CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicaid & CHIP All State Call
October 15, 2024

Agenda

- Medicaid Coverage of Firearm Safety Counseling and Violence Prevention-Related Services and Supports
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) State Health Official Letter
- Open Mic Q and A

CENTERS FOR MEDICARE & MEDICAID SERVICES

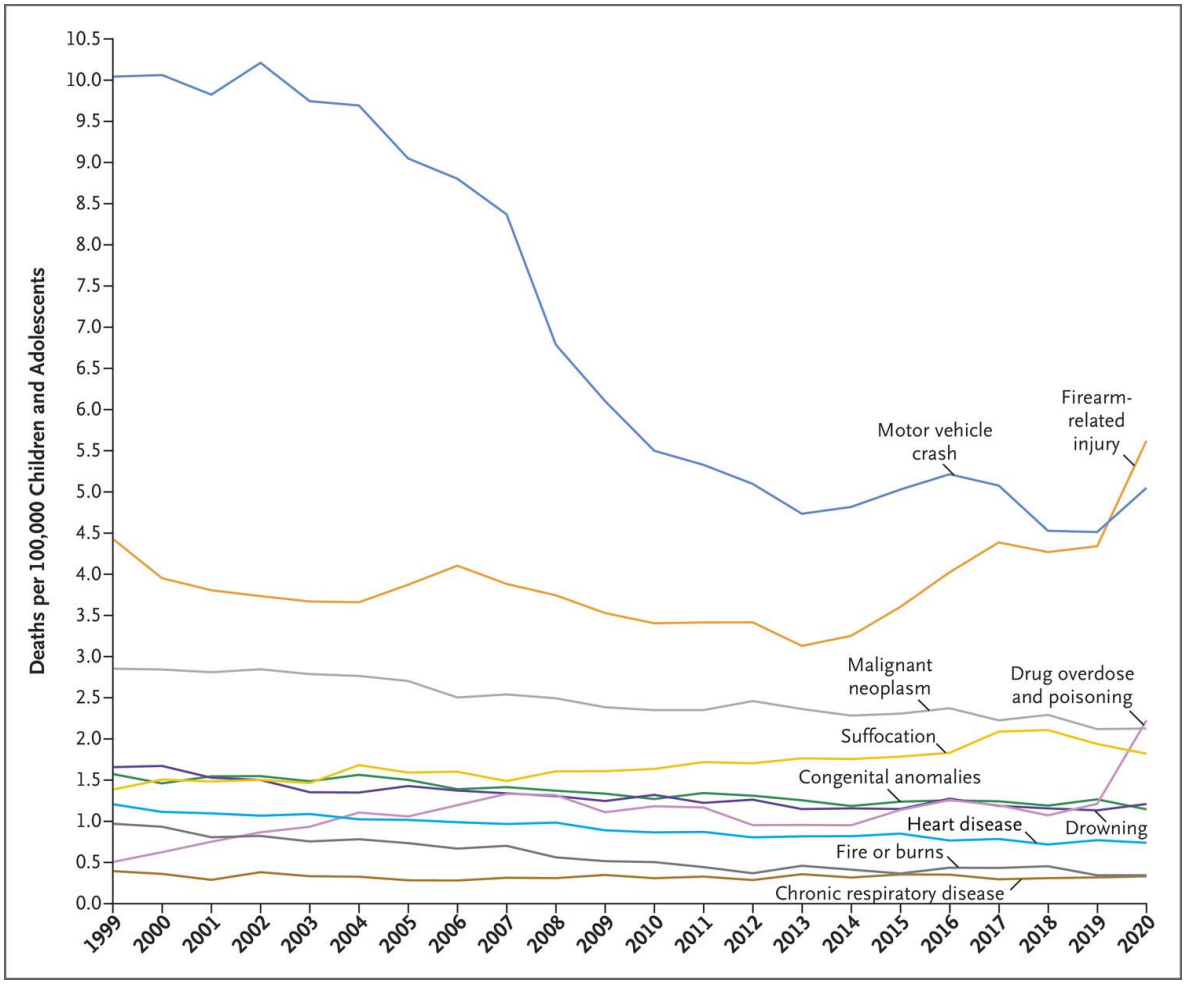
Medicaid Coverage of Firearm Safety Counseling and Violence Prevention-Related Services and Supports

