

# April 15, 2026 BHP Child/Adolescent Quality, Access & Policy Committee Zoom Meeting

## Meeting summary

### Quick recap

The meeting focused on a presentation by Ann Dwyer and Elizabeth Burak from Georgetown University's Center for Children and Families about Medicaid's Early Periodic Screening, Diagnostic, and Treatment (EPSDT) program for children's behavioral health care. The presenters discussed EPSDT's role as the "gold standard" for pediatric benefits, covering approximately 50% of U.S. children and 75% of low-income children under 6, with a particular emphasis on mental health services. They reviewed recent federal guidance, including a new CMS toolkit with over 100 pages of strategies for states to improve behavioral health services under EPSDT, and discussed recent legal settlements in Michigan, Colorado, Iowa, and New York that reinforced states' obligations to provide community-based services rather than institutional care. The discussion included Connecticut-specific examples, noting the state's success in reducing child uninsurance rates, particularly among children under 6, and highlighted ongoing challenges around provider access, workforce shortages, and the need for better family education about EPSDT rights and available services.

### Next steps

- [Darcy Lowell: Send Bernetta Henry's email to the Connecticut Association for Infant Mental Health and ask them to respond to her regarding trainings/overviews for families on infant and early childhood mental health services and diagnoses.](#)
- [Elisabeth Burak/Anne Dwyer: Send the presentation materials directly to David for posting online.](#)

## Summary

### CTN Live Broadcast Preparation Meeting

The meeting began with introductions and technical preparations for a live broadcast on Connecticut Network TV (CTN). David Kaplan explained that the meeting would be recorded and broadcast, providing transparency in Connecticut's legislative process. The participants discussed logistics, including slide sharing capabilities and recording procedures, with 22 people confirmed to attend the meeting.

### Medicaid Children's Behavioral Health Access

Anne Dwyer and Elizabeth Burak from Georgetown University presented on Medicaid's role in children's behavioral health care, focusing on the EPSDT (Early and Periodic Screening, Diagnostic,

and Treatment) benefit. They highlighted that Medicaid and CHIP cover about half of all children in the United States, with a third of covered children having mental, emotional, or behavioral health needs. The presenters noted that while Medicaid provides comprehensive coverage for mental health services, many children still face difficulties accessing this care, with 37% reporting somewhat or very difficult access in 2021.

### EPSDT Program Success in Connecticut

Elisabeth discussed the EPSDT (Early Periodic Screening Diagnostic and Treatment) program, highlighting Connecticut's significant success in reducing uninsured children under 6 by over 50% from 7,000 to 3,000. She explained that EPSDT is the pediatric benefit in Medicaid for children under 21, designed with a strong focus on prevention, and requires states to cover medically necessary services for children that may be optional for adults. Elisabeth noted that while EPSDT is considered the "gold standard" in theory, realizing its full potential in practice varies significantly between states. She also discussed the importance of medical necessity determinations for children, which are broader than for adults and include the ability to prevent or alleviate conditions, and emphasized that states cannot use cost as the sole factor in denying coverage for necessary services.

### Bipartisan Safer Communities Act Medicaid Provisions

Anne provided background on the Bipartisan Safer Communities Act passed in 2022, which included provisions totaling over \$8 billion in estimated new federal Medicaid support over 10 years. The Act required the Health and Human Services Secretary to provide technical assistance and issue guidance on improving access to telehealth under Medicaid and CHIP, as well as supporting services for children covered by Medicaid and CHIP in school-based settings. The Act also required more action regarding Medicaid's EPSDT benefit, including issuing guidance to states, conducting regular reviews of implementation, and identifying gaps and deficiencies to provide states with technical assistance and issue reports to Congress.

### EPSDT Behavioral Health Toolkit Overview

Anne presented a comprehensive overview of recent developments related to EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) services, focusing on CMS's new 100+ page toolkit for children's behavioral health services. The toolkit, released in 2024, outlines four main strategies: developing behavioral health care delivery systems, promoting early intervention, improving access to care, and building workforce capacity. Anne highlighted key provisions including the ability to bill for services without a formal diagnosis, protections against hard service limits, and the importance of community-based care over institutional settings. She also discussed recent legal settlements in Michigan, Colorado, Iowa, and New York that reinforce EPSDT entitlements and prohibit segregating children in institutions when community care is possible.

