

CHELAN-DOUGLAS RSN/PHP POLICY AND PROCEDURE MANUAL		Chapter:	2.2.2
Title:	MANAGED CARE SERVICES	Page:	1 of 8
		Date Effective:	July 1, 2002
Subject:	EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)	Date Revised:	October 25, 2010
		Authorizing Signature: Formally Adopted	

AUTHORITY: DSHS PIHP Agreement, EPSDT; 13.9, 13.11.1
Authorization

PURPOSE: To ensure that CDRSN/PIHP effectively coordinates medically necessary mental health services for children under 21 who are eligible Medicaid enrollees.

DEFINITIONS: Early Periodic Screening, Diagnosis and Treatment (EPSDT): Medicaid's preventative health screening program for children under the age of 21.

Level I Service: A short-term mental health service that will have a limit on the total costs or on the total number of visits (e.g., 10 or less). It is assumed that Level I services will be authorized for children/families with less severe need, non-priority children or perhaps a small number of priority children where a short-term intervention would appropriately address their need. If Level I services are authorized, the CDRSN/PIHP UM designee will develop the individual service plan and make a referral for treatment services.

Level II Service: A services that are defined as longer term, multi-agency services to meet the complex needs of an individual child and family. It is assumed that Level II services will be authorized for children and families who have multi- system needs, such as priority population children who are high utilizes of services from multiple agencies, and Severely Emotionally Disturbed (SED) who are at risk of out-of-home placement, which, may include children with a chronic and disabling medical condition. If Level II services are determined and authorized by the CDRSN/PIHP UM designee, the child and family will be provided with an individual service team (IST) established for that specific child and/or family, for further evaluation and development of a cross system individual treatment plan.

Individual Service Team (IST): Teams may include (as appropriate) a representative from education, child welfare, mental health, drug and alcohol, developmental disabilities, juvenile justice, and the parent or guardian of the child. Others from other systems or informal supports may be included if appropriate. The child must be included if age 13 or older; a younger child could be included if the individual service team agrees.

Initial Assessment: Intake evaluation to determine medical necessity for mental health services; which for Children will also include an assessment of family needs and be reviewed by a qualified mental health professional who is also a child mental health specialist.

PROCEDURE:

- 1) The CDRSN/PIHP contracts with qualified children's providers to provide mental health intake evaluations. The CDRSN/PIHP will utilize a variety of providers to allow families to choose a qualified service provider for Medicaid eligible children.
- 2) A. EPSDT mental health services may be facilitated by referral from a physician on the stated approved EPSDT referral form (Early Periodic Screening form) or letter or via telephone. In all cases the form will be completed. The CDRSN/PIHP provider shall minimally complete an initial assessment (mental health intake) to determine medical necessity for mental health services and communicate with the referring physician by written notice:
 - a. The date of the initial assessment
 - b. The assigned diagnosis
 - c. The level of care assignment
- B. When the CDRSN/PIHP provider receives requests for mental health services without a formal physician referral (or submission of Early Periodic Screening form) the provider shall:
 - a. Complete an initial assessment to determine medical necessity for mental health services.
 - b. Send a formal written referral for a Healthy Child Screening to the enrollee's primary care physician
 - c. Send a copy of the primary care physician letter to the enrollee or the family
 - d. The written referral to the primary care physician shall include:
 - i) Date of initial assessment
 - ii) Assigned diagnosis
 - iii) Level of care assignment

- 3) If the enrollee does not identify a primary care physician, the CDRSN/PIHP provider must provide a copy of the EPSDT rights contained in the DSHS Mental Health Benefits Booklet to the enrollee and identify the following contact information to assist with the selection of a medical provider:
Toll free number: 1-800-562-3022
Web site: <http://fortress.wa.gov/dshs/maa/CHIP/>
- 4) The CDRSN/PIHP EPSDT Care Manager shall implement or oversee the following criteria for determining the appropriate level of medically necessary services, (level of care to be authorized and assigned by a Qualified Child Mental Health Specialist) according to the following levels from the Access to Care Standards:
 - a. Level I services: Medicaid enrollees under the age of 21, who have minimal needs for services will be referred to Level I services.
 - b. Level II services: Medicaid enrollees under the age of 21, who are priority population children in need of intensive services and are involved with at least one other allied service system, will be referred to Level II facilities for comprehensive, longer term intensive community-based options, an Individual Service Team (IST), and a cross system individual service plan will be developed.
- 5) In order to reduce fragmentation of services, duplication of efforts and to control costs, CDRSN/PIHP providers shall develop an IST for Level II EPSDT consumers ensuring easy access and coordination of services provided between allied providers. The parent or guardian of a child under the age of 13 or consumer over the age of 12 and under the age of 21, shall be offered and IST and cross-system individual service plan (CISP) if they are receiving services from allied providers. If the parent, guardian or child over the age of 12 agree to the IST and CISP the assigned mental health worker shall be responsible for the development. If the parent or child over the age of 12 decline the development of an IST and CISP the assigned mental health worker shall clearly document the refusal on the CISP form.
- 6) Allied providers on an IST may include but are not limited to:
 - a. Physicians
 - b. Mental Health Professionals
 - c. Juvenile Justice
 - d. K-12 education
 - e. Child Welfare Staff
 - f. Foster Care regarding EPSDT services
- 7) The Cross-system Individual Treatment Plan shall be developed by the IST and will address the over all needs of the child and family, not just Medicaid reimbursable services, in all life areas including:
 - a. appropriate residential needs
 - b. family needs

- c. social needs
- d. medical needs

The cross-system individual treatment plans will clearly identify which system is responsible for each identified need.

