
EPSDT/CHDP

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This section contains information about the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) health care benefit and the Child Health and Disability Prevention (CHDP) program. In California, the CHDP program administers the Early and Periodic screening component of the federally mandated EPSDT benefit for individuals under the age of 21 who are enrolled in the Medi-Cal fee-for-service health care delivery system.

CHDP Program Overview

The CHDP program is administered by the Integrated Systems of Care Division (ISCD) of the Department of Health Care Services (DHCS). The program is operated by local county health departments and offices in the cities of Berkeley, Long Beach and Pasadena. The CHDP program is designed to ensure that eligible children and youth receive periodic health assessments and have access to ongoing health care from a medical and dental home.

CHDP Program Background

In 2019, the CHDP program completed a multi-year, multi-phase project that transitioned CHDP providers from billing non-HIPAA compliant two-character codes on the *Confidential Screening/Billing Report* (PM 160) claim form to billing HIPAA-compliant codes on the national *CMS-1500* or *UB-04* claim form. The project decommissioned a CHDP-specific claims processing sub-system. EPSDT/CHDP claims are now processed as standard Medi-Cal claims through the California Medicaid Management Information System (CA-MMIS) claims processing system.

On July 1, 2016, the CHDP program adopted the American Academy of Pediatrics (AAP), Bright Futures Recommendations for Pediatric Preventive Care. The CHDP periodicity schedule is the Bright Futures/AAP Periodicity Schedule, and the CHDP program Health Assessment Guidelines (HAG) mirror the Bright Futures/AAP guidelines except where State statute or regulations are more stringent. CHDP program providers are required to comply with State and Federal laws and regulations.

Effective May 1, 2016, pursuant to *Welfare and Institutions Code* (W&I Code), Section 14007.8, an individual who is under 19 years of age and formerly received CHDP state-only services is eligible for full-scope Medi-Cal state-only services for concerns identified during a periodic preventive health assessment, as well as any medically necessary Medi-Cal services.

As of July 1, 2016, all Medi-Cal managed care plans (MCPs) are capitated for EPSDT services. The expansion of the Medi-Cal program resulted in the majority of EPSDT-eligible children enrolled in an MCP.

The local CHDP program continues to provide care coordination for EPSDT-eligible children who are enrolled in the Medi-Cal fee-for-service health care delivery system. Managed care plans provide care coordination for MCP-enrolled members.

CHDP Program Responsibilities

The local county CHDP programs are responsible for day-to-day program operations, including the following:

- Provider recruitment, review and approval
- Provider education and quality assurance
- Liaison with schools and various community agencies
- Education and outreach to eligible families
- Assistance to families in obtaining services, including transportation for medical appointments and services
- Assistance to providers in contacting patients and scheduling appointments with other providers
- Collaboration with the Department of Education to assist families with children entering kindergarten or the first grade to obtain a health assessment and/or a signed certification of health assessment

Provider Information

CHDP Provider Participation

Provider enrollment in the CHDP program is accomplished through a partnership among DHCS, ISCD and local CHDP programs. The following Medi-Cal-enrolled providers are eligible to participate in the CHDP program as health assessment providers if they meet CHDP enrollment requirements.

- Physicians
- Independent pediatric nurse practitioners
- Independent family nurse practitioners
- Medical groups that employ physicians who meet the requirements outlined in this section
- Health clinics that employ physicians who meet the requirements outlined in this section
- Laboratory providers

Conditions of Participation

CHDP providers must:

- Participate in the Vaccines For Children (VFC) program.
- Successfully complete a medical record review by the local CHDP program. The medical record review is performed to assess format, documentation, coordination and continuity of care in order to ensure that children and youth receiving EPSDT/CHDP services are receiving the appropriate level of care.

Successfully complete a facility site review to ensure each service location is safe and readily accessible to individuals with disabilities. This does not mean CHDP providers must make each of their existing facilities or every part of the facility accessible to and usable by people with disabilities if other methods are effective in achieving compliance.

A facility review may also include, but is not limited to, the review of licensure and or certification, personnel qualifications, site management, Clinical Laboratory Improvement Amendments of 1988 (CLIA) compliance, and the availability of emergency medical equipment and examination equipment appropriate to the population served.

- Utilize clinicians that meet CHDP standards.

Laboratory Providers

The following Medi-Cal enrolled providers are eligible to participate in the CHDP program as laboratory providers if they meet CHDP enrollment requirements:

A clinical laboratory. This lab must be:

- Licensed or registered by the California Department of Public Health (CDPH) according to *Business and Professions Code*, Section 1265; and
- Appropriately certified or approved under CLIA for the level of testing done in the laboratory

A clinical laboratory with blood lead proficiency. This lab must be:

- Certified or approved under CLIA for non-waived testing, and for subspecialty toxicology, analyte blood lead; and
- Enrolled in and qualified as proficient in blood lead level analysis by the California Blood Lead Proficiency Assurance Program administered by the CDPH Environmental Health Laboratory Branch.
 - Non-waived is a term that incorporates both moderately complex and highly complex testing in the final CLIA regulations published in the *Federal Register*, January 24, 2003, 42 CFR, Part 493

All CHDP laboratory providers are required to maintain enrollment in the CHDP program.

