

EPSDT Quick Reference

Who Is Covered?

Children and youth under age 21 enrolled in OHP, and young adults with special health care needs up to age 26 with YSCHN benefits, are entitled to EPSDT protections.

How Is Coverage Different for Children and Youth?

Under EPSDT, children and youth on OHP are entitled to medically necessary and medically appropriate screening, diagnostic, and treatment services—including durable medical equipment—based on their individual needs, regardless of placement on Oregon's Prioritized List of Health Services. EPSDT protections apply to physical, behavioral, mental health, developmental, dental, vision, and nutritional needs.

EPSDT Prohibits:

- ✗ Denying a child's service request solely because it is not covered on the Prioritized List.
- ✗ Hard caps or visit limits that do not account for the child's individual needs.
- ✗ Requiring prior authorization for EPSDT screening services.

A Denial May Be Problematic If...

- ▶ Someone says "OHP doesn't cover that" (or "armchair denials").
- ▶ The denial relies solely on the Prioritized List.
- ▶ The denial does not explain why the service is not medically necessary or medically appropriate for the child.
- ▶ The family and provider believe the service is needed despite the denial.

What Can You Do if Services are Denied?

- ✓ Ask the provider to reconsider or resubmit the request under EPSDT standards.
- ✓ Request a written denial from the CCO if the family hasn't gotten one.
- ✓ Reach out to the OHA Ombuds Office for support.
- ✓ Help the family appeal the decision with their CCO.
- ✓ Request an OHA hearing.
- ✓ File a grievance to the CCO.
- ✓ Refer for legal assistance: Public Benefits Hotline: 1-800-520-5292

Remember:

For children on OHP, "not covered" should be the beginning of the conversation, not the end. Always ask whether the service has been evaluated under EPSDT's individualized standards and challenge any EPSDT denial.