



Early and Periodic Screening, Diagnostic, & Treatment Services
The Medicaid Benefit for Children and Adolescents
A Mandatory Service Under Medicaid

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Early and Periodic Screening, Diagnostic and Treatment

- EPSDT is a mandatory preventive and comprehensive health benefit for most Medicaid-eligible individuals under the age of 21.
- EPSDT provides infants, children, and adolescents with access to comprehensive, periodic evaluations of health, development, and nutritional status, as well as vision, hearing and dental services.

What Does EPSDT Mean?

EPSDT is about providing for infants, children and adolescents enrolled in Medicaid:

- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified, and
- **Treatment:** Control, correct or reduce health problems found.

EPSDT – Where is it defined?

- [Section 1905\(a\)\(4\)\(b\) – list of services](#)
- [Section 1905\(r\) of SS Act – definition of EPSDT services \(OBRA 1989\)](#)
- [Part 5 of State Medicaid Manual – services](#)
- [Medicaid.gov](#)
 - [EPSDT](#)
 - [Dental Care](#)

Required Services under EPSDT

- **Screening** – comprehensive unclothed exam and health/developmental history, appropriate immunizations (per Advisory Committee on Immunization Practices (ACIP) schedule) health education (including anticipatory guidance), includes lab (including blood lead)
- **Vision Services** - Including eyeglasses
- **Dental Services** - Including relief of pain and infections, restoration of teeth, and maintenance of dental health
- **Hearing Services** - Including hearing aids
- **Such other necessary health care, diagnostic services, treatment, and other measures described in section [1905\(a\)](#) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, *whether or not such services are covered under the state plan.***

State Informing Requirement and Enabling Services

- Inform all Medicaid-eligible children under 21 and their families or guardians about EPSDT services, including immunizations.
- Inform all Medicaid-eligible children that transportation and appointment scheduling assistance are available on request
- Language access and culturally appropriate Services

Diagnostic Services under EPSDT

- a screening examination may indicate the need for further evaluation, diagnostic services or treatment.
- The referral should be made without delay.
- Provide follow-up to make sure that the child receives a complete diagnostic evaluation.

Treatment Services under EPSDT

- Health care must be made available for treatment or other measures to correct, improve or ameliorate illnesses or conditions discovered by the screening service. All Medicaid coverable, medically necessary, services must be provided even if the service is not available under the State plan to other Medicaid eligibles.
- *The State Medicaid agency defines **medical necessity** criteria.*

EPSDT and Medical Necessity

- **Medical necessity is state defined**; there is no federal definition.
- Under EPSDT a state must cover all medically necessary services that are mandatory and/or optional under 1905(a) of SSA, whether or not covered in state plan.
- EPSDT entitles children to any treatment or procedure that fits within one of the categories of Medicaid-covered services listed in Section 1905(a) of the Act if that treatment or service is necessary to “**correct or ameliorate**” defects and physical and mental illnesses or conditions identified by screens.

Can Services Vary by State?

- Yes. Every state describes individual services in its state plan, with variation in the service description, and type and qualifications of providers.
- States must meet EPSDT requirements to provide state-defined medically necessary 1905(a) services in amount, scope and duration to correct or ameliorate the condition, even if not in the state plan.

When are EPSDT Services Required?

- Periodicity schedules (screening)
 - States must develop periodicity schedules that meet reasonable standards of medical and dental practice
 - States must consult with recognized medical organizations involved in child health care OR may adopt a nationally recognized schedule such as Bright Futures.

When are Dental Services Required?

- Dental periodicity
 - Is different than a medical periodicity schedule.
 - States must consult with dental organizations involved in child health care.
 - CMS encourages consistency with the American Academy of Pediatric Dentistry's recommended schedule.

Interperiodic Visits

When:

To detect suspected illness or condition
(fever, toothache)

Who:

Can be self referral or other

Requirements:

No prior authorization allowed

Any additional services must be provided

Who Provides EPSDT Services

- Licensed providers
 - Physicians, nurse practitioners, physician assistants, dentists, hygienists, physical/speech/occupational therapists, etc.
 - Note: The Affordable Care Act permits preventive services to be provided as “recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law”
- Clinics (community health centers and Indian health centers)
- School Based Settings: services included in a child’s Individualized Education Plan or Individualized Family Service Plan (e.g., PT, OT, ST)

Managed Care Delivery System

- 64% of children enrolled in Medicaid and CHIP in federal fiscal year 2012 were enrolled in managed care delivery systems.
- More and more states are moving foster children and special needs children into managed care arrangements.
- Some states still either directly serve children with special needs or unique managed care.
- Opportunities for improved quality care and better outcomes.

EPSDT and HCBS Waivers

- Children covered in Home and Community Based Services waivers under Section 1915 (c) are still covered under the state Medicaid plan and entitled to the EPSDT benefit.
- HCBS waivers are the primary vehicle used by states to offer non-institutional services to individuals with significant disabilities.
- To be enrolled, individuals must meet an institutional level of care.

Relationship of HCBS Waiver Services to EPSDT and State Plan Services

- EPSDT, per §1905(r) requires that Medicaid-eligible children receive coverage of all services necessary to diagnose, treat, or ameliorate defects identified by an EPSDT screen, as long as the service is within the scope of section 1905(a) of the Social Security Act.
- States must cover any medically necessary services that could be part of its basic Medicaid benefit were the state to elect the broadest benefits permitted under Federal law.
 - This is irrespective of whether the state explicitly includes such benefits in its State plan.
- HCBS waivers still may be used to provide services that supplement the services available under the State plan.

Relationship of HCBS Waiver Services to EPSDT and State Plan Services

- If a service is available to a child under the State plan, or could be furnished as an EPSDT benefit under the provisions of §1905(r), it **may not** be covered as a waiver service for child waiver participants.
 - Provider qualifications and the exact nature of the service (service definition) can differ from the State plan service
- Waiver services cannot duplicate a State plan service!

Inpatient Psych < 21

- Regulations at 42 CFR 440.160 and 42 CFR 441.150
- Optional benefit (most states provide).
- Services are provided in psychiatric hospitals or psychiatric units in a hospital, or psychiatric facilities
- Many states provide psych under 21 service through psychiatric residential treatment facilities (PRTFs).
- PRTF programs are designed to offer a short term, intense, focused mental health treatment program to promote a successful return of the youth to the community.

Appeal of Service Denial

- If an EPSDT covered child is denied a treatment service, an appeal can be made through the state Medicaid agency's fair hearing process, as described in the state plan.
- If the child is enrolled in a managed care plan, the first line of appeal is through the managed care plan.
- A notice of denial will include:
 - Reason for denial
 - Right to file an appeal and request a state fair hearing, if applicable
 - Procedures for appeal
 - Expedited resolution, if appropriate
 - Right to continuation of benefits pending resolution of appeal.

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Questions?