## EPSDT State Improvement Strategies

Elisabeth discussed various approaches states are taking to improve their EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) obligations, including legislative, administrative, and transparency efforts. She highlighted examples from Maryland, Arkansas, and Washington State, noting how these states have implemented recommendations, removed billing restrictions, and improved provider enrollment processes. Elisabeth also mentioned a survey on Medicaid reimbursement for infant and early childhood mental health services, emphasizing the growing recognition of dyadic therapy and the DC0-5 diagnostic system in many states.

## EPSDT Screening Implementation Concerns

Brenetta Henry raised concerns about the implementation of EPSDT screenings in health clinics, questioning whether they are adequately embedded in pediatric visits and how parents can ensure their children receive appropriate screenings. Elisabeth explained that while EPSDT follows the American Academy of Pediatrics' recommended screening schedule, parents have the right to request inter-periodic screenings at any time, though she acknowledged challenges in helping families understand their rights under EPSDT. Darcy Lowell, a developmental pediatrician, clarified that Connecticut requires screening for social-emotional development, autism, maternal depression, development in general, and social determinants of health, emphasizing that parents' concerns should be taken seriously even without documentation, though she noted significant access and workforce challenges in Connecticut for young children's services.

## EPSDT and Pediatric Mental Health

The meeting focused on EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) services and challenges in pediatric mental health care. Anne presented on recent EPSDT toolkit guidance and shared resources, while Darcy raised questions about diagnostic codes and billing processes for EPSDT services. The discussion highlighted access issues in Connecticut's behavioral health system, including waiting lists and workforce shortages, though it was clarified that Connecticut operates through administrative service organizations rather than managed care. The group explored potential solutions including community health workers, co-located services in pediatric practices, and training opportunities for both providers and families, with Darcy offering to connect with Connecticut Association for Infant Mental Health about consumer training opportunities.

### **Elisabeth W Burak**

Toolkit: <https://www.medicaid.gov/federal-policy-guidance/downloads/state-medicaid-chip-bh-epsdt.pdf>

### **Anne Dwyer**

Kimberly Lewis Guest CCF blog - <https://ccf.georgetown.edu/2026/01/08/children-and-youth-with-significant-behavioral-health-needs-will-benefit-from-new-legal->

[settlements-by-states-committing-to-provide-intensive-home-and-community-based-services/](#)

Manatt report\*

Manta reproduce - <https://www.manatt.com/insights/newsletters/health-highlights/the-child-and-youth-behavioral-health-crisis-epsdt-settlement-drives-ny-state-reforms>

**Elisabeth W Burak**

This is an overview of the Bright Futures guidelines that Medicaid in most states uses as the basis for EPSDT preventive care: <https://www.aap.org/en/practice-management/bright-futures/bright-futures-family-centered-care/bright-futures-resources-for-families/?srsltid=AfmBOor4RoP9tpFz5Gf6zbvePc5eOqTR6k5dqj76BObCHDK0DdjKsepM>

**Anne Dwyer**

The 2024 State Health Official Letter on EPSDT generally, has some helpful info on promoting EPSDT awareness and accessibility (among other things) - <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>

**Elisabeth W Burak**

This is an overview of the Bright Futures guidelines that Medicaid in most states uses as the basis for EPSDT preventive care: <https://www.aap.org/en/practice-management/bright-futures/bright-futures-family-centered-care/bright-futures-resources-for-families/?srsltid=AfmBOor4RoP9tpFz5Gf6zbvePc5eOqTR6k5dqj76BObCHDK0DdjKsepM>

For IECHM - the toolkit also links to Georgia's billing guide for preventive services - <https://medicaid.georgia.gov/programs/all-programs/infant-and-early-childhood-behavioral-health-services>

**Anne Dwyer**

NASHP - <https://nashp.org/state-tracker/state-community-health-worker-policies/>

**Darcy Lowell**

For those who might be interested in DC:0-5 training, please contact Connecticut Association for Infant Mental Health.

**Paulo Correa, CT BHP/ Carelon BH**

<https://www.huskyhealthct.org/providers/PCMH/pcmh-epsdt.html>

[https://www.huskyhealthct.org/providers/PCMH/pcmh\\_postings/Development\\_Screening\\_first\\_3\\_years.pdf](https://www.huskyhealthct.org/providers/PCMH/pcmh_postings/Development_Screening_first_3_years.pdf)

[https://www.huskyhealthct.org/providers/PCMH/pcmh\\_postings/Behavior\\_Health\\_Screening\\_first\\_18\\_years.pdf](https://www.huskyhealthct.org/providers/PCMH/pcmh_postings/Behavior_Health_Screening_first_18_years.pdf)

**Paulo Correa, CT BHP/ Carelon BH**

[https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)