

HCFA PROGRAM ISSUANCE

T-129

Transmittal Notice REGION IV

T-129

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TO: All Title XIX Agencies and Welfare
Agencies in AL, GA, KY, MS, SC, TN

SUBJECT: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program
Continuing Care Providers

The purpose of this memorandum is to share with you our Central Office's response to questions raised in another Region regarding the **Early** and Periodic Screening, Diagnostic and Treatment (EPSDT) program continuing care arrangements.

As you are aware, a continuing care provider must make available a broad continuation of health care and support services. Regulations at 42 CFR 44 1.60 contemplate that a continuing care provider be able to furnish directly all services normally available from a primary care provider, and make referrals for follow up care only to the extent that dental or other specialized expertise is required.

Central Office's responses to the two specific questions were as follows:

Question 1: **Would district health departments that do not have a nurse practitioner or physician on staff qualify as continuing care providers?**

Whether an entity qualifies as a continuing care provider depends on the range of services that entity is capable of furnishing, not on the makeup of its staff. The regulations indicate that continuing care providers must perform certain administrative functions, including "maintenance of the recipient's consolidated health history" and submission of "any reports that the [State Medicaid] agency may reasonably require." The provider also must furnish transportation and scheduling services, or refer recipients to the State agency for such services.

However, continuing care providers also must furnish specific health care services, including “screening, diagnosis, treatment, and referral for follow up services” and “physician’s services as needed by the recipient for acute, episodic, or chronic illnesses or conditions.” The ability of a district health department to provide comprehensive care without a nurse practitioner or physician on staff seems doubtful. However, before a determination is made that an entity could not qualify as a continuing care provider, consideration must be given to the scope of practice permitted by State law and licensure requirements for those health professionals who are on staff, as well as immediate access which the district health departments may have to nurse practitioners or physicians not technically on staff.

Question 2: If registered nurses are allowed to complete EPSDT screening functions, would an organization which employs RNs, such as a rural health clinic, district health department, Developmental Disabilities Center, or physician’s office qualify as a continuing care provider?

Qualification as a continuing care provider depends not on the type of organization, but on its capacity to furnish the entire range of services described at 42 CFR 441.60. While RNs may be permitted under State law and licensure requirements to perform EPSDT screening procedures, continuing care providers also must furnish diagnostic and treatment services. Prior to entering into continuing care arrangements, the organizations mentioned should be required to demonstrate their capacity to furnish medical services that are outside an RN’s scope of practice.

If you have any questions, please contact William R. Lyons, Associate Regional Administrator at (404) 331-2418, Andriette Johnson at (404) 331-5888, Cathy Kasriel at (404) 331-5028, or Mal Williams at (404) 331-5889.


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