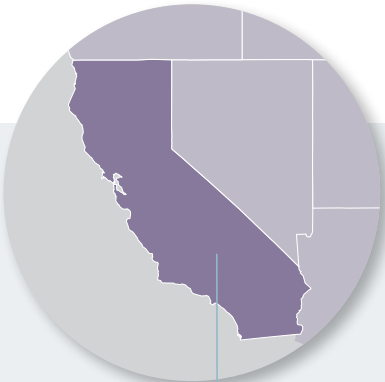


# Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

## CALIFORNIA (CA)

A circular graphic containing a map of California, with the state highlighted in a darker shade of purple. A thin blue line extends from the bottom of the circle down to the start of the text block.

Medicaid's EPSDT benefit provides comprehensive health care services to children under age 21, with an emphasis on prevention, early detection, and medically necessary treatment. Each state Medicaid program establishes a periodicity schedule for physical, mental, developmental, vision, hearing, dental, and other screenings for infants, children, and adolescents to correct and ameliorate health conditions.

Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics (AAP) and supported by the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA). The *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* (4th Edition)<sup>1</sup> and the corresponding Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)<sup>2</sup> provide theory-based and evidence-driven guidance for all preventive care screenings and health supervision visits through age 21. Bright Futures is recognized in federal law as the standard for pediatric preventive health insurance coverage.<sup>3</sup> The Centers for Medicare and Medicaid Services (CMS) encourages state Medicaid agencies to use this nationally recognized Bright Futures/AAP Periodicity Schedule or consult with recognized medical organizations involved in child health care in developing their EPSDT periodicity schedule of pediatric preventive care.<sup>4,5</sup> The following analysis of California's EPSDT benefit was conducted by the AAP to promote the use of Bright Futures as the professional standard for pediatric preventive care.

California's profile compares the state's 2018 Medicaid EPSDT benefit with the [\*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition\*](#), and the [\*Bright Futures/AAP Recommendations for Preventive Pediatric Health Care \(Periodicity Schedule\)\*](#) published in *Pediatrics* in April 2017.<sup>2</sup> This state profile also contains information about California's 2016 Medicaid pediatric preventive care quality measures and performance based on the state's voluntary reporting on selected Child Core Set measures. Information about the state Medicaid medical necessity definition used for EPSDT and a promising practice related to pediatric preventive care is also found here. California's profile is based on a review of the state's Medicaid website, provider manual, and other referenced state documents, and an analysis of 2016 state Medicaid data reported to CMS on child health quality.<sup>6</sup> This profile was also reviewed by state Medicaid EPSDT officials. Information is current as of April 2018.

## Summary of Findings

- California's 2018 EPSDT requirements follow the Bright Futures/AAP Periodicity Schedule and screening recommendations.
- The state's medical necessity definition, described below, incorporates a preventive purpose.
  - Medically necessary services include health care, diagnostic service, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered by screening services, whether or not such services or items are covered under the state plan. The standard of medical necessity ensures a sufficient level of coverage to not merely treat an already existing illness or injury but also to prevent the development or worsening of conditions, illnesses or disabilities.
- According to CMS, in 2016, California selected 8 of the 10 preventive care measures in the Child Core Set. The state did not select the measures for well care visits for children in the 1st 15 months and adolescents ages 12 to 21.
- California's quality performance rates, as shown in the table below, were higher than the national average for well care visits for children ages 3 to 6, childhood and adolescent immunizations, chlamydia screening, and BMI documentation. California's rates were lower than the national average for PCP visits, HPV vaccination, and preventive dental services.
- The state has pediatric preventive care performance improvement projects underway related to behavioral health, BMI screening, oral health, and well child/adolescent care.

## Promising Practices

California managed care plans (MCPs) are required to conduct a Health Education and Cultural and Linguistic Group Needs Assessment (GNA) to identify members' needs, available health education and cultural and linguistic programs and resources, health disparities, and gaps in services. MCPs use the updated member survey in the 2016 GNA report. The member survey addresses a range of topics, including needs for interpreter, health topics of interest, preferred ways to learn about health, and satisfaction with health information and health education. The MCPs use the information from the member survey, as well as demographic information specific to each county/region where they provide service, to create their Health Education and Cultural and Linguistic Work Plans.

## Comparison of CA EPSDT and AAP/Bright Futures Periodicity Schedules

The following tables provide information on California’s EPSDT periodicity schedule and screening recommendations by age group, comparing 2018 California Medicaid EPSDT requirements with the 2017 Bright Futures/AAP Recommendations for Preventive Pediatric Health Care.<sup>2</sup>

Code	Number of Well Child Visits by Age	CA EPSDT	Bright Futures
U = Universal (all screened)	- Birth through 9 months	7	7
S = Selective screening (only those of higher risk)	- 1 through 4 years	7	7
U/S = Universal and selective requirement	- 5 through 10 years	6	6
	- 11 through 14 years	4	4
	- 15 through 20 years	6	6

See Bright Futures/AAP Periodicity Schedule for complete information.

