

# Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Almost half of children and youth with special health care needs (CYSHCN) are covered by Medicaid or a combination of private insurance and Medicaid. All CYSHCN, under age 21, enrolled in Medicaid are covered by EPSDT. EPSDT sets a higher standard of care for children than adults. EPSDT is important to make sure CYSHCN have consistent, high-quality coverage.

## Covered Services Under EPSDT

Under EPSDT, states must cover all “medically necessary” services needed to address the health and well-being of the child. This includes behavioral health conditions. EPSDT includes the following services:

- Screening
- Vision and Hearing
- Dental
- Lead Screening
- Immunizations/Vaccines for Children (VFC) Program
- Other Necessary Health Care Services
- Diagnostic Services
- Treatment

## State Program Guidelines

State Medicaid agencies must:

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and of the need for age-appropriate immunizations;
- Provide or arrange for the provision of screening services for all children;
- Arrange (directly or through referral) for corrective treatment as determined by child health screenings; and
- Report EPSDT performance information annually via Form CMS-416.



## Data Reporting

To show the effectiveness of EPSDT services, states must provide CMS with the following information:

1. Number of children provided child health screening service
2. Number of children referred for corrective treatment
3. Number of children receiving dental services
4. State's results in attaining goals set under section 1905(r) of the Social Security Act.

## EPSDT State Health Official (SHO) Guidance, September 2024

The guidance details how states can meet the goal of EPSDT: “the right care, to the right child, at the right time, in the right setting.” It also says, “states cannot ensure compliance with EPSDT requirements unless have processes in place to oversee, verify, and enforce these requirements, regardless of whether services are delivered through fee-for-services (FFS) or managed care.” In short, the guidance provides clarity on issues that have come up many times as barrier for children.

There are 3 main sections that the guidance provides strategies and best practices for:

1. Promoting Awareness & Accessibility (pages 9-32)
2. Expanding and Using a Child-Focused Workforce (pages 32-39)
3. Improving Care for Children with Specialized Needs (pages 39-56)

## Key Takeaways

1. States are fully responsible for ensuring compliance with EPSDT requirements.
2. Managed Care Organizations are not allowed to apply any prior authorization processes for EPSDT screening.
3. Limits on services for adults cannot be applied the same to children.
4. Children must be provided all possible Medicaid services that is medically necessary, even if the service is not on the list of covered adult services.
5. States must assess both physical and mental health development.
6. A specific behavioral health diagnosis is not needed before services are provided.
7. Children must be allowed to exceed any set amount or duration of services limits, if they are medically necessary for the child.
8. States must cover services to correct or improve the child's condition, regardless of if the condition was present at the well-child visit.
9. MCOs must care for the child's long-term needs, not just treat their immediate issue(s).



[Review a PowerPoint summary](#) from Centers for Medicare and Medicaid Services about the three major sections of the EPSDT guidance.



[Read a more detailed breakdown](#) of the guidance from the National Health Law Program.



[Read the full 57-page guidance.](#)