



United Behavioral Health

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services		Policy Identifier/Number: CM-06	
Annual Review Completed Date: February 2018			
Policy Category: Government – Pierce Regional Support Network	Applicable Lines of Business: Medicaid	Entity/Plan: Optum Pierce Behavioral Health Organization	State: Pierce County, Washington
Approved by: Bea Dixon, Executive Director		Signature: 	

Policy Statement and Purpose

- Optum Pierce Behavioral Health Organization (BHO) maintains that early screening and detection of mental health and substance use issues in individuals and coordination of care with health care providers are core components of quality behavioral health services.
- An individual’s Primary Care Provider (PCP) performs the EPSDT screening, which includes a full physical examination at intervals of up to 2 years, or at intervals prescribed by the treating pediatrician, not to exceed 2 years. The screening may include referral to behavioral health services.
- EPSDT services must be structured in ways that are culturally and age appropriate and involve the family and/or caregiver. Intake evaluations provided under EPSDT must include a full assessment of the family’s needs.

To ensure that Optum Pierce BHO Behavioral Health Agencies (BHAs) assess and provide appropriate levels of behavioral health services to individuals referred through the Early Periodic Screening Diagnosis and Treatment (EPSDT) Program.

Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

Policy Definitions

- **Early and Periodic Screening, Diagnosis and Treatment (EPSDT)** services are available to all Medicaid-ENROLLED individuals under 21 years of age. EPSDT- identified individuals have been referred by a PCP using the “Referral for Mental Health/Substance Abuse Assessment” form.
- **Primary Care Provider (PCP)** is one of the following providers eligible to perform EPSDT screens and to bill the Washington State Health Care Authority (HCA) the enhanced rate for

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

individuals receiving foster care placement services from the Department of Social and Health Services (DSHS):

- EPSDT Clinics;
 - Physicians;
 - Advanced registered nurse practitioners (ARNPs);
 - Physician assistants (PAs) working under the guidance and HCA provider number of a physician;
 - Nurses specially trained through the Department of Health (DOH) to perform EPSDT screens; and
 - Registered nurses working under the guidance and HCA provider number of a physician or ARNP.
- **Child/Youth Care Advocate** (Children's Care Manager) is a designated Optum Pierce BHO specialist staff person who oversees, monitors, and ensures that eligible individuals in the region receive the appropriate level of care, including the implementation of and compliance with EPSDT services. The Child/Youth Care Advocate/Care Manager is a Child Mental Health Specialist or is supervised by a Child Mental Health Specialist.

Policy Provisions

1. Behavioral health care providers at contracted Behavioral Health Agencies in the Optum Pierce BHO are responsible for facilitating communication with Primary Care Providers.
 - 1.1. When behavioral health services are requested through an EPSDT referral, Optum Pierce BHO behavioral health care providers provide a written notice to reply to the Primary Care Provider who made the EPSDT referral. This notice includes at least the date of intake and diagnosis. The level of care assignment, as applicable, is included.
 - 1.2. When behavioral health services are requested without an EPSDT referral, the behavioral health care provider sends a formal written recommendation for a Healthy Kids screening to the individual's PCP. A copy of the letter is offered to the individual and/or family. If the individual does not identify a PCP, the behavioral health care provider, at a minimum, provides a copy of the EPSDT rights contained in the DSHS Behavioral Health Benefits booklet to the individual and shares the following information to assist with the selection of a PCP:
 - 1.2.1. <https://fortress.wa.gov/hca/p1findaprovider/>
2. Behavioral health care providers at contracted Behavioral Health Agencies in the Optum Pierce BHO contact the referred individual, or their parents or legal guardian authorized to consent for treatment, within 10 working days of the EPSDT referral to confirm whether behavioral health services are being requested. The behavioral health care provider maintains documentation of its efforts to confirm requests, declines, or the absence of a response.
3. Children authorized for behavioral health services that have 1 or more of the conditions below are provided with individualized cross-system coordination when indicated.
 - 3.1. Diagnosed with substance abuse or addiction;
 - 3.2. Receiving special education services; or
 - 3.3. Have a chronic and disabling medical condition.
4. Coordination of services is facilitated by a team when there is active involvement by other service system(s) such as:
 - 4.1. DSHS Children's Administration involvement;