Universal (U) and Selected (S) Screening Requirements	CA EPSDT	Bright Futures
<b>Infancy (Birth-9 months)</b>		
- Length/height & weight	U	U
- Head circumference	U	U
- Weight for length	U	U
- Blood pressure	S	S
- Vision	S	S
- Hearing	U/S	U/S
- Developmental screening	U	U
- Developmental surveillance	U	U
- Psychosocial/behavioral assessment	U	U
- Maternal depression screening	U	U
- Newborn blood screening	U	U
- Critical congenital heart screening	U	U
- Anemia	S	S
- Lead	S	S
- Tuberculosis	S	S
- Oral health	U/S	U/S
- Fluoride varnish	U	U
- Fluoride supplementation	S	S

*continued on next page*

Comparison of CA EPSDT and AAP/Bright Futures Periodicity Schedules *continued*

Code	Universal (U) and Selected (S) Screening Requirements	CA EPSDT	Bright Futures
U = Universal (all screened)	<b>Early Childhood (Ages 1-4)</b>		
S = Selective screening (only those of higher risk)	- Length/height & weight	U	U
U/S = Universal and selective requirement	- Head circumference	U	U
See Bright Futures/AAP Periodicity Schedule for complete information.	- Weight for length	U	U
	- Body mass index	U	U
	- Blood pressure	U/S	U/S
	- Vision	U/S	U/S
	- Hearing	U/S	U/S
	- Developmental screening	U	U
	- Autism spectrum disorder screening	U	U
	- Developmental surveillance	U	U
	- Psychosocial/behavioral assessment	U	U
	- Anemia	U/S	U/S
	- Lead	U/S	U/S
	- Tuberculosis	S	S
	- Dyslipidemia	S	S
	- Oral health	S	S
	- Fluoride varnish	U	U
	- Fluoride supplementation	S	S
	<b>Middle Childhood (Ages 5-10)</b>		
	- Length/height & weight	U	U
	- Body mass index	U	U
	- Blood pressure	U	U
	- Vision	U/S	U/S
	- Hearing	U/S	U/S
	- Developmental surveillance	U	U
	- Psychosocial/behavioral assessment	U	U
	- Anemia	S	S
	- Lead	S	S
	- Tuberculosis	S	S
	- Dyslipidemia	U/S	U/S
	- Oral health	S	S
	- Fluoride varnish	U	U
	- Fluoride supplementation	S	S
	<b>Adolescence (Ages 11-20)</b>		
	- Length/height & weight	U	U
	- Body mass index	U	U
	- Blood pressure	U	U
	- Vision	U/S	U/S
	- Hearing	U	U
	- Developmental surveillance	U	U
	- Psychosocial/behavioral assessment	U	U
	- Tobacco, alcohol or drug use assessment	S	S
	- Depression screening	U	U
	- Anemia	S	S
	- Tuberculosis	S	S
	- Dyslipidemia	U/S	U/S
	- Sexually transmitted infections	S	S
	- HIV	U/S	U/S
	- Fluoride supplementation	S	S

## Pediatric Preventive Care Quality Measures, Performance, and Financial Incentives

Included in the tables below are the California's 2016 quality performance information on pediatric preventive care measures reported to CMS<sup>6</sup>, as well as their use of financial incentives for pediatric preventive care.

Pediatric Preventive Care Quality Measures and Performance, 2016 Child Core Set	CA	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	90.3	95.2
• Ages 25 months-6 years (in past year)	81.4	87.7
• Ages 7-11 (in past 2 years)	86.1	90.9
• Ages 12-19 (in past 2 years)	83.4	89.6
- % of children by 15 months receiving 6 or more well-child visits	—	60.8
- % of children ages 3-6 with one or more well-child visits	71.3	68
- % of adolescents ages 12-21 receiving 1 well care visit	—	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	70.6	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	74.2	70.3
- % of sexually active women ages 16-20 screened for chlamydia	57.9	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	14.5	20.8
- % of children ages 3-17 whose BMI was documented in medical records	78.4	61.2
- % of children ages 1-20 with at least 1 preventive dental service	35.9	48.2

Pediatric Preventive Care Financial Incentives, 2016	CA	US
- Use of preventive incentives for consumers	Yes	NA
- Use of performance incentives for providers	Yes	NA

### References

<sup>1</sup>Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2017.

<sup>2</sup>Committee on Practice and Ambulatory Medicine, Bright Futures Periodicity Schedule Work Group. 2017 Recommendations for Preventive Pediatric Health Care. *Pediatrics*. 2017;139(4):e20170254.

<sup>3</sup>*FAQs about Affordable Care Act Implementation*. Washington, DC: US Department of Labor, Employee Benefits Security Administration, May 11, 2015.

<sup>4</sup>*EPSDT – A Guide for State: Coverage in the Medicaid Benefit for Children and Adolescents*. Baltimore, MD: Centers for Medicare and Medicaid Services, June 2014.

<sup>5</sup>*Paving the Road to Good Health: Strategies for Increasing Medicaid Adolescent Well-Care Visits*. Baltimore, MD: Centers for Medicare and Medicaid Services, February 2014.

<sup>6</sup>Quality information from the CMS Medicaid/CHIP child core set for federal fiscal year 2016 was obtained from: <https://data.medicare.gov/Quality/2016-Child-Health-Care-Quality-Measures/wnw8-atzy>.

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