

EPSDT and Title V Collaboration to Improve Child Health

EPSDT Program Background

Medicaid's child health component, known as the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, children has been shaped to fit the standards of pediatric care and to meet the special physical, emotional, and developmental needs of low-income children. Since 1967, the purpose of the EPSDT program has been "to discover, as early as possible, the ills that handicap our children" and to provide "continuing follow up and treatment so that handicaps do not go neglected."

Federal law – including statutes, regulations, and guidelines – requires that Medicaid cover a very comprehensive set of benefits and services for children, different from adult benefits. Since one in three U.S. children under age six is eligible for Medicaid, EPSDT offers a very important way to ensure that young children receive appropriate health, mental health, and developmental services.

To remember the elements of EPSDT, use the name of the program:

E arly	Identifying problems early, starting at birth
P eriodic	Checking children's health at periodic, age-appropriate intervals
S creening	Doing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
D iagnosis	Performing diagnostic tests to follow up when a risk is identified, and
T reatment	Treating the problems found.

Under the Deficit Reduction Act of 2005 (DRA, enacted February 2006), states were given the option to modify the approach to delivery of services to children enrolled in Medicaid. Two DRA changes Medicaid law may have direct impact on EPSDT.

The DRA gives states the option to restructure their approach to benefits under Medicaid without a federal waiver, using the state plan amendment process. Under this option, states may enroll certain groups (mainly those in optional eligibility groups) in benchmark or benchmark equivalent benefit packages and wrap-around benefits consisting of EPSDT benefits for any child under age 19 covered under a state plan.

The DRA also includes a more specific definition of case management and places limits on use of targeted case management and administrative case management and. Since State Medicaid agencies use both EPSDT case management and targeted case management for infants, children, and adolescents, such programs may be affected by the DRA provisions.