



Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program

Objetives

Explain the EPSDT program.

Submit Ruling Letter
2021-1214-03

Describe the
guidelines for
preventive pediatric
services of the EPSDT
program.

Present the screenings
and recommendations
established under the
Program.

Offer
recommendations for
caregivers and Social
Workers in charge.



E **P** **S** **D** **T** Program

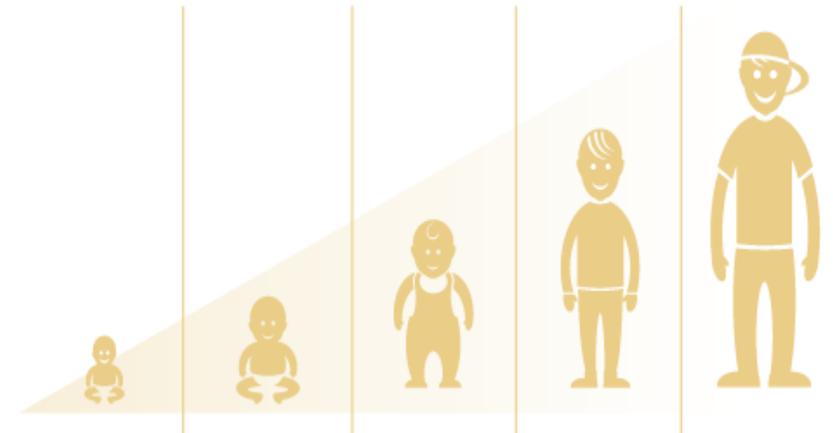
It is a mandatory Medicaid program aimed at offering comprehensive and preventive health services.

Supports the quality and service of care; which has been proven to improve children's health and reduce health costs.

It includes a Pediatric Preventive Services Guide that establishes the frequency of visits, tests and studies that must be carried out under 21 years of age.

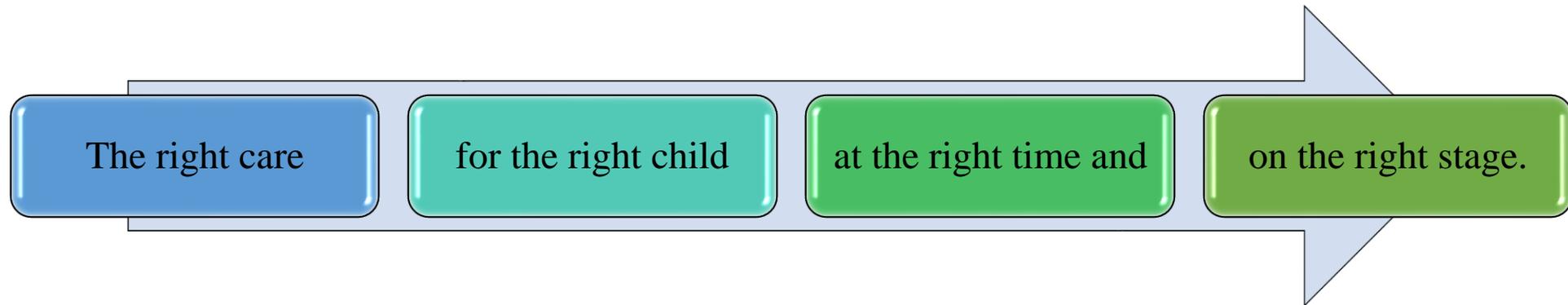
It is according to the age and stage of development of the child.

Some of the mandatory services are comprehensive physical exam, immunization, dental exam, hearing exam, visual exam, among others.



Goal

“Making sure children get the health care they need,
when they need it.”.





Terminology

Early

Early evaluation and identification.

Periodic

Regular monitoring and at age-appropriate intervals.

Screening

Provide physical, mental, developmental, vision, hearing and other health screenings to identify potential problems.

Diagnosis

Carry out diagnostic tests as a follow-up to risks identified during a medical examination.

Treatment

Control, correct or improve defects, physical and mental illnesses or chronic conditions identified during a medical examination.

Each one includes



Evaluation / Medical Examination

- Physical examination that is performed in which the child must be unclothed through a quick and simple procedure with the intention of detecting a disease, condition or abnormality, and identifying if further evaluation and treatment is required.

Early

- Good-quality preventive health care should begin as early as possible in a Medicaid-eligible child's life.