The cross-system individual treatment plans are reviewed and updated annually or at critical treatment junctures.

- 8) Early Periodic Screening components include:
- a. A comprehensive health and development history, updated at each screening examination;
 - b. A comprehensive unclothed physical examination performed at each screening examination;
 - c. Vision and hearing tests (can be obtained separately);
 - d. Appropriate laboratory tests, including blood lead level testing;
 - e. Immunizations according to age and health status;
 - f. Maintaining records of the child's developmental progress, significant physical findings, immunizations, and any treatments or referrals.
 - g. After a mental health need has been identified through an EPSDT screen, an initial mental health assessment will be completed. The assessment is designed to provide a thorough picture of the child's condition (strengths and weaknesses) and determine the need for further mental health intervention. The mental health assessment shall be performed under CDRSN/PIHP authority, using contracted professionals if necessary.
 - h. Children over 3 years old shall be referred to a dentist. Children under 3 years old will be referred to a dentist if a problem is expected.
- 9) Evaluation and Assessment: The contracted Children's Network Provider will:
- a. Conduct an intake evaluation of a child's mental health status within 10 working days.
 - b. The intake evaluation must include the following:
 - i) A developmental, psycho-social and medical history
 - ii) The child's current condition (physical and/ or mental)
 - iii) The child's academic/ learning problems
 - iv) The family's needs and desired outcomes
 - v) A chemical dependency assessment, if appropriate
 - vi) Refer child at least annually for medical screening and more often if necessary for infants and toddlers.
 - vii) MHCP shall refer for medical care immediately as the need is determined.
- 10) Individualized Service Teams:
- a. All Level II authorized EPSDT children's services providers shall be offered an Individualized Service Team (IST).
 - i) The IST must include the child if age 13 or older. Younger children may participate, as appropriate and agreed upon by the Team.

- ii) The IST must include, as appropriate, cross-system professionals including, but not limited to, representatives from education, child welfare, mental health, drug and alcohol, developmental disabilities, and juvenile justice.
- iii) The IST may include the parent or guardian of the child, as appropriate and agreed upon by the Team.

11) All providers will complete a Cross-System Individual Treatment Plan form as follows or complete the Avatar electronic record treatment plan filed with the equivalent information. (Continued on next page)

12) Monitoring will be provided by the CDRSN/PIHP through annual chart audits to include a minimum of 10% of the total enrollees who received EPSDT services through the CDRSN/PIHP provider network. Other monitoring tools may include:

- a. Satisfaction surveys
- b. On-site monitoring
- c. Reports

**EPSDT Enrollee
Cross system Individual Service Plan (CISP)**

1) Is the consumer a Medicaid enrollee? Y N

2) Is the consumer under 21 years of age? Y N

3) Does the consumer receive care from an allied system? Y N

If you answered yes to all three questions above, you must complete a CSP for this consumer.

4) Are you required to complete CSP for this consumer? Y N

Child and Family needs include:

1) Family needs Y N

If yes; Responsible Allied Provider _____

2) Social needs Y N

If yes; Responsible Allied Provider _____

3) Medical needs: Y N

If yes; Responsible Allied Provider _____

4) Residential Needs Y N

If yes; Responsible Allied Provider _____

5) Legal Needs Y N

If yes; Responsible Allied Provider _____

6) Education Needs Y N

If yes; Responsible Allied Provider _____

7) Other Needs Y N List: _____

If yes; Responsible Allied Provider _____

8) Other Needs Y N List: _____

If yes; Responsible Allied Provider _____

9) Other Needs Y N List: _____

If yes; Responsible Allied Provider _____

10) Other Needs Y N List: _____

If yes; Responsible Allied Provider _____

Allied Provider #1 _____ Contact
Person _____
Telephone Number _____

Allied provider goals of care:

Allied Provider #2 _____ Contact
Person _____
Telephone Number _____

Allied provider goals of care:

Allied Provider # 3 _____ Contact
Person _____
Telephone Number _____

Allied provider goals:

Allied Provider #4 _____ Contact
Person _____
Telephone Number _____

Allied provider goals of care:

Allied Provider #5 _____ Contact
Person _____
Telephone Number _____

Allied provider goals of care:

Allied Provider #6 _____ Contact
Person _____
Telephone Number _____

Allied provider goals of care: