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ABSTRACT

This guide is intended to help schools develop linkages with the federal Medicaid program, particularly the Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) program, a comprehensive and preventive health care system for Medicaid-eligible individuals up to age 21. The guide aims to: (1) acquaint schools with State Medicaid agencies and the EPSDT program; (2) discuss how schools can develop or augment EPSDT outreach and health service programs; (3) direct schools to additional sources of information; and (4) illustrate some different types of linkages between schools and the EPSDT program. Chapter 1 introduces the EPSDT program, while chapter 2 describes the program in more detail and outlines the services that the program provides. Chapters 3 and 4 focus on school roles in EPSDT, including outreach case management and service delivery. Chapter 5 reviews examples of successful partnerships between local educational systems and EPSDT programs, and highlights the school's role in conducting outreach activities, screening, and providing a full range of services. Two appendixes provide lists of regional and state contact persons and agencies at the federal and state level that help administer the EPSDT program. (MDM)

EPSDT

A Guide For Educational Programs

U.S. Department of Health and Human Services
HEALTH CARE FINANCING ADMINISTRATION
MEDICAID BUREAU

SEPTEMBER 1992

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A MESSAGE FROM THE MEDICAID BUREAU DIRECTOR

The Health Care Financing Administration is committed to helping schools and other educational entities ensure that their students are healthy and ready to learn. To that end, we prepared this guide for an overview of Medicaid's health program for children: the Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) program.

As the Introduction tells us, the guide has several purposes:

- to acquaint schools with State Medicaid agencies, the EPSDT program and the benefits of participating;
- to discuss how schools can develop or augment EPSDT outreach and health service programs;
- to direct schools to additional sources of information; and
- to illustrate some different types of linkages between schools and the EPSDT program.

Our guide does not pretend to have all the answers. However, to the extent that we can give you a better understanding of the EPSDT program, we believe we are taking a major step forward in our efforts to better serve Medicaid-eligible children. Please do not hesitate to get in touch with the Medicaid contact people from the various States and HCFA regional offices who are listed in the text and its attachments. They can provide you with information on program policy and creative effective practices around the country which you may find useful.

We at HCFA know how instrumental our country's schools can be in promoting and helping implement health programs for needy children. We hope that this guide will contribute to a fruitful dialogue in the interests of improving the health and wellbeing of those young people who need assistance the most.

Thank you so much for your help in this endeavor.

Christine Nye
Director

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1. INTRODUCTION

Children receiving appropriate health services are better prepared to succeed in school, and in life, since poor health can interfere with the learning process. Many schools have begun addressing the health care needs of students in recognition of the importance of good health for academic success. The Health Care Financing Administration (HCFA) encourages these efforts. HCFA is committed to assisting schools and other educational entities in ensuring that the full learning potential of Medicaid-eligible children is not threatened by poor health.

Schools can play an important role in identifying children's health problems and improving access to a wide range of health care services by building on the existing system of child health services in their communities. Schools are well situated to provide a linkage between the family and health and social services, since they have access to the majority of children and adolescents in the country on a daily basis. Simply put, schools are where children are.

This guide was written to assist schools in developing linkages with Medicaid, particularly the Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) program, a comprehensive and preventive health care program for Medicaid-eligible individuals up to age 21. Through EPSDT Medicaid-eligible children receive health screenings, as well as medically necessary diagnostic and treatment services for conditions found through the screenings.

At the outset, Medicaid, Title XIX of the Social Security Act, is a Federal-State matching entitlement program which provides medical assistance for certain low-income individuals and families. Administered by States within broad Federal guidelines, Medicaid programs may vary considerably from State to State and over time. Differing from many public health grant programs, Federal contributions follow and are based on State expenditures for covered medical assistance.

A. Purpose of the Guide:

At the outset, schools and others interested in pursuing linkages with EPSDT begin their planning with their State's Medicaid agency. This guide aims to: (1) acquaint schools with State Medicaid agencies and the EPSDT program; (2) discuss how schools can develop or augment EPSDT outreach and health service programs; (3) direct schools to additional sources of information; and (4) illustrate some different types of linkages between schools and the EPSDT program.

We hope this guide will help school and other educational program staff (e.g. Head Start, Even Start, Chapter 1 Pre-K) interested in increasing access to preventive and treatment services for their Medicaid-eligible students; and encourage and assist State education agencies, local education agencies, State and local health agencies, and others in becoming actively involved in their State's EPSDT program by using the school setting as one resource in a total system of health care. Parents, community groups, and others may also find that this guide helps them understand and participate in the EPSDT program.

In addition, regional Health Care Financing Administration, Public Health Service, and Department of Education staff may use this guide to provide technical assistance to States and school districts interested in developing effective models for providing EPSDT outreach, case management, and service

delivery.

The guide does not pretend to provide all of the answers. Each State and local area has its own unique health and educational system to consider when developing or enhancing a collaborative program.

B. The Benefits of School/EPSDT Linkages

For children receiving publicly funded health care, the importance of preventive and early intervention services cannot be overlooked. Resources invested in prevention can save public funds in the long run. The EPSDT program allows providers, including schools, to be reimbursed for preventive and treatment services for Medicaid-eligible children.

Preventive health services are especially important for young children, as illnesses and handicaps not treated in childhood can easily become barriers to achievement in school and in society. Adolescents are also an important target population for school health care services, because they tend not to be linked with community services, as reflected in low EPSDT screening rates for this population.

The development of relationships with Medicaid providers offers schools an opportunity to improve the quality and scope of all their health programs. Furthermore, many schools have turned to Medicaid and EPSDT to finance health care for certain students with disabilities as required by law. Through EPSDT screening services, Medicaid-eligible children with disabilities can be identified and provided necessary treatment. EPSDT may cover case management services which can be particularly important for students with disabilities who have complex health, education, and social service needs. A case manager can assist these children in accessing and scheduling needed care.

