

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**
 - Primary Care**
 - IPA/MSO
 - Directs
- Specialists**
 - Directs
 - IPA
- Hospitals**
 - Ancillary**
 - CBAS
 - SNF/LTC
 - DME
 - Home Health
 - Other

Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services APL 23-005

This is an advisory notification to Molina Healthcare of California (MHC) network providers to provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to eligible Members under the age of 21.

This notification is based on an All-Plan Letter (APL) 23-005, which can be found in full on the Department of Health Care Services (DHCS) website at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>

BACKGROUND

The EPSDT benefit provides a comprehensive array of prevention, diagnostic, and treatment services for individuals under the age of 21 who are enrolled in full-scope Medicaid. The goal of EPSDT is to assure that individual children get the health care they need when they need it — the right care to the right child at the right time in the right setting.

Under the EPSDT benefit, states are required to provide any Medicaid-covered service listed within the categories of mandatory and optional services in the SSA Section 1905(a), regardless of whether such services are covered under California's Medicaid State Plan, for Members who are eligible for EPSDT services when the services are determined to be Medically Necessary to correct or ameliorate defects and physical and mental illnesses or conditions.

The SSA Section 1905(r) and Title 42 of the USC Section 1396d(r) defines EPSDT services as early and periodic screening, diagnostic, and treatment services. The term "early and periodic screening, diagnostic, and treatment services" means the following items and services:

1. Screening services—

A. Which are provided—

- (i) At intervals which meet reasonable standards of medical and dental practice, as determined by the State after consultation with recognized medical and dental organizations involved in child health care and
- (ii) At such other intervals, indicated as medically necessary, to determine the existence of certain physical or mental illnesses or conditions; and

B. Which shall at a minimum include—

- (i) A comprehensive health and developmental history (including assessment of both physical and mental health development),
- (ii) A comprehensive unclothed physical exam,

- (iii) Appropriate immunizations (according to the schedule referred to in section 1396s(c)(2)(B)(i) of this title for pediatric vaccines) according to age and health history,
- (iv) Laboratory tests (including lead blood level assessment appropriate for age and risk factors), and
- (v) Health education (including anticipatory guidance).

2. Vision services—

- A. Which are provided—
 - (i) At intervals which meet reasonable standards of medical practice, as determined by the State after consultation with recognized medical organizations involved in child health care, and
 - (ii) At such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition; and
- B. Which shall at a minimum include diagnosis and treatment for defects in vision, including eyeglasses.

3. Dental Services—

- A. Which are provided—
 - (i) At intervals which meet reasonable standards of dental practice, as determined by the State after consultation with recognized dental organizations involved in child health care, and
 - (ii) At such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition; and
- B. Which shall at a minimum include relief of pain and infections, restoration of teeth, and maintenance of dental health.

4. Hearing services—

- A. Which are provided—
 - (i) At intervals which meet reasonable standards of medical practice, as determined by the State after consultation with recognized medical organizations involved in child health care, and
 - (ii) At such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition; and
- B. Which shall at a minimum include diagnosis and treatment for defects in hearing, including hearing aids.

5. 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.

Bright Futures Periodicity Schedule and Guidelines for Pediatric Preventive Care

The Patient Protection and Affordable Care Act (ACA) specified that coverage of Preventive Care and screenings must be conducted with evidence-informed, comprehensive guidelines supported by the Health Resources and Services Administration (HRSA), which is an agency of the United States Department of Health and Human Services. HRSA participated in the development of, and provides ongoing support to, the national health promotion and prevention initiative known as Bright Futures, which is led by the American Academy of Pediatrics (AAP).

EPSDT in California

For Members under age 21, MHC will provide a more robust range of Medically Necessary services than they do for adults that include standards set forth in federal and state law specific to EPSDT.

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Please include provider name and fax number and you will be removed within 30 days.*

This includes the contractual obligation to provide EPSDT in accordance with the AAP/Bright Futures periodicity schedule.

