



## EPSDT is Essential

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### What is EPSDT?

The Medicaid Act's pediatric standards of coverage for children and youth under the age of 21 are called Early and Periodic Screening, Diagnostic and Treatment (EPSDT).<sup>1</sup> The EPSDT standards recognize that children and adolescents are not little adults and that they are going through a time of rapid brain and body development. Thus, their health care needs differ from those of adults.

According to the [Centers for Medicare & Medicaid Services](#), EPSDT comprises the following:

- **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.

### Why is EPSDT essential?

EPSDT is specifically targeted to meet the needs of low-income children. Low-income children are disproportionately affected by numerous health problems – vision, hearing and speech problems; obesity; untreated tooth decay; elevated lead blood levels; asthma; behavioral health problems; trauma; and anxiety.

EPSDT recognizes that pediatric standards of care do not differ from one state to the next. Rather, the benefit is designed to ensure that, regardless of where they live, low-income children in the United States can obtain ongoing assessment and, if problems arise, care and treatment that recognizes 21st century standards of care:

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<sup>1</sup> 42 U.S.C. §§ 1396a(a)(10)(A), 1396a(a)(43), 1396d(a)(4)(B), 1396d(r).

The EPSDT benefit is more robust than the Medicaid benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. 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.<sup>2</sup>

### What type of screening occurs as a result of EPSDT?

EPSDT's early and periodic screening covers four different types of screens:

- **medical screens** composed of comprehensive health and developmental assessment, an unclothed physical exam, immunizations (set according to the [Advisory Committee on Immunization Practices schedule](#)), lab tests (including lead blood tests for young children), and health education and anticipatory guidance for the child and caregiver;
- **vision assessment**, including eyeglasses;
- **hearing assessment**, including hearing aids; and
- **dental assessment**, including relief of pain and infections, restoration of teeth, and maintenance of dental health.

These medical, vision, hearing and dental assessments occur at pre-set, periodic intervals and as needed outside the periodicity schedule to determine whether there is a problem.

### How does EPSDT cover treatment services?

EPSDT ensures that low-income children have access not only to ongoing screening and preventive measures but also to necessary services and treatments. To this end, EPSDT's scope of benefits includes **both** the mandatory and optional services that the state can cover under Medicaid (those listed in 42 U.S.C. § 1396d(a)), whether or not such services are covered for adults. These services include a number of home and community-based services, including medical equipment and supplies; personal care services; in-home nursing; home health aides; and physical and related therapies that are absolutely critical if children with chronic, developmental, and/or medically complex conditions are to live and to live at home.

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<sup>2</sup> CMS, *EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents* (June 2014), available at [https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwiYoYOfx9vSAhWBG5AKHZ5TCloQFggcMAA&url=https%3A%2F%2Fwww.medicaid.gov%2Fmedicaid%2Fbenefits%2Fdownloads%2Fepsdt\\_coverage\\_guide.pdf&usq=AFQjCNGRdQenlYK1GFHpc0r e3PI8YI8ODQ&cad=rja](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwiYoYOfx9vSAhWBG5AKHZ5TCloQFggcMAA&url=https%3A%2F%2Fwww.medicaid.gov%2Fmedicaid%2Fbenefits%2Fdownloads%2Fepsdt_coverage_guide.pdf&usq=AFQjCNGRdQenlYK1GFHpc0r e3PI8YI8ODQ&cad=rja).

While the EPSDT scope of benefits is broad, it unfortunately does not include all the services children may need, particularly those with disabilities. Respite and habilitation services are not covered (although *rehabilitation* services are), nor are home modifications. States can make these services available to children through special limited enrollment programs called home and community based services waivers for individuals with intellectual disabilities. Many states do offer children such coverage through this option.

EPSDT also addresses when a covered service should be provided. Services should be provided for a child when “necessary ... to correct or ameliorate defects and physical and mental illnesses and conditions.”<sup>3</sup> For example, if a child needs oral health services to treat or ameliorate a problem, then EPSDT should cover those services to the extent the child needs them—even if the state places a quantitative limit on the services or does not cover them at all for adults.

The determination that a service is necessary lies primarily with the child’s treating provider. However, the state Medicaid agency certainly has a role to play. The agency can review this determination to make sure that the prescribed treatments and services are indeed necessary and that equally effective, less costly alternatives are not actually available to the child.

### **How does EPSDT differ from private insurance?**

EPSDT’s coverage standards differ from those of many private insurers. Growing out of work place coverage, private insurance policies often contain a targeted definition of medical necessity (*e.g.*, services that restore “normal” functioning or that will correct the patient’s condition) or place a limit on covered benefits (*e.g.*, a quantitative or monetary cap). These definitions or limits can restrict the medically necessary services available to children. EPSDT provides a more comprehensive set of benefits without arbitrary limits not based on an individual child’s situation.

### **Is EPSDT available to enrollees of the Children’s Health Insurance Program (CHIP)?**

CHIP does not require EPSDT. If a state operates its CHIP program as part of its Medicaid program, then EPSDT will apply. But if a state operates a separate CHIP program, EPSDT does not apply.<sup>4</sup>

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<sup>3</sup> 42 U.S.C. § 1396d(r)(5).

<sup>4</sup> As of May 1, 2015, the following states operated separate CHIP programs: Alabama, Arizona, Connecticut, Georgia, Kansas, Mississippi, Oregon, Pennsylvania, Texas, West Virginia, and Wyoming. Kaiser Family Foundation, *CHIP Program Name and Type*, available at <http://kff.org/other/state-indicator/chip-program-name-and-type/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>.

**How do children and their families learn about EPSDT?**

If EPSDT is to work, there must be effective outreach and informing. Congress has said that states should take “aggressive action” to inform all Medicaid-eligible children and their families of the availability of EPSDT. Federal regulations ask states to use a combination of written and oral methods to effectively inform eligible individuals about the benefits of preventive health care and the services available through EPSDT. Civil rights laws, such as the Americans with Disabilities Act, require affirmative, reasonable accommodations for individuals who may have difficulty receiving information because of a disability, such as a vision or hearing impairment. Federal laws also require meaningful access for families and children who do not speak English as their primary language.

For additional information, see: CMS, [EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents](#) (June 2014).