Finally, in addition to providing services, schools can play a critical role in linking children with health care and other services in the community. Many communities have established systems for children's health care that involve providers such as physicians and dentists in local practice, public maternal and child health programs, health departments, and community health centers. By establishing relationships with community providers and programs, schools can help connect students with needed services. Such linkages and communication can also save money and staff time by avoiding duplication of services.

C. The Schools and Medicaid Eligible Students

To improve the continuing low participation rates, in 1989 Congress mandated that the Secretary of the Department of Health and Human Services (DHHS) establish EPSDT participation goals. The goals state that, by FY 1995, all States should screen 80% of eligible children due to be screened. While we do not know exactly how many children receive EPSDT services through schools, it is clear that additional children could be reached through appropriate school participation in outreach, case management, screening, or other health service activities.

D. Organization of the Guide

The guide is divided into five chapters followed by appendices listing additional information resources. This first chapter is an introduction to the guide and defines its purpose and organization. The second chapter describes the overall EPSDT program

and helps schools understand who is eligible for services, what services are covered, who can provide them, and finally discusses key Medicaid principles that must be followed for a successful school EPSDT program. The third chapter describes the EPSDT process, beginning with outreach and ending with treatment or renotification of the child and family if no health care problems were found through screening.

The last two chapters of the guide focus on linkages between schools and EPSDT programs. Chapter four describes three major roles for schools in the EPSDT program: outreach, case management, and service delivery. In the final chapter there are descriptions of school/EPSDT linkages across the country and a comparison of these programs. The examples of linkages between the schools and EPSDT programs should be particularly helpful to schools because they show the variety of arrangements that are possible. In addition, each example includes a contact person who is available to answer questions and provide further information.

At the end of the guide, appendices list various resources for additional information.

2. EPSDT PROGRAM ELEMENTS

This chapter briefly outlines the complex Medicaid program and its EPSDT component. We encourage school personnel to contact State Medicaid programs (see Appendix B) if they have questions or need additional information.

A. Overview

Established in 1966, Medicaid is an entitlement program which finances medical services for certain individuals and families with low incomes and resources. Within broad Federal guidelines a State or Territory: (1) establishes its own eligibility standards; (2) determines the type, amount, duration, and scope of services; (3) sets the rates of payment for services; and (4) administers its own program. The Federal-State jointly funded Medicaid program varies considerably from State to State as each State adapts the program to its own unique environment.

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program is a preventive and comprehensive health program for Medicaid-eligible individuals under age 21. Each element of the program's name combine to make the EPSDT program unique:

Early: assessing a child's health early in life so that potential diseases and disabilities can be prevented or detected in their preliminary stages, when they are most effectively treated.

Periodic: assessing a child's health at regular recommended intervals in the child's life to assure continued healthy development.

Screening: the use of tests and procedures to determine if children being examined have conditions warranting closer medical or dental attention.

Diagnosis: determination of the nature and cause of conditions identified by screenings.

Treatment: the provision of services needed to control, correct, or lessen health problems.

To administer EPSDT, State Medicaid agencies:

- Seek out eligible children and families to:
  - — Encourage their enrollment in EPSDT,
  - — Inform them of the availability and benefits of preventive services,
  - — Provide assistance with scheduling and transportation,
  - — Help them use health resources effectively and efficiently;
- Assess health needs through initial and regular periodic examinations;
- Assure that detected health problems are diagnosed and treated early, before they become more complex and their treatment more costly.

In addition, State Medicaid agencies and EPSDT providers are encouraged to ensure children receive appropriate services on a timely basis.

A State EPSDT program is often part of a larger web of linked organizations and programs for children. Coordination is essential to preventing duplication of services while maximizing children's access to needed services. Medicaid agencies are required to coordinate services with Maternal and Child Health (MCH) Programs, and the Special Supplemental Food Program for Women, Infants, and Children (WIC). Medicaid agencies are expected to coordinate with additional programs such as Head Start, State and local educational agencies, and social services. Agencies may develop interagency agreements, make appropriate cross referrals, establish child health coordinating committees, and initiate other activities to facilitate coordination.

B. Eligibility: Who Can be Served?

It is important that school personnel have a basic understanding of Medicaid eligibility to know generally which children are covered for EPSDT services and which children are not. However, because eligibility rules are so complex, school staff need to work closely with Medicaid program staff to make their school program effective. Most children under age 21 who are eligible for Medicaid are automatically eligible for EPSDT services and can receive EPSDT services at any time. But there are several exceptions. For example, family income is one of the main criteria used for eligibility determination, but not all children in families with incomes below the federal poverty level are eligible for Medicaid.

States have some discretion in determining which groups their Medicaid programs will cover and the financial criteria that will be used for Medicaid eligibility, but they must work within Federal requirements and cover certain groups. There are three broad types of Medicaid eligibility categories:

- mandatory categorically needy (States must cover);
- optional categorically needy (States may cover); *and*
- medically needy (States may cover).

Most categorically needy children under age 21 who are eligible for Medicaid are automatically eligible for EPSDT services. EPSDT services may be covered at State option for the medically needy population.

Mandatory Categorically Needy

To be eligible for Federal funds, States are required to provide Medicaid coverage for most individuals who receive Federal income-maintenance payments, as well as for related groups not receiving cash payments. The following are the mandatory Medicaid eligibility groups that include children under age 21:

- Recipients of Aid to Families with Dependent Children (AFDC);
- Supplemental Security Income (SSI) recipients;
- Infants less than 1 year old born to Medicaid-eligible pregnant women;
- Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act;
- Children under age 6 and pregnant women who meet the State's AFDC financial requirements as well as children whose family income is at or below 133 percent of the Federal poverty level.

In addition, States are required to extend Medicaid eligibility to all children up to age 19 born after September 30, 1983 in families with incomes at or below 100% of the Federal poverty level. This phases in coverage so that by the year 2002, all children under age 19 in such families will be covered.

