State of Tennessee Department of Children's Services

Administrative Policies and Procedures: 20A.7

Subject: **Initial and Annual Early Periodic Screening Diagnosis and Treatment (EPSDT) Standards**

Supersedes: DCS 20.7, 06/15/03

Local Policy: No
Local Procedures: No
Training Required: No
Applicable Practice Model Standard(s): Yes

Approved by: Viola P. Miller

Effective date: **10/01/98**
Revision date: **01/01/04**

Application

To All Department of Children's Services Group Homes, Foster Care and DCS Contract Agencies Employees

Authority:

TCA §37-5-106

Policy

Each TennCare enrolled child/youth in DCS custody must receive an **initial** Early Periodic Screening Diagnosis, and Treatment (EPSDT) screening conducted by the local health department within **thirty (30) days** of coming into custody.

Each TennCare eligible child/youth in DCS custody must receive an **annual** Early Periodic Screening Diagnosis, and Treatment (EPSDT) screening conducted by the local health department in accordance with the American Academy of Pediatric periodicity schedule also as outlined below:

1. The DCS home county case manager, foster parent, or contract facility case manager must accompany the child/youth to the appointment.
2. Unless medically contraindicated or refused by a mature minor (as determined by the provider), the EPSDT received must be complete and contain all seven components listed below.
3. Whenever available the following information must accompany the child/youth and be given to the practitioner conducting the screening:

- Private Insurance information, TennCare card, and/or TennCare immediate eligibility letter;
- Home county case manager's name and fax number;
- Name and address of Primary Care Physician;
- Immunization record;
- Explanation of any known or suspected medical problem to be addressed,
- Release of information and custody order;
- Initial health questionnaire;
- TnKids Medical Summary;
- Social history;
- Past medical records; and
- Short Form Assessment for children over five (5);
- PEDS response form (Birth-9 years of age), or
- Pediatric Symptom Checklist (PSC) (6 years of age to 16 years of age).

4. If an item listed above is not provided, the case manager or the foster parent shall explain why the document is not available to the practitioner conducting the initial or annual screening.

Procedures

A. Early Periodic Screening Diagnosis, and Treatment (EPSDT) definition

1. Early Periodic Screening Diagnosis, and Treatment (EPSDT), is the Federal Medicaid (TennCare) program intended to provide preventive (Early) health care for children/youth enrolled in a state's Medicaid program. The program allows for:

   - Periodic screenings which are sometimes referred to as **well-child checkup** including diagnostic services, and
   - The right to medically necessary treatment to cure the identified condition or treatment needed to prevent a condition from worsening.

2. An EPSDT screening consists of seven components:

   - Comprehensive health and development history;
   - Comprehensive unclothed physical exam;
   - Age-appropriate immunizations;
   - Age-appropriate lab tests;
   - Health education;

- Vision screen, and
- Hearing screen.

PLEASE NOTE: If DCS has not provided to the practitioner the items mentioned in the policy statement, the provider may not be able to complete all seven components of the screening.

B. Periodicity schedule

The American Academy of Pediatrics indicate that children and youth should have Early Periodic Screening Diagnosis, and Treatment (EPSDT) screenings at the following intervals:

At birth	4 months	15 months
2-4 days	6 months	18 months
1 month	9 months	24 months
2 months	12 months	Yearly from 3-22 yrs

C. Health Department confirmation letter

1. Within two (2) working days after the EPSDT screening, the Health Department practitioner shall fax to the DCS case manager and the primary care physician a letter confirming whether all seven components of the screening were completed and stating any concerns that should be referred to the primary care physician.

2. The letter must also be included in the child/youth's paper file.

3. The case manager must enter date of the EPSDT screening and the status of the EPSDT seven components into TN Kids within three (3) calendar days from the date the letter was received or the first actual working day after the letter was received.

4. When the EPSDT confirmation letter indicates:

   a) The primary care provider should see the child for follow up or

   b) When all seven components of the screen were not complete,

   The regional health advocacy unit nurse shall receive a copy of the letter from the home county case manager.

5. The regional health advocacy nurse will track children requiring follow up care to ensure that case managers appropriately follow up with the primary care physician.

6. The following must be included on the permanency plan:
   a) Date the EPSDT was completed;
   b) Whether all seven components were completed;
   c) The name of the Primary Care Physician;
   d) The address of the Primary Care Physician; and
   e) All conditions that the heath department recommended for follow up care.

D. Health Department laboratory results letter

1. When the Health Department receives results from any laboratory test performed during the EPSDT, they shall fax a letter stating the results of the test and recommendations for further care to the DCS case manager and the primary care physician.
2. The letter must also be included in the child/youth's paper file.
3. When the EPSDT laboratory letter indicates that the primary care provider should see the child for follow up, the regional health advocacy unit nurse shall receive a copy of the letter from the home county case manager.
4. The regional health advocacy nurse will track children requiring follow up care to ensure that case managers appropriately follow up with the primary care physician.

