

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
POLICY/ PROCEDURE**

<b>Policy/Procedure Number:</b> MCCP2022 (previously MCUP3065; UP100365)		<b>Lead Department:</b> Health Services Business Unit: Care Coordination	
<b>Policy/Procedure Title:</b> Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 03/16/2005 (MCUP3065)		<b>Next Review Date:</b> 01/14/2027 <b>Last Review Date:</b> 01/14/2026	
<b>Applies to:</b>	<input type="checkbox"/> <b>Employees</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Partnership Advantage</b>
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input checked="" type="checkbox"/> <b>QUAC</b>
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b> <input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b> <input checked="" type="checkbox"/> <b>PAC</b>
	<input type="checkbox"/> <b>CEO</b> <input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALS</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature:</b> Robert Moore, MD, MPH, MBA			<b>Approval Date:</b> 01/14/2026

**I. RELATED POLICIES:**

- A. MCUP3041 – Treatment Authorization Request (TAR) Review Process
- B. MCCP2024 – Whole Child Model for California Children’s Services (CCS)
- C. MCUP3126 – Behavioral Health Therapy (BHT) for Members Under the Age of 21
- D. MPTP2501 – Transportation Guidelines for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)
  
- E. MCQG1015 – Pediatric Preventive Health Guidelines
- F. MPCP2006 – Coordination of Services for Members with Special Health Care Needs (MSHCNs) and Persons with Developmental Disabilities
- G. MPUP3048 – Dental Services (including Dental Anesthesia)
- H. MPUG3019 – Hearing Aid Guidelines
- I. MCCP2031 – Private Duty Nursing Under EPSDT
- J. MPBP8003 – Mental Health Services
- K. MPND9002 – Cultural & Linguistic Program Description
- L. MCCP2035 – Local Health Department (LHD) Coordination
- M. MCUG3058 – Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities
- N. MCUP3102 – Vision Care
- O. MCUP3020 – Hospice Services Guidelines
- P. MCUP3140 – Palliative Care: Pediatric Program for Members Under the Age of 21

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Claims
- C. Member Services
- D. Provider Relations

**III. DEFINITIONS:**

- A. Ameliorate: To make more tolerable or to make better
- B. California Children’s Services (CCS): A state program for children up to 21 years of age, who have been determined eligible for the CCS program due to the presence of certain diseases or health problems.
- C. DHCS: Department of Health Care Services
- D. EPSDT: Early and Periodic Screening, Diagnostic, and Treatment (*see also Medi-Cal for Kids and Teens below*)
- E. FFS: Fee-for-Service

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- F. ICF/DD: Intermediate Care Facilities for the Developmentally Disabled
- G. Hospice Care: Services provided to a terminally ill patient with a prognosis of life of 6 months or less, if the disease follows its normal course. For children, curative services may be provided concurrently with hospice services.
- H. ICF/DD-H: Intermediate Care Facilities for the Developmentally Disabled/Habilitative
- I. ICF/DD-N: Intermediate Care Facilities for the Developmentally Disabled/Nursing
- J. LEA: Local Education Agency
- K. Maintenance Services: Services that sustain or support rather than cure or improve health problems
- L. Medi-Cal for Kids and Teens: DHCS refers to EPSDT as “Medi-Cal for Kids and Teens” in outreach and education materials. DHCS has developed child-focused and teen-focused brochures that provide an overview of EPSDT, including Covered Services, how to access those services, and the importance of Preventive Care and also a “Medi-Cal for Kids & Teens: Your Medi-Cal Rights” letter that illustrates what to do if Medi-Cal care is denied, delayed, reduced, or stopped, including who to contact, how to file grievances and appeals, and how to access other enrollee assistance resources.
- M. Medical Necessity for EPSDT Services: For individuals under 21 years of age, a service is medically necessary if the service meets the standards set for in Section 1396d(r)(5) of Title 42 of the United States Code and is necessary to correct or ameliorate defects and physical and mental illnesses and conditions that are discovered by screening services.
- N. NCHCC: Northern California Hearing Coordination Center
- O. Newborn Hearing Screening Program (NHSP): DHCS has implemented this statewide comprehensive program that helps identify hearing loss in infants and guide families to the appropriate services needed to develop communication skills.
- P. Palliative Care: Patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care can be provided as part of Hospice Care at the end of life, or as a set of supportive services for individuals with life-threatening conditions who have a life expectancy that is longer than 6 months.
- Q. TCM: Targeted Case Management
- R. Whole Child Model (WCM): A comprehensive program for the whole child encompassing providing comprehensive diagnostic and treatment services and care coordination in the areas of primary, specialty, and behavioral health for any pediatric Member with CCS eligible conditions insured by Partnership.

