

POLICY AND PROCEDURE	
TITLE: Requirements for Coverage of Early and Periodic Screening, Diagnostic and Treatment Services for Medi Cal Beneficiaries	
Primary Policy owner: Utilization Management	Policy#: UM48
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) ☐ All Departments 2) ☒ Behavioral Health & Social Services (BH/SS) 3) ☐ Benefits Administration (BA) 4) ☒ Case Management (CM) 5) ☐ Claims (CLMS) 6) ☐ Community Marketplace & Member Engagement (MAR) 7) ☐ Compliance (CMP/HPA) 8) ☐ Configuration (CFG) 9) ☐ Provider Contracting (CONT) 10) ☐ Cultural & Linguistics (CL) 11) ☐ Customer Service (CS)	12) ☐ Facilities (FAC) 13) ☐ Finance (FIN) 14) ☐ Human Resources (HR) 15) ☐ Information Technology / Core Systems (IT) 16) ☒ Pharmacy (PH) 17) ☒ Provider Networks (PRO) 18) ☒ QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) ☒ Utilization Management (UM) 20) ☐ Procurement (PRM) 21) ☐ Administration (SAF/BC/EM) 22) ☐ Medical Management (MM)
Product Type: ☒ Medi-Cal ☐ D-SNP	Supersedes Policy Number: N/A

I. PURPOSE

To outline the responsibilities of Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan") to provide Early and Periodic Screening Diagnostic, and Treatment (EPSDT) services to eligible children under the age of 21.

II. **POLICY**

- A. The EPSDT standard of Medically Necessary services for Members less than 21 years of age includes all services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support, or maintain the Member's current health condition.
 - 1. Such services may also be Medically Necessary to correct or ameliorate defects and physical or Behavioral Health conditions.
- B. Health Plan provides EPSDT, which include medically necessary health and developmental screenings, physical examination, dental services, diagnostic services, treatment, case management and other services designed to assist children in gaining access to necessary medical, social, educational, and other services.
 - 1. Health and developmental screening services, physical examination, dental services, vision services and hearing services are provided using the current American Academy of Pediatrics (AAP)/Bright Futures periodicity schedule.
 - 2. Services that sustain, support, improve, or make more tolerable behavioral health condition are considered to ameliorate the condition, are thus medically necessary and therefore covered as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, in accordance with Health Plan Policies BH 01 Behavioral Health Services and BH 03 Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21.
- C. Health Plan provides a robust range of medically necessary services than they do for adults in accordance with EPSDT standards set forth in federal and state law, unless otherwise carved out of Health Plan's contract, regardless of whether such services are covered under California's Medicaid State Plan for adults, when the services are determined to be medically necessary.

- D. Health Plan does not impose services limitations on any EPSDT services other than medical necessity, which is made on a case-by-case basis, considering the individual needs of the child.
- E. Health Plan ensures members under the age of 21 have timely access to all Medically Necessary services and that appropriate diagnostic and treatment services are initiated as soon as possible, but no later than 60 calendar days following either a preventive screening or other visit that identifies a need for follow-up.
- F. For members up to the age of 21, services are determined to be “medically necessary” or meet “medical necessity” if they correct or ameliorate defects and physical and behavioral health condition, prevent disease, disability and other health conditions or their progression, prolong life and promote physical and mental health and efficiency.
 - 1. A service does not need to cure a condition in order to be covered under EPSDT.
 - 2. Services that maintain or improve the child's current health condition, or those that can prevent adverse health outcomes, are also covered under EPSDT because they “ameliorate” a condition.
 - 3. Additional services must be provided if determined to be Medically Necessary for an individual child.
 - 4. Flat or hard limits based on a monetary cap or budgetary constraints are not consistent with EPSDT requirements and, thus, are not permitted.
- G. For members aged 21 and older, a service is medically necessary or a medical necessity when it is reasonable and necessary to provide life, to prevent significant illness or significant disability, or to alleviate severe pain.
- H. Health Plan and its Delegates must comply with the Americans with Disabilities act mandate to provide services in the most integrated

setting appropriate to members and in compliance with anti-discrimination laws.

