

Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT)

EPSDT is designed to improve primary health benefits for children with emphasis on preventive care that has been a part of the federal Medicaid program since its beginning in the late sixties. After a Medicaid review in 1989, Congress moved to increase the services of EPSDT through the Omnibus Budget Reconciliation Act. States must now cover regular and periodic exams for all eligible children under the age of 21. They must also provide any medically necessary services prescribed as a result of a practitioner's findings during the EPSDT screening or other diagnostic exams, even those not covered in a state's Medicaid plan. This includes many assistive devices and services for individuals that are under 21, which have been excluded under the regular Medicaid program in the past. **Note: Individuals within the manage care programs need to contact their service providers for more information.**

EPSDT is part of the Medicaid program. If an individual has a Medicaid Card and is under the age of 21, they are eligible for EPSDT Services. Parents or guardians of children who need medically necessary services, covered or not covered under Medicaid basic benefit plans and limits, can apply for a Medicaid Card at the local Department of Community Based Services Permanency and Protection Office located in the child's county of residence.

Not all devices are allowable for purchasing under Medicaid. There must be a medical need for a piece of assistive equipment and this need must be clearly demonstrated. Equipment must be prior authorized by the Department for Medicaid Services to determine medical necessity. So it is important to get the proper documentation together when making an application through a service provider in order to avoid needless delays.

These materials must accompany an EPSDT application:

1. A physician's order (on a prescription pad);
2. A Letter of Medical Necessity from a physician, physical therapist or other qualified personnel; this letter should include:
 - a) A patient history
 - b) A diagnosis and prognosis,
 - c) A medical justification for each item,
 - d) A description of the benefit to the patient (particularly important, should be very thorough); and
 - e) The length of time the patient will need the item.
3. Product information: Any product information that is applicable should be provided. A description of how the particular item will fit the needs of the patient should be supplied as well as pictures, preferably with the patient using the item;
4. Prices from different manufacturers with comparable products that might fit the patient's needs.

Eligibility workers at the county offices of the Department of Community Based Services Permanency and Protection Office inform Medicaid recipients of the EPSDT program at the time of initial eligibility and at any time when eligibility is reviewed. Durable medical equipment dealers can often be of assistance on how to access EPSDT or locate an authorized service provider. You may also direct any questions to the Department for Medicaid Services in Frankfort at (502) 564-9444 or by visiting their website at chfs.ky.gov/dms/epsdt.

For more information contact the KATS Network (800) 327-5287 – katsnet.org.