in determining the types of devices and aids for classroom use for disabled children who are in IEPs that could be covered under Medicaid.

T-36: Draft Letter to Richard Brummel, Associate Regional HCFA Administrator, from Gary Stangler, Director Missouri Department of Social Services (Aug. 21, 1991)

Draft of Response to HCFA Review of EPSDT program.

T-35: Letter from Richard Brummel, Associate Regional HCFA Administrator, to Charles Parlmer, Director Iowa Department of Human Services (Aug. 15, 1991)

National compilation showing fees for EPSDT screening, immunizations, physician visits, and dental, hearing and vision visits (as of July 31, 1991).

T-34: Letter from Christine Nye, HCFA Medicaid Director, to State Medicaid Directors (Aug. 7, 1991)

Discussing effect of EPSDT on model waiver programs; model waiver program

"no longer a feasible alternative" for states choosing to offer only expanded state plan services to EPSDT recipients; states offering a mixture of state plan and non-state plan services (e.g. habilitation, environmental modifications) must delete coverage of the state plan services as waiver services and convert them to EPSDT state plan services.

T-33: Letter from Christine Nye, HCFA Medicaid Director, to Regional Administrator Region III (FME-42) (Aug. 7, 1991)

State must determine on an individual basis whether particular rehabilitative equipment items and services are medically necessary in cases where the item or service is questionable or otherwise not provided by state Medicaid; clinic services may not be provided outside the clinic setting; states may use administrative case management workers when case management is limited to coordinating access to Medicaid services; however, it may be medically necessary to provide case management for services not within Medicaid or medical in nature (e.g., helping an adolescent with an abusive, alcoholic parent gain access to Alateen); states may not place arbitrary limits on EPSDT services.

T-32: Region VII Memorandum to Medicaid Bureau Directors (FME-42)(Aug. 1, 1991)

Duration of services available under EPSDT once the individual reaches age 21; interplay with waiver program for persons under and over age 21; requiring refund by the provider to the state of prepaid amounts for treatment not performed by the month in which child loses Medicaid.

T-31: Exchange of Letters Between Bill Schmeling, HCFA, and Gary Stangler, Director Missouri Department of Social Services (July 23, 1991)

Lead paint environmental assessments (scrape paint, test, remove, etc.) not an allowable Medicaid service.

T-30: HCFA Missouri OBRA 1989 EPSDT Implementation Review (and cover letter)(July 5, 1991)

Noting the following problem areas: unclear licensing requirements for speech pathologists; treatment services and could not be limited to correction/amelioration of "chronic" conditions; draft provider manuals needed to be finalized and distributed "as soon as possible"; procedures for standardizing the processing of requests for services beyond the scope of the state plan, including implementing agreements with State Bureau of Special Health Care Needs and Children's Services, needed to be finalized "so the processing of these

requests can move from being done on a case-by-case basis solely by Medical Services staff."

T-29: Exchange of Letters Between Richard Brummel, Associate Regional HCFA Administrator, and Gary Stangler, Director Missouri Department of Social Services (June 17, 1991; April 25, 1991)

Once child reaches age 21, services no longer available under EPSDT; issue regarding coverage of services spanning a period of time (e.g., counseling, physical therapy, orthodontics) referred to Central Office; state has option to continue to allow individuals to receive such services through children's waiver if the waiver provides that the individual may continue to receive the services after age 21.

T-28: Region IV Transmittal Notice (MCD-62-91) (June 13, 1991)

Medicaid program can potentially pay for some "related services" listed in the IEP under Part B of IDEA if they are covered by Medicaid law; many services covered by the IFSP under Part H of IDEA can be covered if all Medicaid requirements are met (e.g., physical therapy, speech pathology, occupational therapy, psychological services, screening and assessment services); providers (including schools) must adhere to Medicaid third party liability rules.

T-27: HCFA Regional Medicaid Letter No. 13-91 (June 12, 1991)

T-26: Chicago Regional State Letter No: 37-91 (Region V)(June 1991)

Instructions for state plan amendments to assure reimbursement methodologies cover all additional Title XIX services not otherwise covered under the State plan; coverage of "any medically necessary organ transplants" specifically addressed.

