



PRACTICE BULLETIN

AAICAMA receives many questions from states and families about circumstances that affect a child’s assistance agreement and/or eligibility for and receipt of Medicaid. The goal of this publication is provide ICAMA Professionals with a library of responses to these questions and cites to the law or policy on which the responses rely.

MEDICAID SERVICES

EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT—EPSDT

What is EPSDT?

EPSDT is a Medicaid service. It is a mandatory, preventive and comprehensive Medicaid benefit for all eligible youth under age 21. EPSDT was designed to prevent or ameliorate conditions that threaten to impair the growth and development of infants, children, and adolescents. The Centers for Medicare and Medicaid Services (CMS) states that the goal of EPSDT 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.’¹

What do the letters ‘EPSDT’ stand for?

EPSDT is an acronym for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) that represents the following information and concepts:

E	Early <i>and</i>	The service is intended to assess the health of children early in their lives in order to prevent or detect disease or disability in its early stages, when it can be most effectively treated.
P	Periodic:	The service is designed to assess children’s health at key developmental points in their lives, with practitioners periodically seeing the child to ensure healthy developmental progress and to identify and address any health and developmental problems.
S	Screening,	Medical screening is used to gauge the health of children, determining children’s physical, emotional, and psychological health relative to their peers to determine if more medical attention is necessary.
D	Diagnostic <i>and</i>	A diagnosis is reached based on screening results and health practitioners specify the nature, severity, and possible cause(s) of the identified condition(s) indicating those that require further medical attention.
T	Treatment	Treatment for an identified condition must be received when considered medically necessary to correct, control, or ameliorate a health condition of a Medicaid eligible youth regardless of whether the service is included in the Medicaid State Plan. ²



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What is the state role in the EPSDT program?

States have an important role in educating families on the benefits of EPSDT and in securing services designed to protect and preserve the health of children. States must encourage access to and participation in EPSDT, inform families of the availability and benefits of preventive services, provide assistance with scheduling appointments and transportation, and help families use health care resources effectively and efficiently. A formal request for services under EPSDT is not required. States must assist families in finding EPSDT providers, assure that providers assess health needs using initial and regular, periodic examinations (screenings) and connect children with necessary treatment before health issues become more complex, their treatment costlier, and the impact on the youth more detrimental.³

How does EPSDT work?

EPSDT works through a process of health screenings and follow up care. Through periodic and interperiodic (i.e. as needed) screenings, children are entitled to comprehensive evaluations of their general health and development—including the areas of medical, mental health, dental, vision, hearing, and nutrition. Screenings are check-ups meant to detect or avert health problems and ensure that children receive necessary treatment as soon as possible.

Screenings may be conducted by any qualified provider operating within the scope of their practice as well as Medicaid providers. If a health need is discovered, and is found to be medically necessary* EPSDT coverage for diagnostic services and treatment by a Medicaid provider is triggered. To be medically necessary* a service must correct or lessen the effects of an identified condition. All services allowable under federal, Medicaid law must be provided. A request for a service not included in a Medicaid State Plan is treated as a request for EPSDT services. Some services require prior approval and families must be fully educated as to the process necessary to secure a benefit under EPSDT.

Why is the term ‘medically necessary’* important?

The term ‘medical necessity’ is important because it is used in Medicaid law. The term ‘medical necessity’ legally substantiates the need for a specific, Medicaid service. When a service is mandatory under Medicaid, all states provide that service. However, if a service is optional, a state may choose if it will provide that service. States list the optional services they provide in their Medicaid State Plans. Securing an optional service may require meeting a state definition of ‘medical necessity’ in order to receive the service. There is no federal definition of ‘medical necessity’ but Medicaid law requires that limits on states services cannot prevent the purpose of EPSDT from being ‘reasonably achieved’⁴.

Written and published by:

The Association of Administrators of the Interstate Compact on Adoption and Medical Assistance
Suite 400
1133 19th Street, NW
Washington, DC, 20036



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Resources

See the Centers for Medicare and Medicaid Services' (CMS) website for comprehensive Medicaid and health services information, link:

<http://www.cms.hhs.gov/home/medicaid.asp>

CMS website, link:

<https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

CMS publication, EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents, link:

https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf

NASHP publication, Amy Clary & Barbara Wirth, State Strategies for Defining Medical Necessity for Children and Youth with Special Health Care Needs (2015). Prepared for the National Academy for State Health Policy (NASHP), link:

<http://www.nashp.org/wp-content/uploads/2015/10/EPSDT.pdf>

Footnotes:

1 EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents: https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf

2 42 U.S.C. §1396d (r).

3 CMS, State Medicaid Manual §5124.B.

4 42 C.F.R., §§438.210 and 440.230

**Note: The use, role, and definition of the term 'medical necessity' in Medicaid law is involved and varies by state. See: AAICAMA's Practice Bulletin on medical necessity that fully explores its function, federal guidelines and states' definitions and policies.*

AAICAMA encourages you share this publication with all interested persons. We invite suggestions, comments and advice.

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