REPORT OF THE
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Progress Report on Informing Providers about the Early and Periodic Screening, Diagnosis and Treatment Program

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

HOUSE DOCUMENT NO. 11

COMMONWEALTH OF VIRGINIA
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COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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TO: The General Assembly of Virginia

House Joint Resolution No. 166 (HJR 166) from the 2002 General Assembly session directed the Department of Medical Assistance Services (DMAS) to report on efforts for promoting the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program to participating Medicaid providers (See Appendix A for a copy of the resolution). This legislation requested DMAS to continue its efforts to provide information to physicians and mental health providers about the comprehensive services available through the EPSDT component of the Medicaid program.

Please contact me if you have questions.

Sincerely,

Patrick W. Finnerty

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Progress Report
On
Informing Providers About The
Early and Periodic Screening, Diagnosis and Treatment Program

Department of Medical Assistance Services

November 30, 2002

INTRODUCTION

House Joint Resolution No. 166 (HJR 166) from the 2002 General Assembly session directed the Department of Medical Assistance Services (DMAS) to report on efforts for promoting the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program to participating Medicaid providers (See Appendix A for a copy of the resolution). This legislation requested DMAS to continue its efforts to provide information to physicians and mental health providers about the comprehensive services available through the EPSDT component of the Medicaid program. A prime objective of this legislation is to "encourage physicians to make referrals to mental health providers, when appropriate, so that a full assessment of the child's mental health treatment needs can be made." Additionally, the Department was directed to "work together with the Department of Education to provide information and training, including information on available services, to school nurses, counselors, and social workers."

BACKGROUND

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program provides Medicaid children under age 21 with medical, hearing, vision, and dental check-ups. The goal is to assure that health problems are diagnosed and treated as early as possible, before the problems progress to more complex states and treatment is more costly. Examination and treatment services are provided at no cost to the recipient. The chart below indicates when a child should receive a check-up.

INFANCY	EARLY CHILDHOOD	LATE CHILDHOOD	ADOLESCENCE
1month	15 months	5 years	12 years
2 months	18 months	6 years	14 years
4 months	2 years	8 years	16 years
6 months	3 years	10 years	18 years
9 months	4 years		20 years
12 months			

EPSDT services include: comprehensive health and developmental history, unclothed physical, immunizations, laboratory tests, health education, vision services, dental services, hearing services, and other necessary health care. If physical and mental illnesses are identified during screening, health care must be made available for treatment or other measures to correct or ameliorate the illness or condition.

INITIATIVES TO INFORM PROVIDERS ABOUT EPSDT

The Department experienced a very active year in promoting the benefits of the Early and Periodic Screening, Diagnosis and Treatment program. Training initiatives provided to medical providers, behavioral health providers, and school and community based service providers are outlined below. All providers who were unable to attend these sessions have been offered orientation through the Department's web based Learning Network and other distance learning opportunities.

Medical Provider Training

Medical provider training related to the EPSDT program was delivered by DMAS training staff in specific modules pertaining to the physician manual, EPSDT provider supplement and during a specially requested speaking engagement. These training events are outlined below:

Physician Manual Training: DMAS training staff provided the following physician manual seminars to 513 physicians and/or behavioral health providers. All training sessions discussed the EPSDT program, importance of the periodicity schedule and cross referral between medical and behavioral services for EPSDT screening.

- January 17, 2002- Newport News-68 attendees
- January 25, 2002- Richmond-125 attendees
- February 5, 2002- Lynchburg-43 attendees
- February 13, 2002-Fairfax-88 attendees
- April 17, 2002- Roanoke-76 attendees
- May 2, 2002-Abingdon-71 attendees
- May 9, 2002- Winchester-42 attendees

EPSDT Provider Supplement: During 2002, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program was explained to medical providers (physicians, nurse practitioners, clinics and local health departments). Particular emphasis was placed on periodic requirements, standards of care, coordination and referral, Bright Futures and the Federal provision for correcting and/or ameliorating a health condition. The following sessions trained 329 medical professionals.

