

Early and Periodic Screening, Diagnosis and Treatment Program

EPSDT Care Coordination Request - EPSDT Review Request

Per the Centers for Medicare and Medicaid, states are required to provide any additional health care services for those who are Medicaid eligible and ages 20 and under, that are coverable under the Federal Medicaid program and found to be medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered in a state's Medicaid plan. It is the responsibility of states to determine medical necessity on a case-by-case basis.

To request assistance with intensive client case management or a case-by-case service review, please complete the following:

Your Name and Contact Information

Child's First and Last Name

Child's State ID Number

Child's Date of Birth

Parent/Guardian Name

Parent/Guardian Contract
Information (Phone/Email)

Reason for Request

Is the child eligible for a waiver?

Yes

If yes, which one?

No

If Yes, Current Case Manager Name, Agency, and Contract Information (including email address)

Is the child enrolled in the
Accountable Care Collaborative (ACC)

Yes

No

If yes, which Regional Accountable Entity (RAE)?

If Yes, Current Case Manager Name, Agency, and Contract Information (including email address)

Who else has been contacted about this child and the need for services?

What is that person's email address?

Please attach any relevant documentation to assist with your request including a Release of Information for any Third Party Payer or private insurance carrier.