 EPSDT Medicaid Program for 0-21 Years

Understanding by PCPs, Specialists, Therapists, and Families can Enhance Outcomes and QOL

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Disclosure Information

Speaker Name: Douglas McNeal, MD

Disclosure of Relevant Financial Relationships:
I have the following financial relationships to disclose:

Consultant for: Integrity Health Care

Speaker name: Jerie Beth Karkos, MD: I have no financial relationships to disclose.

Disclosure of Off-Label and/or investigative uses:
We will not discuss off label use and/or investigational use in my presentation
Provide increased level of understanding of EPSDT Medicaid mandates, eligibility for home and community based services, under-utilization and lack of uniform access.

Describe basic differences in Essential Health Benefits (EHB) between EPSDT, Medicaid for adults, SCHIP, and private insurance to advocate more effectively for children on Medicaid.

Provide EPSDT mandates and language to more successfully advocate for medically necessary home based services.
EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

JUNE 2014

Available at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html
Medicaid’s Federal child health program for youth 0-21 years (21st birthday):

- **Federal Law** defines very comprehensive benefits different from adults.
- **State-specific financial eligibility criteria for entry**
- Goal: Identify early, access TX and monitoring so “handicaps do not go neglected”

**Five screens required at specific intervals AND when problems:**

- Physical and Mental Health, Vision, Hearing, and Dental
- Performed by Primary Care Physician
Medicaid rules are different for children 0-21

- Covers the full range of Health Care and Long Term Care Services and Supports
- Under Federal law, States are required to cover services and supports under EPSDT regardless of whether coverage for the same service/support is an optional or limited service for adults under the state plan.
- There are NO optional Medicaid services for children 0-21 years under EPSDT.
- Under Federal law, EPSDT programs are required to provide all medically necessary services to “correct or ameliorate physical and mental illnesses and conditions” discovered by routine screening.

Uneven access to services comes from state-specific variability in program implementation and interpretation of federal law.
Habilitative in addition to curative/rehabilitative are eligible:

- Services that maintain or improve the current health condition
- Maintenance services (services that sustain or support rather than cure or improve) may be eligible
- Services which prevent a condition from worsening or prevent additional health problem
- Physical and occupational therapy services can be covered when they have an ameliorative or maintenance purpose.
EPSDT: “All Medically Necessary Services Must be Provided for Conditions Discovered by the Screen”

- **Key is** “Conditions discovered by the screen”…

- …when PCP conducts the Healthy Children and Youth Evaluation, condition must be listed on the EPSDT screen to be covered.

- **Medical necessity for home care requires** level of care which exceeds family’s ability to care for the individual at home.

- **EPSDT contains outreach and education requirements for each state.** “States must seek out eligible families and inform them of the benefits of EPSDT and the health and long-term care services and assistance available under the broad parameters of EPSDT law. 42USC1396a(a)(43) (examples of state-to-state variation in HO—OH & AR)
Outreach and Education on EPSDT Benefits—Uneven State Performance

**Arkansas**
- Screening services
  - Well child exam, Immunizations
  - Laboratory tests, Lead screen
  - Vision and hearing services
  - Dental
  - Other necessary Health care
    - Diagnostics, TX, and other measures necessary to correct or treat defects, physical and mental illnesses and conditions discovered by the screening services.

**Ohio**
- Early Periodic Screening (Well Visits): Vision, dental & hearing services, other necessary care as identified thru screening
  - Transportation to Medical Appointments
- Rehab services for DD: PT, OT, SLT, Mental Health, Substance Abuse, DME, AT, W/Cs, Aug. Com, etc.
- In-home nursing, Personal Care, specialized therapies, out of home residential, facility and hospital services, other medical necessary care.