T-25: Region IV Transmittal Notice (MCD-61-91)(June 3, 1991)

Instructions for state plan amendments to assure necessary services (including all medically necessary organ transplants), to reflect reimbursement methodologies for previously uncovered services (unacceptable to indicate that payment will be based on existing Medicare or Medicaid reimbursement), and to clarify that limits on services are not applicable for EPSDT recipients.

T-24: Letter from Christine Nye, HCFA Medicaid Director, to Barbara Matula, Director North Carolina Division of Medical Assistance (1991)

For children under age 21, state could determine that a psychiatric hospital could

provide any medically necessary inpatient service required and it is not necessary to provide inpatient psychiatric benefits in additional lower levels of care settings.

T-23: Dallas Regional Medical Services Letter No. 91-37 (Region VI)(May 15, 1991)

T-22: Region IV Transmittal Notice (MCD-50-91)(May 14, 1991)

States not permitted to exclude follow-up services for conditions which existed prior to EPSDT screen; any encounter with a health care professional practicing within the scope of state law is an interperiodic screen

T-21: Letter from Christine Nye, HCFA Medicaid Director, to Sara Rosenbaum, CDF (May 1991)

Though, as yet no regulations, states required to insure that all individuals in a managed care setting receive all benefits available under EPSDT; proposed policy would not allow states to limit screening providers to those who can perform all EPSDT services.

T-20: Region IV Transmittal Notice (MCD-47-9)(May 1, 1991)

T-19: HCFA Region III Regional Medicaid Letter No. 07-91 (April 3, 1991)

T-18: Title XIX State Agency Letter No. 91-33 (Region X)(April 30, 1991)

States not permitted to exclude follow-up services for conditions which existed prior to the time of the EPSDT screening service; any encounter with a health professional acting within the scope of state law is an interperiodic screen for treatment purposes (even if child was not Medicaid-eligible or provider was not Medicaid-participating at the time of the screen).

T-17: Memorandum from Christine Nye, HCFA Medicaid Director, to Regional Administrator Region VIII (April 26, 1991)

EPSDT does not allow state to provide services that are not coverable or reimbursable under Medicaid; clinic service not covered off-site although definition can include contracting practitioner's office or mobile van, and clinic could bill home visits as a preventive service; EPSDT does not require states to change requirements for qualified providers; payment must be made for treatment services even if there is no screening form in the file; case management services must be covered but targeted case management services not required; single provider need not provide all screening services; each provider should be billed for the portion of the screen they perform.

T-16: Letter from Christine Nye, HCFA Medicaid Director, to Sara Rosenbaum, CDF

(April 10, 1991)

Pre-existing condition does not exclude a child from receiving the full range of EPSDT services.

T-15: Letter from Christine Nye, HCFA Medicaid Director, to Antoinette Eaton, President American Academy of Pediatrics (1991)

Refusing to set a federal, standardized definition of medical necessity.

T-14: Memorandum from Christine Nye, HCFA Medicaid Director, to Regional Administrator Region VIII (FME-42)(1991)

Montana cannot place caps on number of hours of psychologist and physical therapy services for children; may require prior authorization; inpatient psychiatric benefit under review; in the interim, benefit may be provided by any psychiatric facility or inpatient program in a facility which is accredited by JCAHO.

T-13: Letter from Albert Benz, Associate Regional Admin. (Region X), to Jean Schoonover, Chief Idaho Dep't of Health and Welfare Programs (March 22, 1991)

Provision of durable medical equipment prescribed through the state's Crippled Children Services (CCS) program can be billed through Medicaid as treatment services, as a result of an interperiodic screen; district health departments, which conduct CCS screening, can be reimbursed by Medicaid as EPSDT screeners.

T-12: Letter from Christine Nye, HCFA Medicaid Director, to Linda Schofield, Director Connecticut Medical Care Administration (1991)

Discussing coverage of case management as an EPSDT treatment service.

T-11: Region IV Transmittal Notice (MCD-35-91)(March 21, 1991)

Announcing "major change" in HCFA policy as result of OBRA-'90; alerting that regulations will remove requirement for JCAHO accreditation of inpatient psychiatric facilities and will define treatment settings; meanwhile, psych under 21 benefit may be provided by any psychiatric facility or an inpatient program in a psychiatric facility, either of which is accredited by JCAHO.