Periodic

- It must occur at regular intervals according to a schedule pre-established by recognized professional organizations and that meets reasonable standards of medical practice.

Diagnosis

- Through different medical examinations, the nature or cause of physical and mental illnesses, conditions or abnormalities are identified and determined.

Treatment

- Any type of medical care or other measures provided to correct or improve defects, physical and mental illnesses, or chronic conditions identified through medical evaluations.

Ruling Letter Number 2021-1214-03 Puerto Rico Health Insurance Administration (ASES):



Integrate the most recent recommendations of the American Association of Pediatrics, Bright Futures and the Department of Health of Puerto Rico.



These apply to everyone under 21 years of age to receive medical evaluations that provide the opportunity to identify and diagnose early physical, mental and behavioral conditions that require prompt attention.



14 de diciembre de 2021

Carta Normativa 2021-1214-03

A: Organizaciones de Manejo Coordinado de Salud (MCOs) y Proveedores Participantes del Plan de Salud del Gobierno - Plan Vital

ASUNTO: Programa Early and Periodic Screening Diagnosis and Treatment (EPSDT) del Plan Vital

Se incluye la política de la ASES para el Programa de Detección, Diagnóstico y Tratamiento Temprano, EPSDT, por sus siglas en inglés, la cual fue revisada recientemente. La implantación de esta política revisada es efectiva a partir del **1ero de enero de 2022**.

El propósito de revisar esta política fue para integrar las recomendaciones más recientes de Asociación Americana de Pediatría, *Bright Futures*, y el Departamento de Salud de Puerto Rico. Todas las entidades contratadas deberán armonizar los accesos a los servicios concernientes a esta población mediante sus respectivas políticas y procedimientos para cumplir con la Política de ASES sobre el Programa EPSDT. Se le requiere a cada aseguradora contratada bajo Plan Vital enviar a la ASES sus políticas EPSDT revisadas, depositándolas en el share file de Planificación (en el archivo Ad-hoc), no más tarde del próximo 20 de diciembre de 2021.

Entre los anejos incluimos para su referencia las hojas para gráficas de crecimiento (Growth Charts), itinerario de vacunación, recomendaciones de periodicidad para servicios preventivos pediátricos en salud general y en salud oral. Se incluye, además, la Guía de Servicios Pediátricos Preventivos, emitida por el Departamento de Salud el 10 de agosto de 2021.

Es posible que esta política requiera modificarse en cualquier momento ya que está supeditada a cambios en regulaciones federales y locales. Le recordamos a todas las aseguradoras bajo Plan Vital que deben mantener orientados a sus proveedores contratados en cuanto a lo que incluye el programa EPSDT y la política de ASES.

Esperamos su cooperación y cabal cumplimiento con lo aquí expuesto.

Cordialmente,

Jorge E. Galva, JD, MHA
Director Ejecutivo

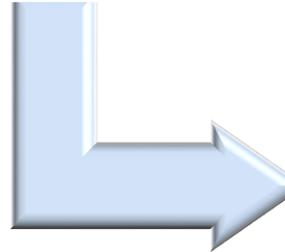
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Normative letter 2021-1214-03

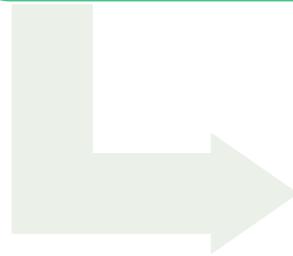
Programa Early and Periodic Screening Diagnosis and Treatment (EPSDT) of Vital Plan

The EPSDT Program requires:

Inform all Medicaid eligible individuals under 21 years of age about the Program.



Provide access to screening services to all children.



Provide corrective treatment directly, or through referral.





PROGRAMA EPSDT

El Programa de Detección Temprana y Periódica, Diagnóstico y Tratamiento (EPSDT) ofrece servicios gratuitos de salud integral y servicios preventivos a todos los beneficiarios menores de veintiún (21) años.

En **First Medical** te queremos saludable. Si usted necesita información en cómo acceder al Programa EPSDT puede llamar al Departamento de Servicio al Cliente al **1-844-347-7800** o TTY al **1-844-347-7805**.