Cites services CSHCN need which may be optional for adults

Vague-little detailed EHB eligibility CSHCN compared to adults
What EPSDT actually covers
(Full Scope of Medicaid EPSDT Law)

- Inpt. Hospital Care (other than in an institution for mental disease). 42 USC 1396d(a)(1).
- Outpatient Hospital Care. 42 USC 1396d(a)(2)(A).
- Rural Health Clinic Services. 42 USC 1396d(a)(2)(B).
- Nurse Midwife Services. 42 USC 1396d(a)(17).
- Family Planning Services. 42 USC 1396d(a)(4)(C).
- Physician’s Services – in the office, the patient’s home, a hospital, nursing facility, or elsewhere. 42 USC 1396d(a)(5)(A).
- Medical and surgical services furnished by a dentist. 42 USC 1396d(a)(5)(B).
- Pediatric and Family Nurse Practitioner services. 42 USC 1396d(a)(21).
- Laboratories and X-Ray Services. 42 USC 1396d(a)(3).
- Early Periodic Screening, Diagnosis and Treatment for Persons Under Age 21. 42 USC 1396d(a)(4)(B).
  - EPSDT services are defined in 42 USC 1396d(r).
  - These services include: Screening services (includes appropriate immunizations); Vision services; Dental services Hearing services.
- Optometrist Services and Eyeglasses. 42 USC 1396d(a)(12). Chiropractor Services. 42 USC 1396d(g). Medical care services provided by other licensed health care providers. 42 USC 1396d(a)(27).
- Home health services. 42 USC 1396d(a)(7).
- Home health nursing services. 42 USC 1396d(a)(7).
- Home health aide services. 42 USC 1396d(a)(7).
- Home health physical therapy services. 42 USC 1396d(a)(7).
What EPSDT actually covers

- Home health occupational therapy services. 42 USC 1396d(a)(7).
- Home health speech pathology services. 42 USC 1396d(a)(7).
- Home health audiology services. 42 USC 1396d(a)(7).
- Private Duty Nursing (in the home, hospital or skilled nursing facility). 42 USC 1396d(a)(8).
- Clinic Services. 42 USC 1396d(a)(9).
- Dental Services. 42 USC 1396d(a)(10).
- Physical Therapy (includes Occupational Therapy and services for individuals with speech, hearing, and language disorders). 42 USC 1396d(a)(11).
- Prescription Drugs. 42 USC 1396d(a)(12).
- Dentures. 42 USC 1396d(a)(12).
- Prosthetic Devices. 42 USC 1396d(a)(12).
- Diagnostic Services
- Screening Services
- Preventive Services
- Rehabilitative Services
- #s 29-32 include any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level. 42 USC 1396d(a)(13).
- Intermediate Care Facility Services for Persons with Mental Retardation/Developmental Disabilities and Related Conditions. 42 USC 1396d(a)(15).
- Inpatient Psychiatric Services for Persons under Age 21. 42 USC 1396d(a)(16).
- Personal Care Services furnished in a home or other location. 42 USC 1396d(a)(24).
What EPSDT *actually* covers

- Hospice Care. 42 USC 1396d(a)(18).
- Case Management Services. 42 USC 1396d(a)(25).
- Respiratory Care Services. 42 USC 1396d(a)(20).
- Certified pediatric nurse practitioner services. 42 USC 1396d(a)(21).
- Certified family nurse practitioner services. 42 USC 1396d(a)(21).
- **Community Supported Living Arrangements***. 42 USC 1396d(a)(23).
- * the scope of these services is defined in 42 USC 1396u.
- **Home and Community Based Services.**
  42 USC 1396n(c)(1), 42 CFR 440.180.
- Primary care case management. 42 USC 1396d(a)(25).
- Medical care, or any other type of remedial care recognized under State law.
  42 USC 1396d(a)(6), 42 CFR 440.170.