POLICY

EPSDT includes but is not limited to the specific services listed above in Title 42 of the USC Section 1396d(r). For Members under the age of 21, MHC is required to provide and cover all Medically Necessary EPSDT services, defined as any service that meets the standards set forth in Title 42 of the USC Section 1396d(r)(5), unless otherwise carved out of the MHC Contract, regardless of whether such services are covered under California's Medicaid State Plan for adults, when the services are determined to be Medically Necessary to correct or ameliorate defects and physical and mental illnesses or conditions.

A service does not need to cure a condition in order to be covered under EPSDT. Services that maintain or improve the child's current health condition, or those that can prevent adverse health outcomes, are also covered under EPSDT because they "ameliorate" a condition. Maintenance services are defined as services that sustain or support rather than those that cure or improve health problems. Services are covered when they prevent a condition from worsening or prevent development of additional health problems. The common definition of "ameliorate" is to "make more tolerable or to make better." Additional services must be provided if determined to be Medically Necessary for an individual child.

Medical Necessity decisions are individualized. Flat or hard limits based on a monetary cap or budgetary constraints are not consistent with EPSDT requirements and, thus, are not permitted. When Medically Necessary, MHC will not impose limits on EPSDT services and must cover services listed in Section 1905(a) of the SSA regardless of whether or not they have been approved under a State Plan Amendment (SPA) Pursuant to WIC Section 14059.5(b)(1), for individuals under 21 years of age, a service is considered "Medically Necessary" or a "Medical Necessity" if the service meets the standards set forth in federal Medicaid law for EPSDT (Title 42 of the USC Section 1396d(r)(5)). Therefore, an EPSDT Covered Service is considered Medically Necessary or a Medical Necessity when it is necessary to correct or ameliorate defects and physical and mental illnesses and conditions. All Members under the age of 21 must receive EPSDT preventive services, including screenings, designed to identify health and developmental issues as early as possible. MHC will provide Members with appropriate referrals for diagnosis and treatment without delay.

Case Management and Care Coordination, Transportation, and Member Information

MHC will provide case management and care coordination for all Medically Necessary EPSDT services. MHC will also ensure the coverage of Targeted Case Management (TCM) services. MHC will also refer Members who are eligible for TCM services to a Regional Center (RC) or local governmental health program, as appropriate for the provision of TCM services.

Certain Carved-Out Services

Carved-out services vary and can include, but are not limited to, California Children's Services (CCS) Program for non-Whole Child Model (WCM) counties, pharmacy services, dental services, Specialty Mental Health Services, and Substance Use Disorder Services.

Dental Services

For Members under the age of 21, a dental screening/oral health assessment must be performed as part of every periodic assessment, with annual dental referrals made for Members no later than 12 months of age or when a referral is indicated based on assessment. Fluoride varnish, including when

provided by a primary care pediatrician, and oral fluoride supplementation assessment and provision must be consistent with the AAP/Bright Futures periodicity schedule and anticipatory guidance.

Outreach and Education Materials

In partnership with stakeholders, including Medi-Cal-enrolled children and families, DHCS developed child-focused and teen-focused brochures that provide an overview of EPSDT, including Covered Services, how to access those services, and the importance of Preventive Care. DHCS also developed the “Medi-Cal for Kids & Teens: Your MediCal Rights” letter that illustrates what to do if Medi-Cal care is denied, delayed, reduced, or stopped including who to contact, how to file grievances and appeals, and how to access other enrollee assistance resources.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative. Please refer to the phone numbers listed below:

Service County Area	Provider Services Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster	909-577-4351	Deletha.Foster@molinahealthcare.com
	Shelly Lilly	858-614-1586	Michelle.Lilly@molinahealthcare.com
Los Angeles	Clemente Arias	562-517-1014	Clemente.Arias@molinahealthcare.com
	Christian Diaz	562-549-3550	Christian.Diaz@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento	Jennifer Rivera Carrasco	562-542-2250	Jennifer.RiveraCarrasco@molinahealthcare.com
San Bernardino	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com
San Diego / Imperial County	Briana Givens	562-549-4403	Briana.Givens@molinahealthcare.com
	Carlos Liciaga	858-614-1591	Carlos.Liciaga@molinahealthcare.com
	Salvador Perez	562-549-3825	Salvador.Perez@molinahealthcare.com

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Please include provider name and fax number and you will be removed within 30 days.*