Optional Categorically Needy

States also have the option to provide Medicaid coverage for other "categorically needy" groups. These optional groups share characteristics of the mandatory groups, but the eligibility criteria are somewhat more liberally defined. One such optional categorically needy group is children under age 21 who meet income and resources requirements for AFDC but because of their family structure (i.e. two parents in the household) are not eligible for AFDC.

Medically Needy

Another state option is to have a "medically needy" program which allows States to extend Medicaid eligibility to people who have too much income to qualify under the mandatory or optional categorically needy levels. These people become Medicaid-eligible by offsetting their excess income with medical expenses, a process known as spenddown. If a state chooses to provide EPSDT to any medically needy group, it must make EPSDT-related services available to all individuals within the group.

Eligibility is complicated and criteria vary significantly from state to state. Schools should contact their State Medicaid office for more specific information on Medicaid eligibility.

C. State EPSDT Requirements: What Services are Covered?

To participate in the Medicaid program, each State must develop a State plan which specifies how the State will meet various Federal statutory and regulatory requirements. Among the requirements is that States must make available certain services to Medicaid-eligible individuals, such as inpatient hospital services, outpatient hospital services, laboratory and x-ray services, physician services, EPSDT services, etc. In addition, the State may choose to cover any of approximately thirty optional services (e.g. dental services, physical therapy, and/or eyeglasses). In the State plan, the State must specify which optional services they will cover.

The EPSDT program is unique because the scope of required services is broader than for the Medicaid program in general. For

example, while dental services are available at State-option for the general Medicaid population, all States are required to cover dental services for EPSDT-eligible individuals. The rest of this section is an overview of EPSDT program requirements.

The following are required EPSDT services:

- screening services:
  - — a comprehensive health and developmental history (which includes a physical and mental health assessment),
  - — a comprehensive unclothed physical exam,
  - — appropriate immunizations according to age and health history,
  - — laboratory tests (including blood lead level),
  - — health education (including anticipatory guidance);
- dental services;
- hearing services, including hearing aids;
- vision services, including eyeglasses;
- any other necessary health care to correct or ameliorate illnesses and conditions found in screenings.

The services are to be available in accordance with a state's periodicity schedule (or timetable), which must be established separately for screening, dental, vision, and hearing services and must meet reasonable standards of medical practice. States must work with recognized medical and dental organizations involved in child health care in developing periodicity schedules. Screening services are also covered at times other than the regularly scheduled intervals if there is reason to suspect an illness or condition that did not exist at the time of the regular periodic screen.

In general, covered EPSDT diagnostic and treatment services include all required and optional Medicaid services, even if a State chooses not to cover a particular optional service for its general Medicaid population. Diagnostic services are covered whenever a screening examination indicates the need to conduct a more in-depth evaluation of the child's health status. Treatment services are covered whenever they are medically necessary to correct or ameliorate defects, physical or mental illnesses, or other conditions discovered (or found to have worsened) through an EPSDT screening.

State Medicaid programs must also provide certain support services under the EPSDT program. These include offering and providing assistance with transportation and with scheduling appointments in order to ensure that recipients obtain needed EPSDT services. Similarly, assistance with referrals should be provided when Medicaid does not cover the needed treatment services.

States are required to reach out to ensure that all eligible Medicaid recipients under age 21, and their families, are informed about EPSDT. States have the flexibility to determine how outreach and information dissemination will be conducted but they must ensure that all EPSDT-eligible children are effectively reached, generally within 60 days of the individual's Medicaid eligibility determination.

Outreach is critical in bringing EPSDT-eligible children into appropriate care and services. Through outreach, schools can play a significant role in reducing the number of children who are enrolled in Medicaid but are not receiving needed EPSDT services. Similarly, schools can encourage eligible children and families to enroll in Medicaid in the first place.

D. EPSDT Providers: Who Provides Services?

State Medicaid agencies certify a variety of qualified health care providers to furnish EPSDT services: physicians, dentists, or other providers qualified under State law to furnish medical and health services. This includes nurse practitioners in States where they are authorized to provide services.

Although a State Medicaid agency may elect to designate EPSDT screening providers who provide the entire package of screening services, it may not limit providers only to those who can provide all EPSDT diagnostic and treatment services. Close coordination should be maintained if more than one provider is needed to provide the full range of EPSDT services to a child. Services may be provided within schools, Head Start programs, State and local health departments, and other locations.

E. Reimbursement under Medicaid: How Much is Paid for Services?

State Medicaid agencies set rates and make payments for covered services provided Medicaid eligible recipients. Qualified Medicaid providers are reimbursed through prepaid arrangements or as a result of claims filed for services provided. State Medicaid agencies then file claims with HCFA for Federal reimbursement or financial participation in the expenditures made. The State's administrative expenditures for functions such as outreach, follow-up, eligibility determination, provider relations, and some transportation activities, are usually Federally matched at a fixed rate of 50%. Expenditures for the cost of medical services, including screening, diagnosis, and treatment, are Federally matched at varying rates depending on each State's relative per capita income. This rate varies from 50% to 83%, with poorer States receiving a higher match and wealthier states receiving a lower match.

Reimbursement for EPSDT case management activities is more complex: some activities can be classified as an administrative expenditure and some as a medical service expenditure. In some instances a particular case management activity may be claimed as either an administrative or medical service expenditure and the provider must decide how to classify the activity. For example, arranging transportation for a recipient to receive EPSDT services may be considered an administrative activity if conducted by a State Medicaid worker or a medical service if conducted by a nurse practitioner in a clinic.

F. Key Medicaid Principles

When developing linkages to the EPSDT program, schools must follow certain fundamental Medicaid principles, which are statutory and regulatory requirements. Schools should be aware of these principles and work with the state agency to meet them. The fundamental principles are: preserving confidentiality, billing liable third parties, reimbursing for services that would not otherwise be provided without charge, and assuring recipient freedom of choice of providers.