- **Mental Health Services.** See 42 U.S.C. 1396d(r)(5).
- **Transportation and Scheduling Assistance.**
  42 CFR 441.62
- Non-medical religious healing. 42 CFR 440.170.
- Emergency hospital services. 42 CFR 440.170.
- Skilled nursing facility services for individuals under 21. 42 CFR 440.40
- Vaccinations. 42 USC 1396d(r)(1)(B)(iii).
- Such other necessary health care, diagnostic services, treatment, and other measures. . . to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan.
- Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary. 42 USC 1396d(a)(28).
THE BEST PERFORMING STATES

1. Arizona
2. Michigan
3. Hawaii
4. Georgia
5. New York
6. South Carolina
7. Maine
8. Massachusetts
9. Ohio
10. Missouri
THE WORST PERFORMING STATES

42. Iowa
43. Utah
44. Illinois
45. Arkansas
46. Indiana
47. Tennessee
48. Oklahoma
49. Virginia
50. Texas
51. Mississippi

CASE FOR INCLUSION 2014
Sometimes primary care providers as well as parents and other care team members, incorrectly assume the comprehensive needs of a child with medical complexity are being addressed by someone else. As a result, omissions and other errors in care occur.

Beneficial to our patients and their families

Reference: The Landscape of Medical Care for Children with Medical Complexity, special report by the Children's Hospital Association June 2013 page 6
When my child was born, they offered NO kind of information for skilled nursing. They threw me out blinded at first. The only thing I was made aware of was 1st Steps. Which is a therapist for PT, OT, Vision, Nutrition. They (the children) received this only until the age of 2. My PT therapist had to lead me in to the right direction. She could not understand why one little girl she saw as client was better than my daughter I received nursing. I told her that I had no clue what she was talking about. She then in turn got the info needed and I then called who is now my care manager. My point is: Someone needs to get this info out there for parents, guardians, whoever. We need this info in all like I said above was given to me. I took/take care of my daughter full-time. By myself. I did this for 1-1.5 years with no help from anyone. No family, friends, NOTHING. By the grace of GOD my PT gave me that info. I was close to suicide. I am now proudly a full-time college student with a 3.0 GPA. This info can not be held back. It is vital & crucial for EVERYONE involved.

Thank you!
Not Home
Kids living in Nursing Facilities
Documentary Film by Narcel G Reedus
Stressors

- Emotional impact on families
  - Increase in single parent household
  - Increase in divorce
  - Siblings- increase in behavioral problems and academic failure

- Social Isolation

- Increase in abuse and neglect

- Long-term follow up demonstrated that family stress can increase over time when caring for a child with disabilities (Glidden and Jonson, Mental Retardation; 1999;37:16-24)
Stressors: Time Providing Care
G-tube as an independent factor
National Survey of Children with Special Health Care Needs, HRSA
http://mchb.hrsa.gov/cshcn0910

- Care & Coordination: >11 hours/week for >28% whose CSHCN functional ability affected daily activities

- Effect of Gastrostomy tube on maternal caregiving hours:
  - With Gtube: up to 8 hours per day on care activities
  - Without Gtube: avg. 3 hours

Higher out-of-pocket expenses for child when compared to children without G-tubes.
Financial Strain

- **Limitations for stable employment**
  - 54% reported a family member stopped working because of child’s needs
  - 45% reported a cut back on working hours to care for child
    (Kuo and Cohen, Arch Pediatr Adolesc Med/Vol 165 (No. 11) Nov 2011.)

- **Increased expenditures**
  - For families incurring out of pocket medical cost for their child with special health care needs; expenses=2.2-3.9% of family income
  - >20% of families raising a CSHCN report financial problems attributed to their child’s condition
    (Porterfield and Derigne, Pediatrics 2011:1128:892)
Why In-Home Care is Important to All of Us

- **Cost Shifting** — lower cost for care at home.
- **Caregivers with strain are more likely to die:** Mortality risks up to 63% higher (R Schulz, JAMA 1999)
- **Nowhere else to go:** States are shutting down institutions and shifting to community facilities i.e. group homes or in home placement
- **Increased need for service** — Growing number of infants and children dependent on life sustaining technology for survival (tracheostomies, ventilators, oxygen, gastrostomy tubes)
This is what happens when your children take away your driver’s license.
Pediatric Home Health Care
Pediatric Home Health Care
Pediatric Home Health Care
Criteria for Need of Home Care Services

