



MEDICAID: EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT BENEFIT (EPSDT)

The following are EPSDT facts and their implications on the receipt of Medicaid benefits for youth under age 21.

- EPSDT is a mandatory service under Medicaid; all states must include EPSDT as a service in their Medicaid State Plan.
- States and the Centers for Medicare and Medicaid Services (CMS) are jointly responsible for implementing EPSDT.
- EPSDT stands for: **Early**- Assess and identify health issues early in youth; **Periodic**- Check children's health at age-appropriate intervals; **Screening**- Provide physical, mental, developmental, dental, hearing, vision and other screening tests to detect and prevent health problems; **Diagnostic**- Perform diagnostic tests to follow-up on identified risks; and **Treatment**- Provide services to control, correct or reduce health problems found.
- Youth eligible for Medicaid are eligible for and entitled to EPSDT benefits. States are *required to inform* all Medicaid-eligible youth under 21 about EPSDT services, *assist* them with transportation and appointment scheduling as requested, and *provide* interpreters and culturally appropriate services to *ensure access*.
- EPSDT benefits include: Screening (exams, immunizations, health education and labs), vision services (including glasses), dental services (including relief from pain and infections), hearing services (including hearing aids). Note: Screenings do not need to be received through a Medicaid provider.
- EPSDT can be provided by physicians, nurse practitioners, physician assistants, dentists, hygienists, and therapists-including physical/occupational/speech/hearing, and licensed, healing art practitioners and includes services received under an IEP (Individualized Education Program).
- **Screenings:** EPSDT works through health screenings and follow-up care. Through required periodic and interperiodic (i.e. as needed) screenings, children are entitled to comprehensive evaluations of their health and development- including medical, mental health, dental, vision, hearing, and nutrition services.
- **Periodic:** States must have medical and dental screening schedules (known as *periodicity schedules*) created in collaboration with recognized medical organizations or adopt a nationally recognized screening schedule.
- **Interperiodic:** Children are permitted to be seen outside the periodicity schedules to detect a suspected illness or condition. The referral can come from the family (self-referral) or other. *No prior authorization is permitted and any additional services must be provided.*
- **Diagnostic services:** Physical, developmental and other conditions discovered by screening may indicate a need for further evaluation, diagnostic services, or treatment.
- **Treatment:** Services must be provided to correct, improve, or ameliorate illness or conditions discovered by screenings. States are legally obligated to connect children with necessary treatment and limits on scope, amount, and frequency do not apply to recipients under age 21.
- All Medicaid covered or coverable services must be provided. If a service is **NOT** included in the Medicaid State Plan, it must still be provided if the service is found medically necessary to treat the child. Medical necessity is defined by the State Medicaid agency. *Special note:* A service may require prior approval.
- Inpatient, psychiatric care is an optional service under Medicaid and can be a crucial service secured via EPSDT.
- Any request for services for a Medicaid recipient under age 21 *is to be considered a request for EPSDT services*. Families do not need to specifically ask for EPSDT services.
- If a child is denied a treatment service, families must be informed of the reason for the denial, their right to appeal the denial, and the process of the appeal. Families can request an expedited resolution *and children have the right to continue to receive services during the appeal process.*



Legal citations and resources:

42 U.S.C. §1396d(r). Link: <https://www.law.cornell.edu/uscode/text/42/1396d> (Definitions, *EPSDT*)

42 U.S.C. §1396a. Link: <https://www.law.cornell.edu/uscode/text/42/1396a> (State plans for medical assistance)

42 U.S.C. §1396d(a). Link: <https://www.law.cornell.edu/uscode/text/42/1396d> (Definitions, *Medical assistance*)

See the CMS Medicaid.gov webpage for a complete listing of Medicaid services: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/List-of-Medicaid-and-CHIP-Benefits.pdf>

CMS, State Medicaid Manual §§ 5010, 5121, 5310 (requiring states to “[a]ssure that health problems found are diagnosed and treated early, before they become more complex and their treatment more costly, . . . that informing methods are effective, . . . [and] that services covered under Medicaid are available.”)

Link: <https://www.cms.gov/Regulations-and-Guidance/guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html>
(See Chapter 5- Early and Periodic Screening)

CMS issuance, EPSDT Policy Instructions Update, issued January 01, 2010.

Link: <http://www.healthlaw.org/issues/child-and-adolescent-health/epsdt/epsdt-policy-instructions-update#.Vo7YoYQsHww>

“Medical necessity” definitions by state: <http://www.nashp.org/medical-necessity/>

Additional, CMS Publications

The Centers for Medicare and Medicaid Services (CMS) created three guides that focus on Medicaid's Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) benefit. The guides are intended to help states comply with CMS's interpretation of the federal law and regulations on EPSDT and to understand states' obligations under them.

The most relevant guide for adoption professionals is *EPSDT- A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents* (Centers for Medicare and Medicaid Services, June 2014). The coverage guide is comprehensive, covering screening requirements, services, state responsibilities and requirements, assistance to states with managed care plans, and legal notice and appeal procedures any time services are denied, reduced, or terminated.

Link: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/EPSDT_Coverage_Guide.pdf

More on EPSDT

See the CMS website for EPSDT information and a complete EPSDT resource page at the following link:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>

CMS also developed an EPSDT Compendium located on the National Academy for State Health Policy (NASHP) website. The compendium provides information on state EPSDT implementation efforts across dimensions such as care coordination, behavioral health, data collection/reporting, oral health, medical necessity and improving access to care. Link to the compendium at the following: <http://www.nashp.org/epsdt/resources-improve-medicaid-children-and-adolescents>