First, preserving confidentiality is of the utmost importance when providing Medicaid services. Both medical information and information on participants in the Medicaid program are assured protection. Medical information is always privileged and may only be released with the patient's permission. The use or disclosure of information concerning Medicaid applicants and recipients is restricted to purposes directly connected with

the administration of the State Medicaid plan, such as establishing eligibility, conducting a specific outreach program, determining the amount of medical assistance, and providing services for recipients. The state Medicaid agency must have criteria specifying the conditions for release and use of information about applicants and recipients.

The most difficult confidentiality issue for schools is how to identify Medicaid-eligible students in the school. If under a specific agreement with the State Medicaid agency in some states, schools are involved in bona fide administrative activities related to the state plan, like outreach or certain case management activities, the school may obtain lists of Medicaid-eligible students from the state. However, the lists may be used only for the defined administrative purpose, and the school is subject to the same requirements as if it were the State Medicaid agency itself. Outside of performing that administrative function, schools may only request information to verify the Medicaid enrollment status of a particular student. Schools should contact their state Medicaid agency for conditions on the release of information.

Second, Medicaid providers are normally responsible for billing liable third parties, such as private health insurance, prepaid health plans, and the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), before billing Medicaid. However, an exception is made for preventive pediatric care, including early and periodic screening and diagnosis services. For pediatric preventive care, the provider can bill Medicaid first before pursuing third party reimbursement. This is known as "pay and chase." EPSDT treatment services are not covered under this exception.

Third, the Federal government does not generally match State expenditures for services to Medicaid eligible children where the services are duplicated, or are available to all children without charge. HCFA's long standing rule is that the provider must either bill all individuals receiving the services, or at least bill all individuals who have third party coverage. (Exceptions to this principle include services furnished under Title V of the Social Security Act and certain services to children with disabilities provided under the Individuals with Disabilities Education Act that are specified in a child's Individual Education Plan or Individual Family Service Plan.)

Ideally, EPSDT services are part of a continuum of care where the child's health care services are delivered by someone familiar with the child's health history and family. Such a continuum or medical home is an objective of Medicaid coordinated or managed care programs. Coordinated care providers may also provide dental services and transportation and scheduling assistance.

If the State Medicaid agency includes EPSDT in its capitated arrangements as part of its Medicaid managed or coordinated care program, a school may be required to obtain authorization from or bill the health maintenance organization in order to be reimbursed for a service. In States with Medicaid primary care case management programs, the school would seek authorization from or bill the physician who is the child's primary care provider. Finally, in the absence of certain Federal waivers including those for managed care arrangements, Medicaid recipients have the freedom to choose their providers. Schools may encourage, but may not require, Medicaid-eligible students to receive EPSDT services through the school.

3. EPSDT PROGRAM ACTIVITIES: SCHOOLS CAN PLAY A ROLE.

So long as it complies with Federal requirements, a State has considerable discretion in administering its EPSDT program. Nevertheless, an expected sequence of EPSDT activities is outlined in Medicaid program instructions furnished in Part 5 of the State Medicaid Manual. Schools can play a role in many of the EPSDT activities, especially outreach, screening, diagnosis, and treatment.

A. Outreach/Informing

States conduct outreach related to both Medicaid in general and EPSDT in particular. States conduct outreach campaigns and activities to inform and recruit eligible individuals into the Medicaid program. States may advertise the importance and the availability of health services on radio and TV, in newspapers, and on billboards. Some States advertise toll-free numbers to call for information. This outreach can be broad-based or targeted toward particular groups such as pregnant women. The State may conduct the outreach with its own staff or may work through public and private organizations throughout the State.

In addition to broad-based outreach, States are required to ensure that all eligible Medicaid recipients under age 21 be informed about EPSDT within 60 days of their Medicaid eligibility determination. Both States and providers inform eligible individuals about the program and emphasize the importance of preventive health care.

Schools can help to inform eligible children and families about the EPSDT program, as is done in Baltimore, Maryland (see Chapter 5). The major advantage that schools have in this activity is their daily access to the student population which other programs (e.g. AFDC) cannot provide. Through these students, schools can also reach students' younger siblings who are not yet in school. In Baltimore, school nurses educate Medicaid-eligible students about the benefits of receiving EPSDT preventive health services.

B. Eligibility

The eligibility of a family for Medicaid, which includes EPSDT services, is usually determined by an eligibility worker in a local social service agency. If a child is determined to be Medicaid eligible, the child and family must decide whether or not to participate in the EPSDT program.

An initial decision to decline EPSDT services does not preclude a child's obtaining such services at a later time. Every year, however, individuals who have previously declined services are encouraged to participate in the EPSDT program. Schools may play a role in encouraging EPSDT participation. Families who accept EPSDT services proceed to the next step of arranging an appointment for health screening.

C. Scheduling an Appointment

The family can make an appointment for screening services individually or the Medicaid agency staff can help set up an appointment for the child. The Medicaid agency must offer and provide transportation assistance to appointments to those in need.

A State Medicaid agency may establish a facilitation strategy wherein schools can also provide scheduling and transportation assistance, as is done in Baltimore by school nurses. Such assistance is part of the case management services offered to Medicaid-eligible students. School nurses also link

students with providers and conduct follow-up.

D. Screening

Another activity for schools participating in the EPSDT program is to provide screening services. These include:

- a comprehensive health and developmental history (which includes a physical and mental health assessment);
- a comprehensive unclothed physical exam;
- appropriate immunizations according to age and health history;
- laboratory tests (including blood lead level);
- health education (including anticipatory guidance).

Although an oral screening examination may be part of a physical examination, it does not substitute for examination through direct referral to a dentist. A direct dental referral is required for every child in accordance with the dental periodicity schedule and at other intervals if medically necessary.

E. Assessment of Results

Results of the screening tests and procedures should be noted in the child's health record as soon as they are available. In those cases where no abnormalities or disabilities are indicated, the State Medicaid agency or school need only notify the child or family when the next periodic screening examination is due.

