

USING YOUR STATE EPSDT PROFILE

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



GUIDANCE FOR AAP CHAPTERS AND ADVOCATES

The American Academy of Pediatrics (AAP) is pleased to present State Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Profiles.

Each AAP State EPSDT Profile provides an in-depth look at how EPSDT is implemented in your state's Medicaid program. This includes a detailed comparison of each state's EPSDT periodicity schedule of recommended pediatric well-baby and well-child visits, screenings, and services with those found in the [Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents \(4th Edition\)](#) and the corresponding [Bright Futures/AAP Recommendations for Preventive Pediatric Health Care \(Periodicity Schedule\)](#) as published in *Pediatrics* in April 2017.ⁱ

Each state profile also examines your Medicaid program's definition of "medical necessity," reviews state performance on [Child Core Set](#) quality measures, and details promising state practices in the domain of pediatric preventive care.

AAP chapters and other advocates are encouraged to review their state's EPSDT Profile and discuss ways it can be helpful in identifying and addressing state-specific issues, as well as in bringing EPSDT into better alignment with Bright Futures, the gold standard of pediatric preventive care.

Ways to use these state profiles include:

Compare Visit/Screening Recommendations: Review the comparison of your state's EPSDT preventive care schedule with the Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition and the [Bright Futures/AAP Recommendations for Preventive Pediatric Health Care \(Periodicity Schedule\)](#). Find visits, services, and screenings that could better align with Bright Futures recommendations.

Review Your State's Definition of Medical Necessity: The definition of medical necessity plays a significant role in determining those services that Medicaid ultimately covers – the treatment "T" in EPSDT. Review your state's medical necessity definition against other definitions, including the definition found in the AAP Policy Statement, [Essential Contractual Language for Medical Necessity in Children](#), to determine where there may be areas of improvement.

Examine Your State's Use of Quality Measures and Performance: States voluntarily choose to report on quality measures found in the [Child Core Set](#). Examine the measures your state uses and determine whether

other measures might be added to its list. Also consider assessing how your state performs on these measures over time and when compared to the US average, to see where interventions might be targeted. Of note, reporting on Child Core Set measures is currently voluntary for states. However, a recent legislative change will require states to report on all Child Core Set measures beginning in Federal Fiscal Year (FFY) 2024.

Evaluate Your State’s Promising Practices: Your Medicaid program may employ several practices to encourage and support pediatric preventive care. Discuss how these programs are working, and if there are areas of improvement. Review promising practices from other states to find new ways your state might additionally work to support children’s preventive services.

Consider Next Steps: Once you have reviewed your state’s EPSDT profile, talk through ways your AAP chapter might work to improve EPSDT for children in your state.

Contact Us for Targeted Assistance

For more information on Bright Futures, please visit brightfutures.aap.org or contact brightfutures@aap.org.

For more information on your state AAP chapter, please visit its [website](#).

For more information on AAP State Advocacy, please visit aap.org/StateAdvocacy or contact us at stgov@aap.org.

For more information on AAP Federal Advocacy, please visit aap.org/FederalAdvocacy or contact us at kids1st@aap.org.

ⁱ Committee on Practice and Ambulatory Medicine, Bright Futures Periodicity Schedule Work Group. 2017 Recommendations for Preventive Pediatric Health Care. *Pediatrics*. 2017;139(4):e20170254.