

HUMAN SERVICES DEPARTMENT[441]

Regulatory Analysis

Notice of Intended Action to be published: 441—Chapter 84

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

Iowa Code section(s) or chapter(s) authorizing rulemaking: 249A.4

State or federal law(s) implemented by the rulemaking: 42 CFR §441.56 and Iowa Code section 249A.32B

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

November 19, 2024

Microsoft Teams

2 p.m.

Meeting ID: 222 143 545 89

Passcode: Ythqof

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Health and Human Services no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

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Purpose and Summary

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This proposed chapter defines and structures the early and periodic screening, diagnosis and treatment services provided under the Medicaid program to eligible children under the age of 21. As further described in these rules, services include physical and mental health screenings (including hearing and vision), laboratory tests, immunizations, and health education. Services are provided in compliance with federal regulations at Title 42, Part 441, Subpart B, as amended to August 1, 2024.

Analysis of Impact

1. Persons affected by the proposed rulemaking:

- **Classes of persons that will bear the costs of the proposed rulemaking:**

There are no anticipated costs.

- **Classes of persons that will benefit from the proposed rulemaking:**

Medicaid enrollees under the age of 21 and their families will benefit.

2. Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:

- **Quantitative description of impact:**

In SFY 2024, initial information about the EPSDT program was sent to 65,041 newly enrolled Medicaid families. This led to 108,265 follow-up contacts and ultimately 30,341 families were reached in person or on the telephone.

- **Qualitative description of impact:**

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This chapter is part of the Department's requirements under 42 CFR §441.56, which requires the Department to inform all eligible individuals or their families about the EPSDT program through a combination of written and oral methods.

3. Costs to the State:

- **Implementation and enforcement costs borne by the agency or any other agency:**

Personnel and other administrative costs.

- **Anticipated effect on state revenues:**

None.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Not having a chapter would diminish Iowa's compliance with 42 CFR §441.56. Having a chapter is another avenue to communicate about the program, which can lead to early diagnosis and treatment of potential health conditions.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

This is one of several methods of achieving Iowa's compliance with 42 CFR §441.56.

6. **Alternative methods considered by the agency:**

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- **Description of any alternative methods that were seriously considered by the agency:**

This is one of several methods of achieving Iowa's compliance with 42 CFR §441.56.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

None were identified.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

There is no impact on small business.

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Text of Proposed Rulemaking

ITEM 1. Rescind 441—Chapter 84 and adopt the following **new** chapter in lieu thereof:

CHAPTER 84

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT

441—84.1(249A) Definitions.

“*Diagnosis*” is the determination of the nature of physical or mental disease or abnormality.

“*Interperiodic screen*” means a screen that occurs between the times stated in the periodicity schedule in 441—subrule 78.18(3).

“*Screening*” is the use of quick, simple procedures to sort out apparently well persons from those who may have a disease or abnormality and to identify those in need of more definitive study. These services will be provided in accordance with reasonable standards of medical and dental practice.

441—84.2(249A) Eligibility. All persons eligible for medical assistance under age 21 are eligible for early and periodic screening, diagnosis, and treatment.

441—84.3(249A) Screening services. Screening may be done by a screening center or other qualified providers. Other qualified providers are physicians, advanced registered nurse practitioners, rural health centers, federally qualified health centers, clinics, and dentists. Screening services include all of the following services:

84.3(1) A comprehensive health and developmental history including an assessment of both physical and mental health development. This includes:

- a. A developmental assessment.
- b. An assessment of nutritional status.

84.3(2) A comprehensive unclothed physical examination. This includes:

- a. Physical growth.

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b. A physical inspection including ear, nose, mouth, throat, teeth, and all organ systems such as pulmonary, cardiac, and gastrointestinal.

84.3(3) Appropriate immunizations according to age and health history as recommended through the Vaccines for Children Program, except that “covered Part D drugs” as defined by 42 U.S.C. Section 1395w-102(e)(1)-(2) are not covered for any “Part D eligible individual” as defined in 42 U.S.C. Section 1395w-101(a)(3)(A), including an individual who is not enrolled in a Part D plan.

84.3(4) Health education including anticipatory guidance. Services are provided in compliance with federal regulations at Title 42, Part 441, Subpart B, as amended to March 29, 2022.

84.3(5) Hearing and vision screening.

84.3(6) Appropriate laboratory tests. These include:

- a.* Hematocrit or hemoglobin.
- b.* Rapid urine screening.
- c.* Lead toxicity screening for all children aged 12 to 72 months.
- d.* Tuberculin test, when appropriate.
- e.* Hemoglobinopathy screening.
- f.* Serology, when appropriate.

84.3(7) Direct dental referral for children over age 12 months.

441—84.4(249A) Referral.

84.4(1) The availability of early and periodic screening will be discussed with the payee for any Medicaid-eligible child under the age of 21 at the time of application and periodically thereafter in compliance with federal regulations at Title 42, Part 441, Subpart B, as amended to March 29, 2022.

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84.4(2) Screening will be offered to each eligible individual according to the periodicity schedule in 441—subrule 78.18(3) when screening has been accepted, or on at least an annual basis when screening has been rejected. Interperiodic screens may be furnished when medically necessary to determine whether a child has a physical or mental illness or condition that may require further assessment, diagnosis, or treatment.

441—84.5(249A) Follow up. Follow-up services will be provided when a referral for screening was accepted, but 60 days have elapsed and no screening examination has been performed, and when a screening examination discloses a possible abnormal condition and a referral was made for further diagnosis or treatment and such diagnosis or treatment has not been received within a period of 60 days from the date of the screening examination.

These rules are intended to implement Iowa Code section 249A.4.