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POLICY: 205, Early and Periodic Screening Diagnostic and Treatment (EPSDT) Services

1. PURPOSE:

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) has established the responsibilities of the Integrated Regional Behavioral Health Authority (RBHA) and the Integrated RBHA contracted providers for providing, coordinating, and monitoring the services provided under the state mandated Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services. The objectives of the program include primary prevention, early intervention, and treatment of identified physical and behavioral health problems and ensuring the availability and accessibility of health care resources, as well as to assist eligible members in effectively utilizing these resources

2. TERMS:

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php>
The following terms are referenced in this section:

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Periodicity Schedule
Primary Care Provider (PCP)

3. PROCEDURES:

- a. EPSDT Service Standards for the Integrated RBHA
 - i. EPSDT services must be provided according to community standards of practice and the AHCCCS EPSDT and Dental Periodicity Schedules. The AHCCCS EPSDT Tracking Forms must be used to document services provided and compliance with AHCCCS standards (see [ADHS/DBHS Bureau of Quality and Integration \(BQ & I\) Specifications Manual](#)). The tracking forms must be signed by the clinician who performs the screening.
- b. The Integrated RBHA must develop policies and procedures to ensure that its subcontracted providers adhere to the following standards and requirements for EPSDT services:
 - i. Immunizations
 - (1) EPSDT covers all age appropriate immunizations as specified in the AHCCCS Recommended Childhood Immunization Schedules. All appropriate immunizations must be provided to establish and maintain up-to-date immunization status for each EPSDT member (see the [ADHS/DBHS Bureau of Quality and Integration \(BQ & I\) Specifications Manual](#)); and
 - (2) Coverage of the human papilloma virus (HPV) vaccine for female and male EPSDT members 18, 19 and 20 years of age.
 - (3) Coordination with the ADHS Vaccines for Children (VFC) program in the delivery of immunization services.
 - (a) Immunizations must be provided according to the Advisory Committee on Immunization Practices Recommended Schedule. (Refer to the [CDC website](#)) The Integrated RBHA must require its contracted providers to enroll

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and re-enroll annually with the VFC program in accordance with contract requirements. The Integrated RBHA shall not utilize public health care funding to purchase VFC vaccines for members younger than 19 years of age (see the [ADHS/DBHS Bureau of Quality and Integration \(BQ & I\) Specifications Manual](#))

- (b) The Integrated RBHA must ensure that the Integrated RBHA providers document each EPSDT member's immunization in the Arizona State Immunization Information System (ASIIS) and maintain the ASIIS immunization records of each EPSDT member in ASIIS in accordance with A.R.S. Title 36, Section 135.
- ii Eye Examinations and Prescriptive Lenses
 - (1) EPSDT covers eye examinations as appropriate to age according to the AHCCCS EPSDT Periodicity Schedule and as medically necessary using standardized visual tools. Prescriptive lenses are provided to correct or ameliorate defects, physical illness and conditions discovered by EPSDT screenings, subject to medical necessity.
- iii Organ and Tissue Transplantation Services
 - (1) EPSDT covers all non-experimental transplants necessary to correct or ameliorate defects, illnesses and physical conditions whether or not the particular non-experimental transplant is covered by the AHCCCS State Plan.
- iv Tuberculosis Screening
 - (1) EPSDT covers TB screening as appropriate to member age and risk. Members at increased risk of tuberculosis (TB) include those who have contact with persons:
 - (a) Confirmed or suspected as having TB
 - (b) In jail or prison during the last five years
 - (c) Living in a household with an HIV-infected person or the member is infected with HIV, and
 - (d) Traveling/emigrating from, or having significant contact with persons indigenous to, endemic countries.
 - (2) The Integrated RBHA must implement protocols for care and coordination of members who received TB testing to ensure timely reading of the TB skin test and treatment if medically necessary.
- v Nutritional Assessment and Nutritional Therapy
 - (1) Nutritional assessments are conducted to assist EPSDT members whose health status may improve with nutritional intervention. AHCCCS covers the assessment of nutritional status provided by the member's primary care provider (PCP) as a part of the EPSDT screenings specified in the AHCCCS EPSDT Periodicity Schedule, and on an inter-periodic basis as determined necessary by the member's PCP. AHCCCS also covers nutritional assessments provided by a registered dietitian when ordered by the member's PCP. This includes EPSDT eligible members who are under or overweight. (Refer to the Centers for Disease

