


Foothills Behavioral Health Partners, LLC Operating Policies and Procedures

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	
Effective Date: 7.1.2016	Revision Date:
Subject Area: EPSDT	
Responsible Department: Network Performance Improvement	
Authorized By: Kiara Kuenzler, COO	Approval Date: 7.1.16
Signature: 	

POLICY: Foothills Behavioral Health Partners (FBHP) shall coordinate or arrange with providers/agencies for the provision of all medically necessary covered services, diagnoses and procedures, including *services* identified under the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, 42 CFR Sections 441.50 to 441.62. FBHP is responsible to reasonably ensure the delivery of EPSDT contractor-covered services for BHO members.

PURPOSE: The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for Health First Colorado (Colorado's Medicaid Program) members age 20 and under. This may include:

- Well-child visits and teen check-ups
- Developmental evaluations
- Behavioral evaluations
- Immunizations (shots) and vaccines
- Lab tests, including lead poisoning testing
- Health and preventive education
- Vision services
- Dental services
- Hearing services

DEFINITIONS:

Early: Assessing and identifying problems early

Periodic: Checking children's health at periodic, age-appropriate intervals

Screening: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems

Diagnostic: Performing diagnostic tests to follow up when a risk is identified, and

Treatment: Control, correct or ameliorate health problems found.

Medical Necessity: All Health First Colorado coverable, medically necessary services must be provided even if the service is not covered under the plan. The term "medical necessity" means that a covered service shall be deemed a medical necessity or medically necessary if, in a manner consistent with accepted standards of medical practice, it:

1. Is found to be an equally effective treatment among other less conservative or more costly treatment options, and

2. Meets at least one of the following criteria:
 - The service will, or is reasonably expected to prevent or diagnose the onset of an illness, condition, primary disability, or secondary disability.
 - The service will, or is reasonably expected to cure, correct, reduce, or ameliorate the physical, mental, cognitive, or developmental effects of an illness, injury, or disability.
 - The service will, or is reasonably expected to reduce or ameliorate the pain or suffering caused by an illness, injury, or disability.
 - The service will, or is reasonably expected to assist the individual to achieve or maintain maximum functional capacity in performing activities of daily living.
 - Medical necessity may also be a course of treatment that includes mere observation or no treatment at all.

PROCEDURES:

1. The provider will notify members age 20 and under of the benefits and options under EPSDT and ensure access to appropriate services. Information may be provided in written and oral formats within 60 days of enrollment.
2. Information provided to BHO member will be in clear, non-technical language and include:
 - Benefits or preventative healthcare
 - Services available under EPSDT without cost
 - Transportation and scheduling assistance
3. The provider will identify children and adolescents in the eligible age group (under age 20) for early and periodic screening, diagnosis and treatment.
4. When eligible children and adolescents are identified, the provider will determine if an EPSDT screening has been completed.
5. All services should be provided in a culturally and linguistically sensitive manner.
6. If an EPSDT screening has not been completed, the provider will link the individual to a qualified provider to furnish the necessary screenings. If an EPSDT screening has been completed and mental health/substance use issues have been identified, assessment and treatment planning will include follow-up/intervention with the identified issue(s) and appropriate providers.
7. If a client who needs to be screened under the EPSDT program does not have a Primary Care Physician, or Pediatrician the provider will contact the enrollment broker at 1-800-221-3943 to notify the State that the client does not have a primary care physician and needs to be screened under the EPSDT program.
8. FBHP will provide education regarding mental health and substance use conditions to providers, including Primary Care Providers.
9. Each Community Mental Health Center will develop and implement policies and procedures to comply with EPSDT requirements. This includes diagnostic

services and treatment of mental health/substance use issues for BHO members, even if services are not covered in plan.

10. All EPSDT screenings that the provider is aware of, as well as referrals, and communications should be documented within members record. share PHI with the Department's EPSDT outreach and case management agencies (Healthy Communities) as allowable under HIPAA for treatment, payment and operations purposes, without requiring any special releases or other permission from the member. All providers shall have either written consent from a member or a qualified service organization (QSO) agreement with a substance abuse organization to share member information regarding substance abuse disorder treatment with the Department's EPSDT outreach and case management agencies (Healthy Communities).
11. The provider can call the FBHP Care Management Department, if assistance is needed at 1-866-245-1959.
12. Additional resources and assistance in linking member is available through The State of Colorado through the Healthy Communities Program (<https://www.colorado.gov/pacific/hcpf/healthy-communities> ; 303-866-2267):
13. Additional information may be found on our website: (<http://www.fbhpartners.com/members/files/EPSDT-Info.pdf>)

REFERENCES:

- 42 CFR 441.61 (a) and (b);*
- 42 CFR 441.62
- Contract: Amendment 3— 6.A.2.2.1
- 10 CCR 2505-10—8.280.8.C and D.5
- 10 CCR 2505-10—8.280.1