

GREATER COLUMBIA BEHAVIORAL HEALTH Policies and Procedures

Category: Clinical
Approved On: 11/07/05
Approved By: The Board of Directors
Revised: 09/21/06
Effective Date: 15 days from approval/ last revision

No.: CL331.01

Title: **Early Periodic Screening and Diagnostic Treatment for Children**

I. Scope:

This policy applies to GCBH and its Providers (GCBH Member Governments and subcontractors).

II. Purpose:

To ensure that GCBH Providers assess and provide services to children referred from an Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT).

III. Process/Procedures:

A. GCBH Providers are responsible for conducting the assessment and treatment for children eligible under the federal Title XIX Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT).

The provider must:

1. Assess all children referred from an EPSDT Program.
 2. Ensure that all Title XIX behavioral health services, defined as necessary in the assessment, are provided.
 3. Develop and maintain a tracking log of all incoming EPSDT referrals, indicating the date of the referral and the disposition of the referral. If services were initiated, the tracking log should indicate the date of initiation.
- B. EPSDT services must be structured in ways that are culturally and age appropriate, involve the family and are available to all enrollees under the age of 21. Intake evaluations provided under EPSDT must include an assessment of the family's needs.

- C. Early Periodic Screening Diagnosis and Treatment requires GCBH to facilitate communication between physicians and mental health clinicians. This must include at least:
1. A written notice replying to the Physician, ARNP, Physician Assistant, trained public health nurse or RN who made the EPSDT referral. This notice must include at least the date of intake, diagnosis and level of care assignment.
 2. When mental health services are requested without an Early Periodic Screening Diagnosis and Treatment referral the GCBH or designee must send a formal written referral for a Healthy Child screening to the enrollee's medical care provider with a copy to the enrollee or family. If the enrollee does not identify a medical care provider the contractor or designee must provide a copy of the EPSDT rights contained in the MHD 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>
- D. Children authorized who are involved with Children's Administration, Division of Developmental Disabilities, and/or Juvenile Rehabilitation Administration/Department of Corrections for Level II must be provided with an Individual Service Team (IST).
1. The IST may include, but is not limited to, representatives from education, child welfare, mental health, drug and alcohol, developmental disabilities, and juvenile justice, as appropriate. The parent or guardian of the child may be included, as appropriate. The child must be included if age 13 or older. Younger children may be included if the Individual Service Team agrees.
 2. The IST must develop a cross-system Comprehensive Service Plan (CSP). The individual treatment plan for mental health services is a component of the CSP. The cross-system CSP must address the overall needs of the child and family, not just Medicaid reimbursable services, in all life areas including when appropriate, residential, family, social, and medical needs. The CSP must clearly identify which system is responsible for each identified need.
 3. GCBH's Children's Care Manager shall review (or supervise the review) of a representative sample of the clinical records for children who are provided Level 2 mental health services. This review shall be done at least once during the year between October 1st and September 30th and to the extent feasible will be included in the GCBH routine clinical audit process. The review will focus on the use of a cross-system Individual Treatment Plan for children identified under EPSDT. This

review shall verify the participation of other appropriate systems per the Allied System Coordination Plans. After review, the Children's Care Manager will provide a report to the CMHA's and require corrective action if other systems are not included or attempted to be included in the treatment planning activities. This report and any corrective action and plans that result, shall be provided to MHD upon request.

- E. GCBH, will through its contract monitoring system, assure the maintenance of the EPSDT tracking log. At this same time, the information from the log will be delivered to the GCBH MIS office for inclusion in an annual report of GCBH Provider EPSDT activities.

IV. Expected Outcome (s):

- A. Providers will assess and provide Title XIX behavioral health services to children referred from an Early Periodic Screening and Diagnostic Treatment Program.
- B. GCBH Providers will assist in the referral of an eligible child to a medical care provider.
- C. Providers will assess and provide an Individual Service Team for authorized children who qualify.
- D. GCBH will monitor and review the EPSDT program participation and include that data in its review of network sufficiency.

V. Scheduled Review of this Policy:

The review of the GCBH policies and procedures manual is on a two year cycle. The GCBH policy review and revision approval process is a three month process. This policy is scheduled to be reviewed every second year:

- A. by GCBH staff by September of even years,
- B. by the Regional Advisory Board (RAB) by October of even years,
- C. by the GCBH Board of Directors by November of even years, and
- D. outside of the schedule if required.

Approved:

Date:

/S/ William Wilson
William Wilson, DrPH
Interim Director

9/21/06

BHO

Care Manager*(CM) Process for Conducting EPSDT Intake Reviews for GCBH Under 21 Individuals

When CM receives an authorization request for an individual under the age of 21 from a GCBH provider:

- CM verifies age and Medicaid eligibility.
- If the individual does not meet medical necessity criteria, care is denied and then the case is handled as any other adverse action and appropriate notification is provided to the individual.
- If medical necessity is met, then CM completes EPSDT Review form (attached).
- CM obtains any missing form information from the provider.
- CM notes any additional information in the Comments section.
- CM retains form for GCBH EPSDT file folder.
- BHO staff make folder contents available to GCBH or MHD staff during monitoring or auditing process.
- GCBH will utilize the services of its Children's mental Health Specialist both to audit the BHO performance and also for consultation to BHO regarding individual case issues.

* BHO staff assigned to provide EPSDT reviews

CHILD MH SPECIALIST/CARE MANAGER

EPSDT INITIAL INTAKE REVIEW

Date of Initial Intake Evaluation Review; _____

Consumer's Name: _____ DOB: _____

Children's MH Specialist/Care Manager: _____

Provider: _____

Date of Care Authorization: _____

Family Needs Assessed: Yes _____ No _____

Medical Necessity Determined: Yes _____ No _____

LOC Guidelines have been met for:

- ***Inpatient***

Behavior judged unmanageable/unresponsive at a lower level of care due to any of the following:

- Danger to self
- Grave physical disability
- Co-morbid physical/psychiatric condition
Requiring inpatient care
- Severe symptoms unresponsive/unmanageable at lower level of care

- ***Residential***

- Not sufficiently stable to be treated outside structured 24 hour setting and whose needs can be met outside of an inpatient setting
- At risk of losing community supports due to persistent pattern of symptoms/behaviors (risk of harm to self/others/property/elopement/grave disability)

- ***Outpatient Level I***

- Brief Intervention/Short Term Crisis
- Long Term/Low Intensity

- ***Outpatient Level II***

- High Intensity
- Long Term

Additional Comments:

Completed by

Date
