



California's Protection & Advocacy System  
Toll-Free (800) 776-5746

# Extra Services for Children and Youth Under The Medi-Cal EPSDT Program

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## 1. What services can I get from Medi-Cal under EPSDT?

EPSDT stands for Early and Periodic Screening, Diagnosis, and Treatment. EPSDT is a Medi-Cal benefit. If you are under age 21 and have full-scope Medi-Cal,<sup>i</sup> you also get the EPSDT benefit.<sup>ii</sup>

EPSDT provides you with a number of health care benefits.

**Periodic screens**—First, EPSDT says that Medi-Cal must provide you with periodic screenings to determine your health care needs. This includes screens for hearing, vision, dental, and mental health needs. It also includes screens for lead-based paint poisoning.

**Diagnostic and treatment services**—Second, once you have a health care need, EPSDT says that Medi-Cal must provide you with diagnostic and treatment services to “correct or ameliorate” your condition.

**Any medical care service that can be paid for in the Medicaid program**—EPSDT provides for a broad range of medical care services, including services that are not on the list of regular Medi-Cal services available to those 21 and older. This is because California can choose to limit the services it offers to adults, but for children under 21, the State must offer any service that the Medicaid program could pay for, even if the State has chosen not to provide it to adults.

Examples include extra dental, vision, hearing, private duty nursing (shift nursing) services from a Registered Nurse (RN) or a Licensed Vocational

Nurse (LVN), Case Management, Pediatric Day Health Care, Nutritional Evaluations and Services, and Mental Health Evaluations and Services. Mental health evaluations and services include therapeutic behavioral services (TBS), and, for children and youth in foster care, in-home behavioral services (IHBS), and intensive care coordination (ICC).<sup>iii</sup>

## **2. How Is EPSDT Different from Medi-Cal?**

EPSDT is not different from Medi-Cal—it is a part of Medi-Cal. It is just an extra benefit that you get because you are under age 21. EPSDT has a reasonable, common sense medical necessity standard for getting services authorized. This means you can get more testing and services than you would if you were 21 or older if your doctor or treating professional recommends it. The State must agree that the services are "medically necessary."

## **3. What is the EPSDT Medical Necessity Standard?**

Services under EPSDT are medically necessary if they can be expected to "correct or ameliorate defects and physical and mental illnesses and conditions."<sup>iv</sup>

## **4. What is Medi-Cal Managed Care?**

Most people with disabilities now receive their Medi-Cal through a managed health care plan. That includes a managed health care plan for most services and generally a separate local mental health plan usually through your county mental health department. This means they do not have "fee-for-service" Medi-Cal (sometimes called "traditional" Medi-Cal, "straight" Medi-Cal or "regular" Medi-Cal) anymore and are limited to providers in the plan.<sup>v</sup>

## **5. Do I Still Get EPSDT If I am in Medi-Cal Managed Care?**

Yes. If you receive Medi-Cal through a managed care plan, you still receive EPSDT benefits. You have the same rights as you did when you were in fee-for-service Medi-Cal.

## **6. How Does EPSDT Work When I Am In Medi-Cal Managed Care?**

Managed care plans must provide you with EPSDT benefits in accordance with state and federal law. Plans must use the EPSDT medical necessity standard when deciding whether or not to authorize a service you ask for. <sup>vi</sup>

## **7. What if My Medi-Cal Managed Care Plan Denies a Service to Me?**

Read the reason why the service was denied and the standard they are using. If the plan does not mention EPSDT in its denial reason, then the plan may be using the wrong medical necessity standard. If the managed care plan says “no” because the service is not covered, that tells you the plan probably did not consider the extra benefits available through EPSDT. You can appeal the decision internally with the managed care plan. You can also ask for an Independent Medical Review (IMR) or a Medi-Cal fair hearing. For information about IMRs and grievances, see our publication: <http://www.disabilityrightsca.org/pubs/F07201.pdf>

You cannot request an IMR if you have already requested a Medi-Cal fair hearing. However, you can request a Medi-Cal fair hearing after you have had an IMR. You have 90 days to request a Medi-Cal fair hearing. However, you can stop your services from being cut if you ask for the hearing before your services are cut. (This is called “aid paid pending” the hearing and means your service stays the same during the appeal process.) It is very important that you do this right away. A decision will be made at the hearing about whether or not your services should be cut. Depending on your situation, the best thing to do might be to ask for an IMR if you can get the IMR before your services are cut. If the IMR is done before your services are cut you will still have time to ask for a Medi-Cal fair hearing and get aid paid pending too.

## **8. What If I Was Always Getting a Service Under Medi-Cal and Now the Managed Care Plan will Not Cover It?**

You get special protections when the plan wants to cut off a service you are already getting. And special protections when the request is for

continuation of an existing service such as speech therapy or home nursing.<sup>vii</sup> The managed care plan is required to give you a termination notice of action if the plan denies reauthorization.<sup>viii</sup> You should appeal immediately by filing for a Medi-Cal Fair Hearing. You should ask for “aid paid pending” which means your service stays the same during the appeal process. For more information, call Disability Rights California.

## 9. What if I Have CCS?

If you have CCS in addition to Medi-Cal managed care, you still have the right to EPSDT. For some services, your CCS-eligible condition may mean that for that condition, services are NOT provided by the managed care plan. For example, if you need in-home nursing for your CCS-eligible condition, this will be authorized for Medi-Cal by the county CCS program through the Department of Health Care Services’ Children’s Medical Services’ Systems of Care EPSDT unit and not through the managed care plan.<sup>ix</sup>

*Disability Rights California is funded by a variety of sources, for a complete list of funders, go to <http://www.disabilityrightsca.org/Documents/ListofGrantsAndContracts.html>.*

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<sup>i</sup> “Full-scope Medi-Cal does not include those who have only emergency Medi-Cal and probably will not apply to the new people qualifying for Medi-Cal under the expansion that goes into effect January of 2014.

<sup>ii</sup> 22 CCR § 51340; <http://www.dhcs.ca.gov/services/Pages/EPSDT.aspx>

<sup>iii</sup> 42 USC §1396d(r); 22 CCR §§ 51340, 51340.1, 51184;  
<http://www.dhcs.ca.gov/services/Pages/EPSDT.aspx>

<sup>iv</sup> 42 USC § 1396d(r)(5); 22 CCR §§ 51340 and 51340.1

<sup>v</sup> For more information on Medi-Cal managed care including when you can continue to see your former doctor, see DRC publication # 549501, at <http://www.disabilityrightsca.org/pubs/549501.pdf>

<sup>vi</sup> See, ex., Exhibit A, Attachment 10 SCOPE OF SERVICES boilerplate contract for 2-plan counties at [http://www.dhcs.ca.gov/provgovpart/Documents/MMCD\\_TwoPlanBoilerplate-Web.6-1-11.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/MMCD_TwoPlanBoilerplate-Web.6-1-11.pdf)

<sup>vii</sup> 22 CCR § 51003(c)

<sup>viii</sup> 22 CCR §§ 51014.1(e), 51014.2(a) and (d).

<sup>ix</sup>

<http://www.dhcs.ca.gov/services/ccs/cmsnet/Documents/thiscomputes322.pdf>