

Clarifying EPSDT Developmental Screening Requirements for Medicaid Providers in Mississippi

Children in Mississippi receive developmental screenings at a rate that falls far behind the national average. A recent Georgetown University study reports that as few as 11% of children in Mississippi aged 10 months to 5 years received a developmental screen in 2016.¹ Developmental screenings using a standardized tool are an important part of pediatric care because they give providers the opportunity to identify developmental delays and initiate interventions to support a child's healthy development.²

The Centers for Medicare and Medicaid Services requires that children enrolled in Medicaid receive periodic developmental screenings as part of the EPSDT benefit.³ Periodic developmental screening using a standardized tool is required as part of the EPSDT health assessment in Mississippi, per Mississippi's adoption of the AAP Bright Futures Periodicity Schedule.⁴

Considering Mississippi's very low developmental screening rate in concert with the fact that Medicaid covers as many as half of Mississippi's children,⁵ it is clear that EPSDT providers in Mississippi are not sufficiently meeting the requirement to perform periodic developmental screens.

Providers may lack clarity on the point that periodic developmental screenings using a standardized tool is indeed a requirement of care under the EPSDT benefit. The fact that the Mississippi EPSDT Provider Reference Guide lacks direct, explicit language stating that developmental screenings using a standardized tool is required at 9, 18, and 30 months may be contributing to this confusion. The Mississippi Division of Medicaid's addition of language to the Provider Reference Guide to expressly state the developmental screening requirement, and the issuance of a letter to Medicaid providers reminding providers of developmental screening requirements, could clarify the confusion and prompt EPSDT providers to perform more developmental screens in adherence with Mississippi regulation and the Bright Futures Periodicity Schedule.

This document will demonstrate that CMS believes periodic developmental screening with a validated tool should be a component of EPSDT assessments, and that Mississippi requires developmental screenings to be done at EPSDT visits in accordance with the Bright Futures Periodicity Schedule. It will then show that Mississippi Division of Medicaid's communications to providers do not clarify this requirement in a consistent manner.

Finally, it calls upon the Mississippi Division of Medicaid to 1) add clarifying language in the Mississippi EPSDT Provider Reference Guide to relay that developmental screenings are a mandatory component of EPSDT assessments, and 2) issue a letter to Medicaid providers reaffirming the same.

¹ Elisabeth Wright Burak and Mike Odeh, GEORGTOWN UNIV. HEALTH POL'Y INST – CTR FOR CHILDREN AND FAMILIES, *Developmental Screenings for Young Children in Medicaid and the Children's Health Insurance Program*, Mar. 2018

² See, e.g. AM. ACADEMY OF PEDIATRICS – SCREENING TECHNICAL ASSISTANCE AND RESOURCE CENTER, *The Importance of Screening*, <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/The-Importance-of-Screening.aspx> (2018).

³ See generally, U.S. DIV. OF MEDICAID, *Benefits – Early and Periodic Screening, Diagnostic, and Treatment*, Developmental and Behavioral Screening, <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html> (last accessed Sep. 27, 2018), see also *infra* notes 9-12.

⁴ See *infra* notes 13-14.

⁵ HENRY J KAISER FAMILY FOUNDATION, *Medicaid in Mississippi*, available at <http://files.kff.org/attachment/fact-sheet-medicaid-state-MS> (Sep. 2018).