Preventive Pediatric Guidelines

- Reviewed by the Puerto Rico Department of Health in August 2021.
- They are divided into 4 stages:

Childhood	0 to 9 months
Early childhood	12 to 48 months
Middle childhood	5 to 10 years old
Youths	11 to 21 years old



Preventive Pediatric Guidelines

For each stage, a list of actions to be taken at the indicated ages is presented:



Evaluations

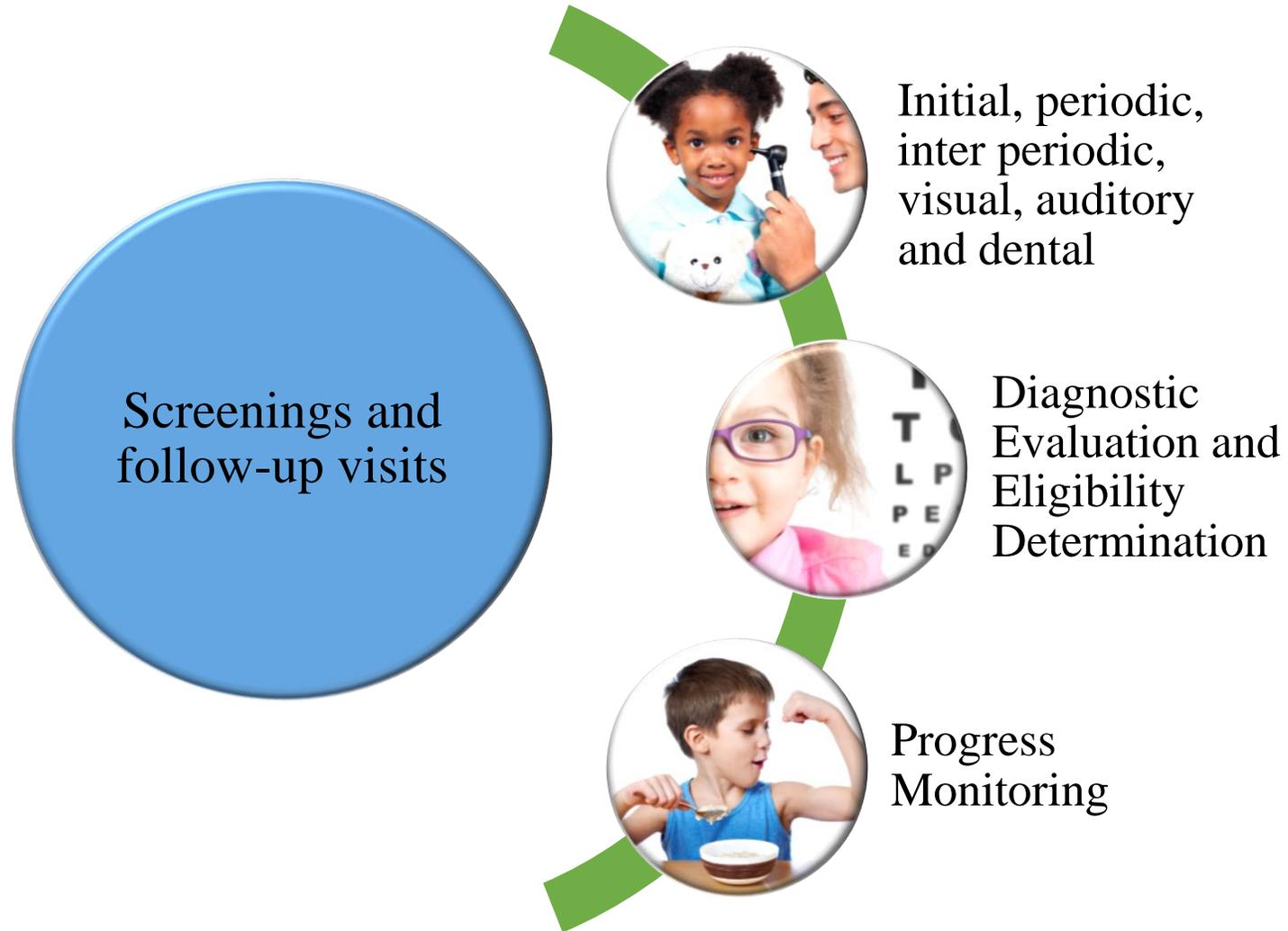


Screening



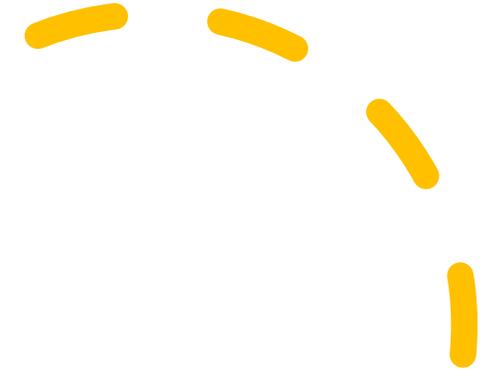
Selective laboratory tests with the indications justified by risk findings in the evaluations (history of physical examination or screenings)

