Clinical Operations Area
Government Health Plan (GHP), Vital Health Plan

Policy: Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT) Policy

<table>
<thead>
<tr>
<th>Number: 16-1102 Amended</th>
<th>Review Date: 17/May/2024</th>
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<th>Number of Pages: 13</th>
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Approved By:

Roxanna K. Rosario Serrano, BHE, MS  
Executive Director  
Signature: [Signature]  
Date: 5/17/2024

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Clinical Operations Director  
Signature: [Signature]  
Date: 5/17/2024

Reference: Contract Section 7.9, 42 CFR 441 Subpart B

I. PURPOSE:
The purpose of this policy is to clearly establish and define the requirements to be delegated to all MCO'S participating in the GHP- Salud Vital as it is related to the compliance with the EPSDT Programs requirements for needed services as well as member's identification, notification, education, outreach, tracking and reporting. The scope also includes the provision for providers EPSDT education with service requirements, compliance, and surveillance of quality measures.

II. PROGRAM DESCRIPTION:
EPSDT is a comprehensive child health care program of primary prevention, early diagnosis, treatment, correction, and improvement (amelioration) of physical and mental health problems for GHP- Salud Vital members under the age of 21. The purpose of EPSDT is to ensure the availability and accessibility of health care resources as well as to assist the government health plan recipients in effectively utilizing these resources. All services must be directed to prevent, treat, or ameliorate physical, mental, or developmental problems or conditions by certified providers, in sufficient amount, duration and scope based on medical necessity. **EPSDT services end on the last day of the beneficiary's twenty-first (21st) birthday month.**

EPSDT focuses on continuum of care by assessing health needs, providing preventive screening, initiating needed referrals, and completing recommended medical treatment and appropriate follow up. Its services include screening, vision, dental and hearing services as
well as all other medically necessary mandatory and optional services listed in the
government health plan contract requirements to correct or ameliorate defects and physical
and mental illness and conditions identified in an EPSDT screening.

III. SCOPE:

EPSDT consists of screening services in accordance with the periodicity requirements of
Title 42 of the Code of Federal Regulations (42 CFR 441.58), preventive, diagnostic,
treatment, and rehabilitative services. The Program include, but is not limited to, coverage of
inpatient and outpatient services, laboratory and x-ray, physician services, medications,
dental, rehabilitative therapy, behavioral health, medical supplies and prosthetic devices as
defined below in accordance to the Government Health Plan (GHP-Salud Vital) contract with
MCOs. However, EPSDT services do not include services that are experimental, that are
solely for cosmetic purposes or that are not cost effective when compared to other
interventions.

A well child visit is synonymous with an EPSDT visit and includes all screenings and services
described in the ESPDT Schedules (Appendix 1). The EPSDT Periodicity Schedule is based
on recommendations by the guidelines of the American Academy of Pediatrics and are
intended to meet reasonable and prevailing standards of medical practice and specifies
screening services at each stage of the child's life. This schedule is offered to all PCP
providers to document all age specific, required information related to EPSDT screenings
and visits. PCP providers must ensure that members receive the required health screenings
in compliance with this schedule. The service intervals represent minimum requirements,
and any services determined by a primary care provider to be medically necessary must be
provided, regardless of the interval. The requirements and reporting forms for an EPSDT
screening service are described in another section of this Policy.

IV. DEFINITIONS:

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

1. Early: assessing health care in early life so that potential disease and disabilities can
be prevented or detected in their preliminary states when they are most effectively
-treated. In the case of a child already enrolled in GHP, it means assessing as early as
possible in the child's life, or as soon after the member's eligibility for the services
has been established.

2. Periodic: assessing a child's health at regular, recommended intervals in the child's
life to assure continued healthy development.
3. **Screening**: the use of tests and procedures to determine if children being examined have conditions warranting closer medical or dental attention. As such, prior authorization (PA) may not be required for any EPSDT screening services. When a screening examination indicates the need for further evaluation of a child’s health, the child should be referred for diagnosis without delay. **For the EPSDT program, screening and diagnosis are not synonymous.**

4. **Diagnostic**: the determination of the nature or cause of a condition, illness, or injury through the combined use of health history, physical, developmental, and psychological examination, laboratory, test, X-rays, when appropriate.

5. **Treatment**: the provision of services needed to control, correct, or lessen health problems.

The affirmative obligation to connect children with necessary treatment makes EPSDT different from Medicaid for adults. As described by CMS, EPSDT’s goal is to assure that individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting.

**EPSDT Key Service Entitlement**

From: Meeting the Moment: Understanding-EPSDT (Velcoff-Lewis)
www.cachildrenstrust.org
V. REQUIREMENTS:

Comprehensive periodic screenings must be performed by a clinician according to the time frames identified in the EPSDT (Early and Periodic Screening, Diagnostic and Treatment) Periodicity Schedule (Appendix 1) and inter periodic screenings as appropriate for each member age group.

PMG’s and PCP’s must implement processes to ensure age-appropriate screening and care coordination when member needs are identified. Providers are encouraged to utilize the GHP- Salud Vital approved standard developmental screening tools and charts, and complete training in the use of those tools. MCOs are required by ASES to establish monitoring processes for PMG’s and PCP’s providers and implement interventions for those not on-compliance.

VI. EPSDT screenings and services must include the following:

1. A comprehensive health and developmental history including assessment of both physical and mental development, including substance abuse disorders.

2. Growth and development screening which includes physical, nutritional, and behavioral health assessments (See Appendix 2A - 2D, Body Mass index Charts).

3. Measurements (height, weight, body mass index; including head circumference for infants).

4. A comprehensive unclothed physical examination.

5. Appropriate immunizations according to age, health history and the guidance issued by the Advisory Committee on Immunization Practices (ACIP).

6. Laboratory testing, including blood lead screening assessment and serum blood lead testing, appropriate to age and identified risk factors. Anemia testing and diagnostic testing for sickle cell trait if a child has not been previously tested with sickle cell preparation or a hemoglobin solubility test.

7. Health education according to age group will be provided including anticipatory guidance for the child and caregiver.

8. Periodical Vision screening with diagnosis and treatment services for visual defects, including eyeglasses.

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9. Tuberculosis testing; as applicable.

10. Periodical Hearing screening including diagnostics and treatment services including devices for communication augmentation and cochlear implants.

11. Appropriate oral health screening, intended to maintain oral health and to identify oral pathology, including tooth decay and/or oral lesions, conducted by the primary care physician and dental specialists. Services will also include dental emergency services for pain relief, infection treatment, and tooth restoration.

VII. EPSDT SERVICE DESCRIPTION:

EPSDT services must be provided according to community standards of practice and the EPSDT Periodicity Schedule (See Appendix 1). The Contractors (MCOs), through their subcontracted healthcare providers, are responsible for delivering the services as described in this policy. The healthcare providers must also adhere to the following specific standards and requirements:

1. **Preventive visit** - A periodic preventive comprehensive health and developmental history including assessment of both physical and mental development. All elements of medical history, physical exam, developmental measurements, preventive laboratories, autism, and depression screening needs to be done according to member age and risk factors. Appointments according to schedule (Appendix 1) should be made, and a tracking system to assure compliance must be in place. However, newly enrollees under CHIP eligible children should be seen within the first 90 days in the ambulatory setting and within the first 24 hours in the hospital setting.

2. **Immunization** – Includes all child and adolescent immunizations as specified in the PR Department of Health Immunization Schedule. All appropriate immunizations must be provided to establish and maintain up-to-date immunization for each EPSDT member (See Appendix 3 for schedule). PMG’s and PCP must coordinate with the PR Department of Health Services Vaccines for Children program in the delivery of immunization services. Immunization must be provided according to the Advisory Committee on immunization Practices (ACIP). The vaccines themselves are provided for by the Department of Health Immunization Program throughout their recognized and certified vaccination centers. MCOs will cover the cost related to vaccine administration, under the fee schedule established by the ASES contract to all MCOs. Vaccine for Non-Federal Medicaid member will be covered by the MCOs.
3. **Vision Screening** - Eye examinations as appropriate to age according to the EPSDT Periodicity Schedule and medically necessary diagnosis and treatment for defects in vision including one pair of eyeglasses every 24 months (two years). In special circumstances replacement of eyeglasses could be approved with preauthorization before the two-year benefit limit.

4. **Blood Lead Screening** - A blood lead screening risk assessment must be completed at each EPSDT visit at twelve (12) and twenty-four (24) age. Children between twenty-four (24) and seventy-two (72) months of age (up to 6 years of age) should receive a blood lead screening test if there is no record of a previous blood test.

   PMG's and PCP's must implement protocols for:
   
   a. Care coordination for members with elevated blood lead levels to ensure timely follow-up and retesting.
   
   b. Coordination and transitioning of a child who has an elevated blood level to another specialist provider, as necessary.

