

POLICY 430, ATTACHMENT C – PROCEDURES FOR THE
COORDINATION OF SERVICES UNDER EPSDT AND EARLY
INTERVENTION

EFFECTIVE DATE: 02/01/2011,
XX/XX/XX¹

REVISION DATES: 07/01/15, 04/01/15, 07/01/15, XX/XX/XX²

~~INITIAL~~

EFFECTIVE DATE: 02/01/2011

APPLICABILITY:

The procedure described below applies to Contractors ~~(Health Plans) contracted with the Arizona Health Care Cost Containment System (AHCCCS)~~ for the implementation of Early Periodic Screening, Diagnostic and Treatment (EPSDT) services for enrolled members under 21 years of age, such as physical therapy, occupational therapy, speech-~~/language~~ therapy and care coordination under Sec. 1905-~~42 U.S.C. 1396d~~; EPSDT for enrolled members under 21 years of age.

The Procedure for the Coordination of Services under EPSDT and Early Intervention was collaboratively developed and implemented in May, 2005 jointly by AHCCCS and the Arizona Early Intervention Program (AzEIP) to ensure the coordination and provision of EPSDT and early intervention services.

BACKGROUND:

Medicaid’s Early Periodic Screening, Diagnostic and Treatment (EPSDT) is a comprehensive child health program of prevention and treatment developed to ensure the availability and accessibility of health care resources, as well as to assist Medicaid ~~recipients~~ members in effectively utilizing these resources. Under EPSDT, Medicaid reimburses for services to treat or ameliorate physical and behavioral health disorders, a defect, or a condition identified in an EPSDT screening. Limitations and exclusions, other than the requirement for medical necessity, do not apply to EPSDT services. These services should be authorized and provided through the ~~AHCCCS Health Plan Contractor~~. The AHCCCS Health Plan Contractors shall ~~should~~ coordinate with AzEIP and notify the AzEIP service coordinator when services are approved by the AHCCCS Health PlaContractors.

NOTE: State and Federal guidelines do not prohibit the provision of EPSDT services to a child in their home or other settings, if “recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level.” This procedure outlines AzEIP policies, which state that AzEIP must ensure that enrolled members begin services on or before the start date on the

¹ Date changes are effective

² Date presented at APC Meeting

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completed Individual Family Service Plan (IFSP)- (per IDEA Part C), but no later than 45 days of the IFSP. Although federal regulations for Medicaid specify reasonable standards of practice in terms of timeliness for provision of EPSDT services, 441.56(e) sets forth a “general” outer limit of six months from the request for screening services.

AHCCCS cannot require Contractors to provide services in the natural environment, but encourages Contractors to do so whenever possible.—Under IDEA Part C, AzEIP must ensure that enrolled members begin services on or before the start date on the completed IFSP, but no later than 45 days of the IFSP.

This procedure states AzEIP must ensure that enrolled members begin services within 45 days of the completed Individual Family Service Plan (per IDEA Part C). Although federal regulations for Medicaid specify reasonable standards of practice in terms of timeliness for provision of EPSDT services, 42 CFR 441.56(e) sets forth a “general” outer limit of six months from the request for screening services.

Under IDEA Part C, AzEIP must ensure enrolled members begin services within 45 days of the completed IFSP.³

INTRODUCTION: AHCCCS and AzEIP jointly developed this process to ensure the coordination and provision of EPSDT and early intervention services. This process describes procedures taken by (aA)—the child’s Primary Care Provider, and (bB)—AzEIP, when concerns about a child’s development are initially identified.

A. PCP INITIATED SERVICE REQUESTS

B.

A.

A.—When concerns about a child’s development are initially identified by the child’s Primary Care Provider, the (PCP) will requests an evaluation and, if medically necessary, approval of services from the AHCCCS Health Plan Contractor.

1. Screening/Identification: During the EPSDT visit the Primary Care Provider PCP will determines the child’s developmental status through discussion with the parents/caregiver-guardian/designated representative and developmental screening. If the PCP identifies potential developmental delays, the PCP requests an evaluation and possibly service authorization from the AHCCCS Health Plan Contractor. The PCP must shall submit the clinical information to support the request for evaluation and any

³ Duplicate to previous sentence - removed

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services. In addition, the PCP ~~must~~ shall consider related screening and evaluation needs when exploring ~~if~~ whether a child has a developmental delay. For example, if the PCP and parents have concerns about a child’s communication, steps should be taken to confirm that the child’s hearing is within normal limits in addition to evaluating a child’s speech and language.

