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DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care
Financing Administration

Refer to DMD:SOB:5

JAN 21 1992

Region II
Federal Building
26 Federal Plaza
New York NY 10278

MEDICAID STATE OPERATIONS LETTER #92-5

FROM: Associate Regional Administrator
Division of Medicaid

TO: State Agencies Administering the Medicaid Program

SUBJECT: Clarifying Issues Related to Early and Periodic Screening
and Diagnosis and Treatment (EPSDT) Services.

The purpose of this letter is to clarify two issues related to the delivery of EPSDT services.

The first issue has to do with the content of a screening that would normally be reported on Line 6 of form HCFA-416. The screening must consist of all of the following elements delineated in Section 5360 C.2 of the State Medicaid Manual:

- o A comprehensive health and developmental history (including assessment of both physical and mental health development);
- o A comprehensive unclothed physical exam;
- o Appropriate immunizations according to age and health;
- o Laboratory tests (including blood lead level assessment appropriate for age and risk factors) ; and
- o Health education (including anticipatory guidance).

This package of five elements constitutes a full screening. **Any** screening that does not contain all five of the elements listed above cannot be considered a full periodic screen and should not be reported on line 6 of HCFA-416. Do not report on line 6 any partial or interperiodic screening or anything related to vision, dental, or hearing screens or services.

The second issue pertains to the definition of "one service" as it is used in the State Medicaid Manual. Section 5123.1C of the State Medicaid Manual states:

"Providers may not be limited to those which have an exclusive contract to perform all EPSDT services. Services provided may not be limited to either the private or the public sector or because the provider may not offer all EPSDT services or because it offers only one service".

"One service" can be any one of the following:

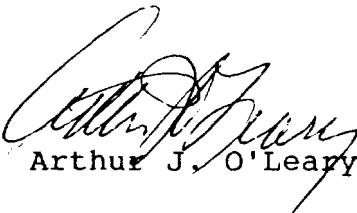
- a. Screening services (which consist of each of the five elements listed here and above: history, physical exam, immunizations, laboratory tests, health education and anticipatory guidance);
- b. A vision screen;
- c. A dental screen; or
- d. A hearing screen.

States do have the flexibility of limiting screening provider participation to those providers that agree to furnish all of the elements found within a, or b, or c, or d.

Similarly, States also have the flexibility to allow certain elements of the screening package described in "a" to be rendered by one provider, with the remaining elements to be rendered by another provider. This flexibility applies to all of the elements except the health education/anticipatory guidance element. Guidance from our Central Office indicates that HCFA opposes classifying someone who only provides health education as a provider. Health education should be considered an essential component of every health care encounter, but not a separable service.

In choosing to utilize multiple providers to render one screening package, the State must demonstrate that the individual child received all five elements included in the screen. The State's MMIS or other system must aggregate all of the five elements into the full package before the "screen" can be counted as complete.

If you have any questions, please call Jane Salchli or your Medicaid Representative at 212-264-2775.



Arthur J. O'Leary