T-10: Letter from Bill Schmeling, Chief State Operations Branch, to Marchbank, Director Jackson County Missouri Family Services Office (Dec. 12, 1990)

General listing of OBRA'89 and OBRA'90 requirements affecting children.

T-9: Memorandum from Christine Nye, HCFA Medicaid Director, to Regional Administrator Region VI (FME-13)(Dec. 10, 1990)

OBRA-89 provisions regarding adequate payment rates for pediatric services (section 6402) may apply to EPSDT screening services if they are provided by a provider listed in the statute; Section 6402 analysis applies only to pediatric services to children age 17 and under but state can choose to expand the scope of the group it evaluates under section 6402 to include individuals 17-21; "the only limits on EPSDT services are that the services be medically necessary and are not determined to be unsafe or experimental"; states need not relax utilization review controls, however.

T-8: Region IV Transmittal Notice (MCD-90-90) (Sept 18, 1990)

Overall monetary limits or caps may not be set which could prevent the provision of medically necessary services under EPSDT.

T-7: Exchange of Letters Between Thomas Lenz, Acting Associate Regional Administrator, and Gary Stangler, Director Missouri Department of Social Services (Aug. 15, 1990; June 26, 1990)

Proposal for continuing care providers consistent with regulations; such providers must specify provisions for dental, transport, and scheduling assistance; please view option as expansion of service rather than "lock in."

T-6: HCFA Regional Medicaid Letter No. 13-90 (Region III) (Aug. 3, 1990)

States must provide case management services where medically necessary to correct health problems discovered during EPSDT screen; no requirement to provide targeted case management; because a parent can reverse decision to decline EPSDT services at any time, states will effectively be required to provide all medically necessary services available in connection with a periodic or interperiodic screen to all individuals eligible for EPSDT.

T-5: Letter from Rozann Abato, Acting Director Medicaid Bureau, to All State Medicaid Directors (Aug. 2, 1990)

Medicaid program an "excellent" resource to deal with drug addiction and related problems; treatment services may be included in EPSDT "benefit constellation;" case management can coordinate services, and special day treatment program

established that combine therapy, counseling, other services.

T-4: Letter from Rozann Abato, Acting Director, to Acting Associate Regional Administrator HCFA (Region VII) (Aug. 1, 1990)

Voluntary enrollment with a "continuing care" provider requires recipient to use that one provider as the regular source of a set of services for a set period of time.

T-3: Memorandum from Rozann Abato, Acting Director, to Regional Administrator Region IX (CC: All Regional Administrators)(FME-13)(May 30, 1990)

Inpatient psychiatric services for individual under age 21 provided in psychiatric facilities or programs accredited by JCAHO or facilities that meet the definition of a psychiatric hospital at section 1861(f) of the Act are covered under Medicaid if other applicable requirements of statute and regulations satisfied.

T-2: Letter from Bill Schmeling, Chief State Operations Branch, to Donna Checkett, Director Missouri Division of Medical Services (Jan. 23, 1990)

Off plan services to correct physical and mental problems discovered during an EPSDT screen must be provided.

T-1: Letter from Bill Hiscock, HCFA, to All Regional EPSDT Coordinators (May 29, 1989)

Discussing coverage of case management services.

Reporting Requirements

R-30: Memorandum from Rachel Block, HCFA, to All HCFA Regional Maternal and Child Health Specialists (Mar. 8, 1995)

Summary of 416 data and state performance, noting barriers to accurate reporting, noting barriers to outreach and steps being taken at state level to address these problems.

R-29: HCFA, National Summary: FY 1992 EPSDT Program Indicators (May 4, 1993)

Data from 50 states and the District of Columbia.

R-28: Letter from Charles W. Hazlett, Associate Regional Admin. Region V, to Linda

Webster, Minnesota Dep't of Human Services (May 3, 1993)

Reporting on approval of SPA for home based mental health services for at risk children as rehabilitation service (copy of approved SPA attached). Includes individual, family, group skills training to improve basic functioning, family psychotherapy and family skills training if directed exclusively to the treatment of the recipient.

R-27: Memorandum from Charles Hazlett, Associate Regional Administrator Region V (Apr. 20, 1993)

Quarterly status report on MCH Initiative: Noting technical support to Michigan to develop a state plan amendment for an infant support services program to expand home visits to families with a history of abuse and neglect, to parents who need parenting skills, and to premature or low birth weight babies. Services include at-risk and nutritional assessments, health education, mental health services, and transportation. Services provided by social workers, nutritionists, nurses, infant mental health specialists upon recommendation of physicians, nurse midwives or nurse practitioners. Implemented effective Jan. 1, 1993. Also noting Wisconsin prenatal care coordination SPA approved 3/12/93.

R-26: Memorandum from Charles Hazlett, Associate Regional Administrator Region V (Jan. 12, 1993)

Quarterly status report on MCH Initiative: Noting Ohio toll-free telephone information and referral line sponsored by Medicaid, MCH, and WIC; noting HCFA technical assistance to Wisconsin to cover prenatal care coordination, including targeted case management, health education and nutritional counseling for high-risk pregnant women and postpartum women for 60 days. Outreach activities performed as an administrative function.

R-25: Letter from David McNally, Director Office of Medicaid Management, to Associate Regional Administrator, Philadelphia (Apr. 7, 1992)

CDC lead screening statement (Oct. 1991) has no effect on 416 reporting; at line 6 — to be counted, an exam must be complete (including lead assessment).

R-24: HCFA, Regional Identical Letter No. 92-073, to State Medicaid Agency Directors (Mar. 12, 1992)

If a state chooses to allow multiple providers to render the medical screening

package, all five elements must be aggregated before a screen can be counted as one completed screening service. Any screen that does not contain all five elements of the medical screen should not be reported on the Form 416.

R-23: Medicaid State Operations Letter No. 92-5 (Region II) (Jan. 21, 1992)

If screen is going to be reported on 416, then it must consist of five elements. Also discusses "one service" issue.

R-22: Letter from Robert Preston, Associate Regional Admin., to Robert Fallon, Acting Director Rhode Island Dep't of Human Services (Dec. 19, 1991) (Draft compliance review attached)

State provides packet of WIC materials, including a WIC brochure. Deficiency noted for lack of instructions regarding face-to-face informing of WIC and lack of mention of WIC or importance of nutrition in state Medicaid manual provisions on services to unwed teens and maternal and child health.

R-21: Letter from Christine Nye to Regional Administrator, Dallas (Aug. 8, 1991)

Fact that regulation requires state to establish periodicity schedules while State Medicaid Manual uses the periodicity schedule recommended by the AAP is not a conflict. The former sets forth requirements and flexibility for states to set schedules while the latter sets forth a common method permitting national comparisons regardless of schedules adopted.

R-20: Memorandum from George R. Holland, Regional Administrator (Region IV), to State Title XIX Agencies (Mar. 20, 1989)

Compiled data from the Form-420, listing 1987 and 1988 data.

R-19: Report of Initial Early and Periodic Screening Diagnosis and Treatment Review Findings (undated)

Summary of findings for early 1990s review of: Mass., V.I., Va, Tenn., Ohio, Tex., Iowa, S.D., Ari., and Idaho.

R-18: [Draft] EPSDT National Summary Report (undated)

Listing best practices to include: Mass. — health education and counseling in the EPSDT protocol and periodicity schedule, defined as educating and counseling the recipient, or his/her parent or guardian, in matters appropriate to age, such

as nutrition, growth and development, tobacco and drug use, sexuality, AIDS, safety, and accident prevention. Recommended at each of the 23 post-newborn intervals of the periodicity schedule; New Jersey -- face-to-face informing, including home visits in special needs cases within 60 days of eligibility; Arkansas — a “Good News” letter, which is a very effective tool for informing recipients of EPSDT services; Montana — provider manual that lists 42 suggested topics for advice and counseling, e.g. nutrition, safety, general health, behavior development; California — medical passport in San Diego County (automated medical history of children in foster care).

R-17: Memo to Medicaid Bureau Senior Staff from Bill Hiscock, HCFA (April 29, 1993)

Preliminary regional and state-by-state results of FY92 HCFA-416 submission from the 50 states and DC.

