



## Policy and Procedure

<b>Policy Name:</b> Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)	<b>Policy#:</b> UM104	<b>Version#:</b> 4
<b>Author Department:</b> UM	<b>Origination Date:</b> 02/01/19	
<b>Business Units Impacted:</b> CM, UM	<b>Date Last Reviewed:</b> 11/1/2024	
<b>Products/LOBs:</b> All	<b>Date Approved by CPT:</b> 11/5/2024	

### DEFINITIONS:

**Early and Periodic Screening, Diagnostic, and Treatment (EPSDT):** For members 20 and younger, any medically necessary service to treat any physical, dental, or mental health diagnosis is covered under the Health First Colorado (Medicaid) benefit. Covered services include:

1. Well-child visits and teen check-ups
2. Developmental evaluations
3. Behavioral evaluations and therapies
4. Immunizations
5. Lab tests, including lead poisoning testing
6. Health and preventative education
7. Vision services
8. Dental services
9. Hearing services

**Guiding Care:** Documentation software used by Colorado Access. The system includes automatic documentation of activity by staff member and prompts for follow up.

**Medical Necessity for EPSDT services:** A program, good, or service that:

1. Will or is reasonably expected to assist the client to achieve or maintain maximum functional capacity in performing one or more Activities of Daily Living
2. Is provided in accordance with generally accepted professional standards for health care in the United States
3. Is clinically appropriate in terms of type frequency, extent, site, and duration
4. Is not primarily for the economic benefit of the member, caretaker, or provider
5. Is delivered in the most appropriate setting(s) required by the member's condition
6. Provides a safe environment or situation for the member
7. Is not experimental or investigational
8. Is not more costly the other equally effective treatment options

**SCOPE:** This policy concerns the provision of Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services for child and youth under the age of 21 who are enrolled in Health First Colorado (Medicaid). It applies to all medically necessary services covered under the Capitated Behavioral Health Benefit and Medicaid fee-for-service. The policy outlines the



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processes for care coordination, utilization management, service authorization, and provider communication, ensuring compliance with state and federal Medicaid guidelines.

**PURPOSE:** To ensure that eligible members under 21 have access to medically necessary EPSDT services in compliance with state and federal requirements. It establishes a framework for coordinated care and service delivery, supporting the health and development of members while aligning with regulatory obligations.

### STATEMENT OF POLICY:

For children and youth ages 20 and under, COA provides (or arranges for the provision of) all medically necessary services, both those covered in the Capitated Behavioral Health Benefit, and those that are not covered in the Capitated Behavioral Health Benefit. Only the following EPSDT services are included in the capitated behavioral health benefit<sup>1</sup>:

- Vocational services
- Intensive case management
- Prevention/early intervention activities
- Clubhouse and drop-in centers
- Residential treatment
- Assertive community treatment
- Recovery services
- Respite services

### PROCEDURES:

1. COA-contracted network providers are required to screen and assess members' treatment needs (even those not covered by the Capitated Behavioral Health Benefit) and provide the clinically appropriate services discovered by any screening or diagnostic procedure. Most EPSDT services do not require prior authorization (Residential treatment is the exception and does require prior authorization, see Section 2); however, any EPSDT service is subject to medical record review to assure the following minimum requirements:

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<sup>1</sup> RAE Contract 14.5.7



