
To: All Medi-Cal IPAs
From: IEHP – Delegation Oversight
Date: 05/19/2023
Subject: **REMINDER: DHCS APL 23-005, “Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) for Medi-Cal Members Under the Age of 21”**

We would like to inform you that the Department of Health Care Services (DHCS) recently released **All Plan Letter 23-005, “Requirements for Coverage of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services for Medi-Cal Members Under the Age of 21.”**¹ While this APL, which supersedes APL 19-010, primarily sets forth requirements for the Plan around Member Outreach and Education, as well as Provider Training, the Plan takes this as an opportunity to remind its IPAs serving Members Under the Age of 21 of the following:

EPSDT Coverage

The Plan and its IPAs must provide and cover all medically necessary services for Members under 21 years of age. Services must be deemed “medically necessary” or a “medical necessity,” when these are necessary to correct or “ameliorate” (make more tolerable or to make better) defects and physical and mental illness or conditions unless otherwise carved out of the Plan’s contract with DHCS.

1. A service does not need to cure a condition to be covered under EPSDT.
2. Services that maintain or improve the child’s current health condition, or those that can prevent adverse health outcomes, are also covered under EPSDT because they ‘ameliorate’ a condition.

The Plan and its IPAs must not impose flat or hard limits on EPSDT services based on a monetary gap or budgetary constraints. Medical necessity decisions must be based on the definition set forth above and individualized, considering the particular needs of the child. Determinations must continue to be made in a timely manner, not to exceed regulatory turnaround timeframes for determination and notification of Members and Practitioners.

¹ <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>

IEHP will continue to perform referral and denial audits to ensure IPAs comply with these requirements. See Policy 25E3, “Utilization Management – Referral and Denial Audits” for information on reporting and oversight activities.

Timely Access to Care

All Members under the age of 21 must receive EPSDT preventive services, including screenings, designed to identify health and developmental issues as early as possible. Appropriate referrals for diagnosis and treatment must be provided without delay and initiated as soon as possible, but not later than 60 calendar days following either a preventive screening or other visit that identifies a need for follow-up.

To ensure timely access to care, IEHP expects Providers to submit referral requests and supporting documentation within these timeframes:

- Urgent preservice or urgent concurrent referrals - Within 24-hours of the determination that the referral is necessary
- Non-urgent preservice or concurrent referrals - Within two (2) working days of the determination that a referral is necessary

Please see Policy 14A1 “Utilization Management- Primary Care Provider Referrals” for information on timely submission of referrals.

Coordination of Care

The Member’s IPA is responsible for assessing and addressing their need for EPSDT care management and care coordination services, including but not limited to:

- coordinating medically necessary EPSDT services delivered both within and outside the network
- assisting with scheduling appointments
- coordinating the Member’s care between all Providers
- and facilitating the transfer of medical information between Providers, as necessary

The Plan continues to provide non-emergency medical transportation (NEMT) and non-medical transportation (NMT) to and from medical appointments for medically necessary EPSDT services, including those services that are carved-out of the Plan’s contract with DHCS. See Policy 9C, “Non-Emergency Medical and Non-Medi-Cal Transportation Services for more information.

Member Outreach and Education

By June 1st 2023, IEHP will be mailing to Members under the age of 21 or their family/caregivers DHCS-developed child and teen-focused brochures and Medi-Cal for Kids & Teens: Your Medi-Cal Rights” letter in their threshold language.^{2,3,4} These documents provide an overview of EPSDT, including covered services, how to access these services, and the importance of preventive care, and what to do if Medi-Cal care is denied, delayed, reduced, or stopped including who to contact, how to file grievances and appeals, and how to access other Member assistance resources.

For consistent messaging, IEHP will be updating any Member-facing materials that reference EPSDT with “Medi-Cal for Kids & Teens.”

Provider Training

IEHP is actively working to develop a comprehensive training plan to ensure its Network Providers and IPAs complete EPSDT-specific and other required Provider trainings beginning January 2024. Updated policies and procedures will be published as soon as the Plan obtains approval from DHCS.

We look forward to providing you with more information as we continue to implement the requirements of this APL.

All communications sent by IEHP can also be found at: www.iehp.org > For Providers > Correspondence

If you have any questions, please do not hesitate to contact Juan Ortega (Director, Delegation Oversight) by phone (909) 493-4402 or by email at ortega-j2@iehp.org, or Jessica Gonzalez (Manager, Delegation Oversight) at (909) 296-2925 or by email at gonzalez-j6@iehp.org.

Thank you for your attention to this matter.

² <https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Documents/DHCS-WellCare-Brochure-Child-Bv33ag.pdf>

³ <https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Documents/DHCS-WellCare-Brochure-Teens-Bv31ag.pdf>

⁴ <https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Documents/DHCS-MediCal-Rights-Letter-B.pdf>