



Children's Rights to Medicaid Services:

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)¹

EPSDT is a program for children under 21 who have Medicaid. EPSDT provides children with the check-ups, testing, examinations, and treatments they need to be healthy. Under EPSDT, the State must cover medically necessary services for children.

Medically necessary services are those services that “correct or ameliorate” a condition. In other words, the services are needed to treat, correct, or improve a health problem. The treatment does not need to cure a condition to be covered.

Services that must be authorized under EPSDT

Services that

- Improve or maintain the child's health in the best condition possible;
- Compensate for a health problem;
- Prevent a health problem from getting worse; or
- Prevent the development of additional health problems.

Under EPSDT, the State must cover a wide variety of medically necessary appointments, treatments, equipment, and other medical items. There are some services that the State must cover for children that it does not have to cover for adults.

The State must also cover transportation to or from medical appointments. This can include out-of-state travel, lodging, and meals, if it is medically necessary. If you need

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the State to cover transportation, you should contact your local Department of Social Services before you travel.

EPSDT is limited to rehabilitative services. It does not include habilitative services. In general, rehabilitative services involve re-teaching skills that have been lost. Habilitative services involve teaching new skills. However, the difference between the two types of services can sometimes be blurry. It may vary from one child to another or for a single child at different points in time.

Habilitative services may be covered by Medicaid waiver programs, such as the Innovations or CAP/C Waivers. For more information about these separate Medicaid programs and how they relate to EPSDT, see “Medicaid Waiver Programs and EPSDT” on page 3 below.

Limits Do Not Apply

The State cannot place limits on a child’s services if the services are medically necessary.

They cannot impose limits on:

- How often your child receives a service
- How long a child receives a service
- The location of services
- The costs of services.

Medicaid does impose some limits on coverage for adults. Your child can receive more hours or visits of the requested service than are allowed for adults if it is medically necessary.

In order to exceed limits that apply to adults, the provider of the service should document how the service, product, or procedure meets all EPSDT criteria. They should also describe why it is medically necessary.

Screenings and Diagnostic Services under EPSDT

Under EPSDT, Medicaid must cover screenings for:

- Physical health
- Dental health
- Vision

- Hearing
- Developmental or intellectual delays and disabilities
- Behavior

A regular check-up with a pediatrician is an example of a screening.

If a screening identifies a possible health issue or disability, the State must provide whatever services or assessments are necessary to diagnose the condition.

Treatment under EPSDT

The State must cover medically necessary treatments for any child with Medicaid. This includes children diagnosed with a health condition. It also includes children diagnosed with a physical or mental disability. Even if the condition existed before the child received Medicaid, the state must cover treatment.

In addition to being medically necessary, EPSDT requires a service or treatment to be:

- Medical in nature;
- Safe and effective;
- Generally recognized as accepted medical practice or treatment; and
- Not experimental or investigational.

There is no co-payment or other cost for services covered by EPSDT. Also, there is no waiting list for EPSDT services. However, there may be a delay if there are no providers available to provide the service.

Requesting Services

If you have trouble getting your provider to prescribe a needed service for your child, or if Medicaid refuses to pay for the service, mentioning EPSDT policies may be helpful.

The recipient's physician, therapist, or clinician must request the service and be able to show that the service is medically necessary. Documentation showing the medical need for the service is the best way to get Medicaid to cover the service. The State is supposed to give a lot of weight to the medical opinions of treating physicians and therapists.

Medicaid Waiver Programs and EPSDT

Medicaid waiver programs cover other services beyond what EPSDT covers. Medicaid does not automatically enroll patients in waiver programs. To enroll your

child, you must go through a separate application process. Unfortunately, even if your child qualifies for a waiver, there may be a waitlist for getting services. North Carolina has two Medicaid waiver programs for children:

- The [Innovations Waiver](#) for people with intellectual and developmental disabilities; and
- The [CAP/C Waiver](#) for children with complex medical needs.

For the Innovations Waiver, services covered under EPSDT but not the waiver are not counted toward waiver cost limits. For the CAP/C Waiver, EPSDT services are counted toward waiver cost limits.

For details about how EPSDT interacts with these waiver programs, you can read North Carolina's [EPSDT Policy Instructions Update](#).

The Importance of Case Management

Case Managers help families navigate the complex systems of services for things like mental health and intellectual/developmental disabilities. They may help you find doctors and other care providers and advocate for you. They may also interact with schools and the juvenile justice system on a child's behalf.

You might not think of Case Management as a medical service. However, for many families, Case Management is medically necessary to connect children to appropriate services and supports.

You should ask for Case Management if you feel that your child is "slipping through the cracks" and you need help making sure your child gets the services they need.

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

[\(919\) 856-2195](tel:(919)856-2195)

DisabilityRightsNC.org

Disability Rights North Carolina
3724 National Drive, Suite 100
Raleigh, North Carolina 27612



**Get
Help**

If you are concerned about a long wait-time to see a provider or have other questions about EPSDT contact us. Visit DisabilityRightsNC.org, or call [\(919\) 856-2195](tel:(919)856-2195)