



*Department of Health
and Human Services*

*Maine People Living
Safe, Healthy and Productive Lives*

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services
221 State Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-3707; Fax (207) 287-3005
TTY: 1-800-606-0215

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Report to the Joint Standing Committee on Health and Human Services

Prepared and Submitted by the
Department of Health and Human Services

January, 2010

Forward

In 2009, the 124th Maine State Legislature passed LD 625 “*Resolve, To Ensure That All Children Covered by MaineCare Receive Early Periodic Screening, Diagnosis, and Treatment Services*”. The legislation directed the Department of Health and Human Services to form a work group to include representation from the Department of Education and other public and private stakeholders, with the charge of evaluating the current system for the provision of early and periodic screening, diagnosis and treatment services in the State and to make recommendations to improve the efficiency and effectiveness of those services in meeting the needs of MaineCare-eligible children. The legislation further directed the Department to submit a report to the Joint Standing Committee on Health and Human Services no later than January 15, 2010 on its findings and recommendations.

This report presents information on the activities of the EPSDT workgroup from April – December 2009, identifies priorities for 2010 and makes recommendations for ensuring that all MaineCare-eligible children receive screening, diagnosis and necessary treatment services.

Background

In 1967, Congress broadened Medicaid to include Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in order to assure that health problems are identified/diagnosed and treated early in order to improve the overall health of children living in the United States. EPSDT is a required service under Medicaid for all eligible individuals under the age of 21. EPSDT assures that health problems are identified early through a well-child check. Four types of screens are required: medical, vision, hearing, and dental.

Medical screens must be provided according to a “periodicity schedule”. In Maine, the periodicity schedule is based on the *Bright Futures* guidelines. See [Appendix A](#) for the State’s Periodic Visit Schedule. Medical screens include the following:

- A comprehensive health and developmental history;
- A comprehensive unclothed physical exam;
- Immunizations;
- Laboratory testing when appropriate, including lead testing at 12 and 24 months; and,
- Health education and anticipatory guidance.

States are also responsible for providing periodic vision, hearing and dental examinations, as well as diagnosis and treatment for vision, hearing and dental problems.

- Vision services include screening and diagnosis and treatment of vision defects, including eyeglasses.
- Hearing services include hearing screens and diagnosis and treatment for defects in hearing, including hearing aids.
- Dental services include dental examinations, restoration of teeth and maintenance of dental health.¹

¹ National Health Law Program (October 2008). Perkins, J. Medicaid Early and Periodic Screening, Diagnosis and Treatment Fact Sheet. Chapel Hill, NC

Addressing LD 625

As mentioned above, LD 625 required the Department to create a workgroup to evaluate the current EPSDT system and make recommendations to improve the efficiency and effectiveness of EPSDT services in meeting the needs of MaineCare-eligible children.

Prior to the passage of LD 625, the Department of Health and Human Services, Office of MaineCare had an existing EPSDT workgroup that included representatives from Public Health Nursing, Maine Immunization Program, Maine Oral Health Program, and Children with Special Health Needs Program, MaineCare and the Public Consulting Group. That group decided to expand to include representatives from the Department of Education, Head Start, the Developmental Disabilities Council, the Autism Society of Maine, the Maine Children's Alliance, the Disabilities Rights Center, Maine Equal Justice Partners and parents of children with special health needs. Please see [Appendix B](#) for a complete listing of members of the EPSDT Workgroup. The EPSDT Workgroup meets monthly on the third Thursday from 9:00am – 11:00am.

The first meeting of the expanded EPSDT group was held on Wednesday, April 15, 2009. The goal was to improve services through collaboration, share information and develop priorities that would guide the group during the next year. In order to accomplish this, the group created two subgroups: Prevention and Health Promotion, and, Optional Treatment Services. The two subgroups were charged with developing 3 – 5 priorities to be addressed over the next year. The following are the priorities from each subgroup.

EPSDT Promotion and Prevention

Goal 1: Increase Immunization Rates

Challenge 1: Major reasons for vaccine refusal in the United States are parental perceptions and concerns about vaccine safety and a low level of concern about the risk of many vaccine-preventable diseases. To maintain the enormous benefits to society from vaccination, increased efforts will be needed to educate the public about those benefits and to increase everyone's confidence in the systems used to monitor and ensure vaccine safety. Clinicians play an important role as they can influence parental decision making. It is important that they understand the benefits and risks of vaccines and effectively answer questions that parents may have about safety.²

Challenge 2: Not all MaineCare providers use ImmPact2 – Maine's Immunization Registry to capture immunizations.

Strategy 1: Obtain accurate immunization rates for MaineCare children

Strategy 2: Continue to work with MaineCare providers to discuss the benefits of using Maine's immunization Registry to document vaccines.

Strategy 3: Collaborate with the Maine Immunization Coalition to provide accurate information on the health benefits of vaccines.

Goal 2: Increase participation rates (from 59% to 85%)

Challenge: A significant number of MaineCare members do not keep their medical appointments.

² Omer SB et al. Vaccine refusal, mandatory immunization, and risks of vaccine-preventable disease. *N Engl J Med* 2009 May 7; 360: 1981

Strategy 1: MaineCare Member Services will continue to make calls to families encouraging participation in EPSDT

Strategy 2: Increase awareness of EPSDT through education of providers and MaineCare members.

Strategy 3: Review current materials for readability; addressing such issues as limited English proficiency and cultural diversity issues.

Goal 3: Increase screening for lead

Challenge: The Morbidity Mortality Weekly report of the National Centers for Disease Control and Prevention recommends that in order to improve the rates of blood lead screening for those Medicaid –eligible children determined to be at increased risk for lead exposure, the Maine CDC should collaborate with the Women Infants and Children (WIC) to “encourage blood lead testing at WIC sites.” The report also states that the “primary challenge with the WIC enrollment strategy is that WIC and health agencies must work together to reimburse WIC clinics that test Medicaid –eligible children for lead poisoning.” The CDC report can be found at this link:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5809a1.htm>

Strategy 1: The MECDC – Childhood Lead Poisoning Prevention Program, WIC and MaineCare will work together to ensure that all children at-risk for lead poisoning are screened and appropriately followed and cared for when identified as lead exposed or lead poisoned.

Strategy 2: Educate members on the importance of lead screening by updating the materials sent to members.

Goal 4: Increase screening for Developmental Delays and Autism

Challenge: Since the mid 1980s, the diagnostic criteria for autism has changed from requiring severe communication and interpersonal dysfunction to one that includes a wide range of social and language disabilities. Autism Spectrum Disorder (ASD) did not become a diagnosis for which children became eligible to receive special education services until passage of Individuals with Disabilities Education Act (IDEA) in 1990. Thus children with autism, especially those who also had mental retardation and behavior problems and might have been institutionalized in the past, began to attend community schools and to be “counted” in educational prevalence data.

Because the prevalence of Autism Spectrum Disorders may be as high as 1/100 in Maine, Primary Care Providers (PCPs) are likely to provide care for children with ASDs. Early identification is important, because it allows early intervention, medical evaluation, and counseling regarding recurrence risk. The medical home is an important setting for surveillance and screening to detect ASDs and other developmental disorders. In the past, it was not unusual for parents’ initial concerns to be dismissed and for diagnosis and treatment to be delayed. Physician estimates of a child’s developmental status are much less accurate when only clinical impressions, rather than formal screening tools, are used, yet a minority of Primary Care Providers use formal developmental screening instruments, and few physicians specifically screen for Autism Spectrum Disorders. A standardized screening tool should be administered at any point when concerns about Autism Spectrum Disorders are raised spontaneously by a parent or as a result of clinician observations or surveillance questions about social, communicative, and play behaviors³. Currently, The American Academy of Pediatrics recommends administering a standardized autism-specific screening tool on all children at the 18 –month preventive

³ Johnson, C., Meyers, S. Identification and Evaluation of Children with Autism Spectrum Disorders. Pediatrics volume 120, Number 5, November 2007 pg 1183 -1215.

care visit and again at the 24- month visit. MaineCare will pilot the use of screening for autism using autism specific screening for autism using autism specific screening tools in the Medical Home pilot Project and will implement lessons learned from the CDC's Developmental Disabilities Council pilot project.

Strategy 1: Encourage the use of developmental screening tools as recommended by the American Academy of Pediatrics

Optional Treatment Services

Goal 1: Increase awareness of EPSDT

Challenge: Many families and providers lack adequate knowledge of the EPSDT program.

Strategy 1: Review materials that are sent to members

Strategy 2: Address language access issues – translation of materials into other languages

Strategy 3: Review current venues for dissemination of materials

Strategy 4: Collaborate with the Child Development Services System on conducting regional trainings on EPSDT

Goal 2: Streamline EPSDT referral process

Challenge: Many families find the referral process difficult.

Strategy 1: Create a flow chart of the referral process for EPSDT

Strategy 2: Obtain from Member Service the type and number of calls received in order to develop a fact sheet with frequently asked questions with consistent answers.

Accomplishments

- Since the beginning of the implementation of LD625 in April 2009, 153 EPSDT Optional Treatment Services requests have been received and reviewed by the Prior Authorization Unit at MaineCare. 121 were approved and 32 were denied or withdrawn (21% denial rate).
- 62 Child Development Services referrals/Optional Treatment Services requests have been received and reviewed and only 7 were denied or withdrawn, a denial rate of 11%
- In April a process was established to streamline the prior authorization process. Two MaineCare Services Prior Authorization review nurses were designated as primary and secondary contacts for EPSDT reviews and inquiries from providers and members.
- Member Services, Provider Relations and the HelpDesk were provided instructions and training regarding how to identify, respond to, and direct incoming calls from providers and members for EPSDT Optional Treatment Services to the MaineCare Services primary review nurse contact. A process was established to move EPSDT requests to the front of the review queue.
- A collaborative review process was established between Children's Behavioral Health Services and the MaineCare Prior Authorization Unit to coordinate the professional reviews and recommendations, log-in requests and streamline and expedite reviews.
- A collaborative EPSDT Optional Treatment Services workgroup was established between the Office of MaineCare Services and Children's Behavioral Health Services. The workgroup meets on a monthly basis to discuss policy and implementation and to collaborate on policy development for the MaineCare Benefits Manual.
- EPSDT Optional Treatment Services Provider instruction sheets are posted on the Prior Authorization section of the MaineCare Services Website. The instruction sheet describes requirements for the Prior Authorization process.

- Provider letters and member letters were distributed describing Child Development Services and Referral/Optional Treatment Services available through MaineCare.

Conclusion

We are now eight months into the implementation of LD 625, the Department of Health and Human Services has convened the work group as directed by the Maine Legislature, the work group includes representation from the Department of Education, the Developmental Disabilities Council, the Autism Society, the Maine Equal Justice Partners, Maine Disabilities Rights Center, Childhood Lead Poisoning Prevention Program, Headstart, Maine Oral Health Program, Maine Children's Alliance, and Children's Behavioral Health Services.

Communication and coordination between child serving agencies has increased and the EPSDT program has become more accessible through streamlining of the access to services.