

Title 23: Medicaid

Part 223: Early and Periodic Screening, Diagnosis, and Treatment

Chapter 1: General

Rule 1.3: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Provider Participation Requirements

- A. Enrolled Mississippi Medicaid providers who have signed an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) specific provider agreement must conduct periodic screenings and medically necessary interperiodic visits for all EPSDT-eligible beneficiaries in accordance with the EPSDT Periodicity Schedule as recommended by the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule and must provide or refer EPSDT-eligible beneficiaries with an identified need for additional assessment, diagnosis, and/or treatment services to an appropriate provider.
- B. Dental providers must provide services to all EPSDT-eligible beneficiaries in accordance with the dental schedule of the American Academy of Pediatric Dentistry (AAPD) and in accordance with AAP guidelines. Dental providers must provide or refer EPSDT-eligible beneficiaries with an identified need for additional assessment, diagnosis, and/or treatment services to an appropriate provider.
- C. EPSDT screening providers must refer EPSDT-eligible beneficiaries to other enrolled Mississippi Medicaid licensed practitioners of the beneficiary's choice for assessment, diagnosis and/or treatment services necessary to correct or ameliorate any physical, mental, psychosocial and/or behavioral health conditions discovered by the screenings, whether or not such services are covered under the State Plan.
- D. Off-site Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening providers must submit the following information to the Division of Medicaid:
 1. A completed and signed secondary location form documenting the off-site provider's ability to complete all age appropriate components of EPSDT screenings;
 2. An attestation that the EPSDT screenings will be completed by an approved EPSDT screening provider who has completed the Division of Medicaid's EPSDT provider agreement and that all required equipment and supplies are available at the off-site location.
 3. A signed agreement between the off-site location authority including, but not limited to, a school superintendent, principal, day care director, and the screening provider.
 4. A list of all physical addresses of the off-site locations where the EPSDT screenings will be provided and a monthly schedule for each location designating the dates and times the EPSDT screenings will be offered.

5. Information packet materials including, but not limited to, letters, consent forms, and examples of anticipatory guidance information sheets to be provided which must be prior approved by the Division of Medicaid.
6. A copy of the provider's Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver or CLIA number, if applicable.

E. EPSDT screenings cannot begin at an off-site location until an approval has been authorized in writing by the Division of Medicaid.

Source: 42 U.S.C § 1396d; 42 C. F.R. Part 441, Subpart B; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 11/01/2020; Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.

Rule 1.5: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Screenings

- A. An initial or established age appropriate medical screening which must include at a minimum:
 1. A comprehensive health and developmental history including assessment of both physical and mental health development and family history,
 2. A comprehensive unclothed physical examination,
 3. Appropriate immunizations according to the Advisory Committee on Immunization Practices (ACIP), and specific to age and health history,
 4. Laboratory tests adhering to the AAP Bright Futures Periodicity Schedule,
 5. Sexual development and sexuality screening adhering to the AAP Bright Futures Periodicity Schedule, and
 6. Health education, including anticipatory guidance.
- B. Developmental screening or surveillance to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.
- C. Psychosocial/behavioral assessment to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.
- D. Vision screening, at a minimum, to include diagnosis with referral to an enrolled Mississippi Medicaid optometry or ophthalmology provider for diagnosis and treatment for defects discovered.

- E. Hearing screening, at a minimum, to include diagnosis with referral to an enrolled Mississippi Medicaid audiologist, otologist, otolaryngologist or other physician hearing specialists for diagnosis and treatment for defects discovered.
- F. Dental screening, at a minimum, to include diagnosis with referral to an enrolled Mississippi Medicaid dental provider for beneficiaries at eruption of the first tooth or twelve (12) months of age for diagnosis and referral to a dentist for treatment and relief of pain and infections, restoration of teeth and maintenance of dental health.
- G. Maternal depression screening, to include a referral:
 - 1. To an enrolled Medicaid provider if the mother is eligible for Medicaid, or
 - 2. To other healthcare providers as medically indicated including, but not limited to:
 - a) Federally Qualified Health Center (FQHC),
 - b) Rural Health Clinic (RHC), or
 - c) Community Mental Health Center (CMHC).
- H. The Division of Medicaid covers off-site screening at the following locations:
 - 1. School,
 - 2. Daycare center, or
 - 3. Head start center.
- I. Off-site Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screening providers must:
 - 1. Provide off-site screenings only within the county or within forty (40) miles of the county where the physician's office, RHC or FQHC is located,
 - 2. Develop and adhere to confidentiality policies that are approved by the Division of Medicaid.
 - 3. Ensure medical personnel performing the physical examination are limited to Mississippi Medicaid enrolled physicians, nurse practitioners or a physician assistants employed by the physician's office, FQHC or RHC.
 - 4. Complete all age appropriate components of the EPSDT screening during one (1) visit or encounter.
 - 5. Have a designated well-lit private room to perform the screening assessments which must

