

Region VII
Federal Office Building
601 East 12th Street
Kansas City, Missouri 64106

September 10, 1992

MEDICAID STATE BULLETIN - 231

TO: State Agencies Administering the Title XIX Program

SUBJECT: Maintenance Services Under Early and Periodic Screening,
Diagnostic and Treatment (EPSDT)

The question was raised whether maintenance services, those services which sustain or support rather than those which cure or improve health problems, were required under EPSDT. The Omnibus Budget Reconciliation Act (OBRA) of 1989 requires States to provide EPSDT recipients any services listed in section 1905(a) of the Social Security Act (the Act) "...to correct or ameliorate..." health problems detected during screens.

We do not believe that Congress intended the terms "correct or ameliorate" to be read so narrowly as to exclude maintenance services. An individual who receives a maintenance service may be receiving it to correct or compensate for a deficiency, and the services can ameliorate or improve the individual's overall health on an ongoing basis.

We believe that maintenance services are covered by the expanded services required to be provided to EPSDT recipients by the OBRA 89 legislation, to the degree that these services prevent conditions from worsening or prevent the development of additional health problems. We regard this approach as consistent with the preventive thrust of the EPSDT program. If maintenance services are denied, this could potentially allow health problems to deteriorate. As such, Medicaid would then be required to pay for the services to treat the condition which has worsened.

Section 1905(r) of the Act appears to contemplate that States "maintain" an EPSDT recipient's health. Under the statute, States must provide vision, dental and hearing services to EPSDT recipients at intervals that meet reasonable standards to dental and medical practice. The implication of these requirements for periodic services is that a recipient should receive whatever services are necessary to maintain his or her health in the best condition possible. These periodic service requirements are in addition to a separate periodic screening requirement.

A"

In addition, section 1905(r) (5) requires that States provide EPSDT recipients with all medically necessary health care, treatment, and other measures described in section 1905(a) to correct or ameliorate defects, illnesses or conditions discovered by a screening. The services in section 1905(a) encompass services which may be regarded as "maintenance" services. Also, maintenance services for some EPSDT recipients will be medically necessary services.

If you should have any questions regarding this State Bulletin, please contact Bonnie Bailey-Howard at (816) 426-3406.

A handwritten signature in cursive script, appearing to read "Richard P. Brummel".

Richard P. Brummel
Associate Regional Administrator
for Medicaid



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

T-64

copied P.G. 17

copy of p. 18 of L=

Region V
105 West Adams
Chicago, Illinois 60603

October 1992

CHICAGO REGIONAL STATE LETTER NO: 65-92

SUBJECT: Inpatient Psychiatric Services for Children in Facilities Other than Inpatient Hospitals - INFORMATIONAL

Chicago Regional State Letters (CRSLs) numbered 30-92 and 44-91 transmitted policy for the coverage of inpatient psychiatric services for individuals under age 21. CRSL 44-91 explained that such services may be provided by any psychiatric facility or an inpatient program in a psychiatric facility, either of which is accredited by the Joint Commission of Accreditation of Health Care Organizations (JCAHO) as required by 42 CFR 441.151. While a wide range of facilities may be qualified to provide inpatient psychiatric services for individuals under age 21, HCFA is revising regulations under the authority of section 4755 of the Omnibus Budget Reconciliation Act of 1990 to remove the requirement for accreditation by JCAHO and to clearly define the settings that may be used for this benefit. CRSL 30-92 clarified that when the need for inpatient psychiatric services is determined as a result of an EPSDT screen, a State may determine that a psychiatric hospital could provide any medically necessary inpatient service that an individual may require and that it is not medically necessary to provide inpatient psychiatric services in additional lower level of care settings for these individuals. The following discussion is to provide additional clarification regarding the provision of medically necessary inpatient psychiatric services under EPSDT.

A psychiatric hospital may not only provide acute care, but may also provide a broad-er range of services, including residential treatment services. However, if a psychiatric hospital does not provide residential treatment services at the time the State determines that this type of care is medically necessary for an EPSDT child, the State must assure that these services are made . . . available, . . . either in the hospital or in another setting. Therefore, if services provided by a residential treatment facility; are determined to be medically necessary for an EPSDT child, the State must assure that it is being provided in some setting, be it a residential treatment facility or a psychiatric hospital.

A State is not required to provide inpatient psychiatric services for individuals under the age of 21 in every facility that State law considers to be a psychiatric facility. Psychiatric facilities can include not only psychiatric hospitals and residential treatment facilities, but also can include a much wider range of settings. For instance, HCFA is currently working with a State that provides substance abuse treatment services for adolescents in dozens of different types of inpatient settings. With JCAHO accreditation, all of these settings could qualify to provide this benefit. Each setting would provide a somewhat different type of care to meet a broad range of individual needs. HCFA does not now nor in the revised regulations intend to require coverage of the full range of inpatient psychiatric care in every possible setting as long as a State can assure that some setting(s) will provide medically necessary care.

If you have any questions concerning this issue, please contact Barbara J. England, Medicaid Policy Specialist, at (312) 353-8720 or your Medicaid Program Specialist.



Charles W. Hazlett
Associate Regional Administrator
Division of Medicaid

Originating Component: Medicaid Operations Branch
Division of Medicaid