5. **Tuberculosis Screening** - PMG's and PCP's must implement protocols for care and coordination of members who received TB testing to ensure timely reading of the TB skin test, and treatment if medically necessary. Children at increased risk of tuberculosis (TB) include those who have contact with persons:

   a. Confirmed or suspected of having TB.
   
   b. In jail or prison during the last five years.
   
   c. Living in a household with an HIV-infected person, or the child is infected with HIV.
   
   d. Traveling/emigrating from or having significant contact with persons indigenous to endemic countries.

   **We must consider TBST or IGRA as preferred diagnostic screening test for TB.**

6. **Hearing Screening** – Including:

   a. Each hospital or birthing center screens all newborns using a physiological hearing screening method as early as clinically possible prior to initial discharge. When there is an indication that a newborn or infant may have a hearing loss or congenital disorder, the family is referred to the Pediatric Health provider/center for appropriate assessment and early intervention.
   
   b. Hearing screening evaluation according to age with appropriate referral to establish a diagnosis and necessary treatment to improve any auditory deficit.
that can interfere with appropriate communication with normal language development or delays in learning and social development. Hearing aids will be covered by the PSG, cochlear implants will be coordinated through the Puerto Rico Health Department Catastrophic Funds.

7. **Nutritional Assessment** - Nutritional assessment is conducted to assist EPSDT members whose health status may improve with nutrition intervention. The MCOs coordinate with the WIC Program, available to all federally qualified Medicaid participants, to get an initial comprehensive nutritional evaluation, as well as a nutritional follow-up and assistance until a child reaches 5 years of age. PMG’s and PCPs are required to provide the required formulary and assessments necessary for initiation in the WIC Program to those children that requires special nutrition and supplements assistance. Also, assessment of nutritional status will be provided by the primary care provider (PCP) as part of the EPSDT screenings specified in the Periodicity Schedule (Appendix 1) and on an inter-periodic basis, as determined necessary by the member's PCP. It also covers nutritional assessments provided by a registered dietitian when ordered by the member’s PCP and contracted by the MCOs. This includes EPSDT eligible members who are under or overweight. Prior authorization (PA) is not required when the assessment is ordered by the PCP.

8. **Dental and Oral Health Services** – As soon as the eruption of the first tooth and no later than 12 months of age, a dental evaluation must be done by a certified dentist or dental hygienist, working under the supervision of a certified dentist. The screening is intended to prevent dental problems or to identify gross dental or oral lesions. **Providers must comply with the Preventive Dental Periodicity Schedule (Appendices 4A,4B). Other dental services may be covered in accordance to plan benefits and medical necessity.**


9. **Health Education and Anticipatory Guidance** – MCOs, the PMG’s, contracted PCPs, and other health providers must offer anticipatory guidance and health education for both the children and the caregivers in the following topics:

- Breast feeding
- Car Seat Safety
- Smoke free environment.
- Accidents and injuries prevections
- UV protection
• Physical Activity
• Healthy Diet
• Prevention of STDs and HIV
• Clinical oral examination
• Caries risk assessment

• Dental radiographic assessment
• Prophylaxis and topical fluoride
• Fluoride supplementation

10. **Mental Health and Substance Use Services** – Treatment for mental health and substance use is available for early detection, and to provide early referral for diagnosis and treatment. Screening tools are used to detect autism, substance and alcohol abuse by adolescents and caregivers. Psychiatric and psychological treatment will be provided according to medical needs, in individualized or family therapies interventions. Inpatient mental health and substance abuse, mental health partial ambulatory, and counseling services will be available as medically necessary.

The recommended timing is:

• Developmental screening at 9 months, 18 months, and 30 months of age.
• Autism spectrum disorder screening at 18 months and 24 months of age.
• Developmental surveillance at nearly every interval from newborn to age 21.
• Psychosocial/behavioral assessment at every interval from newborn to age 21.
• Tobacco, alcohol, or drug use assessment at every interval from age 12 to 21.
• Depression screening at every interval from age 12 to 21.
• Maternal depression screening at several points during the infancy stage 42.

11. **Medically Necessary Therapies** - Medically necessary therapies are covered and includes physical therapy, occupational therapy, speech therapy necessary to correct or ameliorate physical defects, mental illnesses and other conditions discovered during the screening services.

