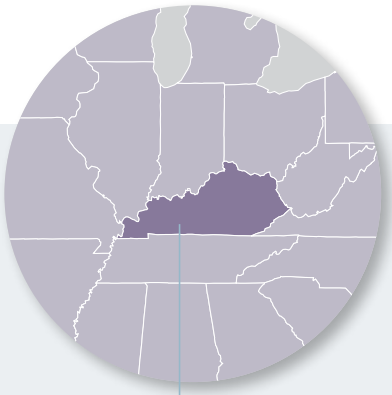
# Early and Periodic Screening, Diagnosis and Treatment (EPSDT)



## KENTUCKY (KY)

**Medicaid's EPSDT benefit provides comprehensive health care services to children under age 21, with an emphasis on prevention, early detection, and medically necessary treatment. Each state Medicaid program establishes a periodicity schedule for physical, mental, developmental, vision, hearing, dental, and other screenings for infants, children, and adolescents to correct and ameliorate health conditions.**

**Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics (AAP) and supported by the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA). The *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* (4th Edition)[1] and the corresponding Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)[2] provide theory-based and evidence-driven guidance for all preventive care screenings and health supervision visits through age 21. Bright Futures is recognized in federal law as the standard for pediatric preventive health insurance coverage.[3] The Centers for Medicare and Medicaid Services (CMS) encourages state Medicaid agencies to use this nationally recognized Bright Futures/AAP Periodicity Schedule or consult with recognized medical organizations involved in child health care in developing their EPSDT periodicity schedule of pediatric preventive care.[4,5] The following analysis of Kentucky's EPSDT benefit was conducted by the AAP to promote the use of Bright Futures as the professional standard for pediatric preventive care.**

Kentucky's profile compares the state's 2018 Medicaid EPSDT benefit with the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, and the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) published in *Pediatrics* in February 2017.[2] This state profile also contains information about Kentucky's 2016 Medicaid pediatric preventive care quality measures and performance based on the state's voluntary reporting on selected Child Core Set measures. Information about the state Medicaid medical necessity definition used for EPSDT and a promising practice related to pediatric preventive care is also found here. Kentucky's profile is based on a review of the state's Medicaid website, provider manual, and other referenced state documents, and an analysis of 2016 state Medicaid data reported to CMS on child health quality.[6] This profile was also reviewed by state Medicaid EPSDT officials. Information is current as of March 2018.

## Summary of Findings

- Kentucky's 2018 EPSDT requirements follow the Bright Futures/AAP Periodicity Schedule and screening recommendations.
- The state's medical necessity definition, described below, does not incorporate a preventive purpose.
  - Requests for approval of services shall meet the standard of medical necessity for EPSDT if the following criteria, where applicable are met, a) the service shall be to correct or ameliorate defects and physical and mental illnesses and conditions, b) the services to be provided shall be medical or remedial in nature, c) the services shall be individualized and consistent with the child's medical needs, d) the services shall not be requested primarily for the convenience of the child, family, physician, or another provider of services, e) the services shall not be unsafe or experimental, f) if alternative medically accepted modes of treatment exist, the services shall be the most cost-effective and appropriate service for the child, and g) the requests for diagnostic and treatment services in community-based settings may not be approved if the costs would exceed those of equivalent services at the institutional level of care. Each case shall be individually assessed for appropriateness in keeping with the standards of medical necessity and the best interest of the child.
- According to CMS, in 2016, Kentucky selected all 10 pediatric preventive care measures in the Child Core Set.
- Kentucky's performance rates, as shown in the table below, were higher than the national average for PCP visits, well care visits for children by 15 months and for children ages 3 to 6 years, adolescent immunizations, and chlamydia screening. The state had lower rates than the national average for well care visits for adolescents, childhood immunizations, HPV vaccinations, BMI documentation, and preventive dental services.
- The state has several pediatric preventive care performance improvement projects underway related to well child/adolescent visits, behavioral health, BMI screening, lead screening, immunizations, and oral health.

## Promising Practice

Kentucky has extended its EPSDT coverage for children enrolled in their separate CHIP program, which has enabled the state to have a consistent public coverage approach for children's preventive, diagnostic and treatment services..

# Comparison of KY EPSDT and AAP/Bright Futures Periodicity Schedules

The following tables provide information on Kentucky's EPSDT periodicity schedule and screening recommendations by age group, comparing 2018 Kentucky Medicaid EPSDT requirements with the 2017 Bright Futures/AAP Recommendations for Preventive Pediatric Health Care.[2]

| Code | |
|---|---|
| U = | Universal (all screened) |
| S = | Selective screening (only those of higher risk) |
| U/S = | Universal and selective requirement |

See Bright Futures/AAP Periodicity Schedule for complete information.

| Number of Well Child Visits by Age | KY EPSDT | Bright Futures |
|---|---|---|
| - Birth through 9 months | 7 | 7 |
| - 1 through 4 years | 7 | 7 |
| - 5 through 10 years | 6 | 6 |
| - 11 through 14 years | 4 | 4 |
| - 15 through 20 years | 6 | 6 |

| Universal (U) and Selected (S) Screening Requirements | KY EPSDT | Bright Futures |
|---|---|---|
| **Infancy (Birth-9 months)** | | |
| - Length/height & weight | U | U |
| - Head circumference | U | U |
| - Weight for length | U | U |
| - Blood pressure | S | S |
| - Vision | S | S |
| - Hearing | U/S | U/S |
| - Developmental screening | U | U |
| - Developmental surveillance | U | U |
| - Psychosocial/behavioral assessment | U | U |
| - Maternal depression screening | U | U |
| - Newborn blood screening | U | U |
| - Critical congenital heart screening | U | U |
| - Anemia | S | S |
| - Lead | S | S |
| - Tuberculosis | S | S |
| - Oral health | U/S | U/S |
| - Fluoride varnish | U | U |
| - Fluoride supplementation | S | S |