Preventive Pediatric Guidelines





Description of the Growth
Guidelines by Stages of the
Department of Health of Puerto Rico



Pediatric Preventive Services Guide

Childhood 0 – 9 months

Selective Childhood	Evaluation	Action	Prenatal visit	Newborn	3 to 5 days	1 month	2m	4m	6m	9m
Pressure	Positive risk history	Blood pressure		X	X	X	X	X	X	X
Vision	Positive history and/or physical	Ophthalmologist		X	X	X	X	X	X	X
Mother Positive Zika test during pregnancy	Head sonogram, Evaluation by a Pediatric Ophthalmologist, Follow the recommended screening protocol for these infants, hearing screening must be done by *Auditory Brainstem Response* (ABR)	Refer to Children with Special Health Care Needs Services (Pediatric Centers)		X						
Anemia	Premature history	Hematocrit or Hgb						X		



Expected behavior in the stage from birth to 9 months:



Makes eye contact, follows objects with eyes, smiles.

Cries differently when hungry, in pain, tired.

Plays hide and seek, looks in the mirror, responds by name, points to objects.

Shows curiosity, understands when told “no”.

Expected behavior in the stage from birth to 9 months:



Copies some gestures or facial movements.

Puts fingers in mouth or sucks on hand.

Begins to make sounds, babbles, blends vowels (e.g., aaaooo) and then integrates consonants (e.g., m,b).

Holds head up, moves arms and legs, pushes up, begins to sit without support, rocks back and forth, crawls, stands up holding onto something, picks up objects.

Pediatric Preventive Services Guide		Early childhood 12 – 48 months						
Universal Childhood	Action	12m	15m	18m	24m	30m	36m	48m
History and physical exam	History of physical activity and diet.	X	X	X	X	X	X	X
Weight/posture measurement	Rank percentile on graph or chart	X	X	X	X	X	X	X
Head circumference	Rank percentile on graph or chart	X	X	X	X			
Anticipatory guidance	Control exposure time to digital consoles and TV.	X	X	X	X	X	X	X
Surveillance development and evaluation of behavior and psychosocial condition	Clinical observation and history	X	X	X	X	X	X	X
BMI	Rank percentile on graph				X	X	X	X
Blood pressure							X	X
Immunizations	Evaluate compliance with the current scheme and administer the necessary vaccines for compliance.	X	X	X	X	X	X	X
Visual acuity	Objectively evaluate visual acuity (eg, Snellen chart)						X	X
Auditory Screening	Audiometry							X
Anemia	Hematocrit or Hgb	X						
Autism	Administer the Modified Checklist for Autism in Toddlers instrument (M-CHAT) or revised version (M-CHAT-R/F), follow the autism protocol.			X	X	X		
Development Screening	Administer validated screening instrument. Ages and Stages (ASQ) latest edition or Survey Wellbeing Young Children (SWYC)			X		X		
Oral Health Assessment	Refer to dentist for cleaning: every 6 months and Fluoride varnish	X		X	X	X	X	X
Tuberculosis Risk Screening	Risk questionnaire, positive exposure history order PPD	X			X		X	X
Lead	Blood lead level	X			X			

Selective Childhood	Evaluation	Action	12m	15m	18m	24m	30m	36m	48m
Blood pressure	Positive risk history	BP	X	X	X	X	X		
Vision	Positive history and/or physical	Ophthalmologist	X	X	X	X	X		
Hearing	Positive history and/or physical	Audiologist	X	X	X	X	X	X	
Anemia	Positive history and/or physical	Hematocrit		X	X		X	X	X
Dyslipidemia	History of cardiovascular disease risk and positive physique (obese)	Fasting lipid panel				X			X
Lead**	Risk screening (Risk questionnaire)	Blood lead levels, questionnaire is positive for risk of exposure						X	X



Expected behaviors in the stage from 12 to 48 months:

Holds onto something to stand up, steps and walks unassisted, starts to jump, stands on one foot, runs.