Cases where problems are indicated should be referred for diagnosis. In Louisiana, schools provide screening services and refer students to the community health center for diagnosis. In some cases, diagnosis and treatment services can be provided by the screening provider, if, for example, the child is receiving care from a continuing care provider. In Hartford, Connecticut, school-based clinics furnish screening, diagnostic, and treatment services.

F. Diagnosis

The purpose of diagnosis is to determine the nature, cause, and extent of the problem found by the screening examination. Diagnosis leads to the development of a plan for treatment.

G. Treatment

Treatment services are covered whenever they are medically necessary to correct or ameliorate defects, physical or mental illnesses, or other conditions discovered through an EPSDT screening. As discussed previously, covered EPSDT treatment services include all required and optional Medicaid services, even if a State does not cover a particular optional service for State Medicaid recipients in general.

Providers of services may not be limited to those qualified to furnish all diagnosis and treatment services. However, children in coordinated or managed care arrangements will receive almost all of their EPSDT screening, diagnosis, and treatment services from the same provider.

4. POTENTIAL EPSDT ROLES FOR SCHOOLS

A. Introduction

The health of children has been recognized as important by both educators and health professionals. Schools are key links in improving child health because they are in regular contact with students and parents. They can see health problems and help put families and health care providers in touch.

This chapter describes the three potential major roles schools can play in the EPSDT program: outreach, case management, and service delivery. EPSDT services may be part of an overall school health program that draws on multiple funding sources (e.g. Medicaid, private insurance, and school funds) and builds on existing community providers (e.g. State MCH Programs, local health departments).

B. Outreach

In providing the outreach activities determined by the State's Medicaid agency, schools have the opportunity to inform their school population about the importance of preventive health care and to encourage eligible children and families to participate in the EPSDT program. Key elements of an outreach strategy include: describing what EPSDT is, promoting the advantages of early detection and treatment, delineating how to participate in the program, and listing the EPSDT and support services that are available. The following outreach activities can be conducted by schools:

- contacting individual students and families through school staff;
- sending personal letters to students and their families from the school;
- organizing parent groups or individual parents to reach out and encourage other eligible parents to participate;
- developing and disseminating posters, booklets, and related educational materials;
- conducting health fairs on child health which emphasize preventive health care and promote EPSDT.

Before developing a strategy for conducting EPSDT outreach activities in its community, a school needs first to relate to the plans of the State Medicaid agency and to assess existing community outreach programs to prevent duplication of services.

As noted previously, one of the challenges for schools in conducting outreach is preserving the confidentiality of recipients. Medicaid status is not public information and may only be divulged to others with written consent by the family or for certain administrative activities. If a school does not have access to a list of Medicaid-eligible students, outreach must be directed towards all students in a school.

C. Case Management

The purpose of EPSDT case management is to assist children in navigating the often confusing system of health and related services in their communities. Since EPSDT screening, diagnosis, and treatment activities are frequently not conducted at one time or in one place, case management is critical to ensure that a child receives appropriate services on a timely basis. Among othe activities, case managers:

- assist families in identifying and choosing providers;
- use the school as a resource in scheduling appointments and in

providing transportation;

- facilitate contact between the EPSDT program and the family to verify what activities have taken place, to maintain records, and to assure a timely flow of information;
- conduct follow-up to assure children receive needed diagnosis and treatment;
- help families maintain contact with providers;
- provide ongoing service coordination to answer questions and reduce fear and confusion.

Again, the State Medicaid agency determines who are qualified to provide EPSDT case management services. Some schools may be well suited to assisting in the case management role. Schools currently perform a variety of administrative tasks which are similar to case management services needed for EPSDT. For example, schools track the progress of students from one year to the next and refer children to special types of education programs. Schools can adapt these skills to support EPSDT case management in many ways.

D. Service Delivery

There are three basic roles for schools in delivering EPSDT services to students:

- providing screening and referrals;
- providing screening and some treatment services;
- full-scale service provision.

To conduct EPSDT screening services at the school, schools must employ, or contract with, qualified health personnel as specified in Federal and State regulations. Many schools use nurses or nurse practitioners to conduct EPSDT screens on-site. Students are referred to community providers for diagnosis and treatment services when such services are not available at the school.

In order for Medicaid to pay for services provided by schools, there must be a provider agreement between the State and the actual provider of services. If the school or school district employs health professionals or operates a school-based clinic which contracts with some of the required health professionals, the school or school district may qualify as the provider, bill Medicaid, and receive payment. Where the school or school district contracts with the necessary health professionals to provide discrete Medicaid services (e.g., physicians services, physical therapy, or speech therapy) the provider agreement must be executed between the State Medicaid agency and the health professional. If the school district will bill for the services of such health professionals' contract, there must also be an agreement for voluntary reassignment of payment between the provider and the school or school district. Above all, schools and school districts should work with their State's Medicaid agency as well as HCFA to determine the most viable means of accomplishing school-based health programs.

Some schools provide more than screening services. Increasingly, schools are furnishing services on-site, particularly services for children with disabilities such as occupational, speech, and physical therapy. Schools with comprehensive school-based clinics are able to offer a range of health care services to students, including treatment services to address conditions found through EPSDT screens. As schools well know, providing diagnostic and treatment services in addition to screening requires a bigger investment of resources, but these resources dramatically increase children's access to health care. Schools furnishing these services need to meet all applicable Federal and State standards.

In this guide it is not possible to cite all of the potential variations of these three basic service delivery roles, but it is useful for educators seeking to bring EPSDT into their schools to consider some of the examples described in chapter 5 of this guide. It is important to remember that there is no "best" or "correct" way for schools to relate to EPSDT since the populations, political will, and resources will vary greatly between communities.

