

Important Information for Medicaid-Eligible Children in Georgia

What is EPSDT?

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is the part of the Federal Medicaid Act that defines Georgia's responsibility for all Medicaid eligible children. EPSDT requires states to provide any "necessary health care, diagnostic services, treatment and other measures . . . to correct or ameliorate defects and physical and mental illnesses and conditions as covered by the Medicaid Act."

This means that services (such as therapies, skilled nursing care, behavioral supports, vision and dentistry) must be provided for children under age 21.

These services should be based on the child's individual needs, as determined by their doctor or other healthcare professional and not limited by pre-determined limits or caps.

Additionally, children requiring services under EPSDT have a right to receive prompt medical services "without delay caused by administrative procedures."
(42 C.F.R. §1396(r)(5))



How do I make sure my child is receiving EPSDT services?

EPSDT requires states to provide children (0-21) with comprehensive health and developmental exams including dental, vision, motor, cognitive and behavioral functioning. In Georgia, Medicaid calls this **Early and Periodic Screening** assessment "Healthcheck."

If the physician identifies health issues that require **Diagnosis and Treatment**, a prescription or referral will need to be written for the services. Some services may require the physician to request "prior authorization" from Georgia Medicaid. In other cases, you would simply take the prescription to the appropriate Medicaid provider who will then bill Medicaid. Check with your healthcare provider to see what services require prior authorization.

What if Georgia Medicaid denies services for my child?

If your Medicaid-eligible child is denied services or if services are reduced in frequency, duration or intensity, **you (the parent) must receive a notice in the mail within 30 days of the request.** Recent Georgia legislation (SB 507) requires that the denial letter include a description of 1) the exact treatment/services being denied, described in words and codes; 2) any additional information needed from the child's medical provider that could change the decision; 3) the specific reason, including the facts relevant to the individual case that was used to determine that the service is not medically necessary.

If your claim is denied, you have a right to an appeal and the denial letter should inform you of the procedure to follow. The state must make a final determination of your appeal within 90 days of the date you submit the request. If your child is enrolled in a CMO, this time frame may be extended by any time it takes you to appeal the CMO's decision to the state.

Send a request for an appeal to: Department of Community Health, Medicaid Office of Legal Services, 2 Peachtree Street, NW 40th Floor, Atlanta, GA 30303 or FAX: 404-657-9711. *(It is recommended that you send your request by certified mail, return receipt requested.)*

Summary

EPSDT is the most comprehensive child health program in either the public or private sector. **All Medicaid-eligible children** are guaranteed the services of EPSDT. This **includes** Medicaid-eligible children who are provided services through a Care Management Organization (CMO) under contract with the state.

Parents are encouraged to seek the healthcare services their Medicaid-eligible children need by:

- Scheduling annual comprehensive health and developmental exams (Healthcheck)
- Requesting prescriptions and referrals for recommended treatments.
- Pursuing "prior authorization" when necessary.
- Appealing denials if they occur.

**Let's make Medicaid more responsive to
the healthcare needs of Georgia's children!**

This publication was prepared by Parent to Parent of Georgia, The Governor's Council on Developmental Disabilities and The Georgia Advocacy Office.