“Level of care exceeds the family’s ability to care for the patient in the home”

**Private Duty Nursing**
- Complex nursing care for a patient with CONTINUOUS need for skilled services,
- RN or LPN depending on the skills needed
- Shifts (8 to 12 hours)

**Medical needs determine level of expertise provided**

**Personal Care Aide**
- Assists with routine health care tasks, Activities of Daily Living (ADLs) and teaching self-care skills.
- Training requirements vary by state.
- Shifts: variable.

**Medical needs determine eligibility**
Guidelines for Home Care Services by Duty

**Private Duty Nursing**

- **Duties**
  - Medications-IV,IM,PO
  - Parental Nutrition
  - Tracheostomy Care
  - Oxygen Supplement/Monitoring
  - Enteral Feedings
  - Peritoneal Dialysis
  - Ventilator Dependency

**Personal Care Aide**

- **Assist with activities of daily living (ADLs)**
  - Dressing and grooming
  - Assistance with orthotics, care with body casts
  - Bathing and personal hygiene
  - Toileting and continence
  - Ostomy and catheter hygiene
  - Transferring
  - Eating
Supports Medicaid eligible patients through EPSDT program when meets criteria for medical need

Assistance with age-appropriate activities of daily living (children with a diagnosis of developmental delay or intellectual disability may be eligible for personal care if their ability to perform age-appropriate care is impaired)

The presence of a parent or other caretaker does not preclude eligibility for personal care.

Conversely, a personal care aide may deliver the service while the parent is absent, as long as the child has a medical need for the service
Personal Care Aide is *NOT* appropriate.

- When there is no documented medical need for care
- For cases that require skilled nursing-level services only.
- The family needs:
  - Respite or baby-sitting services
  - Homemaker-only service
“Historically the service has been utilized by few children”
Reference: The MO HealthNet Personal Care Manual, Section 13.10

“The EPSDT program is an important but underused Medicaid benefit because of poor awareness and understanding of the program”
Reference: Guidelines for Pediatric Home Health Care, 2nd edition AAP Page 39
A 13-year-old who uses a wheel-chair needs assistance with breakfast and getting ready for school.

- Parent must leave for work at 6:30 in the morning, too early to get the child ready for the bus.

- Because ADLs for a typically developing 13 year-old include the ability to make his own breakfast, get dressed for school, and be waiting for the bus independently; personal care assistance is appropriate with a care plan specific to his needs.
A 15-year-old child with significant motor and/or neurocognitive/behavioral impairments who weighs 150 lbs.

- The parent is at home, and is available to provide the care; however, the child is too large for the parent to manage safely alone in the family home.

Personal care assistance is appropriate for this youth with a care plan specific to his needs.
5 year-old child needs personal care due to a medical condition.

- Parent has four children, ages 5 and under.
  - The other three children have no medical problems.
  - Parent is available in the home.
  - If the child were an only child, personal care is questionable, in spite of the disability, because of the availability of the parent.

The needs of the 3 additional young children render the parent unavailable to meet the extra personal care needs of the child with disabilities.
Dear Parent,

You may or may not be aware that I have recently joined Integrity Home Care as the Pediatric Consultant. As such I am learning that many families are not aware of pediatric home care. In an effort to get the information to physicians, I am collecting data to document the need for more education. Your feedback would be of great benefit to accomplish this. If you would please take a moment to complete the survey, I have included a stamped addressed envelope for convenience. Names will not be included or used in anyway. It is my hope that this will help other families gain access to home care at an early age. Thank you in advance for your assistance.

