Aging Out from Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Long-Term Services and Supports (LTSS) Subcommittee Meeting June 4, 2025

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EPSDT Age-Out & Transitions to CHC

- The EPSDT Program is a federally funded complete care program. It is one of the most important parts of Pennsylvania's Medical Assistance (MA) program and is free and open to all children under age 21 who qualify for MA.
 - OLTL often coordinates with the Office of Medical Assistance Programs' (OMAP)
 Enhanced Services Unit through the resource facilitation team.
 - The participant is not a member of the Community HealthChoices (CHC) Managed Care Organization (MCO) until the CHC Enrollment occurs on their 21st birthday. During this time, the CHC-MCO service coordinator (SC) is not engaged with the participant; however, services continue without disruption through the CHC enrollment process. Once the participant is enrolled in CHC, the SC completes an assessment to evaluate needs and services.
 - The following slide outlines the process OLTL and its CHC-MCOs follow to ensure there is no lapse in coverage when aging out.

IEB

- Provide CHC-MCO choice counseling
- Issue the PA 1768 form to the County Assistance Office (CAO) for CHC Waiver with the date the applicant turns 21 as the identified start date

CAO

 Completes the financial eligibility determination and issues notifications to the applicant and the Independent Enrollment Broker (IEB)

OLTL

- Coordinates with the CAO and Office of Medical Assistance Programs (OMAP) to ensure the CHC Waiver and the CHC-MCO plan begin on the applicant's 21st birthday
- Provides the current EPSDT services to the selected CHC-MCO

MCO

 Provider services identified on the EPSDT service plan, beginning on the date of enrollment



- The CHC-MCO must provide continuity of care to participants upon transition into CHC per the CHC agreement.
 - The CHC-MCO must continue to provide the previously authorized services for 60 days or until a comprehensive needs assessment has been completed and a Person-Centered Service Plan (PCSP) has been developed and implemented, whichever date is later.
 - For all participants, the CHC-MCO must comply with continuity of care requirements for continuation of providers, services, and ongoing course of treatment outlined in MA Bulletin 99-03-13, Continuity of Care for Recipients transferring between and among Fee-for-Service (FFS) and MCOs.

- The OLTL Enrollment Unit reviews spreadsheets provided by OMAP to identify age-out participants who receive shift care under EPSDT to confirm the member is enrolled in the OBRA Waiver.
- If they are currently enrolled in OBRA, the OBRA SC and the OLTL Service Plan Review Unit are contacted and are informed of the age-out date and current services through EPSDT.
- The OLTL Service Plan Review Unit follows up for submission of the service plan and reviews for approval for a seamless transition
 - Prior to authorizing waiver services, other resources must first be explored to address a participant's identified need, including services provided under the State Plan, Medicare and/or private insurance or other community resources. This includes services covered by EPSDT for participants under 21 years of age. These resources must be used until the plan limitations have been reached or a determination of non-coverage has been established and prior to any service's inclusion in the service plan, in accordance with Department standards.

- OLTL works collaboratively with OMAP and has began creating an EPSDT information sheet and scripting to be provided to all applicants under the age of 21.
- Information will also be provided to OBRA waiver SCs to ensure consistent messaging across the board.
- OLTL also participated in the OMAP Enhanced Services Quarterly Meeting for HealthChoices Case Managers to provide additional clarification on how the process can be more seamless for participants.

Questions?

