



SALISH BHO

CLINICAL MANAGEMENT POLICIES AND PROCEDURES

Policy Name: EPSDT COORDINATION PLAN AND REQUIREMENTS

Policy Number: 11.08

Reference: State Contract and related exhibits

Effective Date: 10/2005

Revision Date(s): 2/2013; 6/2018

Reviewed Date: 12/2014; 7/2017; 6/2018

Approved by: SBHO Executive Board

CROSS REFERENCES

- Plan: Cross System Working Agreements
- Policy: Corrective Action Plan
- Policy: Crisis Prevention Plan Standards
- Policy: Cross System Working Agreements
- Policy: Individualized Service Plans Standards
- Schedule: Cross System Working Agreements

PURPOSE

The Salish Behavioral Health Organization (SBHO) ensures our network provides coordinated Early and Periodic Screening and Diagnostic Testing (EPSDT) assessment and early intervention for children and youth. Physicians refer children and youth for EPSDT behavioral health screenings and services.

The EPSDT guidelines are to be implemented for Medicaid individuals ranging in age from birth up to 21 years old.

Behavioral health services provided to EPSDT referrals must be age and culturally appropriate, and involve the family.

The SBHO will ensure accessible network behavioral health services, resource development, data collection, and maintenance of the required program records.

DEFINITIONS

Child is defined as an individual who has not reached their eighteenth (18) birthday.

For persons eligible for the Medicaid program *and* EPSDT, the term child extends to individuals that have not reached their twenty-first birthday.

PROCEDURE

1. The SBHO mandates, per contract, that the network providers adhere to the EPSDT guidelines in the state contract and related exhibits, such as the EPSDT Plan.
2. The SBHO designates an EPSDT Care/Resource Manager who provides resource management services and is the gatekeeper for the SBHO EPSDT program implemented through the network. The SBHO EPSDT Care/Resource Manager will:
 - Be a child behavioral health specialist, or supervised by a child behavioral health specialist.
 - Coordinate initial evaluations; review services for medical necessity, develop and coordinate support services for the EPSDT referred individual; and coordinate, staff, and develops the Individual Service Team.
 - Facilitate local community communication between physicians and the behavioral health clinicians and maintain an open referral process.
3. The SBHO EPSDT Children's Services Manager is responsible for placing EPSDT issues on the agenda of the SBHO Executive Board, the Advisory Board, and any relevant region wide committees (such as the Clinical Directors meeting), when appropriate.
4. The SBHO EPSDT Children's Services Manager is responsible for oversight of coordination between the network providers and community interagency councils, state agencies and divisions, as appropriate.

EPSDT Physical Screening

1. EPSDT Physical Screening shall include:
 - A comprehensive health and development history, updated at each screening examination
 - A comprehensive physical examination performed at each screening examination
 - Vision and hearing testing
 - Appropriate laboratory tests, including blood lead level testing
 - Immunization according to age and health status
 - Maintaining records of the child's developmental progress, significant physical findings, and any treatments or referrals
2. After a behavioral health need has been identified through an EPSDT screen, an initial behavioral health assessment will be completed.

EPSDT Behavioral Health Evaluation and Assessment

1. The behavioral health assessment is designed to provide a thorough picture of the child's condition (strengths and weaknesses) and determine the need for further behavioral health intervention.
2. Upon receiving an EPSDT referral, the SBHO network providers will:
 - Offer an intake assessment with a Child Behavioral Health Specialist within ten (10) working days. If the assessment is not offered within the required ten (10) working days, the provider will describe in the clinical record the problems encountered, remedial action to be taken, and specific line for the completion of the comprehensive evaluation.
 - An EPDST referral takes priority for evaluation and services, over a self-referred Medicaid individual.
3. The intake assessment must include the following:
 - Developmental, psycho-social and medical history
 - Child's current condition (physical and/or behavioral)
 - Child's academic/learning problems
 - Family's needs
 - Substance use disorder assessment, if appropriate

Service Authorization

1. The SBHO Children's Services Manager, or the designated SBHO utilization management contractor, will make the authorization determination for outpatient services and the Level of Service.
 - The SBHO will inform the family of the services authorized.
2. For Level 1 admission authorization, the EPSDT Children's Services Manager or designee will develop the Individual Service Plan (ISP) and make a referral for services.