R-16: HCFA Medicaid Review Report HCFA Region IX Review of California's Administration of its Managed Care Program (FY 1993)

Monthly aggregate reporting by managed care plans does not include general data elements that are required for the HCFA-416 report; HCFA recommends that the state require managed care plans to submit necessary HCFA-416 data.

R-15: HCFA, State Medicaid Manual, § 2700 (June 1992)(Transmittal No. 80)

Instructions for completing Form HCFA-2082, the annual report on basic Medicaid data needed for program evaluation, budgeting, planning, and answering inquiries at the federal level.

R-14: Letter to Gary Stangler, Director Missouri Department of Social Services, from Richard Brummel, Associate Regional Director for Medicaid (May 15, 1992)

Discussing screening ratios from Form HCFA-416; noting difficulty in meeting HCFA-set participation goals.

R-13: Title XIX State Agency Letter No. 92-12 (Region X)(Dec. 10, 1991)

Screen that does not contain all five elements of a medical screen cannot be reported on Form 416.

R-12: Exchange of Letters Between David DuPre, HHS Medicaid State Representative, and Pat Race, Acting Chief Ohio Medicaid Preventive Health Section (Nov. 1, 1991; Oct. 24, 1991)

Discussing current definition of "eligible participant" as used in completing the HCFA Form 416.

- R-11: Exchange of Letters Between HCFA and Richard Donovan, Director Idaho Department of Health and Welfare (1991)

Re: continuing care providers, states can include children receiving screens from Indian Health Services, children in long-term care medical facilities, and children in home and community-based waivers.

- R-10: Letter from Charles Hazlett, Associate Regional Administrator (Region V), to George Vorys, Deputy Director for Ohio Medicaid Operations (Aug. 20, 1991)

Review of state's EPSDT program; noting significant problems in the reporting of utilization data collected in HMOs, new data collection instrument developed and in-service training program used to orient HMO staff to the new format and need for accurate reporting.

- R-9: Memorandum from Christine Nye, HCFA Medicaid Director, to Regional Administrator Region VIII (April 26, 1991)

Form 416 requires reporting of persons referred to corrective treatment, not whether or not they reached or received treatment; technical advisory group has been formed to review reporting requirements.

- R-8: Letter from Richard Brummel, HCFA, to Gary Stangler, Director Missouri Department of Social Services (March 22, 1991)

Noting failure of state to meet participation goals; "please explore feasibility" of continuing care providers, case management, insuring that children in departmental custody are screened, increased provider reimbursement rates, outreach via home visits, Head Start, schools.

- R-7: Memorandum from Bill Hiscock, HCFA, to Maternal and Child Health Colleagues (Dec. 13, 1990)

State, regional and national EPSDT indicators for FY ending Sept. 30, 1990.

R-6: Memorandum from Christine Nye, HCFA Medicaid Director, to Regional Administrator Region VI (FME-13) (Dec. 10, 1990)

"Basis of eligibility for medical assistance" means the state must provide the required data for categorically needy and medically needy; 80% participation goal will not appear as regulation.

R-5: HCFA Regional Medicaid Letter No. 13-90 (Region III) (Aug. 3, 1990)

Children whose parents have declined EPSDT to be included in count of eligible children but not in total of eligibles provided screening services; Form HCFA-420 replaced by Form 416.

R-4: HCFA, State Medicaid Manual, § 2700.4 (July 1990)(Transmittal No. 67)

Instructions for completing Form HCFA-416.

R-3: Memorandum from HCFA to Director, Office of Medicaid Management (BPC-411)(Feb. 12, 1990)

Draft state Medicaid manual issuance to meet the requirements of OBRA '89, § 6403(c), for developing and setting annual EPSDT participation goals.

R-2: Letter from William Black, Associate Regional Administrator, to Gary Stangler, Director Missouri Department of Social Services (March 29, 1990)

Outlines OBRA-89 reporting requirements.

R-1: Letter from Bill Hiscock, HCFA, to All Regional EPSDT Coordinators (May 29, 1989)

Children whose parents have declined EPSDT to be included in count of eligible children but not in total of eligibles provided screening services.