12. **Coordination with other State Agencies** – Coordination with other state agencies is done to assure adequate referral and service feedback. Service referrals are done to WIC program for nutritional evaluations and provision of special nutritional requirement according to established diagnosis. Referrals to Early Head Start programs are coordinated to assure that children with special needs or developmental gaps could receive the appropriate early intervention services for the identified problem. In Puerto Rico, the community agency “Fondos Unidos” aid children with developmental and special needs. Appropriate referral for such services is coordinated with the GHP- Salud Vital medical providers or MCOs case
managers. The Puerto Rico Department of Health also provides services through the Early Interventions Programs available throughout the island.

13. **Transportation Services** – None-emergency transportation to promote access to needed preventive, diagnosis and treatment services are provided by the Medicaid office under the Puerto Rico Health department. The MCOs’ Case Managers also identify other community resources, such as municipal government offices, to provide non-emergency transportation to EPSDT population to access medical or preventive services.

14. **Language Access and Culturally Appropriate Services** – In most instances, GHP-Salud Vital population receives services with health professionals that are fully bilingual, Spanish, and English. All participants enrolled, and caregivers should be able to choose a provider that fully understands and communicates the medically necessary instructions, education, and orientation effectively on both languages, English and Spanish. Physicians need to be trained to provide culturally and linguistically appropriate services, taking in account cultural beliefs, languages barriers or limitations and ethnic diversity.

15. **Family Planning Services**- Family planning services will be provided to sexually active adolescents at childbearing age. Those services include orientation and education on pregnancy and sexually transmitted diseases prevention. Access to contraceptive methods is available under the Family Planning Program established in all MCOs.

16. **Other services** - Case management service is available through the MCOs’ Case Management Programs, where all children with special needs undergo special registration according to the identified medical diagnosis. The registry will provide access to necessary care, without the need of a PCP’s referral, from specialized providers, clinics, surgical and medical procedure, laboratories, and all necessary tests as well as medication treatment.

17. **Medical Supplies**, including diabetes test strips, when medically necessary, for children and youth under age 21. If a child has a diagnosed condition of incontinence of bowel or bladder, EPSDT is required to cover the appropriate

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2 While federal law does not prescribe a specific periodicity schedule, CMS has highlighted, and most states have adopted, the American Academy of Pediatrics Bright Future Schedule (AAP/Bright Futures). The schedule (AAP/Bright Futures) provides recommendations for a series of screenings, assessments, and procedures at various stages of childhood (prenatal, infancy, early childhood, middle childhood, and adolescence through age 21) across several domains. In the “developmental/behavioral health” domain, AAP/Bright Futures recommends what is described above.
18. home health care treatment for this condition, which typically includes diapers or other incontinence products. Diapers and wipes are not allowed for potty training purposes. The patient doctor must provide written justification to the MCO for approval.

19. **Organ transplants** are not covered by the current benefits for the GHP- Salud Vital enrollees, except for corneal, bone and skin transplants. When such services are necessary, the MCO case management team coordinates with the Puerto Rico Health Department to access services through the Catastrophic Funds. Those catastrophic Funds are identified to cover services not currently under the scope of benefits of the GHP- Salud Vital but that could be clinically necessary, such as organ transplants, services out of Puerto Rico including any United State territory, medical equipment such as adapted car seats and nutritional supplements to compliment dietary restrictions for special conditions.

20. **Services Provided on Schools, Community base care** – MCOs are required to identify and develop necessary services coordination with all regional Community Base and School Services available to assist, complement or to provide clinical services to the EPSDT population. Current Community Base Primary Centers, or federally qualified and sponsor centers such as 330 - 329 and HIV treatment Center are required to be part of the contracted MCOS provider network.

21. **Member Education, Identification and Tracking** - All MCOS will provide EPSDT members education on preventive periodicity schedules including immunization, preventive tests, members benefit, preventive services access and referrals, transportation services when needed, appointment system with outreach, tracking activities and policies.

22. **Providers Education, Compliance and Quality Measures** – All MCOS will educate the PCPs providers on EPSDT policies and procedures, periodicity schedules, EPSDT benefits, preventive and evidence base practices and services guidelines, EPSDT member identification, outreach and tracking activities and policies. Quality measures and understanding and tracking of HEDIS applicable parameters should also be provided.

23. **Reporting system** – On a quarterly basis, MCOs should report to ASES all activities done to comply with the EPSDT members; at least meeting the requirements on EPSDT report to CMS. MCOs should perform random audits of EPSDT on PCPs' medical records and should report in terms of compliance percentage on such required elements. Those quality elements should be part of the physicians’ incentive programs. The reports should include results of outreach and tracking.
activities designed to comply with the adequate standards of ESPDT member’s access to care.