In addition, laboratory providers are responsible for the following:

- Maintaining active status as a Medi-Cal provider
- Referring families and/or patients to their health care provider for obtaining results of the tests
- Maintaining licensure or registration as a clinical laboratory in accordance with CDPH standards
- Maintaining proficiency in blood lead analysis in accordance with CDPH standards (for blood lead labs only)

Lead Laboratory Providers

A health assessment provider who is proficient in blood lead analysis must be:

- Certified under CLIA for waived status for the LeadCare II Blood Lead Test System
- Enrolled in and qualified as proficient in blood lead analysis by the California Blood Lead Proficiency Assurance Program administered by the CDPH Environmental Health Laboratory Branch

Laboratory Providers

Laboratory providers are responsible for referring families and/or recipients to their health care provider for obtaining results of the tests.

CHDP Health Assessment Guidelines

The *CHDP Health Assessment Guidelines* incorporate the Bright Futures recommendations and include policies and procedures for provision of EPSDT/CHDP services. The guidelines include a detailed explanation of what is expected of a CHDP provider. A copy of the guidelines is available from local CHDP programs or may be accessed on the Child Health and Disability Prevention Program page of the DHCS website at www.dhcs.ca.gov/services/chdp.

Appointment Scheduling

Patients are referred to providers from a variety of sources, including parents or caregivers, foster program parents, CHDP program staff, local health departments, schools, caseworkers and other Medi-Cal providers.

Providers must offer appointments to referred patients on a timely basis.

At the time of an EPSDT/CHDP health assessment, and in accordance with the *CHDP Health Assessment Guidelines*, providers must:

- Schedule an appointment for the next periodic health assessment for children younger than 2 years of age
- Inform the family and/or patient in writing of the date when the next examination is due for children 2 years of age and older

Determining Recipient Eligibility

Prior to rendering services to a recipient, providers are responsible for determining recipient eligibility. Refer to “Eligibility Verification” in this section for information.

Informing Patients

Providers are responsible for informing patients about the availability of EPSDT/CHDP services and assisting recipients, in coordination with the local CHDP program, to obtain preventive health services for which they are eligible. Additional information about EPSDT informing requirements is located in the *EPSDT* section of this manual.

Lead Poisoning Prevention Informing Requirement

In accordance with California *Health and Safety Code* (H&S Code), Section 105286, health care providers must inform parents and guardians about all of the following:

- The risks and effects of childhood lead exposure.
- The requirement that children enrolled in Medi-Cal receive blood lead tests at specified ages.
- The requirement that children not enrolled in Medi-Cal who are at high risk of lead exposure receive blood lead tests.

Obtaining Consent:

Providers must obtain voluntary written consent prior to examination and treatment, with appropriate regard to the recipient’s age and following State and Federal laws. Consent also must be obtained prior to release of recipient information.

Minor Consent

Minors (recipients younger than 18 years of age) may provide their own legal consent for EPSDT/CHDP health assessment services, if:

- The minor is emancipated, as determined by the court.
- The minor is, or has been, married.
- Parental consent for the service is not necessary under State or Federal law.

Physician Provider Minimum Requirements:

A physician may be eligible to participate as a CHDP provider if he or she is a pediatrician or family practice physician. Internists may provide services to children 14 years of age or older. All physicians must meet the following requirements:

- Hold an unrestricted California physician and surgeon license issued by the licensing section of the Medical Board of California or the Osteopathic Medical Board of California; and
- Be enrolled as an active Medi-Cal provider (an active Medi-Cal provider means the physician has a current, unrevoked and unsuspended Medi-Cal enrolled NPI); and
- Be board certified in pediatrics, family practice or internal medicine
- If not board certified in pediatrics, family practice or internal medicine, the physician must meet either of the following:
 - Be an active candidate for the certifying examination (active candidate means a physician who has applied to take the certifying examination, and who provides written documentation of being scheduled to take the certifying examination; or
 - Have other evidence regarding eligibility to take the board examination such as a letter signed by the program director of his or her residency program verifying satisfactory completion of training. The residency program must be approved by the Accreditation Council for Graduate Medical Education.

The local CHDP director may make an exception to the physician qualification requirements based on his/her practice location within a primary care health professional shortage area or medically underserved areas/medically underserved population if the physician also meets the following criteria to provide EPSDT/CHDP services:

- Holds an unrestricted California physician and surgeon license issued by the licensing section of the Medical Board of California or the Osteopathic Medical Board of California; and
- Provides documentation of 480 hours of post-graduate supervised pediatric training in an accredited medical institution or facility; or
- Provides documentation of clinical experience within the last three years of at least six months experience with the pediatric age group to be served.

Independent Nurse Practitioner Requirements:

An independent nurse practitioner is eligible to participate as a CHDP provider if certified as a family nurse practitioner or a pediatric nurse practitioner and meets the requirements of the *California Code of Regulations (CCR)*, Title 22, Section 51170.3.

An independent nurse practitioner must hold an unrestricted California license issued by the Board of Registered Nursing and possess a written agreement with a physician who is also a CHDP provider in the local health jurisdiction of application or a contiguous county.

Physician Group or Health Clinic Minimum Requirements:

Physician groups or health clinics may be eligible to participate as CHDP providers if they have an active Medi-Cal enrolled NPI in the Medi-Cal program, meet the licensure requirements and employ physicians, nurse practitioners or physician assistants who meet the conditions of participation for CHDP providers.

Non-Physician Medical Practitioner Qualifications:

Qualifications for Non-physician Medical Practitioners (NMPs) (nurse practitioners and physician assistants) rendering CHDP services are as follows.

Nurse Practitioners

A certified pediatric or family nurse practitioner may render EPSDT/CHDP services at a CHDP provider site.

Other nurse practitioners, as employees of a CHDP provider must:

- Provide documentation of 600 hours of postgraduate onsite supervised primary care experience within the past three years in the pediatric age group to be served. Supervision of the 600 hours must have been by a family practice or pediatric physician, or an internal medicine specialist who serves children 14 years of age and older. The documentation for this requirement may be, at a minimum, provided in an up-to-date curriculum vitae.
- Hold an unrestricted California license issued by the Board of Registered Nursing.
- Possess written protocols that describe the review process by the physician of record when examination findings are suspect or abnormal.

Physician Assistants

A physician assistant may render EPSDT/CHDP services at a CHDP provider site if he or she is:

- Certified or holds certification by the National Commission on Certification of Physician Assistants as a “PA-C,” and
- Provides documentation of a minimum of 600 hours or equivalent of post-graduate onsite, supervised primary care experience within the past three years in the pediatric age group to be served. Supervision of the 600 hours must have been by a family practice or pediatric physician or an internal medicine specialist who serves children 14 years of age and older.

A physician assistant must:

- Hold an unrestricted California license by the Physician Assistant Committee of the Medical Board of California
- Possess a written agreement with a physician supervisor who is also a CHDP provider who practices at the same site or have immediate electronic access to that physician
- Possess written protocols that describe the review process by the physician of record when examination findings are suspect and/or abnormal

Medi-Cal Managed Care Plans

Managed care plans (MCPs) that contract with the State to render care to Medi-Cal recipients must provide EPSDT services for Medi-Cal recipients younger than 21 years of age. The MCP may contract with providers to render those services and may require those providers to enroll as CHDP providers.

Providers not required by their contractual arrangements with a Medi-Cal managed care plan to be CHDP providers are encouraged to enroll as CHDP providers. Enrollment helps ensure continuity of care for children that exit a Medi-Cal MCP and enables providers to deliver expected levels of care to Medi-Cal fee-for-service recipients and children enrolled in Medi-Cal through the CHDP Gateway.

CHDP Provider Application and Program Agreement

Providers submit a *California Child Health and Disability Prevention (CHDP) Program CHDP Health Assessment Provider Application* (DHCS 4490) form and a *California Child Health and Disability Prevention (CHDP) Program: Health Assessment Provider Program Agreement* (DHCS 4491) to enroll in the CHDP program.

Both DHCS 4490 and 4491 forms are available on the Child Health and Disability Prevention Program Forms page of the DHCS website, www.dhcs.ca.gov/formsandpubs/forms/Pages/CHDPForms.aspx.

Health Assessment Provider Application Form Completion

The DHCS 4490 application form contains detailed instructions, which are highlighted as follows:

Provider Numbers

Providers must enter all active Medi-Cal enrolled NPIs for the business address on the application documents. A provider may have separate NPIs for each business address.

Application Information Requirements

The NPI, address and Tax Identification Number (TIN) on the application must match information in the Medi-Cal Provider Master File (PMF).

Proof of licensure and professional qualifications for physicians, independent pediatric or family nurse practitioners, and other non-physician medical practitioners performing health assessments under physician supervision, is required on the application.

Submission

A completed application form is submitted by fax or hard copy to the local CHDP office that serves the area where the provider's office is located. A copy of the *Local CHDP Directory* is available on the Child Health and Disability Prevention Program page of the DHCS website at www.dhcs.ca.gov/services/chdp.

Receipt Acknowledgment

The local CHDP program notifies applicants in writing that the DHCS 4490 application has been received and is being reviewed.

Review by Local CHDP Program

The local CHDP program reviews the completed application and verifies that the applicant meets the CHDP provider requirements.

