



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration **S-3**

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DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

Region V
105 West Adams
Chicago, Ill 60603

April 1991

CHICAGO REGIONAL STATE LETTER NO: 23-91

SUBJECT: Clarification of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Provisions, Section 6403 of Omnibus Budget Reconciliation Act of 1989 (OBRA 89) - **INFORMATIONAL**

A question was raised concerning the phrase "conditions discovered by the screening services" in Section 6403 of **OBRA 89** in regards to EPSDT, and its application in determining whether States **are** permitted to exclude preexisting chronic conditions, which have or ~~have not increased in severe~~ **from necessary follow-up services**. Does **discovered** during a screen mean that **a condition** was first found to exist during the screen?


OBRA 89, in addition to requiring all diagnostic and treatment services as a required component of EPSDT, also **requires** that screening services be provided on **both** a periodic and interperiodic basis. The nature *of the interperiodic services* is discussed in the **report** of the House Committee on Budget. In its deliberations on interperiodic screens, that Committee indicates:

The Committee bill also requires States to provide screening services at intervals other than those identified in their basic periodicity schedule, when there **are** indications that it is medically **necessary** to determine whether a child has a physical or mental illness or condition **that may require further assessment, diagnosis, or treatment**. These interperiodic screening examinations **may** occur in children whose physical, mental or developmental illnesses or conditions **have already been** diagnosed, if there are indications **that the illness or condition may have become more severe or has changed** sufficiently, so that further examination is medically necessary. (Emphasis added.)

Both sentences describing congressional intent about inter-periodic **screens** discuss the need to provide further services or services for conditions already existing. Clearly Congress anticipated that children with already existing health problems would have available diagnostic and treatment services appropriate to their needs. To view this legislation otherwise, is contrary to the preventive thrust of the program and the concept historically embodied in the **EPSDT** program to diagnose and 'treat health problems early before they worsen and become more costly.

In addition, in order for a child's health problems to be known, the child had to **have received** screening services at some point in time. For example, a child is seen by a physician and is diagnosed **as** having some condition. Two months later the mother takes the child for the scheduled "**EPSDT**" screen" and tells the screener the child was already diagnosed as having a specific health problem. *In* this example, we interpret the initial encounter with the physician to be an interperiodic screening service in which the health problem **was** discovered. Furthermore, we consider any encounter with a **health care** professional practicing within the scope of practice as an interperiodic screen. As such, it does not matter whether the child receives the screening services while **Medicaid** eligible, nor whether the provider is participating in the Medicaid program at the time those screening services are furnished. Any necessary health care required to treat conditions detected as a result of a screen, must be provided.

If you have any questions please contact me, or have a member of your staff contact Barbara England, Policy Specialist, Medicaid Operations Branch, at (312) **353-9860** or your Medicaid Program Specialist.


for **Charles W. Hazlett**
Associate Regional Administrator
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