



»»» *Survivors' Health Care Access Series*

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

What Health and Child
Advocates Need to Know
About This Medicaid
Benefit



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Introduction

Every child deserves a healthy start in life.

For kids who have experienced violence and trauma, access to health care services can be essential and even life-saving, and early intervention and connection to supportive services are key pieces of that healthy start. Medicaid offers a comprehensive health insurance package that is designed to meet each child's physical, mental, and behavioral health needs. One of the most important parts of this program is known as Early and Periodic Screening, Diagnostic and Treatment (EPSDT), which is a benefit that guarantees children and adolescents get the care they need, when they need it, including mental and behavioral health services. **Despite recent cuts to Medicaid in the large tax and spending legislation passed this summer, children are still entitled to the EPSDT benefit.**

This memo provides background and advice to those who work at the intersection of health, domestic violence, and child trauma—including advocates, health care professionals, and state and local policy makers. It provides information on EPSDT, what it is in practice, and how to advocate to make sure kids get all the services they need to heal and thrive.



THE BASICS OF EPSDT

Medicaid and the Children's Health Insurance Program (CHIP) provides health insurance coverage for people below certain income levels, including children. Income eligibility for children and adolescents varies by state, and foster children (and former foster children) are eligible for Medicaid through age 26. As of August 2025, there are almost 37 million children enrolled in Medicaid and CHIP, almost half of the nation's children.

Medicaid provides a comprehensive benefit package that includes acute, preventative, and long-term care services. There are some services that are required to be covered by a state Medicaid plan, like hospital coverage and primary care. Other services may be covered at the discretion of the individual state, such as physical therapy and prescription drugs. States have considerable flexibility to design a program that best meets the needs of its Medicaid population, and every state's benefit package looks different.

Under EPSDT, all children up to age 21 are entitled to all medically necessary services to maintain or restore their optimal health, even if these services aren't part of the state's Medicaid traditional benefit package.

In other words, EPSDT guarantees that children are eligible to get the medical and behavioral health services they need, when they need them. This is true for all state Medicaid programs, even if Medicaid is provided through a Medicaid managed care plan.

The EPS and D (Early and Periodic Screening and Diagnosis) are routinely provided through Medicaid. An initial screening is usually done at a regular well-child visit, but they can also be done at school health programs, and children and youth programs. Subsequent screenings are done on a periodic basis at well-child visits and according to the state's periodicity schedule.

The initial EPSDT screening contains a comprehensive assessment including an age-appropriate screening for mental health and substance use. If a child is diagnosed with any mental or physical health problems, or the provider determines further assessment is needed, the child is eligible for additional screening and any medically necessary treatments necessary to restore or maintain full health.

The Centers for Medicare and Medicaid Services (CMS), the federal agency that oversees Medicaid, urges states to avoid requiring a child to have a specific behavioral health diagnosis for the provision of services, as screenings may identify symptoms that require attention but do not meet diagnostic criteria.

Unfortunately, the T (treatment) can be harder to navigate in practice. There are many barriers that keep children from getting the treatment they need, even if it is guaranteed under EPSDT.

Some children experience a lack of available providers who can serve them. There are structural barriers that deter providers, who would otherwise be willing to serve these children, from participating in Medicaid. These may include: low provider reimbursement rates, complicated billing rules and a lack of community-based treatment providers.



Burdensome administrative and utilization management tools are hard to navigate and also create barriers to care. For example, a service must be deemed “medically necessary” to be covered and/or require prior authorization. The child’s health care provider must provide documentation that the service is medically necessary and the state will review the request and make a determination. This can take time and significant paperwork, but there are [important regulatory protections](#) to fall back on. For example, services under EPSDT cannot be subject to [limits or caps](#). (Note: This does not apply to [screenings](#). Prior authorization is not needed for screenings.)

It is important to remember that if the service is medically necessary, the child is entitled to it. While it may take advocacy, ultimately, these benefits should be made available. The promise of EPSDT to link children who have experienced trauma, including those impacted by domestic violence, with the services they need is real. The benefit is designed to help children access all medically necessary services.