- July 11, 2002 - Newport News, VA-55 attendees
- July 23, 2002 - Fairfax, VA-50 attendees
- July 30, 2002 - Richmond, VA - 60 attendees
- August 6, 2002 - Roanoke, VA -88 attendees
- August 7, 2002: - Abingdon, VA - 76 attendees

Medical Home Initiatives for Children with Special Needs

Comprehensive Health Investment Project (CHIP) of Virginia and the Virginia Chapter of the American Academy of Pediatrics sponsored "Medical Home Initiatives for Children with Special Needs" on September 20, 2002 in Williamsburg. Primary care physicians and nurse practitioners received particular emphasis on the correct and ameliorate provision of EPSDT. Special break out sessions were dedicated to care coordination and reimbursement of EPSDT services and "Finding Community Support and Mental Health Resources".

Special Request: On February 22, 2002, approximately100 participants from the Chesapeake Medical Office Manager's Association were provided a Medicaid billing update and an overview of EPSDT billing, services and coordination of care.

Behavioral Health Provider Training

Behavioral Health provider training related to the EPSDT program was delivered by DMAS training staff in a specific module developed for psychological services, which included the EPSDT program. The Medicaid and Children's Mental Health Services /Treatment Foster Care seminar trained 771 participating providers. These training sessions are listed below:

- April 4, 2002 – Richmond - 97 attendees
- April 11, 2002 - Virginia Beach - 93 attendees
- April 22, 2002 – Fairfax - 104 attendees
- May 1, 2002 - Abingdon - 35 attendees
- June 12, 2002 – Fairfax - 65 attendees
- June 19, 2002 - Virginia Beach - 135 attendees
- June 26, 2002 – Roanoke - 119 attendees
- July 22, 2002 - Richmond - 123 attendees

School and Community Based Services Training

DMAS and the Departments of Education and Health each contributed to promoting the benefits of the EPSDT program during the last year. Examples of their contributions are listed below.

Annual School Health Training: EPSDT program and Psychiatric services training was conducted on March 1, 2002 in Staunton to approximately 85 school nurses representing school districts from across the Commonwealth at the annual Department of Education (DOE) conference. A DOE hour in which a moderated half hour program is provided on Educational Television is projected for January 2003 to educate School Counselors and Social Workers.

Bright Futures Training: The mission of Bright Futures is to promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities. Bright Futures is delivered through comprehensive guidelines for health supervision of infants, children, and adolescents. In addition to supporting DMAS in the EPSDT training session mentioned above, the Virginia Department of Health's Bright Futures staff conducted other independent training which explained EPSDT and its array of treatment services. These sessions were provided to nurses, case managers, and outreach staff. A listing of their training sessions is provided below.

- July 24, 2002 – Williamsburg- Mental Health Case Managers
- August 12, 2002 – Portsmouth- Adolescent School Health Nurses
- March 6, 2002- Norfolk- 80 participants from the Children's Health Network
- August 27, 2002 – Petersburg –Adolescent School Health Nurses
- October 9, 2002 – Community Based Organizations Outreach Seminar
- October 25, 2002 - Roanoke – Annual School Nurses Association Meeting

- November 5-7, 2002- 4 Sessions of training for the Comprehensive Health Investment Project (CHIP) of Virginia outreach workers.

Computer Based Instruction and Distance Learning

Providers who were unable to attend the training sessions listed throughout this document have the opportunity to view or download the EPSDT and/or Psychological services presentation on DMAS's Learning Network. The Learning Network is located at http://www.dmas.state.va.us/.

On March 26, 2002, ninety (90) personnel from local health departments received distance learning about the Medicaid scope of services, EPSDT, billing, and care coordination. This program was replicated on March 27, for seventy-three (73) additional personnel from local health departments.

SUMMARY

The Department had over 2000 face-to-face encounters with providers in 2002 to explain the benefits of the EPSDT program. DMAS anticipates continued cooperation and coordination with theVirginia Departments of Health and Education for distance learning opportunities. Other venues such as external provider news letters will be explored in 2003 to promote the EPSDT program to the provider community.