Facility and Medical Record Reviews

An appointment is scheduled for local CHDP program staff to complete both onsite facility and medical record reviews. Copies of both the medical record and facility review tools are available on the Child Health and Disability Prevention Program page of the DHCS website at www.dhcs.ca.gov/services/chdp.

Integrated Systems of Care Division (ISCD) Notification

The local CHDP program forwards the necessary documentation to the Integrated Systems of Care (ISCD) Division to finalize the CHDP program enrollment process.

Laboratory Providers

To participate in the CHDP program, laboratories must complete the *California Child Health and Disability Prevention (CHDP) Program: CHDP Laboratory Provider Application* (DHCS 4502) and the *California Child Health and Disability Prevention (CHDP) Program: Laboratory Provider Program Agreement* (DHCS 4503) and submit them to the ISCD. Both DHCS 4502 and 4503 forms are available on the Child Health and Disability Prevention Program Forms page of the DHCS website, www.dhcs.ca.gov/formsandpubs/forms/Pages/CHDPForms.aspx.

When a clinical laboratory with blood lead proficiency has been approved as proficient in blood lead analysis, the CDPH Environmental Health Laboratory Branch notifies ISCD. ISCD then notifies the lab that they are eligible to enroll in the CHDP program and sends an application packet, with a copy of the eligibility letter, to the local CHDP program.

Laboratory providers use their active Medi-Cal enrolled NPI on the application. Applications are submitted to:

Integrated Systems of Care Division
Provider Enrollment Unit, MS 8100
P.O. Box 997413
Sacramento, CA 95899-7413
(916) 552-9105

Note: CHDP providers are responsible for maintaining current CLIA certificates and proficiencies to qualify as laboratory providers for the CHDP program.

Change of Provider Information

To maintain CHDP program enrollment, providers must submit changes of information to the local CHDP program within 30 days of the change. These changes include:

- Change of address
- Addition of sites of service
- Use of temporary location or mobile van unit
- Changes in NPI or Federal Tax Identification Number
- Addition or deletion of rendering providers
- Change from an independent to an intermittent/satellite clinic

Providers whose status changes from an individual provider to a group, from a group to a clinic, or from a clinic to a Federally Qualified Health Center (FQHC), etc., must notify CHDP after securing the new status.

Directory of Local CHDP Offices

A copy of the *Local CHDP Directory* is available on the Child Health and Disability Prevention Program page of the DHCS website at www.dhcs.ca.gov/services/chdp.

Facility and Medical Record Reviews

Select information about facility, medical and provider reviews is included here. For additional information, providers should refer to the Child Health and Disability Prevention Program page of the DHCS website at www.dhcs.ca.gov/services/chdp.

Onsite Review

All CHDP provider service sites, including mobile vans, intermittent/satellite clinics and school-based clinics, must receive an initial onsite review. These sites may have subsequent periodic reviews.

Mobile Van Definition

A mobile van is a mobile health care unit that is licensed or approved according to H&S Code, Section 1765.101 et seq., and that is operated by the CHDP provider or provider applicant, and for which the CHDP provider or provider applicant directly or indirectly provides all staffing, protocols, equipment, supplies and billing services in accordance with CHDP program standards.

Intermittent/Satellite Clinic Definition

An intermittent/satellite clinic is a clinic where health care services are provided and that is operated by a primary care community or free clinic on separate premises from the licensed clinic for limited services of no more than 40 hours a week. The licensee/parent provider or provider applicant directly or indirectly provides all staffing, protocols, equipment, supplies and billing services for the intermittent/satellite clinic in accordance with H&S Code, Section 1206(h).

Review Standards: Managed Care Plan

Providers who have successfully completed both a facility and medical record review within the past 12 months by the Medi-Cal managed care plan in which they are enrolled will need only a modified review consisting of Critical Elements (CEs).

Additional onsite reviews may be performed for a variety of reasons, including the following:

- Receipt of a complaint
- Local program review and evaluation of data reporting
- Local program review and evaluation of billing history

Provider Reviews

Providers rendering services to children and youth receiving EPSDT/CHDP services are subject to oversight and review, which can result in disenrollment for a variety of reasons.

Investigations

The local CHDP program investigates potential non-compliance issues. Disenrollment may be based on, but is not limited to, the following:

- Complaints
- Facility or medical record review findings
- Confirmed adverse actions by other agencies
- Review of services
- Disenrollment from a Medi-Cal managed care plan
- Disenrollment from other DHCS programs
- Unannounced site visit results

Local CHDP programs investigate identified problems by performing any of the actions listed below. All steps of the investigation are documented and placed in the provider file:

- Review and documentation of the complaint(s)
- Discussion of the problem with the provider
- Interview of recipients to confirm complaints
- Performance of a facility review and/or medical record review to confirm or deny the problem identified
- Provision of technical assistance and training, including onsite visits and development of corrective action plans

Possible Outcomes of Investigative Process

Based on the outcome of documentation and the described investigation(s) the local CHDP program may take one or more of the following actions regarding a CHDP provider's approval status:

- Authorize conditional approval not to exceed three months based on both facility and medical record reviews with scores between 70 and 84 percent
- Require a written plan of correction to be submitted within 20 business days
- Disenroll the provider

Informal Reconsideration of Decisions

A CHDP applicant or provider may request from the local CHDP program an informal review of decisions made by the local program regarding CHDP program participation.