- 4.2. DSHS Aging and Disability Services Administration or Developmental Disabilities Administration involvement;
- 4.3. Juvenile Rehabilitation Administration) or Department of Corrections involvement.
5. The child is provided with an Interagency Staffing Team (IST) unless the individual/family declines. A decline of services is documented in the individual's medical record.
 - 5.1. The IST may include, but is not limited to, education, child welfare, mental health, drug and alcohol, developmental disabilities, juvenile justice, and spiritual and cultural representatives, as appropriate.
 - 5.2. The IST meets, at a minimum, once per authorization period or as appropriate.
 - 5.3. The parent or guardian of the individual may be included, as appropriate.
 - 5.4. The individual must be included if age 13 or older. Younger children may be included if the team agrees.
 - 5.5. The Child/Youth Care Advocate/ Care Manager may participate in the IST by phone or in person at the request of the IST, depending on the family and individual needs.
6. The IST develops a cross-system Individual Service Plan (ISP) for school-aged children or an Individualized Family Service Plan (IFSP) for pre-school children.
 - 6.1. The cross-system ISP and IFSP addresses the overall needs of the individual and family, not limited to Medicaid reimbursable services, in all life areas including, when appropriate, residential, family, social and medical needs.
 - 6.2. The ISP and IFSP clearly identify which system is responsible for each identified need.
7. The Optum Pierce BHO provider is responsible to coordinate and facilitate the IST and IFSP meetings among all participating representatives, ensure that PCP-scheduled screenings occur and facilitate community reintegration for out-of-home placements (e.g., foster care, hospital, Children's Long Term Inpatient Program). The provider may contact the appropriate cross-system agency if there is evidence of lack of participation from the needed agency and may also problem-solve obstacles to the cross-system collaboration.
8. Optum Pierce BHO ensures accessible services, resource development, data collection, and maintenance of required program records through the following:
 - 8.1. Through the authorization process Optum Pierce BHO reviews initial intake criteria of all individuals under the age of 18 for medical necessity and level of care assignments according to the Access to Care Standards and EPSDT qualifiers.
 - 8.2. Optum Pierce BHO Child/Youth Care Advocates/Care Managers review, or supervise the review of, a representative sample of clinical records for individuals who are provided EPSDT services.
 - 8.2.1. This review is included in the Optum Pierce BHO chart audit process, and requires a standard of 100% compliance with standards.
 - 8.2.2. The review focuses on the use of a cross-system Individual Service Plan and verifies the participation of other appropriate systems for individuals identified through EPSDT processes.
 - 8.2.3. After review, the Child/Youth Care Advocate/Care Manager provides a report to providers and regulatory agencies as necessary. Corrective action is required if all relevant systems are not included in the treatment planning activities for EPSDT identified individuals.
 - 8.2.4. This report and any corrective action plans that result are provided to DSHS upon request.

- 8.3. Training and updates are provided for all Optum Pierce BHO behavioral health care providers as a vehicle for performance improvement.

Related Policies, Procedures & Materials

- Pierce Behavioral Health Organization policy: CR-01 - *Individual Rights and Responsibilities*
- Pierce Behavioral Health Organization policy: CR-02A *Grievance and Appeal System: Grievance Process*
- Pierce Behavioral Health Organization policy: CR-02B *Grievance and Appeal System: Medicaid Enrollee's Right to Appeal Notices of Adverse Benefit Determination*
- Pierce Behavioral Health Organization policy: CR-02C *Grievance and Appeal System: Medicaid Enrollee's Adverse Benefit Determination Notice*
- Pierce Behavioral Health Organization policy: CR-06 - *Ombuds Services*
- Pierce Behavioral Health Organization policy: CM-01 - *Development of Service Plans*
- Pierce Behavioral Health Organization policy: CM-03 - *Timely Access to Care*
- Pierce Behavioral Health Organization policy: CM-04 - *Access to Care Standards for Adults, Older Adults, Children and Youth*
- Pierce Behavioral Health Organization policy: CM-05 - *Utilization Management Resource Management*
- Pierce Behavioral Health Organization policy: CM-09 - *Engagement of Community Resources*
- Pierce Behavioral Health Organization policy: CM-10 – *UM-Authorization and Concurrent Reviews*

Attachments

N/A

Approval History

- Policy created and effective: 07/2009
- Policy and Procedure Committee review and approval: 09/28/2009
- Policy and Procedure Committee review and approval: 08/23/2010
- Policy and Procedure Committee review and approval: 08/27/2012
- Policy and Procedure Committee review and approval: 12/02/2013
- Policy and Procedure Committee review and approval: 09/22/2014
- Policy and Procedure Committee review and approval: 09/28/2015
- Policy and Procedure Committee review and approval: 03/23/2016
- Operational Procedures and Standards Committee reviewed and accepted: 12/28/2016
- Optum Pierce BHO reviewed and accepted: February 2018