Acts and follows instructions, can dress, explores and knows what objects are for, identifies shapes, colors and objects.

Repeats sounds or actions to get attention, says mom and dad, tries to repeat words, can say his name and age, later says phrases and sentences, learns songs.

Shows affection to their caregivers, fear at times, gets excited, may have tantrums.

Plays in imagination but does not distinguish between fantasy and reality, plays with other children, imitates, scribbles, draws, copies numbers or letters.



Pediatric Preventive Services Guide

Middle childhood 5 to 10 years

Universal Childhood	Action	5 years	6 years	7 years	8 years	9 years	10 years
History and physical exam	History of physical activity and emotional well-being	X	X	X	X	X	X
Weight, height, BMI	Rank percentile on graph	X	X	X	X	X	X
Blood pressure		X	X	X	X	X	X
Anticipatory guidance	Promote physical activity for more than 1 hour a day/decrease time on consoles to less than 2 hours a day	X	X	X	X	X	X
Development surveillance	Clinical observation and history	X	X	X	X	X	X
Conduct surveillance	Clinical observation and history	X	X	X	X	X	X
Immunizations	Evaluate compliance with the current scheme; Administer the necessary vaccines to comply with the schedule	X	X	X	X	X	X
Visual acuity	Objectively assess visual acuity (eg, Snellen chart)	X	X		X		X
Hearing screening	Audiometry	X	X		X		X
Dyslipidemia	Screening: fasting lipid panel					Once between 9 to 10 years	
Oral health	Visit to the dentist for cleaning and evaluation 2 times a year	X	X	X	X	X	X
Tuberculosis risk screening	Risk questionnaire, positive exposure history order PPD or IGRA blood test (only older than 4 years)	X	X	X	X	X	X

Selective Childhood	Evaluation	Action	5 Years	6 years	7 years	8 years	9 years	10 years
Vision	Positive history and/or physical.	Ophthalmologist referral	X	X	X	X	X	X
Hearing	Positive track record	Audiologist referral	X	X	X	X	X	X
Anemia	Positive history and/or physical	Hematocrit or Hgb	X	X	X	X	X	X
Lead	Lead exposure risk history	Blood lead levels	X	X				
Dyslipidemia	Family history of risk of cardiovascular and physical diseases (obese)	Fasting lipid panel	X	X	X			



Expected behaviors in the stage between 5 to 10 years:

They improve muscle strength and coordination, they begin to change their "baby teeth", they go to the bathroom and clean themselves without help.



* Precocious puberty may occur (increase of breasts or testicles, appearance of hair in the genital area and armpits, appearance of menstruation).

They are more independent, they can distinguish between fantasy and reality, they develop a more logical way of reasoning, they understand the rules, they may maintain or overcome fears (e.g., monsters, of the dark, etc.).

*in girls before the age of 8 and boys before the age of 9.

Expected behaviors in the stage between 5 to 10 years:

They sympathize and have fun with friends, they begin to understand the feelings of others, they can make jokes, their emotions can change quickly, they can get impatient if they do not have what they want, their decision-making skills improve.



They count numbers, draw, write, read, recognize figures, can solve mathematical problems.

They speak clearly and can hold a conversation, distinguish between tenses (past, present, future).

Pediatric Preventive Services Guide

Youth 11 – 21 years

Universal Childhood	Action	11-14 years	15-17 years	18-21 years
Detailed history and physical exam	History of physical activity and emotional well-being. Development of secondary sexual characteristics, menarche, wet dreams, history of sexual activity, sleeping habits, harassment.	Annual	Annual	Annual
Weight, height, BMI	Rank percentile on graph.	Annual	Annual	Annual
Blood pressure		Annual	Annual	Annual
Development surveillance	Clinical observation and history	Annual	Annual	Annual
Behavior evaluation	Risk behavior screening, known as CRAFFT version 2.1+N in English or Spanish.	Annual	Annual	Annual
Evaluation of the presence of Violence and/or Depression	Screening for depression, "Patient Health Questionnaire 9" (PHQ9), history of violence or aggression.	Annual	Annual	Annual
Promotion of healthy lifestyles	(Food, Physical Activity, responsible and healthy sexual activity, prevention of the use of alcohol and controlled substances, prevention of smoking and electronic cigarettes)	Annual	Annual	Annual
Anticipatory guidance	Anticipate physiological and emotional changes typical for each stage	Annual	Annual	Annual
Immunizations	Evaluate compliance with the current scheme. Administer the necessary vaccines to comply with the schedule	Annual	Annual	Annual
Vision	Objective evaluation using eye chart (eg, Snellen chart)	Once between 11 to 14 years	Once between 15 to 17 years	Once between 18 to 21 years
Auditory Screening	Audiometry screening that includes high frequency between 6,000 and 8,000 Hz	Once between 11 to 14 years	Once between 15 to 17 years	Once between 18 to 21 years
Dyslipidemia	Fasting lipid panel	Once between 9 to 11 years		Once between 17 to 21 years
Oral health	Visit to the dentist for evaluation and professional cleaning 2 times a year	Annual	Annual	Annual
HIV, Law 45 of 2016	Laboratory test with prior consent and information on the meaning of the positive or negative results / from the age of 13, repeat the test every 5 years	13 years	Once between 15 to 17 years	