1. Federal Medicaid Policy Recommends Developmental Screenings as Part of EPSDT

As a matter of law, screening services provided by state as part of in Medicaid EPSDT services must include “a comprehensive health and developmental history (including assessment of both physical and mental health development.”⁶ These screenings must be provided “in accordance with reasonable standards of medical...practice.”⁷

The Center for Medicare and Medicaid Services has stated that “periodic developmental and behavioral screening during early childhood” are not only an “essential” element of a health assessment, but “are required for children enrolled in Medicaid.”⁸ A U.S. CMS and DHHS statement that details “CMS Efforts to Ensure Children Receive Developmental Screening,” reiterates that “Periodic developmental and behavioral health screenings are **required** for all children enrolled in Medicaid through the EPSDT benefit,” and clarifies that federal funds are available for states that provide reimbursement to providers who perform developmental and behavioral screenings during a well-child visit.⁹

CMS reiterated the importance of developmental screening in a policy guidance on “Prevention and Early Identification of Mental Health and Substance Use Conditions” in 2013.¹⁰ Further evidence of CMS’s stance on developmental screening as an EPSDT requirement includes that Developmental Screening in the First Three Years of Life has been a part of the Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP since 2010,¹¹ and that Medicaid offers the Bright Futures Periodicity Schedule (which incorporates developmental screenings using a standardized tool at 9, 18, and 30 months) as a sample schedule for states to adopt.¹²

2. Periodic Developmental Screenings Using a Standardized tool is an EPSDT Requirement in Mississippi

Periodic developmental screenings using a standardized tool is a required component of EPSDT health assessments in Mississippi. Mississippi regulation requires EPSDT providers in Mississippi to adhere the American Academy of Pediatrics Bright Futures Periodicity Schedule for pediatric health assessments.¹³ This schedule calls for developmental screenings using a standardized tool at 9, 18, and 30 months.¹⁴

This requirement is neither clear nor consistent across Mississippi Medicaid policy communications. Some administrative

⁶ 42 U.S.C.A. § 1396d.

⁷ 42 C.F.R. § 441.56

⁸ See generally, U.S. DIV. OF MEDICAID, *Benefits – Early and Periodic Screening, Diagnostic, and Treatment*, Developmental and Behavioral Screening, <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html> (last accessed Sep. 26, 2018)

⁹ U.S. DEP’T OF HEALTH & HUMAN SERVS & CENTER FOR MEDICARE & MEDICAID SERVS., *Birth to 5: Watch Me Thrive! CMS Efforts to Ensure Children Receive Developmental and Behavioral Screening* (not dated), available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/cms_fact_sheet_dev_screening.pdf. See Also U.S. DIV. OF MEDICAID, *Early and Periodic Screening, Diagnostic and Treatment*, current as of Sep. 25, 2018.

¹⁰ U.S. DEP’T OF HEALTH AND HUMAN SERVS – CENTER FOR MEDICARE & MEDICAID SERVS., *CMCS Informational Bulletin – Prevention and Early Identification of Mental Health and Substance Use Conditions* (Mar. 27, 2013). Available at <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-03-27-2013.pdf>

¹¹ U.S. DIV. OF MEDICAID Archived Child Core Set Measure Lists and Reporting Resources, available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>. See also U.S. DEP. OF HEALTH AND HUMAN SERVS., CTR. FOR MEDICAID, CHIP AND SURVEY & CERTIFICATION, SHO #11-1, Re: CHIPRA Quality Measures, Feb. 14, 2011, <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SHO11001.pdf>

¹² See DIV. OF MEDICAID, *EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adults* at 4 (citing AM. ACADEMY OF PEDS, *Bright Futures Periodicity Schedule*, available at https://www.aap.org/en-us/Documents/periodicity_schedule.pdf.)

¹³ 23 MS. Code R 23-223:1.4 (West 2018)

¹⁴ See AM. ACADEMY OF PEDIATRICS, *Bright Futures Periodicity Schedule*, available at https://www.aap.org/en-us/Documents/periodicity_schedule.pdf



instruments that facilitate EPSDT visits in Mississippi support that developmental screenings with a standardized tool are required, and are to be administered in accordance with the AAP Bright Futures Periodicity Schedule. Others are vague on the matter.

