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Focus On Subspecialties

Physicians often unaware that Medicaid patients qualify for home care services

by Douglas McNeal, M.D., FAAP, and Jerie Beth Karkos, M.D., FAAP

Home-based services provided by a private duty nurse or a personal care aide for children covered by Medicaid often are underutilized because physicians aren’t aware that these services are mandated under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

Many private insurance policies do not cover private duty nursing and those that do usually have a lifetime limit. Personal care aides usually are not covered by private insurance. However, both of these services are mandated under the EPSDT program for those 0-21 years of age based on a child’s medical needs and the family’s ability to care for the child. In addition, federal courts have upheld EPSDT mandates for these services.

One major reason for the dearth or significant delay in prescribing these much-needed services for families is that clinicians have poor awareness and understanding of the program, including the differences in service eligibility for those covered by the Medicaid EPSDT program and Medicaid programs that serve adults.

Under federal law, EPSDT programs are required to provide all medically necessary services to “correct or ameliorate physical and mental illnesses and conditions” discovered in Medicaid-eligible children by routine screening regardless of whether such services are covered under the state Medicaid plan for adults ages 21 and over (42 U.S.C. § 1396d(r)(5)).

Because Medicaid is a federal program administered by states, uniform access to EPSDT mandated home-based services has been blocked by state-specific interpretation of medical necessity. While states must report their performance in meeting EPSDT mandates yearly to the Centers for Medicare & Medicaid Services (CMS), there is no specific tracking of home-care service provision. Therefore, a key way to ensure states fulfill their obligations to children under EPSDT are due process rights and protections, including the right to a state hearing before an impartial decision-maker.

States’ attempts to ignore or circumvent the law have resulted in numerous federal cases that support the underlying mandates of EPSDT:

- EPSDT requires states to do more than merely offer to cover services. States are obligated to arrange for treatment and ensure that children who need personal care services actually receive them (Chisholm v. Hood).
- The state is responsible for ensuring that EPSDT services are delivered when using Medicaid managed care (Frew v. Gilbert).
- After plaintiffs challenged waiting lists for services for children with mental retardation and developmental disabilities, the state agreed to improve services (Chisholm v. Hood).
- Both the state and treating physician have roles in determining the services/treatments needed to correct and/or ameliorate medical conditions. The state must provide for the amount of private duty nursing services that the child’s treating physician deems necessary (Moore v. Meadows).

Home-based services are part of the medical home model. The primary health care professional can help the family and patient access and coordinate specialty care, other health care services, educational services, and in and out of home care. CMS defines home health providers as caring not just for an individual’s physical condition, but providing linkages to long-term community care services and supports.

When evaluating a patient with a physical or cognitive delay,
pediatricians should ask: Does this patient need home-based services to correct or ameliorate the condition? If so, do not assume that someone else is making the referral.

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