Voluntary Disenrollment

Providers may terminate their participation in the CHDP program at any time by submitting written notification of voluntary termination to each of the local CHDP programs in which they are enrolled. The written notification must include all of the following:

- Printed legal name of the provider with business address
- Billing number(s) assigned to the provider, including active NPI(s) in the Medi-Cal program
- Last four digits of the Social Security Number or the Federal Employer Identification Number associated with the legal name of the provider
- Requested effective date of the termination
- Reason for the termination (for example, provider moved, reimbursement problems or client population declined)
- Original signature of the provider in any color other than black ink

Termination or Restriction by the Medi-Cal Program

In accordance with H&S Code, Section 100185.5, when provider participation in Medi-Cal is restricted or terminated, providers are denied the right to bill for EPSDT/CHDP services. Denial of reimbursement for services is effective on the date that the restriction or termination is effective.

Reinstatement

Providers who are subsequently reinstated to the Medi-Cal program, are not automatically reinstated as CHDP providers. Providers must reapply to the CHDP program. Reinstatement is considered on an individual basis.

Provider Appeal Rights

If, after an informal review by the local CHDP program, the applicant or provider is still dissatisfied with the decision, the applicant or provider has the right to appeal the decision.

Appeal

Only the following local CHDP program decisions may be appealed:

- Denied application
- Disenrollment as a current CHDP provider
- Conditional approval for continued enrollment

Note: Providers whose termination from the CHDP program is a result of termination by Medi-Cal or the Vaccines For Children (VFC) program cannot appeal the termination.

Levels in Formal Appeals Process

There are three levels in the formal appeals process. The first level is the local county CHDP program. The second level is the DHCS, Integrated Systems of Care Division. The third level is the DHCS deputy director for Health Care Delivery Systems.

Level 1: Local CHDP Program

The provider or applicant may send a written appeal to the local county CHDP Program county CHDP program within 20 business days of notification of the decision. The written appeal must include all of the following:

- A copy of the original letter of the decision to deny an application or to disenroll
- A letter from the CHDP provider or applicant to appeal the decision, including the reason(s) for the appeal
- Documentation supporting the appeal

The local CHDP program must inform the CHDP provider or applicant in writing within five working days that the appeal was received.

The local CHDP director has 20 business days from receipt of the appeal to notify the CHDP applicant or provider in writing about the outcome of the appeal. ISCD receives copies of the decision letter.

Level 2: Integrated Systems of Care Division

Upon notification that the local county CHDP program has denied the Level 1 appeal, the applicant or provider may send a written appeal to the ISCD Hearing and Appeals Unit within 20 business days of the date of the Level 1 appeal decision. The appeal must be directed to:

Hearings and Appeals Unit
Integrated Systems of Care Division
1515 K Street, Suite 400, MS 4502
Sacramento, CA 95899-7437

The written appeal must contain all of the following:

- A copy of the original letter from the local CHDP program with the decision to deny an application or to disenroll
- A copy of the letter from the applicant or provider appealing the decision of the local CHDP program
- A copy of the letter with the decision by the local CHDP director
- A request to the ISCD to appeal the decision, including the reason(s) for the appeal
- Documentation supporting the appeal

ISCD informs the applicant or provider in writing within five business days that the appeal was received. The ISCD has 20 business days from receipt of the appeal to review the documentation and submit a decision to the applicant or provider.

The review may include a provider site visit that includes a facility and/or medical record review by ISCD staff or staff from a regional CHDP program.

ISCD sends a letter with the appeal decision to the applicant or provider and also forwards copies to the local CHDP director and DHCS deputy director.

Level 3: California Department of Health Care Services

Upon notification that ISCD denied the appeal, the provider may send a written appeal to the DHCS Health Care Delivery Systems deputy director within 20 working days of the date of the denial. The appeal is mailed to:

Deputy Director, Health Care Delivery Systems
California Department of Health Care Services
MS 4000
P.O. Box 997413
Sacramento, CA 95899-7413

The written appeal must contain all of the following:

- A copy of the original letter from the local CHDP program with the decision to deny an application or to disenroll
- A copy of the letter from the CHDP provider or applicant to appeal the decision of the local CHDP program
- A copy of the letter with the decision by the local CHDP director
- A copy of the letter to the ISCD Hearings and Appeals Unit to appeal the decision of the local CHDP program
- A copy of the letter with the decision by the ISCD Hearings and Appeals Unit
- A request to DHCS to appeal the decision and the reasons for the appeal
- Documentation supporting the appeal

The deputy director's office informs the applicant or provider in writing within five working days that the appeal was received. The deputy director's office has 20 working days from receipt of the appeal to submit a decision.