- I. Services covered under the EPSDT benefit include, but are not limited to:
 1. Acupuncture
 2. Audiology
 3. Chiropractic
 4. Cochlear implants
 5. Dental screenings as part of the initial health assessment and as part of every periodic assessment
 6. Dental services provided by dental personnel, at intervals indicated as medically necessary, including treatment for relief of pain and infections, restoration of teeth, and maintenance of dental health (carved out of Health Plan's program)
 7. EPSDT comprehensive case management and coordination of care
 8. Hearing services at intervals indicated as medically necessary, including hearing evaluation, diagnosis, treatment, and hearing aid batteries; (some of these services are covered by the CCS program)
 9. In-home Private Duty Nursing (PDN)
 10. Pediatric day health care services (carved out of Health Plan's program)
 11. Medical nutrition services
 12. Orthodontic services (carved out of Health Plan's program)
 13. Medically necessary Behavioral Health Treatment (BHT) for eligible children, who meet criteria
 14. Medically necessary non-Specialty Mental Health Services (NSMHS), regardless of severity level, provided by a psychiatrist,

psychologist, licensed clinical social worker (LCSW) or marriage and family therapist (MFT)

15. Screening services at intervals indicated as medically necessary, including, at a minimum, a comprehensive health and developmental history, a comprehensive unclothed physical exam, appropriate immunization, laboratory tests and health education to determine the existence of physical or mental illness or conditions
 16. Speech, occupational, and physical therapy services.
 17. Transportation services, in accordance with Health Plan's policies CS21 Non-Medical Transportation and UM55 Emergency and Non-Emergency Medical Transportation
 18. Vision services at intervals indicated as medically necessary including evaluation, diagnosis, and treatment for defects including eyeglasses
 19. Appointment scheduling assistance for medically necessary covered services
 20. Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) to members 11 years and older, including pregnant women, in accordance with Health Plan's policy UM46 Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment
- H. Health Plan complies with mental health parity requirements when providing BHT services.
- I. Health Plan provides comprehensive case management services and coordination of care for all medically necessary EPSDT services delivered both within and outside Health Plan's provider network.
- J. Health Plan is required to provide and cover all medically necessary services except for those services that have been expressly carved out, which include:
1. Dental services provided by dental personnel are covered by the Medi-Cal Denti-Cal Program.

2. Non-medical services provided by regional centers, including respite, out-of-home placement, and supportive living; however, Health Plan must monitor and coordinate all medical services with regional center staff.
 3. Alcohol and substance use disorder treatment services available under the Drug Medi-Cal Program services and medications reimbursed through Medi-Cal fee-for-service (FFS).
 4. Specialty mental health services.
 5. Services for which prior authorization is required but are provided without obtaining prior authorization; and
 6. Other services that are carved out of Health Plan 's Medi-Cal Program such as Pediatric Day Health Care services.
- K. Health Plan ensures coordination of carved-out and linked services, and referral to appropriate community resources and other agencies.
- L. Health Plan is primarily responsible to provide all medically necessary EPSDT services, including services which exceed the amount provided by Local Education Agencies (LEAs), Regional Centers (RCs), or local governmental health programs except for those services that have been expressly carved out.
1. Health Plan does not rely on LEA programs, RCs, CCS, local governmental health programs or other entities as the primary provider.
 2. If there are overlapping responsibility for providing services to members under the age of 21, Health Plan does the following:
 - a. Assess the level of Medically Necessary services the member requires.
 - b. Determine which level of service (if any) is being provided by other entities, and
 - c. Coordinate the provision of services with other entities to ensure duplicative services are not being provided and

ensure all Medically Necessary EPSDT services are being received in a timely manner.

