



North Carolina’s Medicaid Early and Periodic Screening, Diagnosis and Treatment Program: Health Check

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a comprehensive set of benefits that is mandatory for children and youth under age 21 who are enrolled in Medicaid. EPSDT covers four separate screening services and includes immunizations, laboratory tests and health education.¹ Each type of screen must be furnished at pre-set intervals and when a problem is suspected. The treatment component of EPSDT includes any necessary health care, diagnostic services and other measure described in the Medicaid Act necessary to “correct or ameliorate” physical and mental conditions.² Also required are outreach and informing, appointment scheduling and transportation assistance.³

In North Carolina, EPSDT is known as “Health Check.” It is designed “to facilitate regular preventive medical care and the diagnosis and treatment of any health problem found during a screening.”⁴ There is no separate enrollment in Health Check. If an individual is eligible for Medicaid and is under the age of 21, she automatically qualifies for Health Check services.⁵

Screens, or well-child check ups, are a basic element of the EPSDT program. As noted above, four separate types of screens are required: medical, vision, hearing, and dental.

1. Medical Screens

The medical screen must include at least the following five components:

- A comprehensive health and developmental history;
- A comprehensive unclothed physical exam;
- Immunizations;
- Laboratory testing when appropriate (at least at 12 and 24 months of age), including lead tests; and
- Health education and anticipatory guidance.⁶

Medical screens must be provided according to a “periodicity schedule.” The periodicity schedule must be set by the state after consultation with recognized medical organizations involved in child health care. North Carolina states that it follows the periodicity schedule of the American Academy of

2. Vision, Hearing and Dental Services.

States are responsible for providing periodic vision, hearing, and dental examinations, as well as diagnosis and treatment for vision, hearing and dental problems.⁸

- Vision services must include vision screens and diagnosis and treatment of vision defects, including eyeglasses.⁹
- Hearing services must include hearing screens and diagnosis and treatment for defects in hearing, including hearing aids.¹⁰
- Dental services must include dental screens, relief of pain and infections, restoration of teeth, and maintenance of dental health.¹¹

Vision, hearing, and dental services must each be provided according to individual periodicity schedules. The periodicity schedule for each type of screen must be determined by the state after consultation with recognized medical and dental organizations involved in child health care. An oral screening as part of a physical examination does not substitute for examination by a dental professional.¹²

3. Interperiodic, or “as needed” screens

In addition to covering scheduled, periodic check-ups, EPSDT covers visits to a health care provider when needed outside of the periodicity schedule to determine whether a child has a condition that needs further care. These types of screens are called “interperiodic screens.” Persons outside the health care system (for example, a teacher or parent) can determine the need for an interperiodic screen, and “any encounter with a health care professional acting within the scope of practice is considered to be an interperiodic screen, whether or not the provider is participating in the Medicaid program at the time those screening services are furnished.”¹³

4. EPSDT’s broad treatment mandate

All “necessary health care, diagnostic services, treatment, and other measures . . . to correct or ameliorate defects and physical and mental illnesses and conditions” must be covered.¹⁴ This includes all mandatory and optional services that the state can cover under Medicaid, whether or not such services are covered for adults.¹⁵ In sum, if a health care provider determines that a service is needed, it should be covered to the extent needed and allowed under the federal Medicaid Act. For example, if a child needs personal care services to

ameliorate a behavioral health problem, then EPSDT should cover those services to the extent the child needs them — even if the state places a quantitative limit on personal care services or does not cover them at all for adults. For example, North Carolina places a limits on the number of hours of personal care services that can be covered in a month. This requirement should not be applied to beneficiaries under age 21 if it is determined that they need more. Moreover, DMA must “arrange for (directly or through referral to appropriate agencies, organizations, or individuals) corrective treatment.”¹⁶

DMA issued policy instructions reiterating and clarifying these requirements in January 2005. These instructions reiterated that the state must cover any service listed in the Medicaid Act when medically necessary “to ‘correct or ameliorate a defect, physical and mental illness, or a condition identified by screening’, whether or not the service is covered under the State Plan.”¹⁷ In addition, the instructions state that:

- If a specific service is needed to “correct or ameliorate” a condition, a standard or lower cost service may not be substituted if it will not “correct or ameliorate” that condition;
- Established numerical limits on numbers of hours or visits will not be applicable to EPSDT, if more hours or visits are necessary for that particular child;
- Decisions to deny services must explain why the EPSDT standard for providing treatment is not met;
- Recipients on CAP waivers who are under 21 who would be eligible for Medicaid regardless of whether they were enrolled in the waiver are entitled to receive EPSDT services in addition to waiver services.¹⁸

The policy instruction has been posted on the DMA and Division of Mental Health (DMH) websites. It instructs DMA and DMH to regularly inform staff, other divisions, contractors, agents, Medicaid providers, families and other agencies working with children and adolescents covered by Medicaid. Moreover, “all affected staff will receive training on EPSDT policy and procedures.”¹⁹ The instructions are posted in several places on DMA and DMH’s websites.

5. Informing Eligible Families about EPSDT

In the EPSDT legislation, Congress has required states to inform all Medicaid-eligible persons in the state who are under age 21 of the availability of EPSDT and immunizations.²⁰ States must use a combination of written and oral methods to effectively inform eligible individuals about: (1) the benefits of preventive health care; (2) the services available through EPSDT; (3) that services are without charge, except for premiums for certain families; and (4) that

support services, specifically transportation and appointment scheduling assistance, are available on request. If the child/family has difficulty reading or understanding English, then the information needs to be conveyed in a format that can be understood. Notably, states must offer both transportation and appointment scheduling assistance “prior to each due date of a child’s periodic examination.”²¹

1. Family and Children's Medicaid MA-3540.XXXIX; DMA, "Policy Instructions: Early and Periodic Screening, Diagnosis and Treatment Services ("EPSDT Policy")," (Jan. 28, 2005), www.ncdhhs.gov/dma/epsdt_policy.pdf; 42 U.S.C. §§ 1396a(a)(43), 1396a(a)(10)(A), 1396d(a), 1396d(r).
2. *Id.* § 1396d(r)(5).
3. *Id.* § 1396a(a)(43)(a).
4. DMA, "Health Check Program," <http://www.dhhs.state.nc.us/dma/healthcheck.htm>. See generally Family and Children's Medicaid MA-3540.XXXIX.
5. *Id.*
6. 42 U.S.C. § 1396d(r)(1)(B); DMA, North Carolina Special Medicaid Bulletin, "Medicaid for Children: Early Periodic Screening, Diagnosis and Treatment (EPSDT) and Health Check," (Dec. 2005) ("DMA EPSDT Bulletin")
7. DMA, "N.C. Medicaid Special Bulletin III: Attention Health Check Providers," (Health Check Provider Bulletin), p. 11, (April 2005) <http://www.dhhs.state.nc.us/DMA/bulletin/HealthCheck0405.pdf> See also H.R. REP. NO. 101-247, at 399 (Sept. 20, 1989), *reprinted at* 1989 U.S.C.C.A.N. 1906, 2125. See also CMS, STATE MEDICAID MANUAL § 5240.
8. DMA EPSDT Bulletin, p. 3.
9. See 42 U.S.C. § 1396d(r)(2).
10. See *Id.* at § 1396d(r)(4).
11. See *Id.* at § 1396d(r)(3).
12. See CMS, STATE MEDICAID MANUAL § 5123.G.

13. DMA, “Early Periodic Screening, Diagnosis and Treatment (EPSDT) and Health Check: Complete Check-Ups and Treatment for Children,” p. 2 (stating that recommended visit schedule is only a guideline and “if your child needs to have exams on a different schedule, the visits are still covered.”), *See also, e.g.*, Memorandum from Director, *Health Care Financing Administration Medicaid Bureau*, to Region III Administrator, *Health Care Financing Administration* (Apr. 12, 1991) (available from National Health Law Program, Chapel Hill, NC). This is significant because the interperiodic visit qualifies the child for EPSDT’s treatment benefits, described *infra*.
14. 42 U.S.C. § 1396d(r)(5). For cases applying EPSDT’s treatment mandate, see *Pereira v. Kozlowski*, 996 F. 2d 723 (4th Cir. 1993), *aff’g* 805 F. Supp. 361 (E.D. Va. 1992) (ordering coverage of organ transplant).
15. DMA, EPSDT Policy, p. 2, *note* 33, *supra*.
16. DMA EPSDT Policy, p. 3, *note* 33, *supra*. *See also* 42 U.S.C. § 1396a(a)(43)(C).
17. DMA EPSDT Policy, pp. 1, 2, *note* 33, *supra*.
18. *Id.*
19. *Id.*
20. *See* 42 U.S.C. § 1396a(a)(43)(A) (1998). Congress has said states need to take “aggressive action” to inform children and families about EPSDT. *See* 135 CONG. REC. S 13234 (Oct. 12, 1989).
21. CMS, *State Medicaid Manual* §§ 5121, 5150.