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Division of Medical Assistance

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DATE: MAY 0 1 1991

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

**SUBJECT: Clarification of Early and Periodic Screening, Diagnosis, and Treatment
(EPSDT) Provisions of OBRA 1989-INFORMATION**

We recently received the following policy clearance from our Central Office on the meaning of the word "discovered" in the context of the EPSDT screening services and its application in determining whether States are permitted to exclude preexisting chronic conditions, which have or have not increased in severity, from necessary follow-up services. The specific question answered was whether "discovered" during a screen means that a condition was first found to exist during a screen.


State agencies are directed to look to interperiodic screening services to provide further guidance on expanded EPSDT services. OBRA '89, in addition to requiring all diagnostic and treatment services as a required component of EPSDT, also requires that screening services be provided on both a periodic and interperiodic basis. The nature of the interperiodic services is discussed in the report of the House Committee on Budget. In its deliberations on interperiodic screens, the Committee indicates:

The Committee bill also requires States to provide screening services at intervals other than those identified on their basic periodicity schedule, when there are indications that it is medically necessary to determine ~~whether~~ a child has a physical or mental illness or condition that may require further assessment, diagnosis, or treatment. These interperiodic screening examinations may occur even in children whose physical, mental or developmental illnesses or conditions have already been diagnosed, if there are indications that the illness or condition may have become more severe or has changed sufficiently, so that further examination is medically necessary. (Emphasis added.)

Both sentences describing Congressional intent about inter-periodic screens discuss the need to provide further services for conditions already existing. Clearly, Congress anticipated that children with already existing health problems would have available diagnostic and treatment services appropriate to meet their needs. To view this legislation otherwise is contrary to the preventive thrust of the program and the concept historically embodied in the EPSDT program to diagnose and treat health problems before they worsen and become more costly.

In addition, in order for a child's health problems to be known, the child had to have received screening services at some point in time. For example, a child is seen by a physician and is diagnosed as having some condition. Two months later the mother takes the child for the scheduled "EPSDT screen" and tells the screener the child was already diagnosed as having a specific health problem. In this example, we interpret the initial encounter with the physician to be an inter-periodic screening service in which the problem was discovered. Furthermore, we consider any encounter with a health care professional practicing within the scope of practice as an inter-periodic screen. As such, it does not matter whether the child receives the screening services while Medicaid eligible, nor whether the provider is participating in the Medicaid program at the time those screening services are furnished. Any medically necessary health care required to treat conditions detected as a result of a screen must be provided.

If more information is needed, you may contact Cathy Kasriel at (404) 331-5028 or Mal Williams at (404) 331-5889.


for George R. Holland
Regional Administrator
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