Pediatric Preventive Services Guide

Youth 11 – 21 years

Universal Childhood	Action	11-14 years	15-17 years	18-21 years
Urine test for Chlamydia, Gonorrhea	Universal NAAT in urine		Once between 15 to 17 years	
Syphilis (VDRL)	Laboratory			Once between 18 to 21 years
Cervical dysplasia	Pap smear			At 21 years old
Tuberculosis	PPD or IGRA in blood			Once between 18 to 21 years
Hepatitis C	Blood sample for the presence of antibodies to Hepatitis C			Once after age 17

Selective Childhood	Evaluation	Action	11-14 years	15-17 years	18-21 years
Vision	History, physical, positive screening	Refer to ophthalmologist	X	X	X
Hearing	History, physical, positive screening	Refer to audiologist	X	X	X
Anemia	History, physical, positive screening	Hematocrit or Hgb	X	X	X
Pregnancy	Suspected pregnancy	Serological test	X	X	X
Tuberculosis	Exposure positive TB cases	PPD or IGRA in blood	X	X	
Urine test for Chlamydia, Gonorrhea	Positive history and/or physical	NAATS Laboratories	X		X
Syphilis (VDRL)	Positive history and/or physical	VDRL Laboratory	X	X	



Expected behaviors in the stage between 11 and 17 years:



They grow faster, hair begins to grow in the armpits and genital area.

In boys, the size of the testicles increases, the voice deepens in them.

In girls, the size of the breasts increases, and they begin to menstruate (approximately 12 years old). You should keep an eye on the rhythm of menstrual cycles, pain or discomfort.

Expected behaviors in the stage between 11 and 17 years, cont:

Acne may appear, they show interest in romantic exchanges, they begin to explore their sexuality.



They can have concrete and extreme ideas, such as categorizing between good or bad, fantastic or terrible. This is because the frontal lobes are the last area of the brain to mature.

In making complex decisions, you can observe their level of impulse control, the ability to consider several options and the analysis of their consequences.

The development will be completed from the age of 20 onwards.

Expected behaviors in the stage between 11 and 17 years, cont:



They are expected to focus their thinking on themselves, some may feel self-conscious about their appearance and feel as if they are being judged by their peers.

They begin to feel the need for privacy and independence from their parenting circle. They are likely to challenge authority and react strongly to setting limits and rules for them.

Expected behaviors in the stage between 18 and 21 years:



They complete their physical development (if a pregnancy occurs, this process stops).



They claim their independence.



They tend to have more control of their impulses and can weigh the risks and rewards of their decisions with better and greater precision.



They have a more stable sense of their identity, their individuality and can identify their own values. They focus more on the future and base their decisions on their illusions and ideals.

