
EPSDT

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This section provides overview and policy of the services available under the comprehensive Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) benefit.

EPSDT Benefit Overview

EPSDT services are a benefit of the Medi-Cal program as specified in Title XIX of the *Social Security Act* (SSA), Section 1905(r)(5), Title 42 of the *United States Code*, Section 1396d(r). The benefits covered under EPSDT provide comprehensive and preventive health care services for individuals younger than 21 years of age who are enrolled in Medi-Cal. These services are key to ensuring children and youth receive appropriate preventive medical, dental, vision, hearing, mental health, substance use disorder, developmental and specialty services, as well as all necessary services to address any defects, illnesses or conditions identified.

The following chart defines the separate components of the EPSDT benefit.

«Table of EPSDT Benefit Components»

Term	Meaning
Early	Assessing and identifying problems early
Periodic	Checking children's health at periodic, age-appropriate intervals
Screening	Providing physical, dental, vision, hearing, mental health, developmental and other comprehensive screening exams and tests to detect potential problems
Diagnostic	Performing diagnostic tests to follow up when a risk is identified
Treatment	Control, correct or reduce health problems found

More information about each of the above is detailed in this section.

Benefit Coverage

A variety of programs and provider types help render the different aspects of EPSDT, as follows.

Managed Care Health Plans

For members enrolled in managed health care plans (MCPs), plan providers are required to render all EPSDT services as specified in an All Plan Letter located on the Department of Health Care Services (DHCS) website at:

www.dhcs.ca.gov/formsandpubs/Pages/MgdCareAPLPLSubjectListing.aspx.

Drug Medi-Cal or Drug Medi-Cal Organized Delivery System

For members receiving in-services through Drug Medi-Cal (DMC) or the Drug Medi-Cal Organized Delivery System (DMC-ODS), all DMC or DMC-ODS providers are required to render substance use disorder related EPSDT services, except for Screening, Brief Intervention and Referral to Treatment (SBIRT) which is delivered through fee-for-service and MCP delivery systems for members aged 11 years and older.

Mental Health Services

Medi-Cal fee-for-service providers may render and bill for mental health services; for example, psychological services and other services rendered by mental health professionals under the scope of their practice.

For members receiving Specialty Mental Health Services (SMHS), mental health plans are required to render SMHS under the EPSDT benefit. Mental health plan contact information is listed on the [County Mental Health Plan Information](#) page of the DHCS website.

«Behavioral Health Treatment (BHT)

BHT services are a covered benefit for eligible Medi-Cal members under 21 years of age, including those members diagnosed with autism spectrum disorder (ASD) as well as those members for whom a licensed physician and surgeon or psychologist determines that BHT services are medically necessary, regardless of diagnosis. Consistent with state and federal requirements, a physician or a psychologist must recommend BHT services as medically necessary based on whether BHT services will correct or ameliorate any physical and/or behavioral conditions.»

«BHT services are described in California's Medicaid State Plan, Limitations on Attachment 3.1-A/B, page 18b and 18c, section 13c – Preventive Services, BHT and Supplement 6 to Attachment 3.1-A. BHT services include applied behavioral analysis (ABA) and a variety of other behavioral interventions that have been identified as evidence-based approaches that prevent or minimize the adverse effects of behaviors that interfere with learning and social interaction. The goal is to promote, to the maximum extent practicable, the functioning of a member. Examples of BHT services include behavioral interventions, cognitive behavioral intervention, comprehensive behavioral treatment, language training, modeling, natural teaching strategies, parent(s)/guardian(s) training, peer training, pivotal response training, schedules, scripting, self-management, social skills package and story-based interventions.

Medi-Cal Managed Care

Medi-Cal members enrolled in Medi-Cal managed care receive BHT services from their MCP. For more information refer to the Medi-Cal MCP Directory on the DHCS website.

Medi-Cal Fee-for-Service

Medi-Cal members enrolled in Medi-Cal fee-for-service have a choice to receive BHT services either through their local Regional Centers or directly through enrolled Medi-Cal fee-for-service providers who bill DHCS, as follows:

- Medi-Cal fee-for-service children who independently qualify for Regional Center service and meet Medi-Cal medical necessity criteria for BHT services (i.e., a licensed physician and surgeon or psychologist recommends BHT services) may receive BHT services through their local Regional Center. For more information about Regional Centers, including directory and listing by county, please visit the Department of Development Services' regional center directory at <https://www.dds.ca.gov/rc/listings/>.
- Medi-Cal fee-for-service members who do not independently qualify for Regional Center services, who have been declined for BHT services at their local Regional Center, or who otherwise prefer to receive BHT services outside of their local Regional Centers, may instead obtain medically necessary BHT services from an enrolled Medi-Cal provider as recommended by a licensed physician and surgeon or psychologist.