Sincerely,

Dr. Doug McNeal
Integrity Home Care

1. What age was your child when you were first informed about pediatric home care? _________

2. Who referred you to home care services?

   Doctor_______ Friend_________
   Hospital_______ Other Parent________
   Family_______ Other________

   (please specify)

3. Who referred you to Integrity Home Care?

   Doctor_______ Friend_________
   Hospital_______ Other Parent________
   Family_______ Other________

   (please specify)

4. What services do you currently receive?

   Personal Care Aide______ Skilled Nursing______

5. What is your child’s diagnosis? __________________

6. At what age was this diagnosis made? ____________
Survey: Home Health Care Referral—Referral Source, age, delay in referral

**Personal Care Aide**
- 1/8 referred by doctor
- 1/8 referred by hospital

Range in age at referral 0-16 yrs.
Mean delay from Dx~7 yrs.

**Private Duty Nursing**
- 8/42 patients referred by doctor
- 3/42 patients referred by Dr/hospital
- 10/42 patients referred by hospital
- 6/42 referred by parent

Range in age at referral 0-17 yrs.
Mean delay from Dx~6 yrs.

**Conclusions**
- Significant delays between dx. and referral for home health services
- Majority of referrals do not currently involve doctors or therapists
- ........**WE can prevent that delay**
I understand the need....But I am not the PCP.....
Understand Funding of Home Based Care

- Medicaid 0-21 (EPSDT) (varies by state)
- Medicaid >21 (varies by state)
- SCHIP (varies by state)
- HCBS Waiver (varies by state)
- TEFRA/Katie Beckett Waiver (EPSDT)
- **Private Insurance** — variable for nursing, “caps, “ no funding for PCA

- **With ACA**, States choose “benchmark, benchmark equivalent, or Secretary approved EHB coverage.”
  - Standard BCBS PPO service benefit to Federal Employees
  - State Employee Coverage plan
  - HMO plan with largest, commercial non-Medicaid Enrollment in state.

- **EHB NOT comparable to EPSDT EHB**
“Buy in” Fed/State funded program, modest incomes, do not qualify for Medicaid, can’t afford insurance. State options:
- Medicaid expansion (7 states, DC, 5 territories)
- Separate Child Health Insurance program (17 states)
- Combination of the above (26 states)

Essential Health Benefits:
- “benchmark, benchmark equivalent, or Secretary approved EHB coverage.”
  - Standard BCBS PPO service benefit to Federal Employees
  - State Employee Coverage plan
  - HMO plan with largest, commercial non-Medicaid Enrollment in state.

EHB usually not comparable to EPSDT
1981--Katie Beckett “Waiver” Parents advocated for Medicaid eligibility thru SSI to allow Katie and others with need for institutional level of care to be cared for at home.

In 1982, —TEFRA (Katie Beckett Provision 19 States---Medicaid for children who meet criteria below:

- SSI definition of disability
- <age 19, but would not be eligible for SSI benefits due to parental resources.
- Need institutional level of care but be cared for at home
- Cost of care in community cannot exceed cost in institution
# TEFRA State Plan Option

<table>
<thead>
<tr>
<th>State</th>
<th>TEFRA State Plan Option</th>
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19 TOTAL

Sources:

Catalyst Center State Medicaid Surveys, 2010.

Home and Community-Based Services (HCBS Waivers) also known as 1915(c) waivers

- Include Katie Beckett Waiver “look-alikes.”
- Provides Medicaid and additional support services (case management and home modification)
- Children qualify without regard to family income
- Require an institutional level of care

State-specific:

- Eligibility and geographic availability
- Target specific diagnosis or conditions
- Enrollment can be capped
<table>
<thead>
<tr>
<th>Official Program Name</th>
<th>In-Home Operations (IHO) (0457)</th>
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<tbody>
<tr>
<td>Waiver Authority</td>
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<tr>
<td>Expiration Date</td>
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**Summary**  Provides case management/coordination, habilitation services, home respite, waiver personal care, community transition, environmental accessibility adaptations, facility respite, family training, medical equipment operating expense, PERS installation and testing, PERS, private duty nursing including shared services, transitional case management for medically fragile and technology-dependent individuals, ages 0 - no maximum age. For participants that have been receiving continuous care in a hospital for 36 months or more and have physician-ordered direct care services that are greater than those available in the nursing facility/acute hospital waiver for the participant's assessed level of care.

