



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH

MAILING ADDRESS:

Medical Assistance Administration
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D.C. Medicaid Managed Care Program
Transmittal No. 98-01

TO: D.C. Medicaid Managed Care Program
Managed Care Organizations ("MCOs")

FROM: *Paul Offner*
Paul Offner, Deputy Director
Medical Assistance Administration

DATE: March 31, 1998

SUBJECT: EPSDT Case Management

Medicaid's Early and Periodic Screening, Diagnosis and Treatment ("EPSDT") program is an important part of the medical services available to persons under age 21 and the core concern raised by the D.C. District Court in Salazar v. District of Columbia ("Salazar"). This Transmittal reviews the federal requirements for case management for EPSDT services and those required under the managed care contracts issued to you under the District of Columbia's Solicitation No. 7010-AA-NS-2-CR (the "MCO Contracts").

EPSDT CASE MANAGEMENT

Case management is an integral component of EPSDT services. Under federal law (§1905 (r) of the Social Security Act), EPSDT case management is defined in reference to §1915(g)(2), which states:

"case management services" means services which will assist individuals eligible under the plan in gaining access to needed medical, social, educational and other services.

The Health Care Finance Administration ("HCFA") interprets the social, educational and other services included in this case management definition to include such services as are needed to ensure the provision of "medically necessary" health care.¹ The EPSDT case management

¹ HCFA's state manual describes several options for states in structuring their case management services.

requirement is also specified in the MCO Contracts as well as the Salazar Remedial Order, which is incorporated by reference as part of the MCO Contracts. This Transmittal sets forth the standards of the Medical Assistance Administration² ("MAA") related to EPSDT case management to be provided under the MCO Contracts.

CASE MANAGEMENT FOR CHILDREN WITH MULTIPLE BARRIERS

The Salazar Amended Remedial Order requires the District to submit reports to the Court concerning "case management services to children with multiple barriers to health care who need intensive and individualized case management." Under Salazar, EPSDT Case Management, "children with multiple barriers to health care" has been defined as those children for whom multiple efforts are required to get the children in to a scheduled EPSDT-related visit.

To comply with the EPSDT Case Management requirements of the MCO Contracts, each MCO shall contact all parents/caregivers of children up to age 21 or the child, if of an appropriate age³ (hereinafter, collectively, called "children" or "child"):

- who (according to the District's periodicity schedule) are due for an EPSDT service,
- OR**
- who have failed to receive the EPSDT service that they were due for.

For this purpose, an "EPSDT service" may include a screen, an immunization, a lab test, or a follow-up treatment.

An MCO will be in compliance with the EPSDT Case Management requirements if the MCO has made at least five good faith efforts to contact the child to get the child in for an EPSDT service. These efforts can be made through a combination of methods, including telephone calls, mailed written notices or reminders, or personal visits. At least one of these efforts must be face-to-face with the child.

These five efforts to contact the child must be completed within the following timeframes:

- Children up to 24 months of age -- within a three-month period that includes the due date for an EPSDT service.
- Children over 24 months of age -- within a six-month period that includes the due date for an EPSDT service.

The following standards apply to EPSDT Case Management:

1. Each MCO shall document all EPSDT Case Management efforts on an individual child basis and report such efforts to the MAA or its designees, upon request.

² By District of Columbia, Department of Health Organization Order No. 6., effective March 4, 1998, the Commission of Health Care Finance became the Medical Assistance Administration.

³ This generally includes older children and emancipated minors.

2. Due dates for EPSDT screens are determined by counting from the month of a child's birth.
3. All written notices or reminders to the children, must include information about the availability of scheduling and transportation assistance.
4. For children who are new enrollees in the MCO, the new enrollee mailing that includes information about the importance of EPSDT services, the due dates for such services, and the availability of scheduling and transportation assistance will be counted as the first contact.
5. For children who cannot be located, the MCO shall make the following attempts at contact: (1) mailing a notice that is returned as undeliverable, with no forwarding address; (2) making a telephone call, with no known forwarding telephone number; and (3) making a telephone call to the Income Maintenance Administration for a new address or telephone number.

REPORTING CASE MANAGEMENT EFFORTS

MCOs shall document all attempts to contact the children. In addition, using the Case Management Reporting Form (attached), each MCO will routinely report to the MAA each child enrollee aged five or under who was due for an EPSDT service within the period described below but did not receive it during that period. The MCO shall describe the nature of each of the five case management attempts. An MCO must report on all children aged five or under who are enrollees of its plan on the day the report is due whether or not the child was a member during the entire reporting period.

For children less than or equal to 2 years old -- who were due for an EPSDT service within the prior six months but did not receive it during that period. The Case Management Reporting Form is due on the 15th day of the month following each six-month period of the child's life.

For children over the age of 2 and less than or equal to 5 years old -- who were due for an EPSDT service within the prior twelve months but did not receive it during that period. The Case Management Reporting Form is due on the 15th day of the seventh month following the month of the child's birth.

Reporting deadlines are calculated as follows. If a child is born on December 25, 1997, and the child does not receive an EPSDT service during the first two years of life, this child would be reported to the MAA by the MCO on July 15, 1998, January 15, 1999, July 15, 1999, and January 15, 2000. During the next three years of life (again assuming no EPDST services), the reports are due on July 15, 2001, July 15, 2002, and July 15, 2003.

Using the Case Management Reporting Form, each MCO shall report to the MAA within ten (10) business days all children who cannot be located, after making the efforts to contact children using the methods described in Item 5 above.

Please send all Case Management Reporting Forms to the attention of:

**Sarah Davidson, EPSDT Coordinator
Medical Assistance Administration
2100 Martin Luther King, Jr. Ave. SE
Suite 302
Washington, DC 20020**

The provisions in this Transmittal are effective immediately.

Attachments

**District of Columbia
Department of Health
Medical Assistance Administration
EPSDT Case Management Services**

Case Management Report Form

PART I. REFERRAL SOURCE

HMO Name: _____

Contact Person: _____ Phone: _____

Fax: _____

PART II. CLIENT INFORMATION

(To be completed by HMO)

Child's Name: _____ DOB _____

Medicaid Number: _____ SSN# _____

Enrollment Date: _____

Has the child ever been up-to-date with vaccinations? _____ (for children > 2 yrs.)

Parent/Guardian: _____

Address: _____

Phone Number: _____

Parent/Guardian Medicaid Number (if applicable) _____

PART III OUTREACH/CASE MANAGEMENT ACTIVITIES

(To be completed by HMO)

Date Child assigned to HMO: _____ Child's PCP _____

PCP Phone Number: _____

Prior PCP(if applicable & available): _____

Contact History:

Contact #1 - Date: _____ Type _____ Results _____

Contact #2 - Date: _____ Type _____ Results _____

Contact #3 - Date: _____ Type _____ Results _____

Contact #4 - Date: _____ Type _____ Results _____

Contact #5 - Date: _____ Type _____ Results _____

For Office use Only

Reasons for Referral: _____

Comments: _____

Date Received: _____ Reviewed by _____ Date Reviewed: _____