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DEPT OF HEALTH & WELFARE
MEDICAID POLICY SECTION

Mrs. Jean Schoonover, Chief
Bureau of Welfare Medical Programs
Department of Health and Welfare
450 West State Street
Boise, Idaho 83720

Dear Mrs. Schoonover:

This is in response to the request of Myrna Stobaugh of your staff for clarification concerning provision of durable medical equipment prescribed through the State's Crippled Children Services (CCS) program. She questioned whether this equipment could be reimbursed by Medicaid EPSDT services when these items are not otherwise routinely reimbursed by the State's Medicaid program. Since the CCS examination was described as not being a full EPSDT screen, an additional question was raised concerning whether these CCS examinations could be considered interperiodic screens, thereby justifying the payment for the equipment through the EPSDT services.

The HCFA Central Office has provided the following policy interpretation concerning provision of services for eligible children who have not been screened:

"Under section 1905(r)(S) of the Act, EPSDT services include health care, diagnostic and treatment services and other measures for health problems "...discovered by the screening services. . .I" Clearly, this law contemplates the full array of medically necessary Medicaid services be available but only after a health problem.. is detected or suspected to exist as a result of a screening service. However, in the broader sense, we note that section 1902(a)(10)(I) of the Act, has always allowed States to make available services listed in section 1905(a), to certain groups of individuals, who meet specific **age** requirements, without offering comparable services to all other individuals. **One of those groups is EPSDT participants.** Under this broader, long-standing authority, States would be allowed to provide services to EPSDT participants who have not yet been screened.

In the case of individuals with diagnosed pre-existing conditions or children known to need "other health care", who have never undergone an **EPSDT screen**, we do not believe the State must delay access to appropriate'--'care until these individuals go through a **screen.** In such cases, the State may obtain medical documentation as to the nature of the

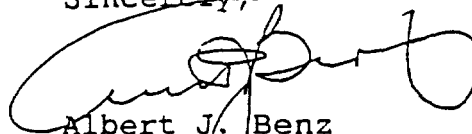
illness, defect or condition in order to assure that the services the individual is furnished are necessary. Where such medical evidence exists we believe States have the latitude to see that appropriate care is furnished without requiring that the individual first be scheduled for and receive periodic, and possibly duplicate, screening services. In fact the legislative history is clear in stating that an individual who has already been diagnosed with a physical, mental or developmental illness or condition need not wait to be scheduled for a screen. However, an interperiodic screen may occur if there are indications that the illness or condition has become more severe or has changed sufficiently so that further examination is medically necessary. There is ~~NO~~ need to delay treatment to an individual who has not received a periodic screen. Otherwise, children with already diagnosed conditions should be treated like all other EPSDT individuals in that newly eligible individuals should be timely screened and at minimum, thereafter, should be screened in accordance with the State's periodicity schedules."

Finally, she asked if District Health Departments, who conduct CCS screening and fulfill the basic requirements of an EPSDT screen, could be reimbursed by Medicaid and counted in the HCFA 416 report. We see no reason why these examinations could not be considered EPSDT screens since they would meet the screening criteria

We believe that these situations could be resolved by amending your agreement between the Medicaid agency and the Title V, Maternal and Child Health agency to facilitate screening, diagnosis and treatment services through CCS and the other Title v programs described in the regulations. Requirements for such agreements are defined at 42 CFR 431.615(a)(3), (b) and (c) and at 42 CFR 441.56 as well as in the State Medicaid Manual at Part 5, Section 5230.

We hope the preceding information is responsive to your questions. Please contact Helen Phillips, Regional Medicaid Maternal and Child Health Coordinator, at (206) 553-0445, if you have additional questions.

Sincerely,



Albert J. Benz
Associate Regional Administrator
Division of Medicaid