Level 1 services may be provided by other appropriate child-serving agencies (such as youth service centers) to meet the needs of the child and family. Services not reimbursed by medical coupons may be included in the overall service plan/treatment plan.
3. When admission authorization for Level 1 expires and there appears to be continued need for services, the EPSDT Children's Services Manager or designee will review the clinical record. If appropriate, services may be re-authorized for Level 1- time specific services or authorized for Level 2 services.
4. Independent of the current level of functioning, Level 2 services may be authorized as described in the *Access To Care Standards* when indicated for children who are:
 - a. involved in one or more of the following in addition to behavioral health:
 - Children's Administration

- Developmental Disabilities Administration
 - Juvenile Rehabilitation Administration
 - County Youth Court Services
- b. diagnosed with a substance abuse or addiction;
 - c. receiving special education services: or,
 - d. a chronic and disabling medical condition
5. Level 2 services may include longer term intensive community-based options, integrated across all service systems involved with the child and family. These services are individually tailored for the specific needs of the child and family through an Individualized Service Team (IST). The IST is activated to further establish and develop a cross-system ISP.
 6. Formalized IST/ISP development shall be considered for all Children also receiving services from Children's Administration (DCFS).

Individualized Service Team (IST)

1. For Level 2 authorized children that are involved in two or more identified service systems development of IST/ISP will be provided.
2. The IST must include the child if age 13, or older. Younger children may participate, as appropriate and agreed upon by the Team.
3. The IST must include, as appropriate, cross-system professionals including, but not limited to, representatives from education, child welfare, behavioral health, drug and alcohol, developmental disabilities, and juvenile justice.
4. The IST may include the parent or guardian of the child, as appropriate and agreed upon by the Team.
5. The IST may be co-located within other plans, such as an Individualized Education Plan (IEP), other Special Education program IDEA, 504 Plan, or an Individual Family Service Plan (IFSP). The ISP may be incorporated into the regular behavioral health treatment plan.

Individualized Service Plan (ISP)

1. A Level 2 authorized EPSDT child and family shall establish an Individualized Service Plan and Crisis Prevention Plan, within the required time frames. See SBHO policy: Individualized Service Plan and Crisis Prevention Plan Standards.
2. The ISP must address the overall needs of the child and family, not just the Medicaid reimbursable services, in all life areas including residential, family, social, and medical needs.
3. The ISP must clearly identify which system is responsible for a specific need of care.
4. The SBHO Care/Resource Manager or designee will review and sign the ISP for behavioral health services. The ISP may be returned to the IST for revisions, if needed.

5. Other local agency team members are responsible for reviewing the ISP and identified agency's role and responsibilities in the ISP.
6. The SBHO care manager, or designee, shall ensure an established IST reviews the ISP at least semi-annually, identifying progress and revised service needs.

EPSDT Program Training

1. The SBHO Children's Services Manager will provide technical assistance/consultation and team-building training (IST) to the network providers, and upon request from other parties.
2. The SBHO provides training and policy updates regarding EPSDT requirements at least quarterly at the Clinical Directors meeting. Trainings may include:
 - EPSDT periodicity scale requirements
 - Child and family self-reporting issues.
 - Verify need for EPSDT (referral to physician for Wellness checks) during intake assessment; assessor makes voluntary referral to child/youth/ caregiver.
 - Requirements and updates to the Child and Family Team (CFT) service roll-out
3. The SBHO provides additional local community EPSDT trainings and education to local health providers, other out of network behavioral health providers, juvenile justice, education, and child welfare systems upon request.
4. The SBHO distributes EPDST state surveys and DSHS written policy updates, as requested, to the network providers.

EPSDT Cross System Working Agreements

1. To effectively promote and facilitate coordination of care for EPSDT referred children, the SBHO shall maintain updated working agreements with the following allied system providers:
 - Developmental Disabilities Administration (DDA) – Child
 - Division of Child and Family Services (DCFS)
 - Children's Long-term Inpatient Program (CLIP)
 - Juvenile Rehabilitation Administration (JRA)
 - Chemical Dependency and Substance Abuse
 - Healthy Options Plans
 - Tribes

Reference 14.01 SBHO Cross System Working Agreement policy

EPSDT Reporting

The SBHO shall provide a report to the State, upon request, that contains the following:

- Number of EPSDT unduplicated children referred

- Level of service to which each child is assigned
- Types of services required/ noted on each ISP (for level 2 only)
- Behavioral health service utilization associated for each child
- Behavioral health expenditures associated for each child

MONITORING

1. This policy is mandated by state and contract. The SBHO monitors this policy through the use of:
 - Annual SBHO Provider and Subcontractor Administrative Review
 - Annual Provider Chart Reviews
 - SBHO participation and oversight of network Utilization Management Committee meetings
 - SBHO Grievance Tracking Reports
 - SBHO Care Manager tracking referrals between physicians and network providers
 - The Behavioral Health Enrollee Survey (BHES): The BHES survey is conducted by Washington State University. It replaces the Mental Health Statistics Improvement Program (MHSIP). Clients who have received mental health services are randomly selected to participate in the survey.
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for SBHO approval.