

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): A Medicaid rule to help get services for your child

Disability Rights North Carolina created this document to supply general answers to the below questions and to provide further information about the wide range of medical, behavioral health and substance abuse services available to Medicaid-eligible children under the age of 21 with disabilities.

What Is EPSDT and Why Is It Important?

The Medicaid Act entitles children under the age of 21, who are eligible for Medicaid, to all medically necessary services through Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). **EPSDT is important because it requires that the State provide eligible children with particular medically necessary services, even services that are not otherwise included in the North Carolina State Medicaid Plan.**

Under the Medicaid Act, states must provide certain mandatory services. In addition, states in their individual plans may elect to provide other optional services. EPSDT requires that eligible children receive all **mandatory** and **optional** services if medically necessary, regardless of whether the state otherwise offers the optional service. Mandatory and optional services are listed below:

<u>Mandatory Services</u>	<u>Optional Services</u>
<ul style="list-style-type: none"> • Inpatient hospital services • Rural health clinic services • Laboratory and X-ray services • EPSDT • Medical and surgical services by a dentist • Pediatric nurse practitioner or family nurse practitioner services • Home health services for those eligible to receive 	<ul style="list-style-type: none"> • Home health care services*¹ • Physical therapy and related services² • Eyeglasses* • Mid-wife services* • TB-related services • Private duty nursing service* • Prescribed drugs* • Services in an intermediate care facility for the mentally retarded* • Case-management services • Medical care or any other type of remedial care recognized under State

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<p>nursing facility services</p> <ul style="list-style-type: none"> • Outpatient hospital services • Nursing facility services for adults • Physician services • Nurse mid-wife services • Family planning services` • Federally-qualified health center services 	<p>law*</p> <ul style="list-style-type: none"> • Clinic services* • Dentures* • Other diagnostic, screening, preventative and rehabilitative services*³ • Personal care services*⁴ • Primary case management services • Dental services* • Prosthetic devices* • Inpatient psychiatric services for individuals under age 21* • Respiratory care services • Hospice care
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The services in **bold** are those that North Carolina has elected to include in its plan. Those bolded with a “*” are optional services North Carolina has included but with some limitations.

EPSDT requires that eligible children receive every mandatory and optional service listed above, regardless of whether North Carolina has included an optional service within its plan. For example, North Carolina has elected not to include **case management services** within its plan. However, if those services are medically necessary for an eligible child, EPSDT requires the State to cover the services. Experts recognize that case management is the core element of service delivery for at-risk populations. Effective case managers are typically trained in special education, social work or psychology. They are responsible for **advocacy** and the development and execution of individual treatment programs for children and monitoring the outcomes of those programs. This requires a familiarity with the needs of each child, the complicated rules governing eligibility for specific services and restrictions associated with each service definition, as well as the availability of services in each area of the state. Case management services have proven to significantly enhance positive outcomes for children and adolescents and keep them in their homes and communities.

What Types of Services Are Available Under EPSDT?

In addition to being medically necessary, services and/or treatments must be:

- Determined to be medical in nature
- Generally viewed or accepted as an acceptable practice or treatment
- NOT experimental/investigational
- Safe; and
- Effective

Otherwise, EPSDT entitles Medicaid-eligible children to **ALL** services listed in the Medicaid Act at 42 U.S.C. § 1396d(a). These services include both mandatory and optional services listed in the Medicaid Act as long as they are determined to be medically necessary. The list of these services appears above on p. 1-2.

A significant feature of EPSDT is that your child is entitled to **screening** services. The best example of a screening service is the “check-up.” Screening services must include physical health, dental health, vision, and hearing, and the following screenings must be provided:

- Initial: First screening performed upon entrance into Medicaid
- Periodic: Performed at intervals and schedules determined by the state
- Interperiodic: Performed at any time because of illness or change in condition

These required screenings determine whether your child must receive further services required by EPSDT, namely diagnosis and treatment services.

The second portion of EPSDT requirements includes **diagnosis and treatment**, and the State must provide medically necessary care for your child after a screening has identified a health issue. **Your child even must receive treatment for pre-existing conditions.**

EPSDT also requires that a child receive services in the amount, scope and duration that is medically necessary, regardless of restrictions or limitations the State otherwise places on the service for adults. *Example: Suppose John, a 12-year-old child who is eligible for Medicaid, has both a mental health diagnosis and a developmental disability requiring intensive in-home service (IIH). IIH is considered a rehabilitative service in the state plan. While North Carolina has included rehabilitative services as an optional service in its state plan, the State has placed a time limit on the authorization of IIH services for children. EPSDT requires that if John’s IIH services are medically necessary and needed beyond the usual 90-day authorization period, he must receive the services as long as his clinicians or treating physician determines the services are medically necessary, regardless of any authorization limits otherwise imposed by North Carolina.*