Medical Necessity | Services for children are covered under the EPSDT benefit if the services are deemed medically necessary for the individual beneficiary. [Federal law](#) requires states to cover, under the EPSDT benefit, necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate “defects” along with physical and mental illnesses and other conditions discovered by the screening services, whether or not such services are covered under the State plan. The federal statute does not define “medical necessity” but rather describes a broad standard for coverage without providing a prescriptive formula for ascertaining necessity. States can establish their [own parameters](#) for medical necessity decisions so long as those parameters are not more restrictive than the federal statute. The National Academy of State Health Policy tracks the [state definitions](#) of medical necessity.



Understanding EPSDT in Your State

Advocates need to understand how the EPSDT benefit works in their state in order to help families navigate and access needed services. It might take some persistence to figure out how best to get those services covered and this starts with understanding what the opportunities and challenges are in each state. Remember, each state is unique in how they operate their Medicaid program. Here are some questions to investigate:

► What do families, including children and adolescents, need?

Listen to the families – who will be able to articulate the specific challenges they have in getting services. Ask them: What are the actual barriers they face in getting the screenings and needed service? What solutions do they want to pursue? What would support their health care needs the most? What would the ideal screening visit look like and how can the health care system support it.

► What mental and behavioral health services are commonly covered for children and adolescents?

Anything that will help a child's health be improved or maintained is covered by the EPSDT benefit, but states regularly cover a wide range of services. This includes mental and behavioral health services. Ask questions about what services are commonly covered in your state, and which are not. Examine who the behavioral health providers in the state are that participate in Medicaid and where there are gaps. Understanding this will shed light on when access may be limited and where advocacy may be needed.

► What trauma-informed services are already covered by the state?

CMS has [standing guidance](#) that specifically addresses services for children who have experienced trauma. States already covered services like counseling and family therapy, and there may be best practices from which to draw to ensure they are trauma-informed.

► Which providers can do EPSDT screenings?

Screenings and exams are performed by (or under the supervision of) a provider who is certified by Medicaid to provide EPSDT screenings. To conduct screenings, a provider must be deemed a “qualified provider” by the state, and individual states choose which types of providers can do these screenings.

► Can community health workers (CHWs) do EPSDT screenings?

Maybe! CHWs can likely provide screening, but only some states provide Medicaid reimbursement for services delivered by a CHW. CHWs can play an outsized role in raising awareness about EPSDT, helping schedule appointments, and connecting families with resources. CHWs may conduct activities such as health promotion and education, patient outreach and follow-up, assistance in navigating the health care system, translation and interpretation of medical information, and care coordination. Other services may be reimbursable by Medicaid if they meet the regulatory requirements, including that the services are recommended by a licensed provider.

► What role do schools play in delivering EPSDT services?

Schools can help make sure kids are receiving their EPSDT benefit. In some states, school-based health care providers – like a school nurse or a school mental health counselor – will be able to provide EPSDT screenings. Schools may also play a role in connecting their students with other providers, facilitating transportation, or supporting families as they navigate Medicaid.

► Does your state use managed care?

Most state Medicaid programs use managed care organizations. This means the child gets their health insurance through a Medicaid managed care plan that is contracted through Medicaid. Children are still guaranteed EPSDT if they are enrolled in a managed care plan, but it does add a layer of complexity in navigating. Understanding which plans operate in the state, who they cover, and what their specific policies are will offer insight into opportunities and challenges with getting benefits. They may cover more types of providers and care coordination than traditional Medicaid, but they may also put in place more paperwork burdens.

► How are states making sure the EPSDT promise is available?

States are responsible for ensuring that EPSDT-eligible children or their families are informed about EPSDT requirements, have necessary assistance with transportation and scheduling appointments when needed, receive screening and diagnostic services at appropriate intervals, and receive follow-up treatment as needed. But are they?