2. Evaluation/Services: ~~The AHCCCS Health Plan Contractor~~ may pend approval for services until the evaluation has been completed by the provider and may deny services if the PCP determines there is no medical need for services based on the results of the evaluation. ~~The AHCCCS Health Plan Contractor~~ ~~must~~ shall follow all prior authorization requirements including sending a Notice of Action Adverse Benefit Determination (NOA) ~~letter~~ to the requesting provider and the member’s ~~guardian/parent/parent/guardian~~ when services are denied, suspended, or reduced.
 - a. Requests for services from ~~the primary care provider~~ PCP, licensed providers or the AzEIP service coordinator based on the Individual Family Service Plan (IFSP) IFSP ~~must~~ shall be reviewed for medical necessity prior to authorization and reimbursement.
 - b. If services are approved based on the determination of medical necessity, the ~~AHCCCS Health Plan Contractor~~ ~~will~~ authorize the services and ~~notifies~~ notify the PCP (or requesting provider, if other than the PCP) ~~that~~ (a) that the services are approved and (b) of the identify identity of the provider that has been authorized, and (c) the frequency, ~~the~~ duration, ~~the~~ and service begin and end dates.
 - ~~i.~~ AHCCCS Health Plans Contractors are encouraged to contract with AHCCCS registered AzEIP providers to expand the network of providers available to serve children with potential or identified developmental delays. AHCCCS registered AzEIP providers are also encouraged to contract with the ~~AHCCCS Health Plan(s) Contractors~~ to provide services.
 - ~~ii.~~ Contractors AHCCCS Health Plans are encouraged, but not required, to contract with AzEIP providers if service utilization indicates that the Contractors Health Plan has sufficient network capacity to timely meet the medically necessary needs of the members.
 - ~~iii.~~ Contractors AHCCCS Health Plans are encouraged, but not required, to contract with AzEIP providers if service utilization indicates that the Contractors Health Plan has sufficient network capacity to timely meet the medically necessary needs of the members.
 - ~~iv.~~ Contractors AHCCCS Health Plans are encouraged, but not required, to contract with AzEIP providers if service utilization indicates that the Contractors Health Plan has sufficient network capacity to timely meet the medically necessary needs of the members.
 - ~~v.~~ If services have already been initiated by an AHCCCS registered AzEIP provider not contracted with the ~~Contractor AHCCCS Health Plan~~, the ~~AHCCCS Health Plan Contractor~~ ~~must~~ shall authorize the AHCCCS registered AzEIP provider to continue providing services deemed medically necessary to maintain continuity of care.
 - ~~vi.~~ Contractors AHCCCS Health Plans are encouraged, but not required, to contract with AzEIP providers if service utilization indicates that the Contractors Health Plan has sufficient network capacity to timely meet the medically necessary needs of the members.
 - ~~vii.~~ AzEIP providers may only be reimbursed (a) if they are AHCCCS registered and (b) for the categories of services for which they are registered and that were provided. Billing must be completed in accordance with AHCCCS guidelines.

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~~viii-iv.~~

~~e.~~ If services are denied, ~~the~~ Contractors ~~shall~~ will follow all prior authorization requirements including sending a ~~Notice of Action (NOA) OA letter~~ to the requesting provider and the member's ~~guardian~~/parent/guardian.

~~d-c.~~

~~3.~~ Referral to AzeIP: After the completion of the evaluation, the provider who conducted the evaluation ~~will~~ submits an Evaluation Report to the PCP (requesting provider if other than the PCP) and the ~~AHCCCS Health Plan Contractor's~~ Prior Authorization department for authorization of medically necessary services.

~~4-3.~~

~~a.~~ If the evaluation indicates that the child scored two standard deviations below the mean, which generally translates to AzeIP's eligibility criteria of 50 percent developmental delay, the child will continue to receive all medically necessary EPSDT covered services through the ~~AHCCCS Health plan Contractor.~~ The ~~Contractor's Maternal Child Health (MCH) e~~Coordinator ~~will~~ shall refer the child to AzeIP for non-medically necessary services that are not covered by Medicaid but are covered under IDEA Part C.