E. Consent for treatment

Consent for routine treatment at EPSDT screening: The case manager, foster parent, or biological parent may sign routine consent forms. If a provider chooses to accept it, a mature youth 14 years of age or older, may sign their own consent forms. See DCS policy *20.24, Informed Consent*.

F. DCS contract facilities

1. **DCS Contract Agencies:** Children/youth must have an initial EPSDT screenings within thirty (30) days of coming into custody. The provider agency is responsible for setting appointments, reporting the home county case manger's name and fax number to the provider.
2. The DCS case manager must monitor receipt of EPSDT and document it in TN KIDS.

G. EPSDT physiological measurements and laboratory tests

1. An EPSDT unclothed physical examination includes the following physiological measurements:

   a) Height;

   b) Weight;

   c) Temperature/pulse/respirations;

   d) Blood pressure;

   e) Vision screening, and

   f) Audiometric screening.

2. An EPSDT must include the following laboratory screening tests <u>when determined as needed by the clinical practitioner</u>:

   a) Dipstick urinalysis;

   b) Serology for syphilis;

   c) Culture for gonorrhea;

   d) PAP smear (females only);

   e) Pregnancy test (females only);

   f) CBC (Complete Blood Count);

   g) Total cholesterol check; and

   h) Diagnostic test for tuberculosis.

3. In conjunction with the physical examination, the medical practitioner must perform a breast exam on all female youth when applicable.

H. Specified time frame for EPSDT to be completed

1. Appointments for an EPSDT shall be made **as soon as feasible** after a child comes into DCS custody. The appointment must be made **no later than 7 calendar days** after a child has entered custody.

2. The EPSDT appointment must occur within the first thirty (30) days a youth is in custody.

3. **DCS Community Residential Programs (Group Homes):** The community residential program staff must have made an appointment for a health history and physical examination for the child within seven (7) days after the

arrival at the facility. If the child is entering the group home from a youth development center and the child has received a well child screen within the last six (6) months, the screening will be considered current. The next screening will be due the next annual date. The community residential program staff must also obtain the following medical records on the youth from the youth development center:

- Initial screening;
- Social history if applicable, and
- Past medical records, if available.

I. Children with presenting illnesses or symptoms

1. The case manager must inform the Regional Health Advocacy Unit Nurse regarding children in state custody who present complex medical conditions. The Regional Health Advocacy Unit nurse will provide assistance and/or consultation regarding provision of medical services. If the nurse feels there is a need to see a doctor, the case manager must make an urgent doctor's appointment, which must be scheduled within 48 hours. Emergency services should be accessed as needed. CPS investigators should follow standard protocols and access services as needed.
2. Careful attention should be made to children on medications, particularly psychotropic medications. If there are any questions pertaining to the child's medications, the case manager will contact the Regional Health Advocacy Unit Nurse for consultation.

J. Documentation

1. Appropriate staff at community residential facilities must ensure that EPSDT and laboratory screenings are appropriately documented in the child/youth's case paper file and in TN Kids.
2. Case managers responsible for youth and children in DCS foster care or contract agencies, must ensure that EPSDT and laboratory screenings are appropriately documented in the child/youth's case paper file and in TN Kids.
3. Information concerning the following shall be given to the regional DCS TennCare Representative to include on the monthly DCS EPSDT Documentation Spreadsheet:
   - Mature Minor refuses to consent to an EPSDT
   - The provider indicates that a portion of the EPSDT is medically contraindicated, or

- Any other reason the EPSDT is incomplete or late.

Forms/Templates

CS-0543 Initial Health Questionnaire

Collateral Documents

Department Of Health EPSDT Confirmation Letter

Department Of Health Laboratory Letter

Standards

ACA 3-JCRF-4C-11

ACA 3-JCRF-4C-25

ACA 3-JTS-4C-23

ACA 3-JTS-4C-25

DCS Practice Model Standard- 7-106A

DCS Practice Model Standard- 7-108B

DCS Practice Model Standard- 7-109B

DCS Practice Model Standard- 7-111B

DCS Practice Model Standard- 7-112B

DCS Practice Model Standard- 7-113C

DCS Practice Model Standard- 7-114C

DCS Practice Model Standard- 7-115C

DCS Practice Model Standard- 7-120C

DCS Practice Model Standard- 7-121C

DCS Practice Model Standard- 8-306

Glossary

Term	***Definition***
Monthly DCS EPSDT documentation spreadsheet:	A Health Advocacy Report to document reasons why children/youth did not receive a complete or timely EPSDT screening. Spreadsheets are sent out monthly from Central Office Health Advocacy Division to the EPSDT coordinator in each region to gather appropriate information.