5. EXAMPLES OF PROGRAM LINKAGES

A. INTRODUCTION

Schools and EPSDT programs have collaborated in a variety of ways in locations across the country. This chapter describes and compares several examples of linkages between local educational systems and EPSDT programs. This is not an exhaustive list; these particular examples were chosen because they demonstrate the scope of possible arrangements for these partnerships. Although the number of examples provided in this guide is small, these examples may contribute to an understanding of workable, practical approaches to building relationships between EPSDT and schools.

When reviewing the examples, schools should consider the following questions about the structure of the linkage:

- What services are provided in the school?
- What types of providers are used?
- Who bills Medicaid for services?
- To whom are services targeted?
- How will the school serve children in Medicaid managed care arrangements, where they are restricted to certain providers?

These questions will be examined more fully in the comparison that follows the descriptions of the individual partnerships.

B. Examples of Linkages

Baltimore, Maryland

Summary:

In Baltimore, children receive EPSDT outreach, case management, screening, and treatment services through the public schools. The city receives state funds for school nurses to conduct EPSDT outreach and case management for Medicaid-eligible students in schools. EPSDT services are provided in 10 school-based clinics run primarily by the city health department. In addition, the city has successfully developed a mechanism for providing EPSDT services through schools for children enrolled in HMOs and other arrangements that limit the providers they are authorized to see.

Description:

The State of Maryland contracts with each of its counties and Baltimore City to assist with EPSDT administrative duties, including outreach and follow-up. The State requires each subdivision to conduct outreach to Medicaid-eligible newborns but allows each to choose other populations to target as well.

Baltimore City uses part of the State grant to pay a portion of school nurses' salaries for EPSDT outreach and case management services in city schools. Approximately 25% of school nurses' salaries are offset by the grant money for EPSDT activities. The nurses are responsible for informing Medicaid-eligible children about the EPSDT program, making appointments for screens, arranging for free transportation and other needed support services, and determining if the child kept the appointment.

Not all Baltimore schools have nurses since there are 184 schools in the city and fewer than 50 school nurses. However, many of the schools with significant populations of Medicaid-eligible children employ school nurses. The city has been targeting high-school and middle-school-age children since the program began in 1985 because of the compelling health care needs of these children. However, the City is now shifting resources to elementary schools to provide and encourage preventive care earlier in children's lives. In State Fiscal Year 1991, the city provided case management to approximately 2,500 children, most of whom were teenagers.

In addition to receiving outreach and case management services through school, eligible children in Baltimore are provided EPSDT services through 10 school-based clinics in the city. Eight of the clinics are run by the Baltimore City Health Department—two are in middle schools, five are in high schools, and one is in a school for pregnant teens. The other two clinics are in middle schools and are run by non-profit agencies. For the city-run clinics, the schools contribute the space while the health department is responsible for the remaining costs (supplies, personnel, etc.).

In addition to providing EPSDT screens, the clinics provide a full range of services including acute care, management of chronic diseases, mental health services, substance abuse counseling, and sports physical exams. Children receiving services who are not covered by Medicaid are billed for services based on a sliding fee scale.

In December 1991, Maryland implemented the Maryland Access to Care Initiative (MAC) which links eligible children with a particular provider to ensure they have a medical home. MAC requires every Medicaid-eligible child under age 21 to be assigned to a primary medical provider or enrolled in an Health Maintenance Organization (HMO). MAC providers are reimbursed by Medicaid on a fee-for-service basis, while HMOs receive

capitated payments. Most of the school-based clinics are MAC providers.

Baltimore has successfully dealt with the issue of how to provide EPSDT services to children who are enrolled in a Medicaid HMO or linked to a MAC provider. If an HMO-enrolled child wants to receive EPSDT services at a school clinic, the clinic is required to obtain prior authorization from the HMO. The clinic then provides the EPSDT screening services, sends the results to the HMO, and is reimbursed by them for the amount that Medicaid would have paid for the services. For example, Total Health Care, an HMO with Medicaid clients in Baltimore, has a formal agreement with the school clinics authorizing the clinics to provide EPSDT services to Total Health Care members. If a child with a MAC provider wants to receive EPSDT services at a school clinic, the school must obtain a written referral from the MAC provider. The school is then able to bill Medicaid directly.

For additional information, please contact:
Bernice Rosenthal, M.P.H., Administrator
Baltimore City Health Department
410/396-3185

Hartford, Connecticut

Summary:

The Hartford school district provides screening and treatment services to students in school through clinics in 40 public schools in the city. The combination of school nurses and nurse practitioners used in the school clinic depends on the degree of need. The local Board of Education is enrolled as a Medicaid provider and bills for EPSDT and other Medicaid services provided to students.

Description:

In Hartford, Connecticut, all children have access to screening, diagnosis, and treatment services in school, including EPSDT services for Medicaid-eligible children. Approximately 65% of the 26,000 children in the school system are eligible for Medicaid.

The services are provided through fully licensed outpatient clinics in each of the 40 schools in the district. The clinics are staffed by a combination of school nurses and nurse practitioners that varies with the level of need in a particular school. Level of need is determined by the size of the school and the percentage of kids without a primary care physician or other medical home.

At the beginning of each school year, every child and family is notified of the availability of services and given a permission form which has to be signed before services will be provided. On the permission form the family is asked to indicate the availability of health insurance, including Medicaid. To protect a child's privacy, the child is not asked for insurance information at the clinic. Rather, this information is collected from the child's file.

Vision and hearing are tested annually, while screening and other services are provided periodically. For example, unclothed physical examinations are required before a child enters school, and are offered in the 6th and 10th grades. Dental services are available in six schools and four additional schools are developing dental services for next year. In the middle schools and high schools, students using the clinics are given a risk assessment and directed to needed support services. Mental health services are available in some schools, but there still exists a tremendous need for these services.

The local Board of Education is enrolled as a Medicaid provider and bills for services provided in schools in the district. Schools

submit an encounter form for each child's visit to the district central office which in turn bills Medicaid and other insurers. Children with no insurance are billed based on a sliding scale fee system.

Three years ago the school district implemented a computerized tracking system that contains utilization and referral information on each child. The referral information facilitates follow-up and helps the school monitor who is managing the child's care. The school district is developing a more intensive case management system for future implementation.

For additional information, please contact:
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203/722-8966

Independence, Missouri

Summary:

In Independence, Missouri, EPSDT and other screening services are provided to all children. The school board is enrolled as a Medicaid provider and bills for the screening services and some treatment services.

Description:

In Independence, Missouri, screening services are available to children in schools through EPSDT and other programs. The services are available to all students, so Medicaid-eligible children are not singled out. Children from birth to age 5 also receive screening services through programs conducted at the school such as Head Start, Even Start, and child care.

Providers, who are predominantly physicians, conduct health screenings in a different school each month. The schools would like to hire nurse practitioners but have found it difficult to recruit the few that practice in the area. The local Board of Education itself is enrolled as a Medicaid provider, and bills for the screenings through a special contract with the department of social services. The school board also bills private insurers for covered services and has been doing this for years.

The screenings are targeted to those children most in need of services, particularly those without a permanent physician. School principals, counselors, and special education coordinators are all educated about the availability of services and refer students for screenings. The program is targeted toward improving health care for all children, especially low income children. While some services, such as speech therapy, occupational therapy, physical therapy, and psychological services, are provided in the schools, students are referred to community providers for the majority of diagnostic and treatment services. The school system runs an interagency center which facilitates referrals to these providers.

About 20-25 percent of the Medicaid-eligible students are enrolled in managed care programs. The school is not reimbursed for services provided to these students, but the school has worked out an agreement with the managed care providers to provide occupational therapy, physical therapy, and speech therapy.

For additional information, please contact:
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Independence School System
816/833-3433

Louisiana

Summary:

Almost one-half of the school boards in Louisiana are enrolled as Medicaid screening providers. In these districts, school nurses provide EPSDT screening services to eligible

children and refer them to community providers for diagnostic and treatment services. Most schools also provide health related special education services, such as physical therapy. In State Fiscal Year 1991, 21,000 children were screened. Louisiana Medicaid recently implemented its Kid-Med program, a coordinated care system for EPSDT. In addition, one of three rural primary care case management projects has an agreement with an elementary school to provide EPSDT screening services.

Description:

Since 1972, schools in Louisiana have conducted outreach and provided EPSDT screening services to children. Only Medicaid-eligible children are eligible for the screening services, but stigmatization is not a problem since they are the majority in many of the schools. Prior to 1990, 15 school boards enrolled as Medicaid providers and schools in their districts provided EPSDT screening services. The number of participating school boards dramatically increased after 1990 when the U.S. Department of Health and Human Services established the goal of 80% EPSDT participation by 1995. Currently 30 school boards in the state are enrolled as Medicaid screening providers and the numbers are continuing to increase. These schools were able to screen almost 21,000 children during State Fiscal Year 1991.

Schools employ school nurses, with consultation from physicians, to provide screening services in the schools. In Louisiana, nurses are authorized to do an unclothed physical so they are able to complete the full EPSDT screen. Nurses refer students in need of additional services to providers in the community. If they have difficulty finding a provider they may turn for assistance to the Kid-Med program, Louisiana's newly developed coordinated care system for EPSDT.

Louisiana Medicaid recently contracted with a private firm to administer Kid-Med. The contractor is responsible for outreach, provider recruitment, service coordination, screening administration, and monitoring the EPSDT program. As part of outreach, the Kid-Med program contacts Medicaid-eligible children and asks where they would like to be screened. If the child and family choose a school, Kid-Med notifies the school.

Since 1988, Louisiana schools have also been providing health related special education services to children with disabilities. Currently, sixty-five of the state's sixty-six local educational agencies provide these services which include: speech and language pathology, audiology, occupational therapy, physical therapy, and psychological evaluations and therapies.

Schools electronically bill Medicaid for services either with their own system or through a contractor; they also bill third parties when the child has coverage, which is rare. Schools must bill within 60 days so that follow-up is facilitated. Kid-Med receives screening, suspected condition, referral, and immunization information so they can track kids who were referred for diagnostic and treatment services.

Louisiana has three Medicaid primary care case management (PCCM) pilot projects, all of which are in rural areas. The PCCM providers can choose whether or not they want to authorize schools to provide EPSDT screens to their clients. In one pilot project area, the PCCM providers have worked out an agreement with an elementary school to conduct EPSDT screens.

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Philadelphia, Pennsylvania

Summary:

Philadelphia is one of the few cities to have physicians providing EPSDT services in schools. Physicians have established offices for EPSDT screening purposes in 78 Philadelphia schools. The physicians primarily serve children they have served before outside of school and are responsible for billing Medicaid themselves.

Description:

Unlike most school-based programs which use mid-level practitioners, such as nurse practitioners, physicians have provided EPSDT screening services in 78 Philadelphia schools for over five years.

The physicians establish an office at the school and primarily serve children they have served before outside school. The school office has to be approved by the state Medicaid office to ensure it is appropriate, private, and adequately equipped. Physicians bill Medicaid for their services using their own provider numbers. Providers are required to indicate where the service was rendered on the screening invoice so state officials can identify and monitor the services.

For additional information, please contact:
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Pennsylvania Department of Public Welfare
(717)782-6341

Pittsburgh, Pennsylvania

Summary:

In Pittsburgh, schools are enrolled as EPSDT providers and employ certified registered nurse practitioners to provide screening services on-site. The schools do not provide additional medical services. A private contractor handles billing for the schools and will assist with referrals for follow-up services when necessary. Medicaid-eligible children participating in HMOs are not authorized to receive screening services through the schools.

Description:

In Pittsburgh, all of the schools were enrolled as Medicaid providers in 1992 and authorized to provide EPSDT screening services on-site. This supplemented the EPSDT service delivery sites available through the private physician network. Each Medicaid-eligible child chooses where he or she would like to receive EPSDT screening services.

