



**Kan-Be-Healthy, EPSDT in Kansas and Beyond  
Fall 2020**

## Medicaid: When & Why

- July 1965: President Johnson signs the Medicare Amendment in the Social Security Act (Title XIX)
  - Medicaid originally designed for Americans of all ages
- 1967: Congress introduces a Medicaid benefit for children and adolescents
- 1997: CHIP

## Medicaid Design

- Provides health care coverage to certain categories of low income individuals
  - Children, families, pregnant women, elderly, and people with disabilities
- Administered by states
  - States have considerable flexibility in their program design
  - Each state administers their program slightly differently, but within federal regulations
  - Kansas has a stand alone CHIP program

## Medicaid Funding

- Jointly funded by the States and the Federal government
  - CHIP is a Block Grant Program
  - State receive an allotment based on projected expenditures
- FMAP: Federal Medical Assistance Percentage
  - FMAP differs across states
  - In Kansas currently:
    - 56/44 for Title XIX
    - 92/8 for Title XXI



# Kan-Be-Healthy, EPSDT in Kansas and Beyond

## EPSDT

- Medicaid provides children health care benefits through the EPSDT program
  - EPSDT: Also known as Kan-Be-Healthy in Kansas
- Health services provided under the Medicaid program for Medicaid eligible children under age 21, and CHIP children under 19
- Goal: 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

## Populations Covered

- Provides screening and services at medically appropriate intervals
- Provides medically necessary health care services
  - Even if the service is not available under the Kansas Medicaid plan
- Think of EPSDT as an umbrella under which populations already eligible for Medicaid or CHIP are covered.
  - Children under the age of 19, Foster Care Children (including Aged Out Children), CHIP kids
  - Any Medicaid eligible person under the age of 21\*

# Kan-Be-Healthy, EPSDT in Kansas and Beyond



**Sam**

- 10 yrs
- CHIP
- Low Income



**Sam**

- 19 yrs
- Loses CHIP
- Loses EPSDT



**Sue**

- 10 yrs
- Medicaid
- Lower Income



**Sue**

- 19 yrs
- Loses Medicaid
- Loses EPSDT



**Sara**

- 10 yrs
- Medicaid
- Waiver



**Sara**

- 19 yrs
- Keeps Medicaid
- Keeps EPSDT



**Sara**

- 21 yrs
- Keeps Medicaid
- Loses EPSDT



# Kan-Be-Healthy, EPSDT in Kansas and Beyond

## Two Operational Components

- Assuring the availability and accessibility of required health care resources
- Helping Medicaid recipients and their parents or guardians effectively use them
- Notification:
  - The state must inform all Medicaid-eligible persons under 21 that EPSDT is available
  - MCOs primarily responsible

## Early

- Early: Assessing and identifying problems early
- Prevention helps ensure the early identification, diagnosis, and treatment of conditions before they become more complex and costly to treat



# Kan-Be-Healthy, EPSDT in Kansas and Beyond

## Meet Matthew

- Matthew - an infant whose mother knows importance of well-child care
- Takes him to appointments as scheduled by pediatrician
- Matthew at university-supported daycare center while Mom works

## Periodic

- Periodic: Checking children's health at age-appropriate intervals
- Each state develops its own "periodicity schedule" showing the check-ups recommended at each age
- Kansas follows the Bright Futures recommended periodicity schedule





# Kan-Be-Healthy, EPSDT in Kansas and Beyond

## Matthew

- Matthew is seen by a pediatrician for regular check-ups
- Receives immunizations from local health department
- At 9-month check-up, doctor notes he doesn't babble as he should

## Screening

- Providing screening tests to detect potential problems:
  - Health and developmental history including behavioral health
  - Comprehensive physical exam
  - Appropriate immunizations
  - Laboratory tests
  - Health Education
  - Vision
  - Dental
  - Hearing
  - Lead

## Screening (cont.)

### Lead Poisoning:

- Required component of screening
- All children at 12 and 24 months
- Children over 24 months if no record of previous test



# Kan-Be-Healthy, EPSDT in Kansas and Beyond

## Matthew

- Matthew observed at daycare by a child development specialist
- Specialist confirms what doctor noted
- Doctor orders audiology test

## Diagnosis

- Diagnosis: Performing diagnostic tests to follow up when a health risk is identified
  - Also included are any necessary referrals so that the child or adolescent receives all needed treatment.



