

## Early Periodic Screening Diagnosis and Treatment (EPSDT)

The EPSDT Program is a Medicaid benefit automatically available to anyone in Virginia under the age of 21 who has Medicaid. There is no separate application or enrollment process. The idea behind EPSDT is similar to the idea of early intervention. In short, by providing more services to people who are younger, the hope is that they will need fewer supports as they continue to age. For that reason, you can get some services through EPSDT not usually available under traditional State Plan Medicaid (i.e., general state Medicaid health insurance).

### EPSDT Services

There are a number of EPSDT services that meet the program's mandate to "correct or ameliorate" mental, physical, or cognitive disabilities. You must use a service provider who takes your Virginia Medicaid plan to use their services through EPSDT.

- Some of the most frequently used services are diagnoses, screenings and assessments, and well-child visits.
- EPSDT can be a vehicle for obtaining therapies, like Applied Behavioral Analysis (ABA) therapy commonly prescribed for children on the autism spectrum, as well as speech, occupational, and physical therapy.
- EPSDT can fund services including residential inpatient treatment options, some home health equipment, hearing aids, vision supports, and some dental services.

### Overlap with Waiver

There are three EPSDT services that overlap with services offered by the Medicaid Waivers. Those services are Personal Care, Private Duty Nursing, and Assistive Technology. This overlap matters a great deal because children eligible for EPSDT must use that program *instead of their Waiver* to receive Private Duty Nursing AND/OR Assistive Technology. If they are denied through EPSDT for either of those two services, they will not be considered for the service under traditional Waiver guidelines, either. However, they are still eligible for personal care directly through the Waiver.

To get your services authorized through EPSDT, you must have relevant forms filled out by a doctor or other appropriate overseeing medical practitioner, in addition to the forms you use to request other Waiver services. Work with your doctor or medical provider well in advance of your annual renewals for these services to get the appropriate paperwork completed and returned. The paperwork must be dated within 90 days of your new authorization period, which is when the services would start. For example, if your annual Waiver plan begins on July 1, you would need the relevant paperwork to be completed after April 1 to be within the 90-day window. Aim to have paperwork done earlier within that 90-day window to allow time for processing and dealing with any questions or issues that can come up when requesting EPSDT services. If you're not sure when your annual plan is due, talk to your Support Coordinator, Personal Care Agency, or Service Facilitator. See the links in the Resources section to access copies of the authorization forms.

- For Personal Care, the form is called the “DMAS 7” that looks at the support needed for a variety of daily activities. Work with your home care agency (for agency directed services) or Service Facilitator (for consumer directed services) to arrange for authorized Personal Care services to be put in place.
  - Note that Personal Care through EPSDT does not allow a parent *who is also legal guardian* to be a paid care attendant for adult children over age 18 years old. Parents are not eligible to be paid caregivers for children under age 18 years old under EPSDT.
- For Private Duty Nursing, you’ll have your doctor complete a form called the “DMAS 62” that looks at a list of medical care needs. Work with a nursing agency on submitting this paperwork and obtaining nursing services.
- For Assistive Technology, a doctor or relevant therapist must write an evaluation and show medical necessity for the requested item(s). This will be combined with a quote from an Assistive Technology vendor.

### Protecting Your Waiver

One of the challenges of using your EPSDT services instead of Waiver to fund supports like Private Duty Nursing are that it means you’re no longer billing those services to your Waiver. To keep your Waiver active and show that it is in use, make sure to use a “stand alone” Waiver service at least every 90 days if you have a DD Waiver (Community Living, Family and Individual Supports, or Building Independence) and at least every 30 days if you have a CCC Plus Waiver. You can do that by billing at least one hour of personal care, respite or employment services. Set a calendar reminder to do that and ensure you always have people able to provide and bill for that service.

### Resources

- To see KEPRO’s (EPSDT contractor for DMAS) website on finding EPSDT forms, visit <https://dmas.kepro.com/content/forms>
- To see the EPSDT Manual, visit <https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library>
- For a 3 Minute webinar on EPSDT, as well as videos on Waivers, managed care, and topics that intersect with EPSDT, visit <https://www.youtube.com/user/VideosatTheArcofNoVA/videos>
- To view online resources about Waivers, managed care, and other similar topics, visit The Arc of Northern Virginia’s online Resource Library at <https://thearcnova.org/resource-library/>
- To ask a question about EPSDT or any other DD issue, please contact The Arc of Northern Virginia through our “Ask The Arc” portal at <https://thearcnova.org/answers/>