

ND PROTECTION & ADVOCACY PROJECT

HEALTH TRACKS/EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

What is Health Tracks/EPSDT?

Health Tracks/EPSDT is a federal Medicaid benefit program designed to ensure that individual children get the health care they need when they need it – “the right care to the right child at the right time in the right setting”.

Who is eligible to receive Health Tracks/EPSDT benefits?

All Medicaid eligible children under the age of 21 are entitled to receive Health Tracks/EPSDT benefits.

What kind of benefits are available under the Health Tracks/EPSDT program?

Health Tracks/EPSDT is a program focused on screening children on a regular (periodic) basis to ensure that development is on track, to diagnose any developmental, mental health, or other health conditions and then provide appropriate treatment and follow up for those conditions. Health Tracks/EPSDT eligible recipients are entitled to medically necessary care to **correct or ameliorate** defects and physical and mental illness and conditions ... **whether or not such services are covered under the state Medicaid plan**. This care includes preventative measures, dental, vision, and hearing services as well.

What does “medically necessary” mean?

Medically necessary is defined in North Dakota as:

A covered service or item if it will do, or is reasonably expected to do, one or more of the following:

- a. Arrive at a correct medical diagnosis;
- b. Prevent the onset of an illness, condition or injury or disability in the individual or in covered relatives, as appropriate;
- c. Reduce, correct, or ameliorate the physical, mental, developmental, or behavioral effects of an illness, condition, injury or disability;

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- d. Assist the individual to achieve or maintain sufficient functional capacity to perform age-appropriate or developmentally appropriate daily activities.

Medically necessary does **not** include:

- a. Experimental treatments – they must be proven treatments supported by data as effective
- b. Treatments or services that do not have supportive information or data to justify the request
- c. Services for the caregiver's convenience, including respite

My child should qualify for Health Tracks/EPSTDT Medically Necessary care. What do I do to receive it?

Ensure that your child is receiving care from an enrolled Medical Provider and inform your provider that you are seeking the care, treatment, supplies, and/or services as “medically necessary” under the Health Tracks/EPSTDT program. Ask your child’s medical provider to write you a letter of medical necessity to support the claim which includes the following information:

1. All relevant patient diagnoses described in detail – be it an illness, condition, injury, or disability.
2. The patient’s prognosis - what will happen to the patient due to this diagnosis without treatment, i.e., how the condition will worsen, how the treatment will prevent further illness, injury, secondary disability, etc.
3. Descriptions of the recommended services, treatment, and/or items with a specific explanation as to why those things are medically necessary (based on best available medical evidence, “gold standard”) and the goal(s) of said recommendations (to remediate deficits, signs, and symptoms of the condition being treated). This includes **reduction, correction, or amelioration** (use this terminology in the letter) of the physical, mental, developmental, or behavioral effects of an illness, condition, injury, or disability.
4. Descriptions of the benefits to the patient from the recommended services, treatment, items related to his or her diagnosis(es). If applicable, describe how the services, treatment, or items will assist the individual to achieve or maintain sufficient functional capacity to perform age-appropriate or developmentally appropriate daily activities.
5. Descriptions of exactly what is needed and how much, including the frequency, intensity, and duration of treatment (how many treatments and

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how often, how long treatments should be administered for, appropriate dosages, etc.)

6. If there is any chance that the treatment appears to be convenience related, a statement indicating the treatment is primarily for the care of the patient (and reasons supporting that) and not the convenience of the family or caregiver. *Make sure the letter does not have statements that refer to convenience or ease for the patient or caregivers.
7. It may be necessary for the medical necessity letter to state that other treatments for the diagnosis have failed and then describe the previous treatment, its failure, and the need for the recommended treatment using the above information.
8. Personal Care Medical Necessity Letters for Recipients with Developmental Disabilities or Intellectual Disabilities
 - a. The recipient's ability to perform age-appropriate care is impaired
 - i. Describe what cares are impaired and how they are impaired
 - ii. Indicate what personal care is required as well as how often, the duration necessary, etc.
 - iii. Describe the benefits – to prevent regression of activities of daily living skills, improvement, etc.
 - b. Personal care may be delivered when a parent is absent, so long as the recipient's need for care is "medically" necessary. Do not reference "respite care" or the convenience of caregivers. May indicate the parent is unable or unavailable to provide services to the child due to working, sleeping, or demands of caring for other children in the house, etc.
- These standards apply to all desired EPSDT covered needs – physical, mental, and/or behavioral health. It is crucial that the medical professional be very detailed in a diagnosis, prognosis, treatment plan, description of benefits from recommended treatment including the words "correct and ameliorate", prescription of treatment (frequency, duration, intensity), and that treatment is being prescribed primarily for the patient.

By including this specific information in an EPSDT medical necessity letter, EPSDT can be used to obtain more frequent therapies, medications not on the "approved" list, greater quantities or different brands of supplies, more private duty nursing care hours, and other needs. North Dakota must provide the "amount, duration, and scope" of the treatment or service "to reasonably achieve the purpose" of that service. [42 C.F.R. §440.230](#).

What to do if your Health Tracks/EPSTT Benefit is denied

1. Ensure there is a written denial that gives a factual and legal basis for action, explaining a recipient's right to appeal and to continue benefits pending the appeal;
2. Inquire whether there is an option to request a peer-to-peer review by a medical person with a specialty background relating to the recipient's diagnoses at issue;
3. Examine appeal options, including administrative appeal; and
4. *Be aware of all relevant appeal timelines and act in a timely fashion.

Tips regarding a Letter of Medical Necessity to Medical Provider

The following tips will help ensure that a letter of medical necessity contains the information needed.

- The letter should include information regarding your child's healthcare diagnosis that is pertinent to the request being made.
- If there have been professionals who have been involved with your child who can share information, this should be noted in the letter. This may include a physical, occupational, or speech therapist, a teacher, specialty physician, etc.
- The services and or equipment requested should be thoroughly explained with details regarding the medical necessity and justification for the need.

FOR MORE INFORMATION, CONTACT:

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