*continued on next page*

## Comparison of KY EPSDT and AAP/Bright Futures Periodicity Schedules *continued*

**Code**

U = Universal (all screened)
S = Selective screening (only those of higher risk)
U/S = Universal and selective requirement

See Bright Futures/AAP Periodicity Schedule for complete information.

| Universal (U) and Selected (S) Screening Requirements | KY EPSDT | Bright Futures |
|---|---|---|
| **Early Childhood (Ages 1-4)** | | |
| - Length/height & weight | U | U |
| - Head circumference | U | U |
| - Weight for length | U | U |
| - Body mass index | U | U |
| - Blood pressure | U/S | U/S |
| - Vision | U/S | U/S |
| - Hearing | U/S | U/S |
| - Developmental screening | U | U |
| - Autism spectrum disorder screening | U | U |
| - Developmental surveillance | U | U |
| - Psychosocial/behavioral assessment | U | U |
| - Anemia | U/S | U/S |
| - Lead | U/S | U/S |
| - Tuberculosis | S | S |
| - Dyslipidemia | S | S |
| - Oral health | S | S |
| - Fluoride varnish | U | U |
| - Fluoride supplementation | S | S |
| **Middle Childhood (Ages 5-10)** | | |
| - Length/height & weight | U | U |
| - Body mass index | U | U |
| - Blood pressure | U | U |
| - Vision | U/S | U/S |
| - Hearing | U/S | U/S |
| - Developmental surveillance | U | U |
| - Psychosocial/behavioral assessment | U | U |
| - Anemia | S | S |
| - Lead | S | S |
| - Tuberculosis | S | S |
| - Dyslipidemia | U/S | U/S |
| - Oral health | S | S |
| - Fluoride varnish | U | U |
| - Fluoride supplementation | S | S |
| **Adolescence (Ages 11-20)** | | |
| - Length/height & weight | U | U |
| - Body mass index | U | U |
| - Blood pressure | U | U |
| - Vision | U/S | U/S |
| - Hearing | U | U |
| - Developmental surveillance | U | U |
| - Psychosocial/behavioral assessment | U | U |
| - Tobacco, alcohol or drug use assessment | S | S |
| - Depression screening | U | U |
| - Anemia | S | S |
| - Tuberculosis | S | S |
| - Dyslipidemia | U/S | U/S |
| - Sexually transmitted infections | S | S |
| - HIV | U/S | U/S |
| - Fluoride supplementation | S | S |

## Pediatric Preventive Care Quality Measures, Performance, and Financial Incentives

Included in the tables below are Kentucky's 2016 quality performance information on pediatric preventive care measures reported to CMS[6], as well as their use of financial incentives for pediatric preventive care.

| Pediatric Preventive Care Quality Measures and Performance, 2016 Child Core Set | KY | US |
|---|---|---|
| - % of children with primary care visit | | |
| • Ages 12-24 months (in past year) | 97.2 | 95.2 |
| • Ages 25 months-6 years (in past year) | 89.8 | 87.7 |
| • Ages 7-11 (in past 2 years) | 94.3 | 90.9 |
| • Ages 12-19 (in past 2 years) | 92.9 | 89.6 |
| - % of children by 15 months receiving 6 or more well-child visits | 62.4 | 60.8 |
| - % of children ages 3-6 with one or more well-child visits | 70.5 | 68 |
| - % of adolescents ages 12-21 receiving 1 well care visit | 44.8 | 45.1 |
| - % of children by 2nd birthday up-to-date on recommended immunizations (combination 3) | 64.1 | 68.5 |
| - % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1) | 72.3 | 70.3 |
| - % of sexually active women ages 16-20 screened for chlamydia | 50 | 48.8 |
| - % of female adolescents by 13th birthday receiving 3 HPV doses | 17.6 | 20.8 |
| - % of children ages 3-17 whose BMI was documented in medical records | 56.2 | 61.2 |
| - % of children ages 1-20 with at least 1 preventive dental service | 46.7 | 48.2 |

| Pediatric Preventive Care Financial Incentives, 2016 | KY | US |
|---|---|---|
| - Use of preventive incentives for consumers | Yes | NA |
| - Use of performance incentives for providers | Yes | NA |

### References


[1]Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2017.

[2]Committee on Practice and Ambulatory Medicine, Bright Futures Periodicity Schedule Work Group. 2017 Recommendations for Preventive Pediatric Health Care. *Pediatrics*. 2017;139(4):e20170254.

[3]*FAQs about Affordable Care Act Implementation*. Washington, DC: US Department of Labor, Employee Benefits Security Administration, May 11, 2015.

[4]*EPSDT – A Guide for State: Coverage in the Medicaid Benefit for Children and Adolescents*. Baltimore, MD: Centers for Medicare and Medicaid Services, June 2014.

[5]*Paving the Road to Good Health: Strategies for Increasing Medicaid Adolescent Well-Care Visits*. Baltimore, MD: Centers for Medicare and Medicaid Services, February 2014.

[6]Quality information from the CMS Medicaid/CHIP child core set for federal fiscal year 2016 was obtained from: https://data.medicaid.gov/Quality/2016-Child-Health-Care-Quality-Measures/wnw8-atzy.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