Types of Screenings and Recommendations

Initial

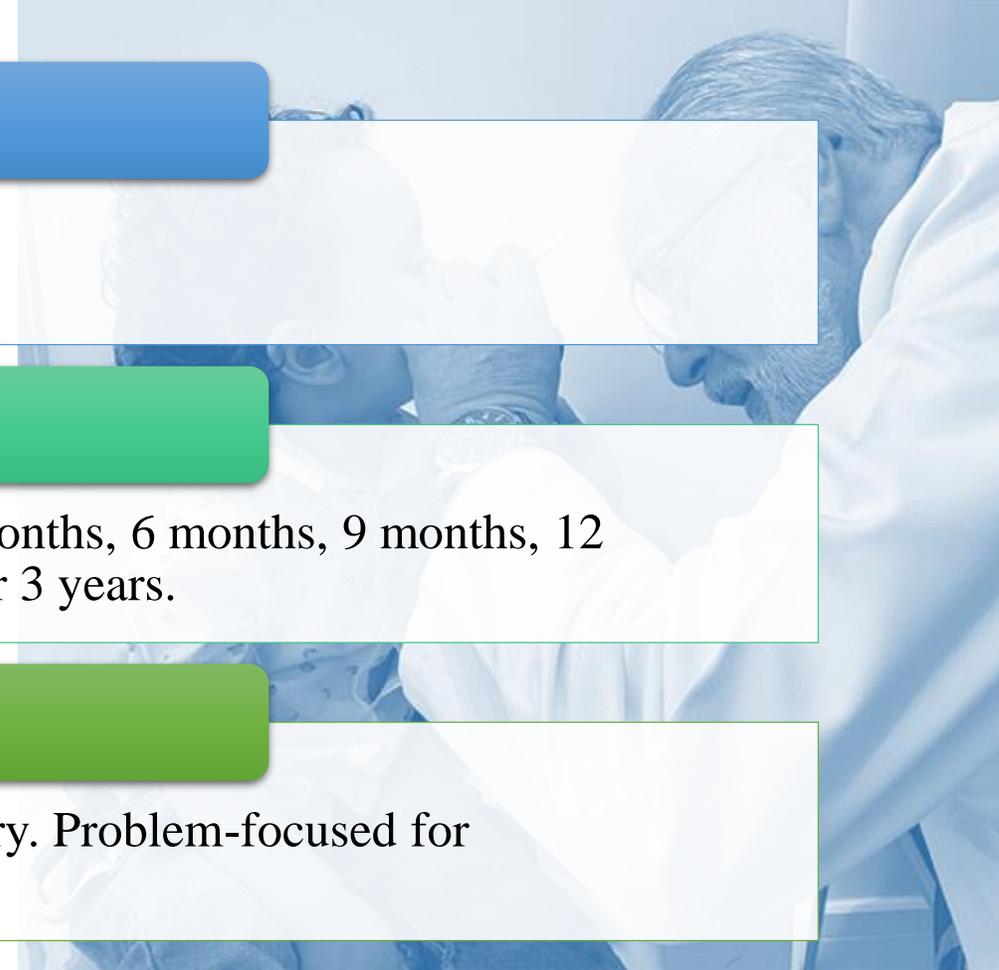
- Initial visit.
- First time in medical office.

Periodic

- Performed at scheduled intervals: 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, and annually after 3 years.

Interperiodic

- Out of periodic stage. Performed when medically necessary. Problem-focused for undiagnosed, medically necessary conditions, at any age.



Never underestimate expressions of complaint or pain:



Any complaint of pain, discomfort, annoyance must be treated with the seriousness and urgency that it deserves.



Avoid re-traumatizing the child.



If a medical professional's response is unconvincing or inappropriate, seek second opinions.

EPSDT Program Importance



Prevention can help ensure early detection, diagnosis, and treatment of conditions before they become more complex and costly to treat.



Children and adolescents enrolled in Medicaid must receive all recommended preventive services and any necessary medical treatment to promote their growth, healthy development, and safety.



Maybe that's the only chance for a good evaluation. Get as thorough a review as possible.

Recommendations for Caregivers and Social Workers in charge:

Do not wait!

If you notice that any information is missing, contact the health centers where the services have previously been offered to the minor.

Check that the medical record and vaccinations are up to date.

Acting early and integrating developmental screening routinely makes a difference.



Schedule follow-up visits and have all the necessary documents on hand to maximize service at each visit.

Be diligent in documenting and saving all medical evidence. Keep documents organized by names and categories.

Be sure to store the documents in a place where the confidentiality of the information is kept.

Medical Advice Line

Available 24 hours a day / 7 days a week:

1-844-347-7801

TTY/TDD: 1-844-347-7804

Customer Service Line

Monday to Friday 8:00am – 5:00pm

1-844-347-7800

TTY/TDD: 1-844-347-7805



Questions or Comments



References:

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<https://www.apai-psicologos.com/ninos-transgenero-consejos/>

<https://www.mayoclinic.org/es-es/healthy-lifestyle/childrens-health/in-depth/children-and-gender-identity/art-20266811>

<https://www.nytimes.com/es/2022/01/20/espanol/adolescentes-trans-tratamiento.html>

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