**IV. ATTACHMENTS:**

- A. N/A

**V. PURPOSE:**

To define Partnership HealthPlan of California’s (Partnership’s) responsibility to cover medically necessary services not covered under the Medi-Cal Program for individuals under the age of 21 under the Early and Periodic Screening Diagnostic, and Treatment (EPSDT) supplemental services benefit, also referred to as “Medi-Cal for Kids and Teens.”

**VI. POLICY / PROCEDURE:**

- A. Partnership covers and ensures the provision of screenings and preventive and medically necessary diagnostic and treatment services for Members under the age of 21 in accordance with the EPDST program benefit.
- B. Partnership provides information regarding EPSDT services for Members which can be found in the [Partnership Medi-Cal Member Handbook](#) and in the “Medi-Cal for Kids and Teens” letter and education materials provided by DHCS and available on their website: <https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Resources.aspx> . In addition, Partnership annually provides information to all Members, their families and/or caregivers about available EPSDT services through Partnership’s website

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at <http://www.partnershiphp.org/> and also through Member Newsletters which are mailed twice a year (summer and winter) and can also be accessed from this Partnership webpage:

<http://www.partnershiphp.org/Members/Medi-Cal/Pages/Member-Newsletter.aspx> .

1. Partnership provides Member information in accordance with all language and accessibility standards as described in Partnership policy MPND9002 Cultural & Linguistic Program Description.
- C. Section 1905(r) of the Social Security Act (SSA) defines the EPSDT benefit to include a comprehensive array of preventative, diagnostic, and treatment services for low-income individuals under the age of 21. Title 42 of the United States Code (USC), Section 1396d(r), defines EPSDT services to include the following:
1. Early and Periodic Screening, Diagnostic and Treatment services: These are services that are provided at intervals, which meet reasonable standards of medical and dental practice, as determined by the State after consultation with recognized medical and dental organizations involved in child health care, and at such other intervals indicated as medically necessary to determine the existence of physical or mental illnesses or conditions. Screening services, at a minimum must include a comprehensive health and developmental history (including assessment of both physical and mental health development); a comprehensive unclothed exam; appropriate immunizations (according to Title 42 of USC Section 1396s(c)(2)(B)(i) for pediatric vaccines for age and health history); laboratory tests (including blood lead level assessment appropriate for age and risk factors); and health education (including anticipatory guidance).
  2. Vision services provided at intervals, which meet reasonable standards of medical practice, as determined by the State after consultation with recognized medical organizations involved in child health care, and at other intervals indicated as medically necessary to determine the existence of a suspected illness or condition. Vision services must include, at a minimum, diagnosis and treatment for defects in vision, including eyeglasses. For more information, see Partnership policy MCUP3102 Vision Care.
  3. Dental services provided at intervals, which meet reasonable standards of dental practice, as determined by the State after consultation with recognized dental organizations involved in child health care, and other intervals indicated as medically necessary to determine the existence of a suspected illness or condition. Dental services must include, at a minimum, treatment of relief of pain and infections, restoration of teeth, and maintenance of dental health. Dental services are carved out to the State, with the exception of medically necessary dental anesthesia.
  4. Hearing services provided at intervals, which meet reasonable standards of medical practice, as determined by the State after consultation with recognized medical organizations involved in child health care, and at other intervals indicated as medically necessary to determine the existence of a suspected illness or condition. Hearing services must include, at a minimum, diagnosis and treatment for defects in hearing, including hearing aids. For more information, see Partnership policy MPUG3019 Hearing Aid Guidelines.
  5. Other necessary health care, diagnostic services, treatment and other measures as described in 42 USC 1396d(a), to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services or items are listed in the state plan or are covered for adults.
  6. Partnership ensures that Members have timely access to all medically necessary EPSDT services and that appropriate diagnostic and treatment services are initiated as soon as possible, but no later than 60 calendar days following either a preventative screening or other visit that identifies a need for follow-up.
- D. The EPSDT benefit in California is established in the Medi-Cal Schedule of Benefits set forth in Welfare and Institutions Code (WIC) Section 14132(v), which states that “Early and periodic screening, diagnosis and treatment for any individual under the age of 21 years of age is covered, consistent with the requirements of Subchapter XIX (commencing with Section 1396) of Chapter 7 of Title 42 of the