The review may include another provider site visit that includes a facility and/or medical record review by ISCD or a regional county CHDP program.

The deputy director's office sends a letter with the appeal decision to the applicant or provider and forwards copies to the local CHDP director and ISCD Hearing and Appeals Unit.

The DHCS deputy director's appeal decision is final.

Recipient Information

Eligible Children and Youth

Children and youth who reside in California and who meet the following criteria are eligible to receive EPSDT/CHDP health assessments and immunizations.

Full-Scope Medi-Cal

Medi-Cal recipients younger than 21 years of age are eligible to receive periodic EPSDT/CHDP health assessments and immunizations according to their age, sex and health history if they are verified to be eligible for full-scope Medi-Cal on the day services are provided.

Note: Health assessments are reimbursed fee-for-service by the Medi-Cal program, unless the child or youth is enrolled in a Medi-Cal managed care plan in which EPSDT services are capitated. Claims for services rendered to a plan member must be submitted to the managed care plan.

Children and youth who are pre-enrolled in Medi-Cal through the Gateway are eligible for EPSDT/CHDP health assessments and immunizations. Refer to the *EPSDT/CHDP: Gateway* section in this manual for eligibility requirements and pre-enrollment procedures.

No Full-Scope Medi-Cal

Individuals younger than 19 years of age whose family income is at or below 266 percent of the federal poverty guidelines and who have no health insurance coverage for well-child care are eligible to receive no-cost initial and periodic EPSDT/CHDP health assessments and immunizations.

EPSDT/CHDP services also may be rendered to Medi-Cal eligible recipients younger than 19 years of age who have no coverage on the date of service. These recipients include those who have:

- Limited scope Medi-Cal (emergency services or pregnancy-related services only)
- A Share of Cost (SOC) that has not been met for the month of service

These children and youth are only able to access EPSDT/CHDP services through enrollment in full-scope, fee-for-service Medi-Cal through the CHDP Gateway.

Head Start or State Preschool

Children who are enrolled in Head Start or State Preschool programs are eligible for EPSDT/CHDP services when they are either a current Medi-Cal recipient or the family's income meets CHDP program guidelines.

Income Eligibility Guidelines

Providers may refer to the “Income Eligibility Guidelines” in the EPSDT/CHDP: Gateway section in this manual to determine whether a CHDP applicant’s gross family income is at or below the Medi-Cal program’s income limits.

WIC Eligibility

Children and youth who receive EPSDT/CHDP health assessments may be eligible for the Women, Infants and Children (WIC) program. Infants and children younger than 5 years of age, pregnant women at nutritional or medical risk, and women up to six months postpartum or breastfeeding an infant younger than 12 months of age may be eligible for the WIC Supplemental Nutrition Program.

Providers are advised to refer recipients to local CHDP programs to receive information about the WIC program.

Ineligible Recipients

Refer to “Ineligible Children and Youth” information in the *EPSDT/CHDP: Gateway* section in the appropriate Part 2 Medi-Cal provider manual.

Eligibility Verification

Providers must verify recipient eligibility at each scheduled health assessment visit and ensure the patient is eligible on the date of service and is not a member of a Medi-Cal managed care plan.

Medi-Cal Eligibility

If a recipient presents a Benefits Identification Card (BIC), the provider verifies Medi-Cal eligibility through the POS network, which includes the Automated Eligibility Verification System (AEVS), the Medi-Cal website at www.medi-cal.ca.gov and state-approved software.

If a child is enrolled in a Medi-Cal managed care plan, the child must be referred to one of the plan's network providers. If the child or youth is not eligible for no Share of Cost, full-scope Medi-Cal on the date of service, the family may complete the *Child Health and Disability Prevention (CHDP) Program: Pre-Enrollment Application* (DHCS 4073) to receive CHDP health assessment services, if the Share of Cost (SOC) is unobligated.

Providers may need to screen for eligibility for CHDP Gateway, as defined in the *EPSDT/CHDP: Gateway* section of this manual.

Note: CHDP Gateway Medi-Cal presumptive eligibility (PE) is limited to a maximum of two PE periods in any program, in the previous 12 months.

Medical Periodicity

A child or youth is eligible for a complete health assessment if a scheduled examination is according to the Bright Futures/AAP Periodicity Schedule or meets one of the criteria for a Medically Necessary Interperiodic Health Assessment (MNIHA).

Interperiodic health assessment information is available in the *Preventive Services* section of the appropriate Part 2, Medi-Cal manual.

Services

Periodicity and Medically Necessary Interperiodic Health Assessments

Periodic and interperiodic screenings and assessments are reimbursable for infants and children under 21 years of age, as specified in Bright Futures/AAP Recommendations for Preventive Pediatric Health Care.