John’s example illustrates the extent of services available to children with disabilities through the requirements of EPSDT. Community-based crisis services, individualized mental health treatment services, medication management, counseling and therapy and any rehabilitative equipment such as daily living aids can be covered using EPSDT. EPSDT will even require the State to cover transportation to and from doctor’s appointments. **Significantly, services provided through your child’s school or other educational setting can also be covered under EPSDT if determined to be medically necessary, contained within your child’s IEP, and if the school is a Medicaid provider.** It is important for schools to recognize that they may receive reimbursement under EPSDT for medically necessary services provided to your child. However, it is important to note that there are certain categories of services EPSDT does not require North Carolina to cover:

- Respite care service, because this service is primarily to benefit a child’s caregiver and not the child
- Habilitation services may be provided through a home and community-based waiver program but not through EPSDT
- Treatment for parent(s)’ or sibling(s)’ sole benefit

Besides full access to Medicaid services available to eligible children, EPSDT also has several notable features.

Features of EPSDT

- No waiting list
 - Children who meet the criteria are entitled to services without placement on a waiting list for those services.
 - Waitlists or delays to schedule appointments or medical procedures with specific physicians or licensed practitioners may still exist.
 - Waitlists for waiver services, such as the Innovations waiver, will still exist.
- No cap on total cost of services
 - Allows children to exceed the policy limits otherwise imposed by the North Carolina State Medicaid Plan.
 - If your child is enrolled in the Community Alternatives Program (CAP) or the Innovations waiver, he or she still must be considered for services required by EPSDT, but the total cost of services must not exceed the cost cap of the waiver.
- No limit on number of hours for services
 - As long as services are medically necessary, no cap on hours applies to services required by EPSDT.
- No limit on number of visits to licensed clinicians
 - As long as services are medically necessary, no cap on the number of visits applies under EPSDT.

Who is Eligible for EPSDT?

EPSDT applies to all **Medicaid-eligible children under the age of 21**. Stated differently, EPSDT requires the provision of medically necessary services for children who:

- 1) qualify for Medicaid under the statutory eligibility requirements (or waiver) and;
- 2) are younger than 21 years of age.

If your child qualifies for Medicaid benefits, then your child also qualifies for services required by EPSDT as long as he or she has not reached the age of 21. To inquire about your child's Medicaid eligibility, you may contact your local Department of Social Services (DSS). Your local department's contact information may be found in the phone book or on the following website: <http://www.ncdhhs.gov/dss/local/index.htm>

You may also apply for Medicaid services through your local DSS office. To find out more about Medicaid eligibility, see: <http://www.ncdhhs.gov/dma/medicaid/who.htm>.

What Does Medically Necessary Mean?

EPSDT entitles eligible children to all medically necessary services. Services are determined to be medically necessary if they correct or ameliorate a defect, mental or physical illness, or condition.⁵ Because a service must either correct or ameliorate, EPSDT does not require that a service "cure" a child of a health issue. Rather, a service may "ameliorate," which includes services that:

- Improve, maintain, or compensates for a health issue;
- Prevent a health issue from getting worse;
- Prevent the development of further health issues; or
- Ameliorate even just one of a child’s diagnoses or medical conditions (does not have to ameliorate a condition taken as a whole);

This expansive definition of “medically necessary” means that a wide variety of services related to a child’s health issue may be covered under EPSDT. Importantly, courts have held that much deference should be given to the medical opinions of a treating physician.⁶ This principle helps protect your child’s right to services when a physician or other clinician deems those services medically necessary.

In sum, eligible children must receive services that correct or cure a health issue. In addition, services that ameliorate a health issue or a single aspect of a health issue, i.e., when they prevent a condition from worsening, must be covered under EPSDT as well.

While some people may refer to services under EPSDT as “EPSDT services,” it is important to understand that EPSDT is not a set of services that a child becomes eligible for or can access. EPSDT is a Medicaid rule that requires the State to provide certain services when medically necessary that may or may not be outside of what is generally available to the child.

Can My Child Receive Coverage under EPSDT If He or She Participates in the Waiver Or Is on the Waiting List for the Waiver?

The state must consider children under age 21 enrolled in the Home and Community-Based Services Waiver or Innovations Waiver under the same standard as those who are eligible for Medicaid absent the waiver. On the other hand, the cost of care must not exceed the Waiver cost limit. If a child on the Waiver is independently eligible for Medicaid outside of the Waiver, the child can elect to receive services required by EPSDT without the monetary cap imposed by the Waiver. A child enrolled in the Waiver who requests services or appeals a denial of services must be considered under both the Waiver and EPSDT.

Medicaid-eligible children on a waiting list for Waiver services must receive EPSDT services **WITHOUT** placement on any waiting list for those **non-waiver** services. Remember that habilitative services and respite services are NOT available under EPSDT.