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United States Code.”

- E. For Members under the age of 21, Partnership will provide the EPSDT benefit in accordance with the AAP/Bright Futures periodicity schedule. For more information, see Partnership policy MCQG1015 - Pediatric Preventive Health Guidelines.
- F. For Members under the age of 21, Partnership will provide and cover all medically necessary EPSDT service that meets the standards set forth in Title 42 of the USC Section 1396d(r)(5), unless otherwise carved out of Partnership’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 to correct or ameliorate defects and physical and mental illnesses or conditions.
- G. An EPSDT service need not cure a condition in order to be covered. Services that maintain or improve the child’s current health condition are also covered under EPSDT because they ‘ameliorate’ a condition. Services are covered when they prevent a condition from worsening or prevent development of additional health problems.
- H. Additional services must be provided if determined to be medically necessary for an individual child (as per III.L above). Medical necessity determinations for services requested under EPSDT are individualized. Flat or hard limits based on a monetary cap or budgetary constraints are not consistent with EPSDT requirements and are not permitted. Requests are reviewed on a case-by-case basis and take into account the particular needs of the Member:
  - 1. Children with mild to moderate mental health issues or conditions are the responsibility of Partnership and services for them are available through Carenton Behavioral Health’s provider network as Partnership’s subcontractor. Referrals for services should be made to Partnership’s behavioral health access line.
  - 2. The supplies, items or equipment to be provided are medical in nature.
  - 3. The services are not requested solely for the convenience of the Member, family, physician or other provider of service(s).
  - 4. The services are not unsafe for the individual, and are not experimental.
  - 5. The services are neither primarily cosmetic in nature nor primarily for the purpose of improving the Member’s appearance. The correction of severe or disabling disfigurement shall not be considered to be primarily cosmetic nor primarily for the purpose of improving the Member’s appearance.
  - 6. Where alternative medically accepted modes of treatment are available, the services are the most cost-effective.
- I. EPSDT services must meet all of the following criteria:
  - 1. Must be generally accepted by the professional medical community as effective and proven treatments for the conditions for which they are proposed to be used. Such acceptance shall be demonstrated by scientific evidence consisting of well-designed and well-conducted investigations published in peer-review journals and have opinions and evaluations published by national medical and dental organizations, consensus panels, and other technology evaluation bodies. Such evidence shall demonstrate that the services can screen, diagnose, correct or ameliorate the conditions for which they are prescribed.
  - 2. Are within the authorized scope of practice of the provider, and are an appropriate mode of treatment for the health condition of the Member.
  - 3. The predicted beneficial outcome of the services outweighs the potential harmful effects.
  - 4. Available scientific evidence demonstrates that the services improve the overall health outcomes as much as, or more than, established alternatives.
  - 5. The total cost of providing services and all other medically necessary Medi-Cal services to the beneficiary is not greater than the costs incurred in providing medically necessary equivalent services at the appropriate institutional level of care as outlined by State and Federal law.
- J. Upon adequate evidence that a Member has a California Children’s Services (CCS) eligible condition, Partnership will refer the Member to the local county CCS office for determination of CCS program

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eligibility. If the local CCS program does not approve eligibility, Partnership remains responsible for the provision of all medically necessary covered services for the Member. For more information, see Partnership policy MCCP2024 Whole Child Model for California Children’s Services (CCS).

