



## **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)**

### **What is EPSDT?**

EPSDT is a healthcare program for children who receive Medicaid.

EPSDT stands for:

- **Early** – Identify problems early, starting at birth
- **Periodic** – Checking children’s health at regular, age appropriate intervals
- **Screening** – Performing physical, mental, developmental, dental, hearing, vision, and other tests to detect potential problems
- **Diagnosis** – Performing diagnostic tests to follow up when a risk is identified
- **Treatment** – Treating the problems found

EPSDT can cover treatments that are not routinely covered for adults. Under EPSDT, states are required to provide any medically necessary healthcare services covered by the Social Security Act. The services must be needed to correct, improve, or maintain physical or mental conditions. These services can be provided even if they are not included in the state’s Medicaid plan.

For example, Virginia Medicaid does not cover dental care for adults. However, through EPSDT, it provides dental care to children as the Smiles for Children Program.

### **Who is Covered by EPSDT?**

Any child age birth to age 21, who receives Medicaid or is on a Medicaid Waiver. Children in foster care and some adopted children with disabilities are also covered.

### **What are Some Services Most Commonly Provided Under EPSDT?**

- Hearing Aids
- Assistive Technology
- Personal Care
- Private Duty Nursing
- Medical Formula and Medical Nutritional Supplements
- Therapies – such as Physical, Occupational, Behavioral (like ABA) or Speech

### **What are Some Non-Traditional Services Provided Under EPSDT?**

- Adapted Exercise Equipment
- Organ Transplants
- Adapted Wheelchairs
- One-to-One Aides

### **How do I Request EPSDT Services?**

To request EPSDT Services, you must get a Letter of Medical Necessity. You then have the request submitted by a qualified Medicaid provider who will provide the service or order the equipment.

### **What is a Letter of Medical Necessity?**

A Letter of Medical Necessity is a letter from your child's doctor or other healthcare professional. It describes why the treatment you want will help. This letter and a quote for the service or equipment need to be submitted to request the treatment be covered. The provider submits this information in an online form.

A child's IEP can sometimes be used as a Letter of Medical Necessity. The service must be in the IEP and be medically necessary in the school environment. The school must be a Medicaid provider if they will provide the service.

### **What Should be Included in a Letter of Medical Necessity?**

A Letter of Medical Necessity should include:

- A short description of the doctor's credentials and his/her relationship to the child;
- A detailed description of the child's disabilities and how the disabilities affect his/her ability to function; and
- A description of how the item or service would meet your child's needs and why it is needed to correct or improve the affects of his/her disabilities.

### **What if my Request for EPSDT Services is Denied?**

If you request for services is denied, you should be notified in writing of your right to appeal and information on how to do so. You only have 30 days from the date you receive the denial to file an appeal.

### **How Can dLCV Help?**

dLCV can provide information, technical assistance and, in some cases, legal representation. You can contact our Office by calling (800) 552-3962.

***dLCV publications are available in alternate format, upon request.***