# Kan-Be-Healthy, EPSDT in Kansas and Beyond

## Matthew

- Matthew's hearing is impaired
- Numerous ear infections
- Fluid built up and trapped in ears

## Treatment

- Treatment is provided to correct, reduce or control health problems identified
- Services that maintain or preserve the child's current health condition are required by EPSDT
- Services may "ameliorate" a condition but may not "cure" it
- In general, states must ensure the provision of, and pay for, any treatment that is considered "medically necessary"

## Matthew

- Pediatrician recommends surgery - tiny tubes in Matthew's ears to drain fluid
- Surgery not indicated for under one year old
- Mom concerned; urges surgery sooner
- Pediatrician assures Mom he will be fine after surgery and there will be no hearing loss, but he must wait until he is a year old to have the surgery

## Medical Necessity

- By Federal statute, services available under EPSDT are not limited to services currently available in the Kansas Medicaid State Plan
- But, services must be those which could be provided in the State Plan
- States determine necessity of services and are not required to provide:
  - Experimental treatments or items
  - Services or items determined to not be safe or effective
  - Services for caregiver convenience
- States may consider relative cost effectiveness of alternative services
- Services cannot be denied arbitrarily



# Kan-Be-Healthy, EPSDT in Kansas and Beyond

## 1905(a) Medical Benefits

### Mandatory Benefits

- Inpatient hospital services
- Outpatient hospital services
- EPSDT: Early and Periodic Screening, Diagnostic, and Treatment Services
- Nursing Facility Services
- Home health services
- Physician services
- Rural Health Clinic services
- Federally Qualified Health Center services
- Laboratory and X-Ray services
- Family planning services
- Nurse Midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Freestanding Birth Center services (when licensed or otherwise recognized by the state)
- Transportation to medical care
- Tobacco cessation counseling for pregnant women

### Optional Benefits the State Covers

- Prescription Drugs
- Clinic services
- Physical therapy
- Occupational therapy
- Speech, hearing and language disorder services
- Respiratory care services
- Other diagnostic, screening, preventive and rehabilitative services
- Podiatry services
- Optometry services
- Dental services
- Dentures
- Prosthetics
- Eyeglasses
- Chiropractic services
- Other practitioner services
- Private duty nursing services
- Personal care
- Hospice
- Case management
- Services for Individuals Age 65 or Older in an Institution for Mental Disease (IMD)
- Services in an intermediate care facility for individuals with Intellectual Disability
- Inpatient psychiatric services for individuals under age 21
- Health Homes for Enrollees with Chronic Conditions (Effective January 1, 2020)
- Other services approved by the secretary

## 1905(a) Medical Benefits (cont.)

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## Medical Necessity

- States are allowed to establish:
  - Amount
  - Duration
  - Scope
- Appropriate limits may be placed on EPSDT services
- Home and Community Based Services are not included in EPSDT

## Medical Necessity

- As defined in Kansas statute: KAR 30-5-58
- MCOs are responsible for determining medical necessity on a case by case basis
- Determination is made in consultation with national standards developed by organizations such as: Milliman and InterQual
- Designated health care provider makes recommendation
- If difference of opinion, state makes decision based on evidence

## Meet Hannah

- Hannah in for 24 month check-up
- Height measured as 1 standard deviation (SD) below the mean for age
- Dad concerned she is too short; urges pediatrician to prescribe Human Growth Hormone (HGH)
- Pediatrician explains Growth Hormone Deficiency (GHD) only diagnosed when five conditions met, including a height of 2.25 SD below the mean for her age
- Hannah doesn't meet criteria for GHD; HGH not indicated and not medically necessary



# Kan-Be-Healthy, EPSDT in Kansas and Beyond

## Meet Noah

- Noah is 7 and diagnosed and treated for Attention Deficit Hyperactivity Disorder (ADHD)
- Mother would like respite care and has heard some families receive that service—asks Pediatrician to request it.
- Respite care is not an allowable State Plan service and not subject to EPSDT
- Respite care is not a service designed to treat or ameliorate Noah's ADHD, so not subject to EPSDT

## Thank you/Questions?



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# Kan-Be-Healthy, EPSDT in Kansas and Beyond

## Further Expansion

- 2009: President Obama signed the Children's Health Insurance Reauthorization Act (CHIPRA)
  - CHIPRA expanded coverage to children even further
  - Provided states significant new funding and program incentives
- 2018: Healthy Kids Act
  - Funding expired for CHIP in September 2017
  - November 2017 H.R, 3922 approved temporarily extending CHIP funding
  - January 2018 CHIP was extended for 6 years when Congress passed "The Healthy Kids Act"
  - February 2018, Congress passed another CR the "Access Act" adding 4 years to the "Healthy Kids Act"
  - CHIP is funded through September 2027



# Kan-Be-Healthy, EPSDT in Kansas and Beyond

## Children's Coverage Today

- 229,270 Kansas children are enrolled in Medicaid and 35,234 in CHIP
- Monitoring Medicaid and CHIP
  - Medicaid and CHIP Payment and Access Commission (MACPAC)
  - Congressionally chartered commission that advises Congress on the future of Medicaid and CHIP
  - Developed a core set of children's health care measures. Uses these to measure quality of care for children.
  - The Secretary issues a report to Congress annually about children's health insurance