More information can be found in the *BHT* section of the appropriate Part 2 Medi-Cal provider manual.>>

Palliative Care

Medi-Cal providers may bill for medically necessary palliative care services for eligible Medi-Cal members diagnosed with a serious and/or life-threatening illness, as determined and documented by the patient's treating health care provider.

More information can be found in the *Palliative Care* section of the appropriate Part 2 Medi-Cal provider manual.

Medical Necessity

The standards to meet medical necessity differ between Medi-Cal and EPSDT. The EPSDT standard is as follows:

EPSDT services are medically necessary or a medical necessity if they correct or ameliorate defects and physical and mental illnesses and conditions discovered through screening. This standard is set forth in Title XIX of the *Social Security Act*, Section 1905(r)(5) and in *Welfare and Institutions Code* (W&I Code), Section 14059.5(b)(1).

Early and Periodic Screening

Medi-Cal covers services as recommended by the Bright Futures/American Academy of Pediatrics (AAP) periodicity schedule, which is available on the AAP's Bright Future's website.

«Dental services must be provided at intervals determined to meet reasonable standards of dental practice. A referral to a Medi-Cal dentist is required for every child at one year of age and subsequently in accordance with the *EPSDT Periodicity Schedule for Dental Referral by Age* and at other intervals as medically necessary.»

Preventive services are covered both at periodic, age-appropriate intervals recommended in the Bright Futures/AAP periodicity schedule and inter-periodic intervals when determined to be medically necessary by a treating health care provider. Additional information about these services is available under "Section 3: American Academy of Pediatrics Bright Futures" in the [Preventative Services](#) section of the Medi-Cal provider manual.

When diagnostic and/or treatment services are indicated as a result of a screening, providers are required to take all reasonable steps, including follow-up, to ensure members are referred to and receive medically necessary diagnostic and treatment services without delay.

If a screening provider, under scope of practice, can also offer diagnostic and treatment services, referrals are not necessary.

Diagnostics

Diagnostic services to fully evaluate defects and physical or mental illnesses or conditions discovered through screening are covered services.

Treatment

Medi-Cal covers all health care services needed to correct or ameliorate defects, physical and mental illnesses, substance use disorders, dental disease and other conditions discovered through screening.

Informing Families of EPSDT Benefits

Providers play an important role in communicating EPSDT benefits to families, pregnant women and parent(s)/guardians, including adoptive and foster parents. A combination of face-to-face, oral and written informing activities is recommended. Medi-Cal providers who deliver EPSDT services should inform all Medi-Cal eligible families of the following:

- Benefits of preventive health, vision, hearing, behavioral health screening and dental care
- Tips and information for choosing a health or dental care provider
- Nature and scope of EPSDT-covered medical behavioral health and dental services
- Appointment scheduling and transportation assistance availability
- Need for prompt diagnosis of suspected defects, illnesses, diseases or other conditions
- Availability of treatment for problems diagnosed during screening
- Referrals to other providers when a member needs services not offered by the initial provider(s)
- Ability to ask for and receive services, even if the member was initially denied those services, as long as the member is still Medi-Cal and EPSDT eligible

Provider Types

EPSDT services are covered when performed by, or under the supervision of, Medi-Cal providers acting within the scope of their practice.

«BHT Providers

Under Medi-Cal, BHT services may be provided by any of the following:

- Qualified Autism Service (QAS) Providers include:
 - Board Certified Behavior Analysts
 - Licensed Practitioners (licensed physicians and surgeons, physical therapists, occupational therapists, psychologists, marriage and family therapists, educational psychologists, clinical social workers, professional clinical counselors, speech-language pathologists, or audiologists)
- QAS Professionals includes individuals who meet all of the following criteria, provides BHT, is employed and supervised by a QAS provider, provides treatment pursuant to a treatment plan developed and approved by the QAS provider and is one of the following:
 - Associate Behavioral Analysts
 - Behavior Analysts
 - Behavior Management Assistants
 - Behavior Management Consultants
 - Psychological Associates under the supervision of a licensed behavioral health provider
 - Associate Marriage and Family Therapists under the supervision of a licensed behavioral health provider
 - Associate Clinical Social Workers under the supervision of a licensed behavioral health practitioner
 - Associate Professional Clinical Counselors under the supervision of a licensed behavioral health provider»