24. **Telemedicine** - Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services without having to travel to a healthcare facility. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. During the Public health emergency, recognized Preventive Medicine Services (PMS) CPT codes (99381-99385, 99391-99395) as eligible for telemedicine and pay with parity to in-person visits, keeping with current PMS payment policies. None the less, as all children should ideally receive all comprehensive components of the PMS visit, the American Academy of Pediatrics strongly recommends a second (in-person) visit, wherever and whenever feasible, to complete components that were not able to be accomplished during the telemedicine PMS visit. Payment for this second visit will be included (bundled) in the initial full PMS payment.

The following are considered the same as in-person visits and are paid at the same rate as regular, in-person visits:

- 99421: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
- 99422: Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11–20 minutes
- 99423: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.
  - The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home.
- 99423: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.
  - The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home.
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<tr>
<th>Update</th>
<th>Section Review</th>
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<tbody>
<tr>
<td>May 7, 2024</td>
<td>16. Other Services</td>
<td><strong>Medical Supplies</strong>, including diabetes test strips, when medically necessary, for children and youth under age 21. If a child has a diagnosed condition of incontinence of bowel or bladder, EPSDT is required to cover the appropriate home health care treatment for this condition, which typically includes diapers or other incontinence products. Diapers and wipes are not allowed for potty training purposes. The patient doctor must provide written justification to the MCO for approval.</td>
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<td>Apr 22, 2024</td>
<td>5. Tuberculosis Screening</td>
<td><em>&quot;We must consider TBST o IGRA as preferred diagnostic screening test for TB&quot;</em> was added to this section.</td>
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<td>Apr 22, 2024</td>
<td>HEADER</td>
<td><strong>Substituted</strong> &quot;Planning, Quality, and Clinical Affairs&quot; with &quot;Clinical Affairs Operations&quot;.</td>
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<td>Page 1</td>
<td>Included current ASES policy approver, Roxanna K. Rosario Serrano, Executive Director.</td>
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<td>APPENDIX 1: <em>Periodicity_schedule Bright Futures 2023</em></td>
<td>Updated to most recent guidelines/itineraries.</td>
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<td>APPENDIX 2 A: Boys_Birth to 36 mths_LxA &amp; WxA percentiles 2021</td>
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<td>APPENDIX 2 B: Girls_Birth to 36 mths_LxA &amp; WxA percentiles 2021</td>
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<td>APPENDIX 2 G: BMI-Age-percentiles-BOYS 2022</td>
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<td>APPENDIX 3: Immunization_0-18yrs-child-combined-schedule 2024</td>
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<td>APPENDIX 4 A: bp_periodicity_revised 2022</td>
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<td>Sept 7, 2021</td>
<td>PROGRAM DESCRIPTION</td>
<td><strong>Added for clarity: EPSDT services end on the last day of the beneficiary’s twenty-first (21st) birthday month.</strong></td>
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<tr>
<td>Sept 7, 2021</td>
<td>DEFINITIONS</td>
<td><strong>Review and edited for clarity and alignment with CMS. Also, a diagram was included with shortened definitions.</strong></td>
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<td>Early Periodic Screening</td>
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<td>Dental and Oral Health Services</td>
<td>Recommended screening timings recommended by AAP/Bright Futures was included.</td>
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<td><strong>Mental Health and Substance Use Services</strong></td>
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<td><strong>Telemedicine</strong></td>
<td>Policy changes on services based on regulatory flexibilities granted under the President’s emergency declaration due COVID-19 pandemic was added.</td>
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<td><strong>APPENDIX-1</strong></td>
<td>Updated to most recent guidelines.</td>
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<td>Various corrections and reviews performed on spelling, punctuation, and grammar for clarity.</td>
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<td>HEADER</td>
<td>Substituted Compliance and Clinical Affairs with “Planning, Quality, and Clinical Affairs”</td>
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<td>May 8, 2019</td>
<td>OVERALL DOCUMENT</td>
<td>Substitute GHP with GHP-Salud Vital to bring document up to date with current Puerto Rico Government’s Health Plan name: Salud Vital and page numbering was added.</td>
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<td>April 7, 2016</td>
<td>EPSDT SERVICES DESCRIPTION</td>
<td>Periodicity for eyeglasses coverage is corrected from “one year” to “every 24 months” in accordance to the State Plan (SPA).</td>
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