Provider EPSDT Visit documents call for developmental screenings. Specifically, the 0-9 Months EPSDT Visit Form explicitly lists that developmental screening is “required at 9 months using a standardized tool.”¹⁵ The form clearly separates developmental surveillance and developmental screening, and provides options for a provider to select whether the developmental screen was “normal” or “abnormal.”¹⁶ The 1-4 Year EPSDT Visit Form similarly indicates that developmental screening using a standardized tool is required at 18 and 30 months.¹⁷

In addition, the MS Div. of Medicaid’s EPSDT Provider Agreement form asks providers to “adhere to the AAP Bright Futures periodicity schedule” when conducting EPSDT screenings, and lists developmental screening as an element of Bright Futures.¹⁸ This implies that developmental screenings using a standardized instrument are required.

However, under SECTION B. Screening Requirements, the Agreement indicates that EPSDT screenings must include “developmental screening *or* surveillance....”¹⁹ (emphasis added). This likely intends to indicate that for inter-periodic visits, providers are to perform developmental surveillance, with screenings only as-needed. However, because this is not explicit, it could be misread.

Without additional clarity from the MS Div. of Medicaid and without consistency in policy across all communications pertaining to developmental screenings from Medicaid, confusion will linger.

3. The Mississippi Division of Medicaid EPSDT Provider Reference Guide is Unclear on the Issue of Required Developmental Screenings

The Mississippi Division of Medicaid’s EPSDT Provider Manual does not explicitly state that developmental screenings are an EPSDT requirement.²⁰ Currently, the document blurs the line between developmental surveillance, which providers should perform at every visit, and developmental screenings, which should be administered periodically using a standardized tool. This is not only out of alignment with the above administrative instruments that facilitate EPSDT visits in Mississippi, but the lack of clarity could cause provider confusion on policy surrounding EPSDT and developmental screenings.

See this excerpt from the MS Medicaid Provider Reference Guide for Part 223 - EPSDT:²¹

¹⁵ MS DIV. OF MEDICAID, *0-9 Months EPSDT Visit Form*, available at <https://medicaid.ms.gov/wp-content/uploads/2016/08/0-9-Months-EPSDT-Visit-Form.pdf>; MS DIV. OF MEDICAID, *1-4 Years EPSDT Visit Form*, available at <https://medicaid.ms.gov/wp-content/uploads/2016/08/1-4-Years-EPSDT-Visit-Form.pdf>

¹⁶ MS DIV. OF MEDICAID, *0-9 Months EPSDT Visit Form*, available at <https://medicaid.ms.gov/wp-content/uploads/2016/08/0-9-Months-EPSDT-Visit-Form.pdf>

¹⁷ MS DIV. OF MEDICAID, *1-4 Years EPSDT Visit Form*, available at <https://medicaid.ms.gov/wp-content/uploads/2016/08/1-4-Years-EPSDT-Visit-Form.pdf>

¹⁸ MS DIV. OF MEDICAID, *Provider Agreement – Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) Services*, Rev. 12/2016, available at <https://medicaid.ms.gov/wp-content/uploads/2017/04/EPSDT-Provider-Agreement.pdf>

¹⁹ Id.

²⁰ See generally, MS DIV. OF MEDICAID, PROVIDER REFERENCE GUIDE FOR PART 223 EPSDT, available at <https://medicaid.ms.gov/wp-content/uploads/2017/05/Provider-Reference-Guide-223.pdf> (updated Jan. 2017)

²¹ Id. at 6



SCREENING SERVICES

- Mandatory periodic screening services according to the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule which include:
 - A comprehensive health and developmental history including assessment of both physical and mental health development,
 - A comprehensive unclothed physical examination (which may be accomplished by examining each unclothed body system individually),
 - Appropriate immunizations according to the Advisory Committee on Immunization Practices (ACIP) and specific to age and health history,
 - Laboratory tests adhering to the AAP Bright Futures periodicity schedule,
 - Sexual development and sexuality screening adhering to the AAP Bright Futures periodicity schedule, and
 - Health education, including anticipatory guidance.
- Adolescent counseling and risk factor reduction intervention to include diagnosis with referral to a Mississippi Medicaid provider for diagnosis and treatment for defects discovered.
- Developmental screening to include diagnosis with referral to a Mississippi Medicaid provider for diagnosis and treatment for defects discovered.