Background: Violence Prevention

- Firearm injuries and deaths are a significant public health problem, causing more than 48,000 deaths in 2022.
- On September 26, 2024, the Administration released an Executive Order to accelerate progress on two key priorities: combating emerging firearms threats and improving school-based active shooter drills.
  - Additional actions were announced in an accompanying fact sheet.
- The U.S. Surgeon General has also issued an Advisory declaring firearm violence to be a public health crisis.
- The Medicaid program gives states tremendous flexibility to tailor their benefits to best serve the needs of their populations, including ways to prevent violence and support beneficiaries who have experienced violence.

See Fast Facts at https://www.cdc.gov/firearm-violence/data-research/facts-stats/index.html

Background: Firearm Injuries are the Leading Cause of Death for Children and Adolescents



Goldstick, Jason E., Rebecca M. Cunningham, and Patrick M. Carter. "Current causes of death in children and adolescents in the United States." *New England journal of medicine* 386.20 (2022): 1955-1956.

Coverage of Anticipatory Guidance

- Medicaid provides for coverage of "anticipatory guidance," which is health education and counseling to help parents and caregivers understand and improve the health and development of their children.
- As a result, states may reimburse for a health care provider counseling parents on firearm safety and injury prevention.
  - For example, Bright Futures/American Academy of Pediatrics guidelines include firearm safety guidance, such as safe storage guidance, as recommended anticipatory guidance for pediatricians to provide to parents.

Counseling on firearm storage and safety interventions such as firearm locks are included in Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents: https://downloads.aap.org/AAP/PDF/Bright%20Futures/BF4_Safety.pdf
Lee, Lois K., et al. "Firearm-related injuries and deaths in children and youth: injury prevention and harm reduction." *Pediatrics* 150.6 (2022): e2022060070.

Violence Prevention in Medicaid

- CMS has previously presented guidance on opportunities under Medicaid to cover violence prevention-related services and supports, such as hospital-based violence prevention programs.
- There are mandatory and optional state plan benefits that could be helpful in covering violence prevention or related services, including Other Licensed Practitioner Benefit, Preventive Services Benefit, and Rehabilitative Services Benefit. These benefits are also part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.
- Health home services, home- and community-based services (HCBS) waivers and state plan authorities, and 1115 demonstrations may also provide states with flexibilities and opportunities for violence prevention services.
- CMS stands at the ready to provide technical assistance to states who want to strengthen their violence prevention strategies.

See CMS slides from CMS All-State Medicaid & CHIP Call, April 27, 2021

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) State Health Official Letter

Best Practices for Adhering to Requirements

EPSDT Overview

- **EPSDT requirements are a cornerstone of the Medicaid program** and ensure robust health coverage for children.
- Under EPSDT, eligible children are entitled to a comprehensive array of **prevention, screening, diagnostic, and treatment services**.
- **Children under the age of 21** who are enrolled in Medicaid and eligible for EPSDT are **entitled to services** that can be covered under EPSDT rules.
- EPSDT is **optional for separate CHIPs**.
- **CMS is committed to improving health outcomes** for children and youth enrolled in Medicaid and CHIP **by working with states**, including by offering technical assistance and webinars, **as they comply with EPSDT requirements**.

EPSDT Overview (cont.)

- **EPSDT requirements were added to Social Security Act (the Act) in 1967** and have since been strengthened and amended.
- Sections 1902(a)(43) and 1905(r) of the Act and the implementing regulations require states to **inform eligible beneficiaries** and their families about the availability of EPSDT, **cover screening, diagnostic and treatment services,** and **report to CMS** a variety of information about the services provided each year.
- States are required to **cover comprehensive services**, including all services that could be covered under section 1905(a) of the Act that are needed to correct or ameliorate health conditions for EPSDT-eligible children.
- States have the option of delivering some or all section 1905(a) services through **managed care plans (MCP), a state-administered fee-for-service system, or a combination of delivery systems**.
- Regardless of how significant the MCPs' role may be in administering EPSDT, **the state retains ultimate responsibility for assuring compliance with EPSDT requirements**.