be in close proximity to:

- a) Hot and cold running water, and
- b) A bathroom.

6. Obtain written parental/guardian consent:

a) The written consent must contain the following statements:

- 1) Parent/guardian right to be present during EPSDT screenings,
- 2) The physical examination will be unclothed,
- 3) The EPSDT screenings take the place of the yearly wellness exam performed at the beneficiary's primary care provider's office, and
- 4) Vaccines will be administered, if applicable,

b) Must include a space for the parent/guardian signature and date giving approval for the EPSDT screenings to be performed, and

c) Must be received within sixty (60) days prior to the EPSDT screenings.

7. Encourage the parent/guardian to be present during the EPSDT screenings,

8. Follow-up with the parent/guardian on the results of the screening by mail or in a one-on-one meeting.

9. Utilize the anticipatory guidance materials that are:

- a) Age appropriate,
- b) Mailed to the parent/guardian for beneficiaries under the age of fourteen (14).
- c) Given to beneficiaries fourteen (14) years of age and above.

J. The Division of Medicaid does not reimburse for services other than EPSDT screenings in an off-site location.

Source: 42 U.S.C. §1396d; 42 C.F.R Part 441, Subpart B; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 11/01/2020; Revised to correspond with SPA 18-0014 (eff. 10/01/2018) effective 12/1/2018. Revised to correspond with SPA 15-017 (eff. 11/01/2015), eff. 10/01/2016.

Title 23: Medicaid

Part 223: Early and Periodic Screening, Diagnosis, and Treatment

Chapter 1: General

Rule 1.3: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Provider Participation Requirements

- A. Enrolled Mississippi Medicaid providers who have signed an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) specific provider agreement must conduct periodic screenings and medically necessary interperiodic visits for all EPSDT-eligible beneficiaries in accordance with the EPSDT Periodicity Schedule as recommended by the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule and must provide or refer EPSDT-eligible beneficiaries with an identified need for additional assessment, diagnosis, and/or treatment services to an appropriate provider.
- B. Dental providers must provide services to all EPSDT-eligible beneficiaries in accordance with the dental schedule of the American Academy of Pediatric Dentistry (AAPD) and in accordance with AAP guidelines. Dental providers must provide or refer EPSDT-eligible beneficiaries with an identified need for additional assessment, diagnosis, and/or treatment services to an appropriate provider.
- C. EPSDT screening providers must refer EPSDT-eligible beneficiaries to other enrolled Mississippi Medicaid licensed practitioners of the beneficiary's choice for assessment, diagnosis and/or treatment services necessary to correct or ameliorate any physical, mental, psychosocial and/or behavioral health conditions discovered by the screenings, whether or not such services are covered under the State Plan.
- D. Off-site Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening providers must submit the following information to the Division of Medicaid:
 1. A completed and signed secondary location form documenting the off-site provider's ability to complete all age appropriate components of EPSDT screenings;
 2. An attestation that the EPSDT screenings will be completed by an approved EPSDT screening provider who has completed the Division of Medicaid's EPSDT provider agreement and that all required equipment and supplies are available at the off-site location.
 3. A signed agreement between the off-site location authority including, but not limited to, a school superintendent, principal, day care director, and the screening provider.
 4. A list of all physical addresses of the off-site locations where the EPSDT screenings will be provided and a monthly schedule for each location designating the dates and times the EPSDT screenings will be offered.

5. Information packet materials including, but not limited to, letters, consent forms, and examples of anticipatory guidance information sheets to be provided which must be prior approved by the Division of Medicaid.