~~b-a.~~

~~e-b.~~ If the evaluation report indicates that the child does not have a 50 percent developmental ~~_____~~ delay, the ~~Contractor's~~ MCH Coordinator will continue to coordinate medically necessary care and ~~_____~~ services for the child.

~~5-4.~~ The ~~AHCCCS Health Plan Contractor will~~ shall not delay or postpone the initiation of medically necessary EPSDT services while waiting for the AzeIP eligibility or the IFSP process.

~~5.~~ ~~AHCCCS Health Plans Contractors~~ and AzeIP ~~will~~ shall continue to coordinate services for ~~Medicaid children members~~ who are eligible for and enrolled in both AzeIP and Medicaid. The ~~Contractor's~~ MCH Coordinator or designee assists the parent/~~caregiver~~ guardian in scheduling the EPSDT covered services, as necessary or as requested. The EPSDT services will be provided by the ~~AHCCCS Health Plan's Contractor's~~ contracted provider (or AzeIP service provider reimbursed by the ~~AHCCCS Health Plan Contractor~~) until the services are determined by the PCP and provider to no longer be medically necessary.

~~6.~~ For those members two years nine months of age or older who have not initiated services, the Contractor may choose to assign the member to a contracted provider within the Contractor's provider network to maintain continuity of care as the member ages out of the AzeIP program.⁴

⁴ Moved from below

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D.B. AZEIP INITIATED SERVICE REQUESTS

~~B.~~ When concerns about a Medicaid enrolled child's development are initially identified by AzEIP:

1. If an EPSDT eligible child is referred to AzEIP, AzEIP ~~will~~ screens and, if needed, conducts an evaluation to determine the child's eligibility for AzEIP. AzEIP will obtain parental consent to request and release records to/from the ~~Contractor AHCCCS Health Plan~~ and the child's PCP.
2. If the child is determined to be AzEIP eligible, AzEIP ~~will~~ develop an IFSP that ~~will~~ identify (a) the child's present level of development, (b) child outcomes, and (c) the services that are needed to support the family and child in reaching the IFSP outcomes, and (d) the planned start date for each early intervention service(s) identified on the IFSP.
- 2.3. IFSP services that are EPSDT covered will identify the child's ~~AHCCCS Health Plan Contractor~~ as the payer.
- 3.4. The AzEIP service coordinator will send (fax or e-mail) the AzEIP AHCCCS Member Service Request form (~~Exhibit 430-4~~ Attachment D) and copies of the evaluations/developmental summaries completed during the IFSP process to the ~~AHCCCS Health Plan Contractor's~~ MCH Coordinator or designee within two ~~business~~ days of completing the IFSP.
- 4.5. The ~~AHCCCS Health Plan Contractor's~~ MCH Coordinator or designee ensures the service request is entered into the Contractor's prior authorization system within one business day of receipt of the request.
- 5.6. The ~~AHCCCS Health Plan Contractor's~~ MCH Coordinator or designee sends (faxes/e-mails) the AzEIP Attachment D AHCCCS Member Service Request form and accompanying documentation to the member's PCP within two business days.
- 6.7. The PCP will review all AzEIP documentation and determine which services are medically necessary based on review of the documentation.
- 7.8. The PCP shall take no longer than ~~ten~~ 10 business days from the date that the ~~Contractor's~~ MCH Coordinator (faxes/e-mails) the documentation to the PCP to determine which services are medically necessary and return the signed AzEIP Attachment D AHCCCS Member Service Request form (Exhibit 430-4) to the ~~Contractor's~~ MCH Coordinator.

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8.9. The PCP will determine the following:

a. The requested services are medically necessary:

i. Within two business days the ~~AHCCCS Health Plan Contractor's~~ MCH Coordinator or designee will send the completed AzEIP ~~-Attachment DAHCCCS Member Service Request form (Exhibit 430-4)~~ to the AzEIP service coordinator and PCP advising them that: (a) the services are approved and (b) identify the provider that has been authorized, the frequency, the duration, the service begin and the service end dates.

~~ii.~~

~~iii.~~ii. ~~AHCCCS Health Plans Contractors~~ are encouraged to ~~contracted to~~ contract with AHCCCS registered AzEIP providers to expand the network of providers available to serve children with potential or identified developmental delays. AHCCCS registered AzEIP providers are also encouraged to contract with the ~~AHCCCS Health Plan(s) Contractors~~ to provide services.

