What is EPSDT?

EPSDT stands for Early and Periodic Screening, Diagnosis and Treatment. EPSDT is a child health program in Medicaid. It is designed to help the physical, mental, and developmental health needs of children. The purpose of EPSDT is to find and treat health problems early so that children can have the best health and development possible. In Ohio, the EPSDT program is called Healthchek.

More information is available on the Ohio Medicaid Healthchek Services webpage: jfs.ohio.gov/ohp/consumers/Healthchek.stm.

Who is covered by Healthchek/EPSDT?

Any child who is eligible for Medicaid and between the ages of birth to 21. Children who are covered by a Medicaid waiver, children who have a Medicaid card and children who are in a Medicaid managed care plan are all eligible for Healthchek/EPSDT. Medicaid eligible children are automatically eligible for Healthchek/EPSDT. No separate enrollment is necessary.

What does Healthchek/EPSDT provide?

Healthchek provides screening services at periodic intervals throughout a child’s development to detect physical and mental illnesses and conditions. The program also provides diagnostic services and treatment for the illnesses and conditions that are identified. These services are provided to children who are developing normally and to children who have special conditions or disabilities that require medical attention.
How often must screening occur?

Children receive 11 screenings in their first year of life and then one screen per year until the child turns 21.

What treatment services are available?

Any service that is available through Medicaid is available through Healthchek/EPSDT for children. This includes some services that may not be available to adults. Examples of services include:

- physician and clinic services
- inpatient and outpatient hospital services
- laboratory and x-ray services
- home health services
- private duty nursing
- personal care services
- care coordination or case management services
- physical therapy
- occupational therapy
- speech therapy
- durable medical equipment
- dental services
- respiratory care services
- nursing facilities
- psychiatric hospitals
- certified pediatric nurse practitioner services
Are there limits on treatment services for children?

Under EPSDT/Healthchek, a child can receive medically necessary services or equipment that would be covered by federal Medicaid whether or not the service is covered by Ohio Medicaid. Children can get more of a service or treatment than would be provided to an adult. For example, a child can get more physical therapy than would be provided to an adult or more dental care than an adult would receive. This means that a child can get the type (e.g., therapy, nursing, personal care, etc.), amount (how much of the service) and duration (how long the service will be provided) of a service that is recommended as medically necessary by a Medicaid provider.

What does “medically necessary” mean?

Under EPSDT/Healthchek, children can receive services or equipment that are needed to correct or improve physical or mental illnesses and conditions. Any Medicaid provider can make a recommendation for what is medically necessary for a child. Medicaid providers include doctors, nurses, dentists, physical therapists, occupational therapists, speech therapists, psychologists, psychiatrists and other health care professionals.

How does a child get medically necessary services?

Your child’s doctor/health care professional will help your child get the services they need. Some services must be approved by Ohio Medicaid before they are provided to your child. Read more about the preapproval process at disabilityrightsohio.org/frequently-asked-questions-about-medicaid-prior-authorization. If your child needs a service that must be pre-approved, the child’s physician or health care professional will submit a request for the service. Only a Medicaid provider may make the request for medically necessary treatment or services. If a child is enrolled in a Medicaid managed care plan, the provider should contact the plan’s prior authorization department to request treatment or services. If a child is not enrolled in a Medicaid managed care plan, the Medicaid provider will submit a request for the treatment or services to Ohio Medicaid.
**What happens if a request for prior authorization is denied?**

If Medicaid denies a service or equipment recommended by your child’s doctor/health care professional, they will send a notice to you in the mail. If you disagree with the denial, you can request a hearing to object to it. A hearing must be requested within 90 days from the date of the notice. The notice explains how to request a hearing. A hearing will be scheduled and a hearing officer will listen to your reasons for disagreeing and will decide if the denial was correct. Read more about the state hearing and administrative appeals process at disabilityrightsohio.org/frequently-asked-questions-about-medicaid-state-hearings-and-administrative-appeals.

**Is there a list of Medicaid providers?**

If a child is in a Medicaid managed care plan, the managed care organization will have a list of Medicaid providers. If a child is not enrolled in a Medicaid managed care plan, contact the county department of job and family services. Each county department has a Healthchek Coordinator. The Healthchek Coordinator will provide a list of available Medicaid providers in the county.

**Is transportation available under Healthchek/Medicaid?**

Yes. Healthchek/EPSDT provides help with scheduling medical appointments and getting transportation to those appointments. How the transportation is provided may vary by county. Contact either your child’s Medicaid managed care organization or the Healthchek Coordinator at your county department of job and family services for help with scheduling appointments and transportation.

**Is more information about Healthchek/EPSDT available?**

Yes. Contact a county Healthchek Coordinator. A PDF list of county Healthchek Coordinators is available on the Ohio Department of Job and Family Services website: jfs.ohio.gov/ohp/consumers/docs/CountyCoordinators.pdf

Contact Ohio Medicaid’s Consumer Hotline at 1-800-324-8680 for more information.

Contact your child’s Medicaid managed care organization.

Or visit Ohio Medicaid’s Office of Ohio Health Plan’s Healthchek web page: jfs.ohio.gov/ohp/consumers/Healthchek.stm

continued on next page