<table>
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<tr>
<th>Official Program Name</th>
<th>Nursing Facility/Acute Hospital Waiver (NF/AH) (0139)</th>
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<td>Waiver Authority</td>
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<td>Expiration Date</td>
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**Summary**  Provides case management, personal care, habilitation, home respite, facility respite, community transition, environmental accessibility adaptations, family training, PERS, PERS installation and testing, private duty nursing including shared services, transitional case management, medical equipment operating expenses for individuals aged individuals 65 years and older, physically disabled under age 65 years, and medically fragile and technology-dependent individuals with no maximum age.

<table>
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<tr>
<th>Official Program Name</th>
<th>Waiver for Persons with Developmental Disabilities (0336)</th>
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<td>Waiver Authority</td>
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**Summary**  Provides behavioral intervention, community living arrangements, day service, home health aide, homemaker, prevocational services, respite care, supported employment (enhanced habilitation), chore, communication aides, community-based training, dental, environmental accessibility adaptations, FMS, non-medical transportation, nutritional consultation, optometric/optician services, PERS, prescription lenses and frames, psychology services, skilled nursing, specialized medical equipment and supplies, specialized therapeutic services, speech/hearing and language services, transition/set up expenses, vehicle mods and adaptations for individuals w/autism, DD, IID ages 0 - no max age.

<table>
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<tr>
<th>Official Program Name</th>
<th>Pediatric Palliative Care Waiver (0486)</th>
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<td>Expiration Date</td>
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</tbody>
</table>

**Summary**  Provides care coordination, home respite care, expressive therapies, family counseling, family training, out-of-home respite care for medically fragile and technology-dependent individuals ages 0-20.
## Overview of Kansas Home and Community Based Services Waivers

<table>
<thead>
<tr>
<th>Waiver</th>
<th>Mental Retardation/Developmental Disability (MR/DD)</th>
<th>Physical Disability (PD)</th>
<th>Technology Assisted (TA)</th>
<th>Traumatic Brain Injury (TBI)</th>
</tr>
</thead>
</table>
| **Eligibility** | • Individuals 5+  
  • Meet the definition of mental retardation or developmental disability.  
  • Eligible for ICF/MR level of care  
  • Individuals age 16-64*  
  • Determined disabled by SSA  
  • Need assistance with the activities of daily living  
  • Eligible for nursing facility care.  
* Those on the waiver at the time they turn 65 may choose to stay on the waiver  
• Children under age 22  
• Dependent upon intensive medical technology  
• Medically frail  
• Requires the level of care provided in an acute hospital  
• Individuals age 16-65  
• Have traumatic, non-degenerative brain injury resulting in residual deficits and disabilities.  
• Eligible for inpatient care in a Head Injury Rehabilitation Hospital | | | |
| **Supports/Services** | • Medical Alert Rental (LifeLine)  
  • Personal Assistant Services  
  • Supportive Home Care  
  • Specialized Medical Care (hourly skilled nursing)  
  • Temporary & Overnight Respite  
  • Wellness Monitoring (nurse visit) | • Personal Services  
  • Personal Emergency Response (LifeLine)  
  • Personal Emergency Response Installation (LifeLine) | • Specialized Medical Care (hourly skilled nursing)  
  • Long term community care attendant  
  • Medical Respite (hourly skilled nursing) | • Personal Services  
  • Personal Emergency Response (LifeLine)  
  • Personal Emergency Response Installation (LifeLine) |

**Aide services can be either self-directed or agency directed**
Medicaid Programs for children

- **Provide EPSDT Mandated EHB**
  - Standard Medicaid = *Mandatory* state participation and *no* enrollment cap
  - SSI/TEFRA/Katie Beckett Waiver = optional state participation but enrollment cannot be capped by the state.
  - Sometimes….SCHIP

- **Do NOT provide EPSDT Mandated EHB**
  - Home and community Based (HCBS) Waiver = optional state participation and enrollment *can* be capped.
  - Eligibility are both *state and target population specific*.