~~iv.~~

~~v.~~iii. ~~Contractors AHCCCS Health Plans~~ are encouraged, but not required to contract with AzEIP providers if service utilization indicates that the ~~Contractor Health Plan~~ has sufficient network capacity to timely meet the medically necessary needs of the members.

~~vi.~~

~~vii.~~iv. ~~Contractors The AHCCCS Health Plan will~~shall authorize the services with a contracted provider whenever possible. However, if services have already been requested for or initiated by an AHCCCS registered AzEIP provider not contracted with the ~~AHCCCS Health Plan Contractor~~, the ~~Contractor shall~~AHCCCS Health Plan must authorize the AHCCCS registered AzEIP provider to continue providing services deemed medically necessary to maintain continuity of care.

~~NOTE: For those members two years nine months of age or older who have not initiated services, the Contractor may choose to assigned the member to a contracted provider within the health plans provider network to maintain continuity of care as the member ages out of the AzEIP program.~~

~~viii.~~v. AzEIP providers may only be reimbursed (a) if they are AHCCCS registered and (b) for the categories of services for which they are registered and that were provided. Billing must be completed in accordance with AHCCCS guidelines.

b. The requested services are not medically necessary:

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- i. The AHCCCS MCH Coordinator or designee will notify the AzEIP service coordinator within two business days of receipt of the PCP's determination and that services are denied.
 - ii. ~~The AHCCCS Health Plan Contractor shall send a NOA~~ must send a Notice of Action (NOA) to the PCP, the member's guardian/parent and the AzEIP service coordinator notifying them that the service is denied.
 - iii. ~~ii.~~
 - iv. ~~iii.~~ The AzEIP Attachment D shall ~~AHCCCS Member Service Request form (Exhibit 430-4) must~~ also be returned to the AzEIP service coordinator indicating the services were determined not medically necessary.
- c. An examination by the PCP is needed to determine medical necessity:
- i. The ~~AHCCCS Health Plan must~~ Contractor shall send a ~~Notice of Action letter NOA~~ to the PCP, the AzEIP service coordinator, the member's guardian/ parent, and the AHCCCS MCH coordinator or designee denying the service pending examination by the PCP.
 - ii. AzEIP ~~Attachment D-AHCCCS Member Service Request form (Exhibit 430-4) must~~ shall also be returned to the AzEIP service coordinator indicating the PCP wishes to examine the member and services are denied pending examination by the PCP.
 - iii. AHCCCS MCH coordinator must assist the member's guardian/ parent in making an appointment with the PCP and follow up with the PCP to ensure all medically necessary services identified on the AzEIP Attachment D ~~AHCCCS Member Service Request form (Exhibit 430-4)~~ are considered for medical necessity.
 - iv. After the member is examined by the PCP and a determination is made, steps 8.a. through 8.b. should be followed.
- ~~9-10. The AzEIP service coordinator must amend the IFSP to reflect the appropriate payer. The AzEIP service coordinator must~~ shall ensure the IFSP always reflects the appropriate payer for early intervention services.
- ~~10. The MCH coordinator or designee assists the member's guardian/ parent in scheduling the EPSDT covered services, as necessary or as requested. The EPSDT services will be provided until the services are determined by the PCP and service provider to no longer be medically necessary.~~⁵

⁵ removed - duplicative

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11. When services are determined by the PCP and service provider to be no longer medically necessary, the AzEIP service coordinator shall implement the process for amending the IFSP which may include (a) non-medically necessary services covered by AzEIP, and (b) changes made to IFSP outcomes and IFSP services, including payer, setting, etc.

12. The AzEIP service coordinator, family and other IFSP team members will review the IFSP at least every six months, or sooner, if requested by any team member. If services are changed (deleted or added) during an annual IFSP or IFSP review, the AzEIP service coordinator will notify the [Contractor's](#) MCH Coordinator or designee and PCP within two business days of the IFSP review. If a service is added, the AzEIP service coordinator's notification to the [Contractor's](#) MCH Coordinator will initiate the process for determining medical necessity and authorizing the service as outlined above.

OPEN UNTIL 01/31/18