- K. Partnership is responsible for providing medically necessary Behavioral Health Treatment (BHT) under EPSDT. For more information, see Partnership policy MCUP3126 Behavioral Health Therapy (BHT) for Members Under the Age of 21.
- L. Partnership has the primary responsibility to provide medically necessary EPSDT services, including services which exceed the amount provided by Local Education Agency (LEA) programs, Regional Centers (RCs), CCS, or local governmental health programs, and will not rely on these or other entities as the primary provider. Where another entity, such as an LEA, RC, or local governmental health program has overlapping responsibility for providing services to a Member under the age of 21, Partnership will:
  1. Assess what level of EPSDT medically necessary services the Member requires
  2. Determine what level of service (if any) is being provided by the other entities, and
  3. Coordinate the provision of services with the other entities to ensure that Partnership and the other entities are not providing duplicative services, and that the Member is receiving all medically necessary services in a timely manner.
- M. Targeted Case Management (TCM)
 

The EPSDT benefit includes case management and care coordination for all medically necessary EPSDT services. Partnership ensures the coverage of TCM services designed to assist the Member in gaining access to necessary medical, social and educational and other services. When the need for TCM services is identified, Partnership shall:

  1. Determine whether a Member requires Case Management (CM) or Targeted Case Management (TCM) services under EPSDT.
  2. For Members who are eligible for CM or TCM services, Partnership will either provide services or refer and collaborate with the appropriate agency, RC or local government health program where applicable.
  3. If a Member is currently receiving TCM services, Partnership will coordinate the Member’s health care needs and EPSDT services with the TCM provider.
  4. If Partnership determines that an eligible Member is not accepted for TCM services, Partnership will ensure that the Member has access to services comparable to EPSDT TCM services.
- N. Transportation
  1. Under the EPSDT benefit, for Members under the age of 21, Partnership:
    - a. May provide medical (NEMT) and non-medical (NMT) transportation, meals and/or lodging to and from any medically necessary covered EPSDT appointment as outlined by Title 42 Code of Federal Regulations (CFR) Section 440.17 (a)(3).
    - b. Shall provide appointment scheduling assistance to and from medical appointments for the medically necessary EPSDT services covered by Partnership.
  2. For more information, see Partnership policy MPTP2501 Transportation Guidelines for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT).
- O. Dental Services
  1. Most dental services are carved-out of Partnership’s contract with DHCS. Under EPSDT, for Member under the age of 21 Partnership will:
    - a. Cover and ensure that dental screenings/oral health assessments for all Members are included as part of the initial health appointment.
    - b. Ensure providers perform a dental screening/oral health assessment as part of every periodic assessment
    - c. Encourage providers to make annual dental referrals no later than 12 months of age or when referral is indicated.