(State specific data at http://www.hdwg.org/catalyst/online-chartbook/)
Using EPSDT = Easy …1,2,3

- List the condition/diagnosis pertinent to the prescription on the EPSDT Screen form. (State specific sample to follow)

- List amount, duration, scope of service or support needed.

- Write Letter of Medical necessity documenting need per EPSDT mandates (Sample LOMN in this handout)
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
PRESCRIPTION/REFERRAL

For Medically Necessary Services/Items not Specifically included in the Medicaid State Plan

The primary care physician (PCP) must use this form to prescribe medically necessary services resulting from an EPSDT screen when the services are not specifically included in the Arkansas Medicaid State Plan. Please refer to Section I of your Arkansas Medicaid Child Health Services (EPSDT) manual for a list of covered services. Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) is defined as follows: a benefit provided for screening, vision, hearing and dental services at intervals which meet reasonable standards of medical and dental practice established after consultation with recognized medical and dental organizations involved in child health care. EPSDT covers any medically necessary service that will lead to the maximum reduction of medical and physical disabilities and restore the child to his or her best possible functional level. Services that are necessary to treat or ameliorate a defect, physical and mental illness, or a condition identified by a screen, must be considered for EPSDT recipients under age 21 regardless of whether the service is otherwise included in the Arkansas Medicaid State Plan.

The PCP must check the appropriate box or boxes and complete and sign the form. A copy of the EPSDT screen results (form CMS-1500) may be attached.

☐ Prescription/Treatment  ☐ Referral

Patient Name: ___________________________ Medicaid ID #: ___________________________

Date of Last Physical Examination: ___________________________

Medical Diagnosis: ____________________________________________

Developmental Diagnosis: _______________________________________

Other Diagnosis: ______________________________________________

Prescribed Treatment

Primary Care Physician Name (Please Print) ________________________ Medicaid Provider Number

By signing as the primary care physician (PCP), I hereby certify that I have carefully reviewed the EPSDT screen result, and that the goals are reasonable and appropriate for this patient. If this prescription is for a continuing plan, I have reviewed the patient’s progress and adjusted the plan based on his or her meeting, or failing to meet, the plan goals.

Primary Care Physician (PCP) Signature __________________ Date ________
Letters of Medical Necessity

- Delineate need using language from the Federal Law pertaining to EPSDT EHB slide #10, (What Medicaid actually covers + EPSDT definition of Medical necessity)
  
  - “As you are aware, federal EPSDT law requires states to cover all services within the broad scope of Medicaid…..”
  
  - Example.--Specifically home health services are mandated pursuant to 42 USD 1396d(a)(7).”

- For Home Care, document **WHY** care needs exceed what family can do alone.

As in IEPs, legal jargon assists with appeal process should legal recourse be needed.
EPSDT Medical Necessity
Very Broad Focus: Development, Function, Participation

“...It will or is reasonably expected to prevent the onset of an illness, condition or disability.”

“...It will or is reasonably expected to reduce or ameliorate physical, mental, or developmental effects of an injury, illness, or disability. “

“...It will assist the individual to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the individual and those appropriate for individuals of the same age. “
Sample LOMN
Suggested “language” to document medical necessity per EPSDT mandates

- I am writing to request *(insert service or equipment request)* for my patient *(name and age of patient)* who has the following diagnoses relevant to this request: *(list)*

- *(If home care hours are prescribed, write number of hours per week, duration needed, scope of services needed, what prevents family from providing. Write “Federal EPSDT law requires states to cover all services within the broad scope of Medicaid when medically necessary. Home health services are mandated pursuant to 42 USD 1396d(a)(7).”)*

- **The request is medically necessary for the following reasons: (choose one or more).**
  - It will, or is reasonably expected to, prevent the onset of an illness, condition or disability. *(Provide details).*
  - It will, or is reasonably expected to, reduce or ameliorate the physical, mental, or developmental effects of an injury, illness, or disability. *(Provide details)*
  - It will assist the individual to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the individual and those functional capacities that are appropriate for individuals of the same age. *(Provide details)*

- **Alternatives which have been tried and/or rejected and why they failed or will fail to address the underlying condition include:**

- **Please let me know if you require additional information from my records.**
EPSDT:
“Medical Necessity should be determined by the Need” (Think IEP)

- Determination that a service is medically necessary lies primarily with the treating physician or other care provider—one who treats.

- State may review the physician’s determination as to medical necessity.

- If the state’s expert does not agree the service is medically necessary for a particular child, the state is responsible for making a decision based on evidence.

- Several lawsuits have found states must defer to the treating MDs opinion. Weaver v. Reagen, 886 F.2d 194 (8th Cir. 1989) Hilburn by Hilburn v. Maher, 795 F.2d 252 (2nd Cir. 1986) Lewis v. Callahan, 125 F.3d 1436 (11th Cir. 1997) Moore v. Medows-GA (2013). By law, a denial must be sent to the beneficiary citing reason.
When Medically Necessary Services/DME are denied for children covered by EPSDT Medicaid

- Request a physician peer-to-peer review by person with specific specialty background when possible
  - Obtain information about the reviewers’ credentials and expertise at time of arranging meeting (if possible).
  - Be prepared to give additional data, evidence based when possible, at time of the review.

- Advise Parent to file an appeal (State Specific)
  - Decision can be appealed by the family under the State’s fair hearing procedure “with an impartial decision maker.”
  - For urgently needed care, request an expedited appeal

- Involve Medical-Legal Partnership—262 partnerships in 36 states.
  http://medical-legalpartnership.org/partnerships/
• Official “Protection and Advocacy System” in every state – **free** Legal/Advocacy for people with disability

• **501c3, public interest, legally-based advocacy agency.** Empowered by Federal law to advocate for the civil and legal rights of people with disabilities.
  
  • Funded to, within their priorities, to provide legal and advocacy services to people with disabilities (ex: ADA, the Rehabilitation Act, Medicaid Act, IDEA, Special Education, etc.)
  
  • Part of the national network of federally mandated and funded protection and advocacy systems.

♦ Web site:
  http://www.acl.gov/Programs/AIDD/Programs/PA/Contacts.asp
Federal Case Law Affirms EPSDT Mandates

- States’ attempts to circumvent Federal law: Federal court decisions overwhelmingly affirm mandates of EPSDT:
  - *(Chisholm v. Hood).* *(filed 1997, settled 2010--LA)* Challenged waiting lists for services for children with Cognitive Impairment/DD. Resolution required state to:
    - arrange and provide treatment, ensure that children who need personal care services actually receive them, and eliminate waiting lists.
  - *(Frew v. Gilbert-TX)*
    - State is responsible for ensuring that EPSDT services are delivered. Medicaid managed care—cannot be more restrictive
  - *(Moore v. Medows-GA, settled 2013).*
    - Both state and treating physician have roles in determining services/treatments and only by medical necessity. Arbitrary policies not appropriate.
Boldly Go…. Final thoughts:

- If, in your state, it is common wisdom that Medicaid does not cover adequate home care supports or other mandated services…….

- ”use Federal law and teach your PCP colleagues.”

- Not easy…but possible.

- Contact us if you are interested in formal advocacy or more information on this topic.

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  - mdrdoug@aol.com
Question:
If you could live forever, would you and why?

Answer:
I would not live forever, because we should not live forever, because if we were supposed to live forever, then we would live forever, but we cannot live forever, which is why I would not live forever.

-Miss Alabama
in the 1994 Miss USA contest