EPSDT and the Bipartisan Safer Communities Act (BSCA)

Section 11004 of the BSCA of 2022 charged CMS with:

- **Identifying gaps and deficiencies** regarding state compliance with EPSDT requirements.
- **Providing technical assistance** to states to address such gaps and deficiencies.
- **Issuing guidance (EPSDT State Health Official (SHO) letter)** on Medicaid coverage requirements, including best practices for ensuring children and youth have access to comprehensive health care services.
- **Issuing a Report to Congress** on the activities, findings, and actions taken based on the review findings.

EPSDT and the BSCA (cont.)

- To understand how states are operationalizing EPSDT requirements, CMS:
  - Reviewed states' EPSDT beneficiary-informing materials, provider materials, and state managed care contracts;
  - Held listening sessions with interested parties, including state Medicaid agencies, parents and other caregivers of EPSDT-eligible children, and advocates; and
  - Reviewed various states' coverage and provision of specific services provided under EPSDT.

EPSDT Work Related to BSCA in 2025 and Beyond

CMS's state-focused EPSDT work includes:

- Providing quarterly **technical assistance webinars**
- Providing **one-on-one technical assistance** to states
- Conducting **reviews** of selected states' EPSDT implementation (10 states/year for 3 years)
- Issuing a children's **Behavioral Health Toolkit**
- Issuing an updated **EPSDT Coverage Guide**

Other Work Related to EPSDT

Additionally, CMCS is working on several initiatives that are related to EPSDT, including:

- Working closely with the U.S. Department of Education to jointly **expand school-based health services**, providing extensive resources and support.
- Supporting states' implementation of **access regulation requirements**, including pediatric care.
- Providing extensive support for states as they prepare for the first year of mandatory reporting on the **Child Core Set of Quality Measures** for Medicaid and CHIP.
- Providing technical assistance to states choosing to add a new optional service: **Certified Community Behavioral Health Clinic (CCBHC) services** (1905(a)(31) and 1905(jj)).

SHO # 24-005: Best Practices for Adhering to EPSDT Requirements

Structure of the SHO

- Overview of EPSDT Requirements
- EPSDT Policies, Strategies, and Best Practices to Maximize Health Care Access and Improve Health Outcomes
    I. Promoting EPSDT Awareness and Accessibility
    II. Expanding and Using the Children-Focused (EPSDT) Workforce
    III. Improving Care for Children with Specialized Needs
- Conclusion

EPSDT Policies, Strategies, and Best Practices to Maximize Health Care Access and Improve Health Outcomes

Within various EPSDT topics and subtopics, we describe policies, strategies, and best practices based on our research.

Policies	Applicable federal statutes, regulations, and CMS's interpretation of the applicable statutes and regulations.
Strategies	How states are currently meeting federal requirements.
Best Practices	One or more examples that are a best practice to meet federal requirements.

EPSDT Policies, Strategies, and Best Practices: Promoting EPSDT Awareness and Accessibility (1/7)

I. Promoting EPSDT Awareness and Accessibility

i. Improving Awareness of Available Services through EPSDT Informing Requirements

ii. Providing Required EPSDT Support Services: Scheduling Assistance and Transportation

iii. Using Care Coordination and Case Management to Improve Health Care Accessibility and Continuity for Children

iv. Ensuring Consideration of EPSDT in States' Medicaid Policies and Procedures

v. Using Managed Care to Improve Awareness of and Accessibility to Services Available Under EPSDT

EPSDT Policies, Strategies, and Best Practices: Promoting EPSDT Awareness and Accessibility (2/7)

i. *Improving Awareness of Available Services through EPSDT Informing Requirements*

Policies	States are required to use a combination of written and oral methods to inform beneficiaries and their families about the services available to EPSDT-eligible children "generally, within 60 days of the child's initial Medicaid eligibility determination and in the case of families who have not used EPSDT services, annually thereafter."*
Strategies	Write EPSDT materials in easy-to-understand language.
Best Practices	• ***Use clear language in provider and family handbooks to describe the breadth of available services.*** For example, our review found provider handbooks that included statements such as "services are covered even if the services are not covered for adults." • ***Supplement a beneficiary handbook with web-based information, social media platforms, and electronic communication.***

* Section 1902(a)(43) of the Act and 42 C.F.R. § 441.56(a)(4).

EPSDT Policies, Strategies, and Best Practices: Promoting EPSDT Awareness and Accessibility (3/7)

ii. Providing Required EPSDT Support Services: Scheduling Assistance and Transportation

Policies (Scheduling Assistance)	Federal regulations require that state Medicaid agencies offer necessary assistance with scheduling appointments for services.
Strategies	Incentivize MCPs to assist with appointment scheduling.
Best Practices	• ***Require MCPs to provide proactive outreach and assistance to members.*** • ***Offer a beneficiary services contact line.*** • ***Maintain practice-level dashboards.***

EPSDT Policies, Strategies, and Best Practices: Promoting EPSDT Awareness and Accessibility (4/7)

ii. Providing Required EPSDT Support Services: Scheduling Assistance and Transportation (cont.)

Policies (Transportation)	States are required to make certain that every Medicaid beneficiary who has no other means of transportation has access to transportation needed to receive covered care. States must inform EPSDT-eligible children and their families in clear and nontechnical language that this necessary assistance with transportation is available.
Strategies	Take advantage of the flexibilities to design and operate the assurance of transportation.
Best Practices	***Use a fixed risk-based payment under transportation broker models and require the broker to develop a beneficiary app to schedule trips.***

EPSDT Policies, Strategies, and Best Practices: Promoting EPSDT Awareness and Accessibility (5/7)

iii. Using Care Coordination and Case Management to Improve Health Care Accessibility and Continuity for Children

Policies	• Medicaid regulations do not define care coordination, nor is it a specific section 1905(a) service, but it can be covered if it meets the definitions and requirements of existing Medicaid authorities. • Case management is a section 1905(a) service in Medicaid. • Not every child needs case management, but every child must have case management available to them when it is medically necessary.
Strategies	There are multiple Medicaid authorities under which states can deliver care coordination and case management. Some, but not all, of the authorities are included in the scope of services covered under EPSDT.
Best Practices	***Use community-based care management entities (CME) to coordinate care for children who need moderate or intensive care coordination.***

EPSDT Policies, Strategies, and Best Practices: Promoting EPSDT Awareness and Accessibility (6/7)

iv. Ensuring Consideration of EPSDT in States' Medicaid Policies and Procedures

Policies	• Limits on the amount, duration, and scope of services that can never be exceeded (i.e., a "hard limit") are not permitted to apply to any service covered under EPSDT. • Prior authorizations must be conducted on a case-by-case basis and must not delay the delivery of needed treatment services. • State Medicaid agencies must exercise appropriate oversight of their Medicaid fair hearing system to ensure fair hearing decisions correctly apply all relevant federal and state law, regulations, and policies, including the EPSDT "correct or ameliorate" standard.
Strategies	• Require MCPs and Medicaid fair hearing officials to document consideration of EPSDT, when applicable. • Collect and analyze prior authorization and fair hearings data related to children.
Best Practices	• ***Regularly review decisions for prior authorization requests, managed care appeals, and/or state fair hearing requests for services provided to EPSDT-eligible children, by MCP or service type, for clinical appropriateness.***

EPSDT Policies, Strategies, and Best Practices: Promoting EPSDT Awareness and Accessibility (7/7)

v. Using Managed Care to Improve Awareness of and Accessibility to Services Available Under EPSDT

Policies	• When a managed care delivery system is used to deliver some or all services required under EPSDT, states must identify, define, and specify the specific EPSDT services that the MCP is required to cover in the MCP's contract. • Medicaid services delivered to EPSDT-eligible children through a managed care delivery system must be determined by an MCP to be medically necessary services in a manner that is no more restrictive than that used in the state's Medicaid program in accordance with the EPSDT standard. • Under the 2024 Managed Care Rule, for rating periods beginning on or after July 9, 2027, states are required to develop and enforce appointment wait time standards for routine appointments for several different service categories.
Strategies	• Focus on pediatric provider networks. • Monitor and improve MCP's performance in ensuring children's access to care.
Best Practices	• ***Use and enforce managed care contract language to require MCPs to use best practices.*** • ***Include children with disabilities or other complex medical needs in managed care quality strategies.*** • ***Implement a non-clinical Performance Improvement Project (PIP) to ensure occurrence of well-child visits.***