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- d. Cover and ensure that fluoride varnish and oral fluoride supplementation assessment and provision is consistent with AAP/Bright Futures periodicity schedule and anticipatory guidance.
  - e. Cover and ensure the provision of covered medical services related to dental services that are not provided by dentists or dental anesthetists.
  - f. Ensure that providers refer Members to appropriate Medi-Cal dental providers.
2. For more information, see Partnership policy MPUP3048 Dental Services (including Dental Anesthesia).
- P. Hospice Services
1. Children receiving hospice care services for a terminal illness and life expectancy of six months or less may receive additional services than are available for adults.
  2. Children are eligible for hospice care under the same criteria as adults (a physician certifies the Member as having a life expectancy of six months or less), although children under 21 years of age also may elect to receive concurrent curative treatment of the hospice-related diagnosis and concurrent palliative care.
  3. For more information, see Partnership policy MCUP3020 Hospice Service Guidelines and MCUP3140 Palliative Care: Pediatric Program for Members Under the Age of 21.
- Q. Excluded Services  
For Members under the age of 21, Partnership is required to cover all medically necessary EPSDT services except those services that are specifically carved out of Partnership's contract with DHCS. Carved-out services vary and can include, but are not limited to, dental services, specialty mental health services, non-medical services provided by the Regional Center(s), etc. In addition, Partnership does not reimburse families or caregivers for care.
- R. For services to be considered under the EPSDT benefit, a Treatment Authorization Request (TAR) must be accompanied by the following information:
1. The principal diagnosis and significant associated diagnoses
  2. Prognosis
  3. Date of onset of the illness or condition; and etiology if known
  4. Clinical significance or functional impairment caused by the illness or condition
  5. Specific types of services to be rendered by each discipline, and anticipated time for achievement of the goals
  6. The extent to which health care services have been previously provided to address the illness or condition, and results demonstrated by prior care
  7. Any other documentation available that may assist Partnership in making determinations related to medical necessity.
- S. Newborn Hearing Screening Program (NHSP)
1. Partnership is responsible for case management services related to EPSDT and collaborates with the PCP and/or Specialist to ensure follow-up for missed EPSDT-related appointments, which includes follow-up with the families of babies that miss their hearing screening or diagnostic appointments. Partnership's Care Coordination department will receive referrals from the Northern California Hearing Coordination Center (NCHCC) to assist in case management services for access to care concerns and following up on missed hearing screening or diagnostic appointments.
  2. Partnership providers can refer Members who have missed or failed EPSDT-related appointments through the external referral form on the Partnership's website. Our Care Coordination staff may also reach out to the Member once the referral is received to assist with care coordination services and identify barriers.
- T. Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), Intermediate Care Facilities for the Developmentally Disabled-Habilitative (ICF/DD-H) homes, and Intermediate Care Facilities for the Developmentally Disabled-Nursing (ICF/DD-N)
1. For more information, refer to Partnership policy MPCP2006 Coordination of Services for Members

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with Special Health Care Needs (MSHCNs) and Persons with Developmental Disabilities and MCUG3058 Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities.

**VII. REFERENCES:**

- A. Title 42 United States Code (USC) Sections 1396, 1396d(a) and (r), 1396s(c)(2)(B)(i)
- B. Title 22 California Code of Regulation (CCR) Section 51340(e)
- C. Title 9, California Code of Regulation (CCR), Section 1810.247, 1820.205, 1830.210
- D. Welfare and Institutions Code (WIC) Section 14132(v)
- E. Mental Health Parity and Addiction Equity Act
- F. Social Security Act Section 1905 (a) and (r)
- G. Department of Health Care Services (DHCS) All Plan Letter ([APL 23-005: Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21](#) (03/16/2023))
- H. DHCS webpage with resources for “Medi-Cal for Kids and Teens”:  
<https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Resources.aspx>
- I. DHCS [APL 23-023 Intermediate Care Facilities for Individuals with Developmental Disabilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care](#) (Revised 11/28/2023)
- J. DHCS [APL 25-008 Hospice Services and Medi-Cal Managed Care](#) (05/05/2025)

**VIII. DISTRIBUTION:**

- A. Partnership Provider Manual
- B. Partnership Department Directors

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Chief Health Services Officer

**X. REVISION DATES:**

MCCP2022 - (as of 02/15/17)  
08/16/17; \*06/13/18; 02/13/19; 11/13/19; 02/12/20; 09/09/20; 09/08/21; 10/12/22; 10/11/23; 02/14/24; 06/12/24; 09/11/24; 02/12/25; 01/14/26

\*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee’s meeting date.

**PREVIOUSLY APPLIED TO:**

MCUP3065 (03/16/2005 to 02/15/2017)  
10/18/06; 07/15/09; 01/18/12; 02/18/15; 02/17/16 to 02/15/2017

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

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The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.