Certified registered nurse practitioners (CRNP) are employed by the schools only to provide EPSDT screening services to eligible children. Each CRNP serves several of the approximately 80 schools in the city.

EPSDT billing is provided through a State-administered administrative contractor. The contractor has an arrangement with the state to handle many of the EPSDT administrative responsibilities including provider outreach, billing, follow-up, and informing clients and providers when screenings are due. The local county assistance offices are responsible for informing children and families newly enrolled in Medicaid about the benefits and availability of EPSDT services.

There is one Medicaid HMO in Pittsburgh. Medicaid-eligible children enrolled in this HMO are not eligible for EPSDT screening

services through the schools since the HMO providers are paid on a capitated basis and are responsible for the EPSDT screen.

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C. Comparison of Linkages

The purpose of this comparison is not to evaluate which program has a "better" arrangement, but to help schools think about alternative arrangements for working with the EPSDT program. The comparison is organized around the questions listed in the introduction to this chapter.

What services are provided in the school?

One of the biggest differences between programs is the type of services they offer at the school. At a minimum, schools can conduct outreach and publicize the EPSDT program and the importance of preventive care. Schools may also provide case management services for Medicaid-eligible children. In Baltimore, school nurses conduct case management, including outreach, appointment scheduling, transportation assistance, and follow-up for Medicaid-eligible students.

The most common EPSDT-related service that schools provide is screening. All of the programs described in this guide offer screening services, although to differing degrees. In Independence, the screening providers come into the schools approximately once a month. In Hartford, on the other hand, screening services are available throughout the school year. Some schools go one step further and provide limited treatment services as well. In Independence, speech therapy, occupational therapy, physical therapy, and psychological services are offered on-site. Finally, some schools support comprehensive school-based clinics which provide diagnostic and treatment services for conditions identified in the EPSDT screens. Baltimore has ten school-based clinics and Hartford has clinics in all forty schools.

What types of providers are used?

Schools use several types of providers for EPSDT services and in a variety of arrangements. For example, to conduct screenings, the Louisiana program uses school nurses, while Hartford uses nurse practitioners and Philadelphia and Independence use physicians. One of the reasons schools use different providers in different states is that in some states nurses are more limited in what services they are authorized to provide. For example, in Louisiana nurses are authorized by the State Nurse Practice Act to conduct unclothed physical examinations, while in other states they are prohibited from this activity and thus can not conduct a complete EPSDT screen.

Schools also use different arrangements for contracting with providers for services. In Louisiana and Hartford, the school nurses and nurse practitioners are employees of the schools; while in Philadelphia the physicians have an agreement to use space in the schools but are not employed by the school.

Who bills Medicaid for services?

The arrangement between schools and providers governs how and by whom Medicaid is billed for services. When the provider is employed by the school, the school is often enrolled as a Medicaid provider and bills for the service, as is done in Louisiana. Many schools contract with a third party to actually bill for the services using the

school's Medicaid provider number. If a provider furnishes services as an independent practitioner, the provider needs to be enrolled with Medicaid and bills for services, as in Philadelphia. Finally, if another institution, such as a community health center or a city health department, employs the staff that provides services at the schools, then that institution bills Medicaid. In Baltimore, the city health department runs eight school-based clinics and bills Medicaid for services.

To whom are services targeted?

Some programs target only Medicaid-eligible children while others serve all students. In Louisiana, only Medicaid-eligible children receive screening services. In other programs, EPSDT is one component of a school-wide health program. For example, in Independence and Hartford services are provided to all children and Medicaid is billed for only those services provided to eligible children. In Baltimore, a portion of school nurses' time is set aside specifically for EPSDT outreach and case management.

How will the school serve children in Medicaid coordinated, or managed, care arrangements?

For this guide, managed care is broadly defined as an arrangement among the State Medicaid agency, the Medicaid-eligible individual or recipient, and a provider whereby the individual's health care is limited to a certain provider or set of providers. The provider may be reimbursed based on a capitated rate (lump sum) as is done in a Health Maintenance Organization (HMO) or based on fee-for-service.

In the interviews for the examples in this chapter, many schools raised concerns about the impact of managed care on their ability to provide EPSDT to Medicaid-eligible students. Communities have had varying success in arranging for schools to provide EPSDT services to students enrolled in managed care, since schools may or may not be one of the authorized providers for the managed care organization. In Baltimore, schools can be reimbursed for services as long as they first obtain permission from a child's managed care provider. In one instance a formal agreement with an HMO provider authorizes the school to provide EPSDT services. The school is reimbursed by the managed care provider on a fee-for-service basis. Similarly, in Louisiana, a rural primary care case management project authorizes an elementary school to conduct EPSDT screens for its enrollees. Unlike in Baltimore, the school bills Medicaid directly for the services. Finally, in Pittsburgh, students enrolled in HMO managed care programs are not authorized to receive services in the school.

1. APPENDICES

A. Federal Regional Contacts:

- HCFA EPSDT Program Coordinators
- Department of Education Representitives
- PHS MCH Program Consultants

B. State Contacts:

- State Medicaid Directors and EPSDT Coordinators
- Chief State School Officers
- State MCH Directors

APPENDIX A

FEDERAL REGIONAL CONTACTS

Health Care Financing Administration, Public Health Service, and Education staffs are assigned to each of the ten regional offices of the Federal Department of Education and Federal Department of Health and Human Services. Medicaid, Education, and Maternal and Child Health program contacts for each region are listed below:

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APPENDIX B

STATE CONTACTS

The following State and Territorial contacts are listed:

- State Medicaid Director and EPSDT Coordinator
- Chief State School Officer
- State Maternal and Child Health Director
- State Coordinator for Children with Disabilities

*In some States and Territories, these may be listed under an umbrella contact (e.g. State health director).

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