EPSDT Policies, Strategies, and Best Practices: Expanding and Using the Children-Focused (EPSDT) Workforce (1/5)

II. Expanding and Using the Children-Focused (EPSDT) Workforce

i. Broadening Provider Qualifications to Expand the EPSDT Workforce

ii. Using Telehealth to Expand the EPSDT Workforce

iii. Encouraging the Use of Interprofessional Consultation to Address EPSDT Workforce Shortages

iv. Using Payment Methodology that Incentivize EPSDT Provider Participation

EPSDT Policies, Strategies, and Best Practices: Expanding and Using the Children-Focused (EPSDT) Workforce (2/5)

i. Broadening Provider Qualifications to Expand the EPSDT Workforce

Policies	• Generally, in Medicaid FFS programs, states must ensure that a Medicaid beneficiary may obtain covered services from any institution, agency, pharmacy, person, or organization that is qualified and willing to furnish the services to that particular beneficiary. • States have broad flexibility to establish reasonable provider qualifications related to the fitness of the provider to perform covered medical services, and states can require that MCPs use network providers that meet these standards.
Strategies	• Develop non-licensed practitioner types. • Broaden the role of existing providers.
Best Practices	• ***Support and incentivize general practitioners to serve younger children.*** • ***Incorporate oral health into children's primary care visits.***

EPSDT Policies, Strategies, and Best Practices: Expanding and Using the Children-Focused (EPSDT) Workforce (3/5)

ii. Using Telehealth to Expand the EPSDT Workforce

Policies	• State Medicaid agencies have a great deal of flexibility in developing coverage and payment parameters for Medicaid services delivered via telehealth, including services provided to EPSDT-eligible children. • States must continue to meet any federal requirements related to coverage of the benefits and other applicable federal laws and regulations, as well as the parameters of a state's CMS-approved Medicaid state plan and/or demonstration projects and waivers.
Strategies	• Allow providers to deliver services via telehealth. • Address workforce shortages in rural and medically underserved areas by allowing services, including behavioral health services, to be delivered using telehealth.
Best Practices	***Enroll out of state providers.***

EPSDT Policies, Strategies, and Best Practices: Expanding and Using the Children-Focused (EPSDT) Workforce (4/5)

iii. Encouraging the Use of Interprofessional Consultation to Address EPSDT Workforce Shortages

Policies	• Interprofessional consultation services may be covered under a variety of Medicaid state plan benefits, such as physician services, services of other licensed practitioners, and rehabilitative services. • Both the treating practitioner and the consulting practitioner must be enrolled in Medicaid or CHIP.
Strategies	Mitigate the need for referrals to pediatric subspecialists by connecting primary care providers and child behavioral health providers using a Pediatric Mental Health Care Access (PMHCA) program.
Best Practices	***Adopt the Collaborative Care Model (CoCM).*** CoCM is an evidence-based approach that integrates and improves both behavioral and physical health among individuals of any age, including children, and interprofessional consultation is one of the components of this model.

EPSDT Policies, Strategies, and Best Practices: Expanding and Using the Children-Focused (EPSDT) Workforce (5/5)

iv. Using Payment Methodologies that Incentivize EPSDT Provider Participation

Policies	• States have considerable flexibility under Medicaid authorities to develop Medicaid payment methodologies, including payment incentives for services delivered to EPSDT-eligible children. • States are required under a fee-for-service delivery system to "assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area."*
Strategies	States may explore options to enhance or structure Medicaid payment rates to reward providers for delivering high quality care to EPSDT-eligible children.
Best Practices	***Attract providers to the Medicaid program using differential rates.***

* Section 1902(a)(30)(A) of the Act.

EPSDT Policies, Strategies, and Best Practices: Improving Care for Children with Specialized Needs (1/7)

III. Improving Care for Children with Specialized Needs

i. Improving Care for Children with Behavioral Health Needs

ii. Improving Care for Children in or Formerly in Foster Care

iii. Improving Care for Children with Disabilities or Other Complex Health Needs

EPSDT Policies, Strategies, and Best Practices: Improving Care for Children with Specialized Needs (2/7)

i. Improving Care for Children with Behavioral Health Needs

Policies

- Consistent with section 1905(r)(5) of the Act, states must provide coverage for an array of medically necessary mental health and substance use disorder services along the care continuum to meet their EPSDT obligation.
- States have an obligation to assess the availability of 1905(a) services to meet EPSDT-eligible children's individualized assessed needs, ensure that there are an array of services to meet those needs, and establish and apply medical necessity criteria.
- States should avoid requiring an EPSDT-eligible child to have a specific behavioral health diagnosis for the provision of services.
- States must make services provided under EPSDT available in community-based settings, such as at home, in clinics, or in schools, in order to avoid unnecessarily placing children in segregated treatment settings.

EPSDT Policies, Strategies, and Best Practices: Improving Care for Children with Specialized Needs (3/7)

i. Improving Care for Children with Behavioral Health Needs (cont.)

Strategies	• Cover the broad range of specialty care that can be authorized under section 1905(a) to meet EPSDT obligations and consider augmenting that coverage with services authorized under section 1915(c) and 1915(i) of the Act. • Establish a single point of entry for the behavioral health system. • Rely on behavioral health treatment provided in inpatient and residential settings only when necessary.
Best Practices	***Create a seamless and comprehensive behavioral health system for children.***

EPSDT Policies, Strategies, and Best Practices: Improving Care for Children with Specialized Needs (4/7)

ii. Improving Care for Children in or Formerly in Foster Care

Policies	• Within a few days of placement in foster care, or as statutorily obligated, states should ensure that children receive an initial assessment of acute physical and behavioral health needs, followed by a comprehensive visit similar to a well-child visit. • Title XIX specifically enumerates receipt of benefits under Title IV-E of the Act as categorically entitling eligible children to Medicaid and EPSDT. • Title IV-B of the Act requires the state child welfare agency to develop a health care coordination and oversight plan for their children involved in foster care, with input from the state Medicaid agency and others.

EPSDT Policies, Strategies, and Best Practices: Improving Care for Children with Specialized Needs (5/7)

ii. Improving Care for Children in or Formerly in Foster Care (cont.)

Strategies	Develop and maintain a collaborative relationship with the child welfare agency to ensure that children in foster care receive all medically necessary services to which they are entitled under EPSDT requirements.
Best Practices	• ***Require MCPs to assign a liaison and trauma-informed care manager to children in foster care.*** • ***Implement an MCP dedicated to children in foster care.***

EPSDT Policies, Strategies, and Best Practices: Improving Care for Children with Specialized Needs (6/7)

iii. Improving Care for Children with Disabilities or Other Complex Health Needs

Policies

- Many children with disabilities or other complex health needs receive health services through multiple federal programs, with special provisions relating to intersecting entitlements that can be complex to navigate.
- States should have an adequate number of enrolled providers, and MCPs should have a sufficient provider network, including pediatric specialists and children's hospitals, wherever possible, to deliver section 1905(a) medically necessary covered services.
- States may develop approaches to cover services in addition to those covered under section 1905(a), with the goal of maintaining children with disabilities or other complex health needs in integrated home and community-based settings or helping them return to their community.
- Any 1915(c) Home and Community-Based waiver program services and state plan 1915 services that could be covered under a section 1905(a) benefit must be covered first as a section 1905(a) service for EPSDT-eligible children.

EPSDT Policies, Strategies, and Best Practices: Improving Care for Children with Specialized Needs (7/7)

iii. Improving Care for Children with Disabilities or Other Complex Health Needs (cont.)

Strategies	Expand MCP enrollment to include children with disabilities or other complex health needs.
Best Practices	***Coordinate programs for children and youth with disabilities or other complex health needs, provide them with a broad range of non-medical services, and implement a program to help their families navigate care.***

Conclusion

- By focusing on the critical importance of health care access and utilizing best practices to provide services to EPSDT-eligible children, states can help children and their families address and overcome barriers they may face in obtaining comprehensive health care services.
- The collective effort and shared commitment of CMS, state Medicaid agencies, health care providers, and caregivers is essential in advancing the coverage goal of EPSDT - the right care, to the right child, at the right time, in the right setting - to help ensure children in Medicaid have the opportunity to reach their full health potential.
- We encourage states to reach out with questions or tailored assistance requests by emailing the EPSDT mailbox at EPSDT@cms.hhs.gov.

Questions?