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Untangling EPSDT and pediatric hospice care:

Evidence from the Medicaid documents

The early and periodic screening, diagnosis, and treatment (EPSDT) program has been a mandatory Medicaid benefit for over 50 years. EPSDT provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid and is important to ensuring that children receive appropriate preventive, dental, mental health, developmental, and specialty services. The introduction of Concurrent Care for Children under Medicaid (ACA, Section, 2302) complicated the EPSDT landscape. It is often unclear how these two Medicaid program work in tandem for the benefit of children at end of life. The goal of this brief report was to examine how state Medicaid plans communicate information about EPSDT and hospice care.

We conducted a descriptive exploratory study and reviewed publicly available Medicaid hospice documents during June 2021. The information was sourced from Medicaid Provider Manuals that included policy transmittals, provider memos, policy updates, and other related documents. In each document, keywords were searched: concurrent, concurrent care, EPSDT, pediatric, children, and twenty-one. We created a data extraction tool that enabled us to identify EPSDT-specific information in the hospice documents. Information extracted included the state name, hospice document source with EPSDT, and type of EPSDT information.

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Eleven states were identified that included information on EPSDT in the hospice documentation. These included Arizona (AZ), Delaware (DE), District of Columbia (DC), Louisiana (LA), Massachusetts (MA), Michigan (MI), Missouri (MO), New Hampshire (NH), New Mexico (NM), North Carolina (NC), and Washington (WA). A majority of the states (AZ, DC, DE, LA, MA, MI, NH, WA) included a very brief notation in the hospice document about EPSDT. These statements often referred to concurrent hospice care and noted that EPSDT services for medically necessary services were available and reimbursable for pediatric hospice patients.

Three states including Missouri, New Mexico, and North Carolina included additional information on EPSDT. The Missouri Medicaid hospice manual provided information on qualified EPSDT providers, services such as physicals, lab/immunizations, and screenings (i.e., lead, vision, hearing, dental), and schedule for services. Information with the New Mexico Medicaid hospice documents stated that hospice recipients waived the right to Medicaid payment for home health service and private duty nursing under EPSDT. The North Carolina Medicaid hospice services document included detail on the



definition of EPSDT medical necessary service and prior approval requirement. For children in NC who do not qualify for Medicaid, but enroll in the NC Health Choices for Children insurance program for low-income children, EPSDT does not apply.

The findings from this document analysis suggest that basic information is contained in the Medicaid hospice documents about EPSDT. In the states that just noted EPSDT, it appeared as a reminder that these services were available. What was lacking in these documents was information on how EPSDT services are coordinated with hospice care and specifically concurrent hospice care, and who coordinates this care between EPSDT and hospice. There are also a number of questions raised from these documents. First, how are EPSDT medical necessary services defined? Second, what documentation is needed and by whom for EPSDT services while in hospice care? Third, what are the appeal processes available if services are not deemed EPSDT medically necessary? As key stakeholder in the states reflect on their pediatric hospice benefit, consideration of EPSDT for children in concurrent hospice care is warranted. Resources

RESOURCES

Arizona

Delaware: <https://regulations.delaware.gov/register/november2011/final/15%20DE%20Reg%20661%2011-01-11.pdf>

District of Columbia: <https://www.dc-medicaid.com/dcwebportal/documentInformation/getDocument/25080>

Louisiana: <https://www.lamedicaid.com/provweb1/providermanuals/manuals/Hospice/Hospice.pdf>

Massachusetts: <https://www.mass.gov/lists/hospice-manual-for-masshealth-providers>

Michigan: https://www.michigan.gov/documents/mdch/MSA_14-56_475296_7.pdf

Missouri: http://manuals.momed.com/collections/collection_hos/print.pdf

New Hampshire: <https://nhmmis.nh.gov/portals/wps/wcm/connect/d6dce18043abd7fdb0b3fe3a911edc0b/NH+Medicaid+rebranded+Hospice+Provider+Manual+1-30-18.pdf?MOD=AJPERES>

New Mexico: https://www.hsd.state.nm.us/wp-content/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/NMAC%20Program%20Rules/Chapter%20325/8_325_4.pdf

North Carolina: https://files.nc.gov/ncdma/documents/files/3D_5.pdf

Washington: <https://apps.leg.wa.gov/wac/default.aspx?cite=182-551-1860>

CONCURRENT CARE ARTICLES

Laird, J.M., Keim-Malpass, J., Mack, J.W., Cozad, M.J. & Lindley, L.C. (2020). Examining variation in state Medicaid implementation of ACA: The case of Concurrent Care for Children. *Health Affairs*, 39(10), 1770-1775.

Lindley, L.C., Cozad, M.J., Svyarenko, R., Keim-Malpass, J., & Mack, J.W. (2021). A national profile of children receiving pediatric concurrent hospice care, 2011 to 2013. *Journal of Hospice and Palliative Nursing*, 23(3), 214-220.

Lindley, L.C., Svyarenko, R., Mooney-Doyle, K., Mendola, A., Newmann, W., & Keim-Malpass, J. (2021). Patterns of health care services during pediatric concurrent hospice care: A national study. *American Journal of Hospice & Palliative Medicine*, epub.