- M. Health Plan refers members who are eligible for Targeted Case Management Services (TCM) to a Regional Center (RC) or local governmental health program.
 - 1. If members under 21 are not eligible for or accepted for Medically Necessary Targeted Case Management (TCM), Health Plan ensures the member's access to comparable services under EPSDT.
- N. Where another entity has overlapping responsibility for providing services to an individual under the age of 21, Health Plan assesses what level of service the member requires, determines what level of service is being provided by other entity(ies), and then coordinates with the other entity(ies) to avoid duplication of services and that the member is receiving all medical necessary EPSDT services in a timely manner.
- O. Health Plan communicates to providers about the EPSDT program including their responsibility to screen, diagnose and treat any issues identified during a member's visit(s).
 - 1. Health Plan educates our Network Providers on EPSDT-specific training in accordance with our Provider Services Policy PRO20 Provider Training and Education.
 - 2. All of Health Plan's providers are required to complete EPSDT-specific training no less than every two years.
 - a. At minimum, the provider training program developed by DHCS is used to promote a more uniform and shared understanding of the benefit throughout the state.
 - b. Should Health Plan augment the DHCS training materials with additional information, these must be submitted with changes highlighted to DHCS for review and approval prior to being used.

3. On an annual basis by February 15 of each calendar year, Health Plan submits a comprehensive plan ensuring all network providers receive proper education and training regarding EPSDT.
 - a. The comprehensive plan must also include:
 - i. The number of network providers that serve members under the age of 21.
 - ii. How many network providers are not in compliance; and
 - iii. And outline the steps Health Plan has taken to ensure network providers are fully compliant.
- P. Health Plan informs members, family members and primary caregivers about EPSDT, including the benefits of preventive care, services available, where, and how to obtain these services and that scheduling assistance and transportation is available.
- Q. Health Plan outreaches and educates our members on EPSDT in accordance with our Community Marketplace and Member Engagement Policy MAR11 titled Member Informing Materials.
 1. Health Plan publishes the DHCS supplied "Medi-Cal for Kids & Teens: Your Medi-Cal Rights" on hpsj.com.
 2. Health Plan mails these materials on an annual basis to members under the age of 21.
 - a. Health Plan mails out, or shares electronically, the DHCS supplied materials with existing members.
 - b. Health Plan mails these materials to new members within seven days of enrollment.
 3. Health Plan updates these educational documents as needed.
- R. Health Plan must disclose the utilization management or utilization review policy and procedures used to authorize modify or deny health care services Including prior authorization, concurrent authorization, and retrospective authorization to the DHCS, its network providers, and any subcontractors involved in these processes under the benefits.

- S. Health Plan ensures authorization determinations are based on the requested medically necessary health care service and are consistent with current evidence-based clinical practice guidelines as outlined in Health Plan policy UM 01 Authorization and referral review.

III. PROCEDURE

- A. All Health Plan members under the age of 21 receive EPSDT screening, vision, and hearing services designed to identify health and developmental issues in accordance with Health Plan's policy HE07 Children's Preventive Services.
- B. Health Plan reviews all healthcare service requests for members in accordance with Health Plan's policy UM01 Authorization and Referral Review.
- C. Health Plan refers all members under age 21 with a potential California Children's Services (CCS) condition to the local county CCS office for eligibility determination in accordance with Health Plan's policy UM 41 Identification and Management of California Children's Services.
- D. Health Plan provides transportation for members as needed to obtain medically necessary covered EPSDT services whether carved out from the DHCS contract in accordance with Health Plan's policies CS21 Non-Medical Transportation and UM55 Emergency and Non-Emergency Medical Transportation.
- E. Health Plan provides private duty nursing case management in accordance with CM12 Private Duty Nursing Case Management Responsibilities for Medi-Cal Eligible Members under the Age of 21.
- F. Health Plan ensures that our delegated entities adhere to all EPSDT requirements.

IV. ATTACHMENT(S)

- A. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
- B. [Glossary of Terms Link](#)
- C. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

V. REFERENCES

- A. [Bright Futures guidelines, American Academy of Pediatrics dated June 2024](#)
- B. DHCS APL 20-012: Private duty Nursing Case Management Responsibilities for Medi-Cal Eligible Members Under the Age of 21
- C. DHCS APL 20-016 Blood Lead Screening of Young Children
- D. DHCS APL 21-014: Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment
- E. DHCS APL 23-005 Requirements for Coverage of Early and Periodic Screening, Diagnostic and Treatment Services for Medi-Cal Members Under the Age of 21
- F. DHCS APL 23-010 Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21
- G. DHCS APL 26-002 Medi-Cal Managed Care Plan Responsibilities for Non-Specialty Mental Health Services.
- H. DHCS Behavioral Health Information Notice 26-002
- I. DHCS contract, Exhibit A, Section 2.10.10 A, E., Section 3.2.5, B., Section 4.3.9, A, F., Section 5.2.3, 5.3.4. B.4., D., 1., a., b, & E.
- J. DHCS Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services Letter, May 2021
- K. Health Plan Policy BH 01 Behavioral Healthcare Services
- L. Health Plan Policy BH 03 Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21
- M. Health Plan Policy CM 12 Private Duty Nursing Case Management Responsibilities for Medi-Cal Eligible Members under the Age of 21
- N. Health Plan Policy CS21 Non-Medical Transportation
- O. Health Plan policy HE07 Children's Preventive Services
- P. Health Plan policy MAR11 Member Informing Materials

- Q. Health Plan policy PRO28 Access and Availability Standards and Monitoring
- R. Health Plan policy QM22 Initial Health Assessments
- S. Health Plan policy SS02 Developmental Disabilities Services Program
- T. Health Plan policy UM41 Identification and Management of California Children's Services (CCS)
- U. Health Plan policy UM51 CSHCN – Children with Special Health Care Needs – Identification and Coordination of Care with VMRC/Early Start Program
- V. Health Plan Policy UM55 Emergency Transportation, Non-Emergency Medical Transportation and Related Expenses
- W. Social Security Act (SSA) Section 19059(r)
- X. Title 9, California Code of Regulations (CCR), §§ 1820.205 and 1830.210
- Y. Title 22, California Code of Regulations (CCR), §§ 51124.6, 51335, 51124, 51184, 51303, 51340, 51340.1, 51343.1 and 51343.2
- Z. Title 42, United States Code (USC), §§ 1396d(a) and 1396d(r)(5)
- AA. Welfare and Institutions Code section 14059.5, 14184.402 (c) and (d).

VI. REVISION HISTORY

Version*	Revision Summary	Date
000	9/04, 2/06, 9/08, 9/15, 10/15, 12/15, 1/16, 2/16, 8/17, 8/18, 11/18, 5/19, 7/20, 5/22, 6/22, 7/22, 5/23	N/A
001	Moved UM48 to new template	12/22/2023
002	Annual review no substantive updates	10/04/2024
003	Update references and align policy with APL 26-002 Medi-Cal Managed Care Plan Responsibilities for Non-Specialty Mental Health Services.	4/13/26
Initial Effective Date: 02/01/1996		

Published Date:08/20/2026

VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee (CC)	003	08/14/2026
Privacy & Security Oversight Committee (PSOC)		
Program Integrity Committee (PIC)		
Audits & Oversight Committee (AOC)		
Policy Review Committee (PRC)	002	11/27/2024
Quality Improvement Health Equity Committee (QIHEC)	002	02/05/2025
Quality Operations Committee (QOC)		
Grievance Committee (GC)		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	DHCS Contract Manager	003	05/08/2026
Department of Managed Care (DMHC)	DMHC Attorney	001	09/12/2024

IX. Approval signature*



Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy