

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



October 1, 1979

ALL-COUNTY LETTER NO. 79-68

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: Revised Federal EPSDT Regulations Effective October 1, 1979

## REFERENCE:

Revised federal Early Periodic Screening, Diagnosis, and Treatment (EPSDT) regulations (42 CFR 441.50 - .90), are effective October 1, 1979. This letter provides an overview of these revised regulations, restates current AFDC income maintenance responsibilities, identifies a change in the informing process, and discusses the federal penalty provisions. These revised federal regulations require a greater informing effort, a greater need for documentation, and clarified standards of informing for review purposes. This letter supersedes All-County Letter No. 76-70 dated May 3, 1976.

Overview of The Revised Federal Regulations

The revised federal EPSDT regulations require states to provide screening and treatment services for physical and mental problems for Medicaid eligible children up to the age of 21. Screening must include a health and developmental history; physical examination; immunizations; nutrition assessment; vision, hearing and lab testing; and dental services provided by a dentist. The regulations also require that all AFDC applicants and recipients be informed about EPSDT benefits both in writing and by face-to-face contact. The regulations also require that recipients requesting EPSDT receive screening, diagnosis and treatment services within 120 days from the date of the request or, for new applications and restorations, 120 days from the date eligibility was determined. States are required to document informing activities and maintain records for monitoring purposes. If standards of informing, service provision, and documentation are not met, states are liable to a penalty of one percent of AFDC funds.

Current AFDC Income Maintenance Procedures

The Child Health and Disability Prevention (CHDP) Program performs EPSDT functions in California. AFDC income maintenance responsibilities cover informing and referral, and documentation of these two activities. Requirements are found in EAS 40-107.6, 40-131.3 and 40-181.2. Eligibility workers are

required to inform all AFDC-FG and U applicants and recipients of the purpose and availability of CHDP services and to provide the CHDP brochure at application, restoration, and annual redetermination. AFDC-BHI and foster care procedures are not addressed by this letter. Those procedures will be dealt with separately. At the interview, the EW ensures that the applicant or recipient completes the Social Services question on the CA 2 or question 13 on the CA 20. The EW then gives out the CHDP brochure and supports it with verbal explanation. The brochure must be given to each applicant or recipient whether they have indicated interest in the program or not. (New CHDP brochures must be used and are available through local CHDP Programs.) If the applicant or recipient requests more information about CHDP, he/she is given the location and phone number of the local CHDP Program and/or referred to a list of providers.

When the applicant or recipient wants CHDP services ("yes" in the social services question's part B on the CA 2 or question 13 on the CA 20) a referral is made in accordance with local income maintenance, social services and CHDP Program arrangements.

When these actions are completed, the EW checks the box in the county use section of the CA 2 or CA 20 "CHDP Brochure and Explanation given". When a referral is made, the EW notes the place and date of the referral.

#### Assistance with Transportation and Scheduling

In those cases where the applicant or recipient has requested CHDP services it is necessary for the EW to verbally offer assistance with transportation and scheduling. The response must be documented in the county use area next to the social services section on the CA 2 or CA 20, as appropriate. Suggested language is "No T&S" where assistance with transportation or scheduling is not wanted, "yes T&S", where assistance with both services are wanted and "yes T, no S", or vice versa, when assistance with one or the other is wanted. This request for assistance must be promptly communicated to appropriate local CHDP Unit for follow-up. Your current CHDP referral system should provide an adequate base for this.

#### Penalties for Failure to Provide EPSDT Services

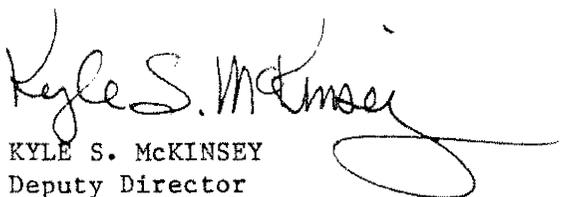
The federal regulations provide for a penalty of one percent of federal financial participation in AFDC when a state fails to meet EPSDT standards. Standards are spelled out for informing (informing requirements must be met in at least 95 percent of the cases), completing the screening and initiating treatment, and maintaining the documentation required for federal audit purposes. It is critical in order to avoid the penalty that the offer of assistance with transportation and scheduling be made to those who want CHDP. The response must be documented and, when assistance is requested, the county or responsible agency must provide it or document legitimate reasons for not providing it.

Documentation Lists

For federal audit purposes the revised regulations require that various lists of AFDC recipients be maintained. It is the intention of the Department of Social Services that federal documentation requirements result in minimal, if any, impact on county welfare departments. Furthermore, the Department of Health Services believes that most of the lists can be maintained at the state level using CID tapes, CHDP payment records, etc. One exception is the list of AFDC recipients who request screening. DSS and DHS are looking at use of referral forms to generate this list.

If you have any questions about these procedures, please contact your AFDC Management Consultant at (916) 445-4458.

Sincerely,

  
KYLE S. MCKINSEY  
Deputy Director

cc: CWDA