Comprehensive no-cost preventive visits for children include age and gender appropriate history, examination, counseling/anticipatory guidance, development surveillance, risk factor reduction interventions and the ordering of laboratory/diagnostic procedures.

Additional information about the components of a health assessment, CPT® billing codes, frequency limitations, immunizations and interperiodic health assessments is available in the *Preventive Services* section of the appropriate Part 2 Medi-Cal manual.

«Obesity Screening and Counseling

The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years of age and older and offer them comprehensive, intensive behavior intervention to promote improvement in weight status. (B recommendation, 2017).

Information about obesity screening and appropriate coding is available in the *Preventive Services* section of the appropriate Part 2 Medi-Cal manual.»

Dental Periodicity

A dental screening/oral assessment is required at every EPSDT/CHDP health assessment, regardless of age.

Children and youth should be referred to a dentist as follows:

- Beginning at age one as required by H&S Code, Section 12040 (6) (D).
- At any age if a problem is suspected or detected. Additional information is included in the *Periodicity Schedule for Dental Referral by Age* (Table 21.4) on the DHCS website at www.dhcs.ca.gov/services/chdp/Pages/Periodicity.aspx.
- Every six months for maintenance or oral health.
- Every three months for children with documented special health care needs when medical or oral condition can be affected, and for other children at high risk for dental caries.

Provider Lead Poisoning Prevention Services

Provider lead poisoning prevention services include the following:

- Anticipatory guidance
- Health education related to lead poisoning prevention and environmental lead sources
- Blood lead testing offered to children at ages 12 and 24 months
- Lead testing consistently offered to families with children 24 to 72 months of age, who were not tested earlier
- Blood lead testing offered to refugee children six months to 16 years of age, preferably within 30 to 90 days of arrival in the United States
- Blood lead testing offered to refugee children six months to 6 years of age, within three to six months post resettlement, regardless of the initial screening lead level result

Counseling services associated with blood lead testing are included as part of a preventive medicine health assessment.

Pasteurized Donor Human Breast Milk

«HCPCS code T2101 (human breast milk processing, storage and distribution only), to be billed per 3 ounces per unit, 35 ounces per day, only good for 30 days; can be used for medically necessary pasteurized donor human milk (PDHM) when obtained from a licensed and approved facility. Coverage may be up to 12 months of age. For more information, refer to the [Pregnancy: Postpartum and Newborn Referral Services](#) section in this manual.

HCPCS code K1005 (disposable collection and storage bag for breast milk, any size, any type, each).»

Immunizations/Vaccines

Immunizations

For information about administering vaccines, providers should refer to the current American Academy of Pediatrics, Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Physicians *Recommended Childhood and Adolescent Immunizations Schedule*.

The immunization schedule is updated annually. The most current version may be obtained by searching for child and adolescent immunization on the CDC website at www.cdc.gov.

Providers should also refer to important information in the *Vaccines For Children (VFC) Program* section in the appropriate Part 2 Medi-Cal manual.

Immunization Assessments

Providers are responsible for the following:

- Assessing and updating the patient's immunization record at each EPSDT/CHDP office visit.
- Giving to the parent or patient the *Immunization Record* card (yellow card) or other document on which the dates of immunizations and Purified Protein Derivative of Tuberculin (PPD) tests are recorded.

Vaccines For Children (VFC) Program

All CHDP providers must participate in the Vaccines For Children (VFC) program. To participate in the VFC program and receive VFC vaccines, a provider must agree to the program's terms and conditions and sign a *VFC Provider Enrollment Form*.

Vaccines from the VFC program are available at no cost to the provider. Medi-Cal reimburses only an administration fee for vaccines provided through the VFC program to individuals younger than 19 years of age.

The VFC program does not supply vaccines for individuals 19 and 20 years of age. Medi-Cal reimbursement is available for Medi-Cal approved immunizations administered to Medi-Cal recipients who are 19 and 20 years of age.

Recordkeeping: Vaccine Information Statement (VIS)

As modified by Congress in 1993, the National Vaccine Injury Act does not require providers to obtain and retain signatures from patients or parents to verify that the patient or parent read the corresponding Vaccine Information Statement (VIS) forms and wishes to proceed with immunization.

Federal law requires that providers give a VIS to patients or parents to read before receipt of each dose of vaccine that is covered under the National Vaccine Injury Act.

The VIS provides information to prospective vaccine recipients (or their parents or legal guardians) about the benefits and risks of a specific vaccine. The statements are available in multiple languages at the Immunization Action Coalition Web site at www.immunize.org and should be given to the family in the language they best understand.

Single copies of VIS forms may be obtained free by calling toll-free 800/PIK VIPS (1-800-745-8477). English and foreign language versions are available in print and online (visit the CDC website at www.cdc.gov/vaccines/pubs/VIS [English version] and the Immunization Action Coalition Web site at www.immunize.org [foreign language versions]).