What's in a name? | Every state calls their Medicaid program something different; and some states have different names for their CHIP program. Here is a list of state Medicaid and CHIP program names. States may also have a different name for their EPSDT program. Find your state's EPSDT program name here.

Strategies for Advocating to Improve Child Health

Knowing the promise of EPSDT –and the specific state EPSDT environment – allows advocates to launch efforts to improve child health in their state and communities. Whether trying to improve the EPSDT benefit directly or leveraging its potential to link children to the supports and services they need, advocates can play an important role in advocating for change.

► Build systems of support for families.

Based on the feedback from families, design an advocacy strategy that centers their feedback and needs. What do they need most, and what changes to Medicaid are needed to make that happen? Is it a change to state Medicaid policy, like adding additional provider types? Is it a challenge of educating providers or promoting EPSDT in the community? Is it more collaboration between health care providers and other systems of care? Each solution will have a different advocacy strategy.

► Collect data. Identify who is not getting screenings.

All children and adolescents enrolled in Medicaid should be getting screenings, but not all are. Working with your state's Medicaid department to find screening gaps will determine where you should target your efforts. For example, adolescents have far lower rates of EPSDT screening than younger children.

► Build advocacy partnerships around EPSDT.

Advocates for adult and child survivors of domestic violence are encouraged to find partners to help with advocacy. Programs can find partners in the local American Academy of Pediatrics (AAP) chapter; statewide kids' coalitions; local education authorities; and individual providers who are doing EPSDT screens. You can help identify the best practices to help get kids trauma-informed services by working together. It might be good to work with the local AAP chapter, the school system, or a trusted provider to understand the ways EPSDT works in your state, and to identify partnership opportunities. Schools, public health departments, and other community providers play important roles in getting children in the door and to their EPSDT screening. Ask for resources in your community and where you can send a child to start the EPSDT process. Ask for materials to give to families to get their screenings.

► Spread the word.

Many Medicaid agencies have found they need to educate providers and managed care companies about the EPSDT benefit and how children should access the benefits that are not otherwise covered. Local chapters of the American Academy of Pediatrics for example, provide education to pediatricians and their administrative staff on how to help children navigate EPSDT, and define and clarify EPSDT requirements in their Medicaid managed care contracts. But other types of providers may need additional education and support to understand the requirements.

► Consider becoming a Medicaid EPSDT provider.

Only licensed Medicaid providers can be reimbursed for EPSDT services, but each state has different qualifications for EPSDT providers. Physicians, nurse practitioners, and school districts are widely licensed to do EPSDT screenings. Some states also include local health departments, community health programs, home visiting programs and family planning clinics. Ask about the requirements for your organization or individual providers to become licensed Medicaid providers and be eligible for reimbursement. Make sure to ask about doing initial screening assessments!

► Strengthen care coordination and/or case management.

Care coordination is not defined by Medicaid as a specific service but can be covered in certain circumstances, and Medicaid managed care plans are required to provide medically necessary care coordination to enrollees. The requirements for who can actually provide the care coordination for kids vary by state. Some states hire case managers, others use health home coordinators, and others still use contractors for care coordination work. This position is vital in helping families navigate the system, provide support services like transportation, and ensure the child gets the prior approval they need.

► Build relationships with managed care.

State Medicaid agencies have contracts with each managed care company, and those contracts will detail what coverage should look like. Who in the state is working with the managed care companies to implement EPSDT? Are there individuals within the managed care company who are available to meet with advocates to discuss issues and problems families are facing?

► Learn the appeals process.

If all else fails, figure out the appeals process. How do you fight an appeals determination? What support is available to families to challenge a denial of services? Remember, EPSDT provides a legal guarantee for all medically necessary services.

Conclusion

Advocates have a critical role in helping families navigate Medicaid and EPSDT and helping advance policies that ensure that children and families receive the services to which they are entitled. The work will be challenging, but it is more necessary than ever.

Guidance on EPSDT | In September 2024, CMS released important guidance, *Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements*, which provides great examples on maximizing EPSDT. An older CMS guide, *EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents*, provides other, foundational information on the program.