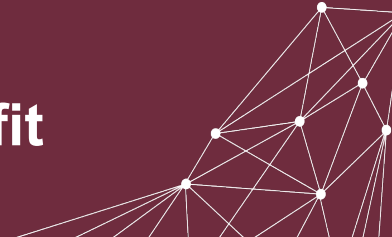


Early and Periodic Screening, Diagnostic and Treatment Benefit (Medi-Cal for Kids and Teens)



What is the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit?

Medi-Cal managed care plans (MCPs) are responsible for providing EPSDT services to eligible members under the age of 21. The EPSDT benefit, now referred to as Medi-Cal for Kids and Teens mandates that children receive health care centered around early detection, prevention, and treatments for health issues as early as possible. While this is not new information, *All Plan Letter (APL) 23-005, Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21* was recently released. This APL helps clarify some of the different responsibilities of MCPs and, subsequently, network providers to provide EPSDT services to eligible, Partnership HealthPlan of California members under the age of 21.

APL 23-005 is intended to reinforce existing state and federal laws and regulations regarding the provisions of Medi-Cal services, including EPSDT. Additionally, this APL outlines requirements for MCPs to ensure members have access to information on these benefits. The APL also helps ensure that network providers receive standardized training on EPSDT, including the utilization of the newly developed Department of Health Care Services (DHCS) Medi-Cal for Kids and Teens outreach and education toolkit.

What do EPSDT services include?

Partnership and network providers are contractually obligated to provide EPSDT services in accordance with the Bright Futures/American Academy of Pediatrics (AAP) periodicity schedule. EPSDT services are defined as follows:

- **Screening services:** Should cover health and development history, a physical exam, necessary immunizations, necessary laboratory tests, and health education.
- **Vision services:** If necessary, should include diagnosing and treating any issues with vision. This may include the provision of eyeglasses.
- **Dental services:** If necessary, should include relief of pain and infections, restoring teeth, and maintaining dental health. A dental screening/oral health assessment must be performed as part of every periodic assessment, with annual dental referrals made no later than 12 months of age or when it is determined that a referral is needed
- **Hearing services:** If necessary, should include diagnosing and treating hearing issues. This may include the provision of hearing aids if necessary.

EPSDT services may also include other necessary health care or diagnostic services, treatment, and other measures that meet reasonable standards of medical and dental practice to improve and maintain any existing health issues.

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Requirements for EPSDT services

Partnership is required to cover all medically necessary EPSDT services for members ages 21 and younger and any additional services deemed medically necessary. Partnership and network providers must follow the current AAP and Bright Futures periodicity schedule and guidelines when delivering care to this population.

EPSDT services are covered if they:

- Maintain health (i.e. services that sustain or support rather than cure or improve health problems)
- Improve the child's current health condition, or
- Prevent negative health outcomes

All members under the age of 21 must receive EPSDT preventive services as early as possible, including screenings to identify any health issues. Partnership and network providers must provide members with timely and appropriate referrals for any diagnosis and treatment. Partnership is also responsible for ensuring that timely, medically necessary, and appropriate services are delivered to members under the age of 21; these services must be initiated as soon as possible, but no later than 60 calendar days after a visit in which there was an identified need for additional follow-up.

Partnership must adhere to the Americans with Disabilities Act. This act requires Partnership to provide services to disabled members in a setting that is fitting and in compliance with anti-discrimination laws.

Other EPSDT services for members under 21 that Partnership must cover, include:

- Behavioral health treatment that is considered medically necessary and consistent with APL 23-005
- Case management and care coordination for medically necessary EPSDT services
- Offering help with scheduling doctor appointments and securing transportation to and from medical appointments for medically necessary EPSDT services
- Informing members under the age of 21 and their families/primary caregivers about the Medi-Cal for kids and teens services (such as the importance of preventive care, what is covered, transportation options, and scheduling assistance).

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Carved-out services

Partnership is not required to cover medically necessary services for members under the age of 21 if the services are carved out of the DHCS and Partnership contract and not part of their capitated rate. Carved out services vary, but they can include:

- California Children's Services (CCS) Program (in non-Whole Child Model [WCM] counties)
- Pharmacy services
- Dental services
- Services for specialty mental health
- Services for substance use disorder

Partnership developed member information

Partnership will be required to develop educational materials that informs this member demographic and their families/guardians, about the basic services covered under EPSDT. Partnership will annually send these materials to members under the age of 21 and their families/guardians.

Medi-Cal for kids and teens outreach materials

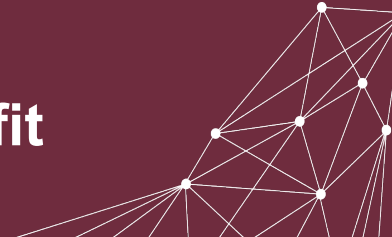
DHCS recently developed brochures and letters for children and teens, which refer to EPSDT as Medi-Cal for Kids and Teens. These materials can be found on the DHCS website by visiting:

<https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Resources.aspx>

- **The brochures** provide an overview of EPSDT. This overview includes covered services, how to access those services, and the importance of preventive care.
- **The Medi-Cal Rights letter** is called the "Medi-Cal for Kids & Teens: Your Medi-Cal Rights." This letter explains what to do if Medi-Cal is modified (denied, delayed, reduced, or stopped). It also reviews who to contact, how to file grievances and appeals, and how to access other member resources in this type of situation.

By June 2023, Partnership will be required to mail out and electronically share these materials with current members under the age of 21. MCPs will also have to mail the materials to newly enrolled Partnership members within seven calendar days of enrollment. Starting in 2024, by January 1 of every year Partnership will be required to mail or electronically share DHCS produced materials with existing members who are under 21 years of age; these materials will also be mailed or electronically shared with new members within seven calendar days of their enrollment with Partnership.

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Provider training

Since January 2023, network providers are required to complete the Medi-Cal for Kids & Teens training every two years. This training, along with other resources, can be found on DHCS's [Provider Information](#) web page.

References:

- 1) DHCS – APL 23-005 Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21.
<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>
- 2) DHCS – Member Information. <https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Member-Information.aspx>