



EPSDT & Kan Be Healthy Early Periodic Screening, Diagnosis, and Treatment



What is EPSDT?

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a part of the Medicaid program that covers all Medicaid beneficiaries under the age of 21. EPSDT mandates Kansas' Medicaid program must cover any medically necessary service, whether the service is a mandatory or an optional service under the Medicaid Act, and whether or not Kansas covers the same service for adults.

How Does EPSDT Work?

Under EPSDT, screenings are mandatory and form the foundation of the program. In Kansas, the EPSDT screens are called Kan-Be-Healthy Screens. These screens are meant to be comprehensive. Along with a medical screen, youth should also receive vision, hearing, and dental screening. Kansas has developed a schedule for when these screens take place in the child's life, but Interperiodic Screens can happen ANYTIME there is an illness or change in condition.

If a medical service or treatment is going to be covered under EPSDT, it is important the condition being treated is documented somewhere on the screening form.

The general rule is: if a treatment will maintain a condition or make it easier to live with the condition, it will be covered under EPSDT.



Educate your doctor on your child's disability and needs. Take your CareING notebook to each appointment.

For more information, visit www.familiestogetherinc.org or call the center nearest you:

Topeka	1.800.264.6343 or 785.233.4777
Garden City	1.888.820.6364 or 620.276.6364
Wichita	1.888.815.6364 or 316.945.7747
Spanish	1.800.499.9443 or 620.276.2380

More Tips for Coverage

Some services covered by EPSDT need prior authorization before they will be approved by the Kansas Medicaid program. An important part of a prior authorization request includes a letter of medical necessity. These letters of medical necessity are usually authored by your child's primary doctor or other health care professional. Here are some tips for getting good letters of medical necessity from health care professionals. Always include:

- Identifying Info: name, birth date, Medicaid ID number, case number, physician name, date letter was written;
- A statement of who the author is: (example) Your child's primary care physician;
- The date the author last evaluated your child;
- Your child's diagnosis;
- Pertinent medical history;
- Why the requested service is medically necessary, i.e. why the treatment or service corrects or ameliorates* defects, physical and mental illnesses and/or conditions.

Tips for children with disabilities: focus on how the service will:

- Prevent the onset of an illness, injury, and or secondary disability;
- Reduce, correct, or ameliorate* the physical, mental, developmental, or behavioral effects of an illness, condition, injury, or disability; and/or assist the child to achieve or maintain sufficient functional capacity to perform age-appropriate or developmentally appropriate daily activities.



***Ameliorate:**

To make or become better, more bearable, or more satisfactory; Improve.

For assistance with establishing medical necessity or for appealing denials of coverage, consider calling the Disability Rights Center of Kansas (1-877-776-1541).

For an individualized consultation, contact the Families Together Parent Center nearest you.