For each dose of a vaccine covered under the National Vaccine Injury Act, providers are required to record the following in the patient's permanent record:

- Date of administration of the dose, site of administration, vaccine manufacturer, lot number, and name/address/title of the health care provider
- Edition date of the VIS given to the patient or parent, plus an indication in the record that the VIS was given to the patient or parent prior to immunization

Additional information about the use of a VIS form is available at www.cdc.gov/vaccines.

Note: For combination vaccines where no VIS is available, providers should use a VIS for individual component vaccines.

Vaccine Adverse Event Reporting System (VAERS)

For vaccines covered under the National Vaccine Injury Act, certain events following immunization must be reported to the Vaccine Adverse Event Reporting System (VAERS):

- Any adverse event listed in the act's *Vaccine Injury Table* that occurs within the time period following immunization indicated in the table (providers may visit the Health Resources and Services Administration Web site at www.hrsa.gov/vaccinecompensation/table.htm)
- Any adverse event that the manufacturer's package insert states is a contraindication to further doses of the vaccine

The VAERS form appears at the back of the *Physician's Desk Reference* and also may be obtained by calling toll-free 1-800-822-7967 or by visiting the Food and Drug Administration website at <https://secure.vaers.org/VaersDataEntryintro.htm>.

Completed reports should be faxed to 1-877-721-0366 or mailed to the following address:

VAERS

P.O. Box 1100

Rockville, MD 20849-1100

Exception: Local health department clinics send completed VAERS forms to the DHCS Immunization Branch.

Billing

Billing Policy for CHDP Providers

CHDP providers must submit claims to the Medi-Cal Fiscal Intermediary for EPSDT services rendered to Medi-Cal fee-for-service enrolled recipients younger than 21 years of age.

Six-Month Billing Limit

Claims are subject to Medi-Cal's six-month billing limit. Information about the billing limit is included in the *Claim Submission and Timeliness Overview* section of the Part 1, Medi-Cal provider manual.

CHDP providers submit claims for the health assessment services according to the Bright Futures/AAP recommendations; or, for interperiodic services, according to the timelines indicated in the *Preventive Services* section of the appropriate Part 2 Medi-Cal provider manual.

School-Based Services

Services rendered to school-based recipients are billed according to Medi-Cal standards with the additional requirement that condition code "A1" be added in the *Condition Codes* field (Boxes 18-24) of a UB-04 claim form. Additional instructions are available in the *EPSDT/CHDP: School-Based Services* section in the appropriate Part 2 Medi-Cal provider manual.

Electronic Billing

All EPSDT/CHDP claims may be submitted as Computer Media Claims (CMC). For more information about CMC billing, providers may refer to the *CMC* section in the Part 1 Medi-Cal provider manual.

Blood Lead and Lead Testing and Counseling

Instructions for billing CPT code 99000 (handling and/or conveyance of specimen for transfer from the [physician's] office to a laboratory) are included in the *Pathology: Blood Collection and Handling* section in the appropriate Part 2 Medi-Cal provider manual.

Analysis of the specimen may only be billed by labs participating in the Blood Lead Proficiency Assurance Program. All other non-participating labs may charge an amount not to exceed \$4.86 for collection and handling of the specimen, if applicable.

Reference

EPSDT/CHDP Web Page

The most targeted EPSDT/CHDP information is available on the EPSDT/CHDP page of the Medi-Cal website (www.medi-cal.ca.gov). Within the “Supplemental Materials” link, providers can locate CHDP-program related forms and helpful links, including but not limited to the following.

Links

- CDC Growth Charts
- Recommended Vaccinations for Infants and Children
- Catch-up Immunization Schedule for Persons Aged 4 months to 18 Years Who Start Late or Who are More than One Month Behind
- CHDP Dental Referral Classification Guide
- Local CHDP Directory (County Offices)

Forms

- Various CHDP program provider applications and agreements
- Report of health exam for school entry (PM 171 A)
- Waiver of health exam for school entry (PM 171 B)

Provider Manual Sections

In addition to this manual section, providers who render preventive health assessment and immunization services to children and youth under the age of 21 should refer to important information in the following provider manual sections:

- *EPSDT*
- *EPSDT/CHDP: Gateway*
- *EPSDT/CHDP: School-Based Services*
- *Preventive Services*
- *Immunizations*
- *Vaccines For Children (VFC) Program*

DHCS Website

Many helpful references for CHDP providers are included on the Child Health and Disability Prevention Program page of the DHCS website at www.dhcs.ca.gov/services/chdp, including but not limited to the following:

- Confidential Referral/Follow-Up Report (PM 161)
- Medical record review tool-scoring instructions and reviewer guidelines

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
†	This is a sample symbol
‡	This is a sample end note table
&	Bookmark the symbols here
§	Hyperlink to them in the various pages above
¥	This will allow users to have a legend/key, and for the symbols to be maintained easily.