APPENDIX A

2002 SESSION

ENROLLED

HOUSE JOINT RESOLUTION NO. 166

Requesting the Department of Medical Assistance Services to continue its efforts to provide information to physicians and mental health providers about the comprehensive services available through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) component of the Medicaid program.

Agreed to by the House of Delegates, March 6, 2002
Agreed to by the Senate, March 5, 2002

WHEREAS, Medicaid-eligible persons under the age of 21 are entitled to the mandatory federal Medicaid benefit known as the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program; and

WHEREAS, EPSDT, established by Congress in 1967, is Medicaid's comprehensive and preventive children's health program geared to the early assessment of children's health care needs through periodic examinations; and

WHEREAS, the goal of EPSDT is to ensure that health problems are diagnosed and treated as early as possible, before the problem becomes complex and treatment becomes more costly; and

WHEREAS, section 1905(r)(5) of the Social Security Act (the Act) requires that any medically necessary health care service listed within section 1905(a) of the Act be provided to an EPSDT recipient even if the service is not available under the state's Medicaid plan to the rest of the Medicaid population; and

WHEREAS, EPSDT consists of two mutually supportive, operational components: (i) assuring the availability and accessibility of required health care resources; and (ii) helping Medicaid recipients and their parents or guardians effectively use these resources; and

WHEREAS, the two components enable Medicaid agencies to manage a comprehensive child health program of prevention and treatment, to seek out eligible persons and inform them of the benefits of prevention, health services and assistance available and to help them and their families use health resources, including their own talents and knowledge, effectively and efficiently; and

WHEREAS, the Virginia Commission on Youth conducted a two-year study pursuant to House Joint Resolution No. 119 (2000) investigating the needs of children and youth with serious emotional disturbance problems in need of out-of-home placement; and

WHEREAS, the EPSDT mandate creates an opportunity to recognize emotional disturbance in children, and through the screening process allows community mental health providers to evaluate children who need mental health care, with the assessment entitling the child to any services necessary to treat a diagnosed condition; and

WHEREAS, the rate of participation of children in EPSDT screenings has not met expectations and the number of children who receive screenings has been low, with the Department of Medical Assistance Services reporting in their *EPSDT Annual Comparison, 1997-2000* that only 50 percent of the expected number of children were screened in 1998; and

WHEREAS, primary care physicians serve as the primary source of access to mental health services, as this is the most frequent setting in which children are screened; and

WHEREAS, in order to ensure that children are receiving adequate mental health screenings, primary care physicians must be adequately trained to recognize mental health issues and make the proper referrals to mental health providers; and

WHEREAS, school nurses, counselors, and social workers, because of their frequent interaction with children, are well-positioned to identify children who could benefit from an EPSDT screening and assessment; and

WHEREAS, the Bright Futures project supports the efforts of the EPSDT program and the Department of Medical Assistance Services and, together with the State Department of Health, has been moving toward the adoption of the *Bright Futures* guidelines and use of the *Bright Futures in Practice: Mental Health Curriculum*; and

WHEREAS, the *Bright Futures* training provides a framework for targeting several health care provider groups; and

WHEREAS, federal law requires a broad range of outreach, coordination, and health services

under EPSDT distinct from general state Medicaid program requirements; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Medical Assistance Services be requested to continue its efforts to provide information to physicians and mental health providers about the comprehensive services available through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) component of the Medicaid program. To accomplish this, the Department is requested to (i) continue its efforts of providing information to physicians and mental health providers about the comprehensive array of services available through EPSDT; (ii) work together with the Department of Education to provide information and training, including information on available services, to school nurses, counselors, and social workers; and (iii) encourage physicians to make referrals to mental health providers, when appropriate, so that a full assessment of the child's mental health treatment needs can be made.

All agencies of the Commonwealth shall provide assistance to the Department of Medical Assistance Services for these goals, upon request.

The Department of Medical Assistance Services shall report its progress to the Commission on Youth, or its successor in interest, by November 30, 2002 and to the Governor and the 2003 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.