Is My Child Required to Obtain Prior Approval for EPSDT Services?

Some services and treatments require prior approval under North Carolina’s Medicaid Plan. When these certain services are requested, prior approval is still required, but the state must consider the requests under EPSDT. The need for prior approval in no way changes or limits your child’s entitlement to services required by EPSDT.

Requests for prior approval should show medical necessity and the other EPSDT eligibility requirements (e.g. Medicaid eligibility and under the age of 21). However, North Carolina does retain the right to select the most economic mode of the service as long as the treatment is similarly effective to the service originally requested. Said slightly differently, if prior approval is required, North Carolina may choose to cover a service that is cheaper than the one requested if it is equally effective for that child.

Once Medicaid eligibility is established, some services may be accessed through your local LME/MCO (Local Management Entity/Managed Care Organization). Find your local MCO here: <http://www.ncdhhs.gov/mhddsas/lmeonblue.htm> .

What is the Process for Requesting EPSDT Services?

The Medicaid Act requires North Carolina to inform all Medicaid eligible children under age 21 about EPSDT.⁷ If eligible, your child is entitled to medically necessary services, and you have every right to demand those services under EPSDT.

One important step is to speak with your physician, licensed practitioner, or clinician. Your child's clinician knows the specific nature of your child's health and is in the best position to show the State that a service is a medical necessity for your child. Also, as stated earlier, the reviewer should give deference to a child's physician/clinician in determining whether a particular treatment or procedure will correct or ameliorate a health issue for the purposes of EPSDT. If your physician or clinician is unfamiliar with EPSDT or would like additional information, the following resources may prove helpful:

<http://www.ncdhhs.gov/dma/epsdt/index.htm>.

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

Your service provider (physician or other licensed clinician) should then submit a request for Medicaid services within the published procedures of the North Carolina Division of Medical Assistance (DMA). In requesting either covered or non-covered services under the NC State Medicaid Plan, your provider must provide documentation showing how the service will correct or ameliorate a defect, physical or mental illness, or condition. If specifically requesting non-covered services, your provider must use the Non-Covered State Medicaid Plan Services Request form located at:

<http://www.ncdhhs.gov/dma/provider/forms.htm>. It is important to note again that medically necessary services not covered by North Carolina's plan will still be covered under EPSDT if contained within the Medicaid Act's list of services.

This form should be submitted to:

Assistant Director for Clinical Policy and Programs
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501
Fax: 919-715-7679

How Will My Child's Request for Services Be Reviewed under EPSDT?

The state or contracted vendors must act upon requests for prior approval of covered and non-covered services with reasonable promptness (generally 15 days or less but it can be longer if there is a more complicated request, such as for some rehabilitative equipment). "Acting" upon a request includes accepting or denying a request, reducing or terminating a concurrent request, or asking for additional information from the provider. As stated above, the physician or licensed practitioner shall receive significant deference upon review of a service request. The decision-maker must review requests from eligible children 21 years old or younger under EPSDT. If the services are determined to be medically necessary, EPSDT demands that the child receive the services.

Other Resources

North Carolina EPSDT Provider Page

<http://www.ncdhhs.gov/dma/epsdt/index.htm>.

Health Check Billing Guide

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT Policy Instructions Update- NC Department of Health and Human Services

<http://ec.ncpublicschools.gov/finance-grants/medicaid-in-education/epsdtinstructions.pdf>

EPSDT Information from Federal Government

https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf

NC Medicaid Recipient and Provider Services

<http://www2.ncdhhs.gov/dma/rs.htm>

Disability Rights North Carolina is a 501(c)(3) nonprofit organization headquartered in Raleigh. It is a federally mandated protection and advocacy system with funding from the U.S. Department of Health and Human Services, the U.S. Department of Education, and the Social Security Administration.

Its team of attorneys, advocates, paralegals and support staff provide advocacy and legal services at no charge for people with disabilities across North Carolina to protect them from discrimination on the basis of their disability. All people with disabilities living in North Carolina are eligible to receive assistance from Disability Rights NC.

Contact us for assistance or to request this information in an alternate format.

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888-268-5535 (TTY)
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¹Nursing services, home health aides, medical supplies, equipment, and appliances suitable for use in the home, physical therapy, occupation therapy, speech pathology, audiology services provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation service.

²Includes occupational therapy and services for individuals with speech, hearing and language disorders.

³Includes medical or remedial services recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level.

⁴Furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease.

⁵ 42 U.S.C. § 1396d(r)(5).

⁶ See, e.g. *Lewis v. Callahan*, 125 F.3d 1436 (11th Cir. 1997).

⁷ 42 U.S.C. § 1396d(a)(43)(A).