6. A copy of the provider's Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver or CLIA number, if applicable.

E. EPSDT screenings cannot begin at an off-site location until an approval has been authorized in writing by the Division of Medicaid.

Source: 42 U.S.C § 1396d; 42 C. F.R. Part 441, Subpart B; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 11/01/2020; Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.

Rule 1.5: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Screenings

A. An initial or established age appropriate medical screening which must include at a minimum:

1. A comprehensive health and developmental history including assessment of both physical and mental health development and family history,
2. A comprehensive unclothed physical examination,
3. Appropriate immunizations according to the Advisory Committee on Immunization Practices (ACIP), and specific to age and health history,
4. Laboratory tests adhering to the AAP Bright Futures Periodicity Schedule,
5. Sexual development and sexuality screening adhering to the AAP Bright Futures Periodicity Schedule, and
6. Health education, including anticipatory guidance.

B. Developmental screening or surveillance to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.

C. Psychosocial/behavioral assessment to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.

D. Vision screening, at a minimum, to include diagnosis with referral to an enrolled Mississippi Medicaid optometry or ophthalmology provider for diagnosis and treatment for defects discovered.

- E. Hearing screening, at a minimum, to include diagnosis with referral to an enrolled Mississippi Medicaid audiologist, otologist, otolaryngologist or other physician hearing specialists for diagnosis and treatment for defects discovered.
- F. Dental screening, at a minimum, to include diagnosis with referral to an enrolled Mississippi Medicaid dental provider for beneficiaries at eruption of the first tooth or twelve (12) months of age for diagnosis and referral to a dentist for treatment and relief of pain and infections, restoration of teeth and maintenance of dental health.
- G. Maternal depression screening, to include a referral:
 - 1. To an enrolled Medicaid provider if the mother is eligible for Medicaid, or
 - 2. To other healthcare providers as medically indicated including, but not limited to:
 - a) Federally Qualified Health Center (FQHC),
 - b) Rural Health Clinic (RHC), or
 - c) Community Mental Health Center (CMHC).

H. The Division of Medicaid covers off-site screening at the following locations:

- 1. School,
- 2. Daycare center, or
- 3. Head start center.

I. Off-site Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screening providers must:

- 1. Provide off-site screenings only within the county or within forty (40) miles of the county where the physician's office, RHC or FQHC is located,
- 2. Develop and adhere to confidentiality policies that are approved by the Division of Medicaid.
- 3. Ensure medical personnel performing the physical examination are limited to Mississippi Medicaid enrolled physicians, nurse practitioners or a physician assistants employed by the physician's office, FQHC or RHC.
- 4. Complete all age appropriate components of the EPSDT screening during one (1) visit or encounter.
- 5. Have a designated well-lit private room to perform the screening assessments which must

be in close proximity to:

a) Hot and cold running water, and

b) A bathroom.

6. Obtain written parental/guardian consent:

a) The written consent must contain the following statements:

1) Parent/guardian right to be present during EPSDT screenings,

2) The physical examination will be unclothed,

3) The EPSDT screenings take the place of the yearly wellness exam performed at the beneficiary's primary care provider's office, and

4) Vaccines will be administered, if applicable,

b) Must include a space for the parent/guardian signature and date giving approval for the EPSDT screenings to be performed, and

c) Must be received within sixty (60) days prior to the EPSDT screenings.

7. Encourage the parent/guardian to be present during the EPSDT screenings,

8. Follow-up with the parent/guardian on the results of the screening by mail or in a one-on-one meeting.

9. Utilize the anticipatory guidance materials that are:

a) Age appropriate,

b) Mailed to the parent/guardian for beneficiaries under the age of fourteen (14).

c) Given to beneficiaries fourteen (14) years of age and above.

J. The Division of Medicaid does not reimburse for services other than EPSDT screenings in an off-site location.

Source: 42 U.S.C. §1396d; 42 C.F.R Part 441, Subpart B; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 11/01/2020; Revised to correspond with SPA 18-0014 (eff. 10/01/2018) effective 12/1/2018. Revised to correspond with SPA 15-017 (eff. 11/01/2015), eff. 10/01/2016.