The Guide gives a list of mandatory periodic screening services that must be administered according to the Bright Futures Periodicity Schedule. “A comprehensive health and developmental history including assessment of both physical and mental health development” is nestled under this list. Developmental screening, however, is listed separately. There is no clear indication that developmental screening using a standardized tool is mandatory, and no suggestion that periodic developmental screening could be a necessary component of the required “assessment of physical and mental health development.”

On page 8, the Guide also outlines the documentation requirements for developmental screenings. Here, developmental screens are listed as a component of a developmental/behavioral assessment, but they are to be done “as appropriate.” The Guide does not clearly specify that these screenings are indeed required.²²

To offer reference from neighboring states, Georgia’s EPSDT Provider Manual specifies that “developmental screening [is] required at ages 9 months, 18 months, and 30 months,” and that the screening “**must** be accomplished using a...standardized developmental screening tool.”²³ This requirement is reiterated in the document 3 times.²⁴ Similarly, North Carolina’s provider guide includes a comprehensive list of the required preventative health screening and

²²Id. at 8

²³ GA DIV. OF MEDICAID, *PART II – Policies and Procedures for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services—Health Check Program (COS 600)*, <https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/EPSDT%20Services%20Health%20Check%20Program%20Manual%2020180618143204.pdf> at IX-13 (July 2018).

²⁴ See *GA Health Check Program* at IX-13, IX-24, X-2, G-1



assessments, which includes developmental screening, and states that all professionals who provide an EPSDT visit “must complete all core components of the visit, including...developmental screens.”²⁵

Similarly clarifying language surrounding developmental screenings in Mississippi’s Provider Reference Guide would help to alleviate confusion as to whether periodic developmental screenings using a standardized tool is an EPSDT requirement.

Recommendations

To alleviate in provider confusion surrounding developmental screenings and the EPSDT benefits, the MS Div. of Medicaid should:

- 1. Amend the language in the MS Division of Medicaid Provider Reference Guide for Part 223-EPSDT to explicitly state that developmental screenings using a standardized tool in accordance with the AAP Bright Futures Periodicity Schedule is required.**

The Provider Reference Guide for EPSDT should indicate in no uncertain terms that developmental screening with a standardized tool is required at 9, 18, and 30 months, as per Mississippi regulation that providers must adhere to the AAP Bright Futures Periodicity Schedule. This can be incorporated under “Screening Services” on page 6 of the current Guide. It can be reiterated on page 8, under “Documentation Requirements.”

- 2. Issue a letter to Medicaid providers reminding them that periodic developmental screenings using a standardized tool is a required component of EPSDT.**

This letter can be issued before changes are made to the EPSDT Provider Reference Guide, or alongside any changes. Affirmative outreach to providers is particularly important because it is likely that at least some providers, who may have been working as pediatricians in Mississippi for years, do not frequently consult the Provider Reference Guide or Mississippi Regulations, and are consequently not up to date on the most current Medicaid EPSDT requirements.

The letter should reiterate the critical role of developmental screening in comprehensive pediatric health care, and the importance of identifying developmental delays early. Crucially, it should remind providers that performing developmental screenings using a standardized tool is required per Mississippi regulation and the adopted Bright Futures Periodicity Schedule. It may also describe the developmental screening reimbursement protocol (billing code 96110). If possible, the letter should also empower providers by discussing referral options after a developmental delay is discovered, and letting providers know where to find more information about developmental screening.

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²⁵ NC Div. OF MEDICAID, *Health Check Program Guide*, available at https://files.nc.gov/ncdma/documents/Providers/Programs_Services/EPSDT/Health-Check-Program-Guide-2018-04-01.pdf (Rev. Apr. 1, 2018).