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- A. Any request for mental/behavioral health screening or assessment must be accommodated. Any provider unable to complete a requested screening or assessment must contact COA for assistance.
  - B. Any screenings and services must be performed by a provider qualified to furnish mental health services according to the staff requirements in the Uniform Service Coding Standards Manual for the relevant service.
  - C. All screenings and services must be performed in a culturally and linguistically sensitive manner.
  - D. Results of all screenings must be recorded in the child's medical record.
  - E. Referrals to the member's primary care provider, COA, Healthy Communities, or other referral as appropriate for services not available at the provider's office.
2. Utilization Management (UM): COA requires prior authorization for Residential treatment covered under the capitated behavioral health benefit. These services are reviewed according to the COA standard review procedures located in UM102 Utilization Review Determinations.
- A. COA determines medical necessity under EPSDT based on an individualized clinical review of a member's medical status and in consideration that the requested treatment can correct or ameliorate a diagnosed health condition.
  - B. If a requested service is denied as being not medically necessary, the member notice of adverse benefit determination will include EPSDT language and list alternative treatment which can be approved in order to control, correct, or ameliorate the member's mental health condition.
  - C. If a service typically covered under the Capitated Behavioral Health Benefit is denied due to a non-covered diagnosis for a member under age 21 (e.g., autism or a developmental disability), the member may be able to receive services through the Medicaid fee-for-service under EPSDT. The member's notice of adverse benefit determination will include information about accessing benefits through fee-for-service, and notification that a COA care manager will be contacting the member/family to assist with these resources and referrals.



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- D. When issuing a denial of an EPSDT service, the UM reviewer creates an GuidingCare activity within the member's chart for a care manager to follow up with the member/family. Activities are sent to the specific care manager who specializes in EPSDT care coordination.
  - E. Colorado access will not deny or reduce the amount, duration, and scope of services provided under EPSDT as long as the service is supporting a member to maintain stability or level of functioning or making progress in treatment.
3. Care Management:
- A. Care Coordination services are available to any member or provider to assist with any EPSDT coordination needed as described in policy CM 100, including (but not limited to):
    1. Locating a provider and/or needed services
    2. Referral assistance for treatment not covered by the Capitated Behavioral Health Benefit but found to be needed as a result of conditions disclosed during the screening and diagnosis
    3. Assistance with transportation
    4. Assistance with scheduling appointments for services if requested by the member/family
    5. Resolving barriers or problems related to the EPSDT benefit, including (but not limited to) participation in any Creative Solutions meetings
    6. Referral and utilization of state health agencies
  - B. If a care manager (CM) receives a referral/GuidingCare activity from a UM reviewer related to a denial for EPSDT services, the CM assigned will follow up with the member/family within 2 business days to assess strengths and barriers, and to provide the member/family with additional community or agency referrals, including information about how to access EPSDT services via fee-for-service (in the event of a non-covered diagnosis denial).
  - C. The CM will coordinate with the Department of Health Care Policy and Financing and/or the member's Managed Care Organization (MCO) for any necessary prior authorization requests.
  - D. The CM will provide the member/family with referrals to Case Management Agencies, HCP programs, and other community agencies as applicable.



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- E. The CM will attempt contact three times using two different modes of outreach: two telephonic outreach attempts and one mailed letter (as necessary)
4. Distribution of information about EPSDT services
- A. Member communication: Information about EPSDT services is provided to members and their families in the following manners:
    - 1. Their [Health First Colorado Member Handbook](#) (starts on page 25)
    - 2. COA website: COA provides basic information about EPSDT services available to Health First Colorado members on the COA website. This also includes links to HCPF materials like Fact Sheets and Video Trainings for parents
  - B. Provider communication: COA informs all network providers of the Medicaid EPSDT program information through the Provider Manual. Providers can find basic information about the services included under ESPDT and find links to additional information such as fact sheets, video trainings, and resources that can be distributed to parents. Any updates to ESPDT policies, procedures, or resources will be distributed via the monthly provider newsletter, the Navigator.

### REFERENCES:

CM 100 Colorado Access Care Coordination  
 RAE Contract 2.1.34  
 10 CCR 2505-10 Section 8.076.1.8; 10 CCR 2505-10 Section 8.280.4  
 RAE Contract 7.6

**ATTACHMENTS:** None

**POLICY HISTORY:**

### SUMMARY OF REVIEW/REVISION/APPROVAL DATES:

Version 1: 09/15/21 Version 2: 11/02/22 Version 3: 11/17/23 Version 4: 11/5/2024

**APPROVAL BODY:** COA Core Policy Team

**APPROVAL DATE:** 11/5/2024