- QAS Paraprofessional is an unlicensed and uncertified individual who meets all the following criteria: Is employed and supervised by a qualified autism service provider, or qualified autism service professional, provides treatment and implements services pursuant to a treatment plan developed and approved by the QAS Provider, meets the criteria set forth in the regulations adopted pursuant to Section 4686.3 of the Welfare and Institutions Code, had adequate education, training and experience, as certified by a QAS Provider.

More information can be found in Supplement 6 to Attachment 3.1-A.

Transportation and Appointment Assistance

To promote access to needed preventive, diagnostic and treatment services, providers are required to offer appointment scheduling assistance and ensure necessary transportation to and from medical appointments for EPSDT services.

Appointment Assistance

All providers must offer and provide, as requested, assistance with scheduling appointments for EPSDT services. Members may request or refuse this assistance at any time.

Managed care health plans must provide appointment assistance as specified in an All Plan Letter located on the DHCS website at:

www.dhcs.ca.gov/formsandpubs/Pages/MgdCareAPLPLSubjectListing.aspx.

Non-Emergency Medical Transportation (NEMT)

Non-emergency medical transportation (NEMT) used to transport a member to receive EPSDT services is covered only when a member's medical and physical condition does not allow that recipient to travel by bus, passenger car, taxicab or other form of public or private conveyance.

NEMT that is necessary for a recipient to obtain medical services is covered subject to the written authorization of a licensed practitioner consistent with their scope of practice. A *Treatment Authorization Request* (TAR) is required for non-emergency transportation. A legible prescription (or order sheet signed by a physician for institutional members) must accompany the TAR.

Detailed information about NEMT is located in the *Medical Transportation: Ground* section of the appropriate Part 2 Medi-Cal provider manual.

Non-Medical Transportation (NMT)

All providers must offer and provide, as requested, assistance with arranging non-medical transportation (NMT) used to transport a member so they may receive EPSDT services. Medi-Cal members may request or refuse assistance with NMT at any time. More information about NMT services is available on the DHCS website at www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx. Additional information is in the *Medical Transportation: Ground* section of the appropriate Part 2 Medi-Cal provider manual.

Managed care health plans must provide NMT assistance as specified in an All Plan Letter located on the DHCS website at:

www.dhcs.ca.gov/formsandpubs/Pages/MgdCareAPLPLSubjectListing.aspx.

Vaccines For Children (VFC)

The federal Vaccines For Children (VFC) program supplies free vaccines to enrolled physicians. Every Medi-Cal eligible child under the age of 19 is eligible to receive vaccines supplied by the VFC program. To participate, providers must enroll in VFC, even if already enrolled with Medi-Cal.

If vaccines cannot be administered at the time of the visit, providers must instruct the member about how to obtain recommended vaccines or an appointment must be made and documented in the member's chart.

More information can be found in the *Vaccines For Children (VFC) Program* section of the appropriate Part 2 Medi-Cal manual.

Pasteurized Donor Human Breast Milk

HCPSC code T2101 (human breast milk processing, storage and distribution only), to be billed per three ounces per unit, 35 ounces per day, only good for 30 days; can be used for medically necessary pasteurized donor human milk (PDHM) when obtained from a licensed and approved facility. Coverage may be up to 12 months of age. For more information, refer to the [Pregnancy: Postpartum and Newborn Referral Services](#) section in this manual.

HCPSC code A4287 (disposable collection and storage bag for breast milk, any size, any type, each).

Lead Poisoning Prevention

In accordance with the California *Health and Safety Code* (H&S Code), Section 105286, health care providers must inform parents and guardians about all of the following:

- The risks and effects of childhood lead exposure
- The requirement that children enrolled in Medi-Cal receive blood lead tests at specified ages
- The requirement that children not enrolled in Medi-Cal who are at high risk of lead exposure receive blood lead tests

Member Information

Children, teens and young adults under the age of 21 and enrolled in Medi-Cal are eligible for EPSDT services. Member eligibility, resources and Medi-Cal enrollment information is listed on the [Medi-Cal Kids and Teens Member Information](#) page of the DHCS website.

Legend

«Symbols used in the document above are explained in the following table.»

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.