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Control and Prevention website at [http://www.cdc.gov/growthcharts/for Body Mass Index \(BMI\) and growth chart resources.](http://www.cdc.gov/growthcharts/for Body Mass Index (BMI) and growth chart resources.))

- (2) AHCCCS covers nutritional therapy for EPSDT eligible members on an enteral, parenteral or oral basis when determined medically necessary to provide either complete daily dietary requirements, or to supplement a member's daily nutritional and caloric intake.
 - (a) Enteral nutritional therapy: Provides liquid nourishment directly to the digestive tract of a member who cannot ingest an appropriate amount of the calories to maintain an acceptable nutritional status. Enteral nutrition is commonly provided by Jejunostomy tube (J-tube), Gastrostomy Tube (G-tube) or Nasogastric (N/G) tube.
 - (b) Parenteral nutritional therapy: Provides nourishment through the venous system to members with severe pathology of the alimentary tract, which does not allow absorption of sufficient nutrients to maintain weight and strength.
- (3) Commercial Oral Supplemental Nutritional Feedings provides nourishment and increases caloric intake as a supplement to the member's intake of other foods, or as the sole source of nutrition for the member. Nourishment is taken orally and is generally provided through commercial nutritional supplements available without prescription.
- (4) Medical necessity for commercial oral nutritional supplements must be determined on an individual basis by the member's PCP or attending physician. The PCP or attending physician must use the approved form, "ADHS/DBHS Certificate of Medical Necessity for Commercial Oral Nutritional Supplements" (see the [BQ & I Specifications Manual](#)) to obtain PA from the Integrated RBHA.
- (5) The ADHS/DBHS Certificate of Medical Necessity for Commercial Oral Nutritional Supplements (see the [BQ & I Specifications Manual](#)) must document that the PCP or attending physician has provided nutritional counseling as a part of the EPSDT services provided to the member. The documentation must specify alternatives that were tried in an effort to boost caloric intake and/or change food consistencies before considering commercially available nutritional supplements for oral feedings, or to supplement feedings.
- (6) The ADHS/DBHS Certificate of Medical Necessity for Commercial Oral Nutritional Supplements must indicate which criteria were met when assessing the medical necessity of providing commercial oral nutritional supplements. At least two of the following criteria must be met. ([BQ & I Specifications Manual](#))
 - (a) The member is at or below the 10th percentile on the appropriate growth chart for their age and gender for three months or more
 - (b) The member has already demonstrated a medically significant decline in weight within the past three months (prior to the assessment)
 - (c) The member is able to consume/eat no more than 25% of his/her nutritional requirements from age-appropriate food sources

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- (d) Absorption problems as evidenced by emesis, diarrhea, dehydration, and/or weight loss and intolerance to milk has been ruled out
- (e) The member requires nutritional supplements on a temporary basis due to an emergent condition; i.e. post-hospitalization (PA is not required for the first 30 days), or
- (f) The member is at high risk for regression due to chronic disease or condition and there are no alternatives for adequate nutrition.
- (g) The Integrated RBHA must develop guidelines for use by the PCP in providing the following:
 - (i) Information necessary to obtain PA for commercial oral nutritional supplements
 - (ii) Encouragement and assistance to the caregiver in weaning the member from the necessity for supplemental nutritional feedings, and
 - (iii) Education and training, if the member's parent or guardian elects to prepare the member's food, regarding proper sanitation and temperatures to avoid contamination of foods that are blended or specially prepared for the member.

vi Oral Health Services

- (1) As part of the physical examination, the physician, physician's assistant or nurse practitioner must perform an oral health screening. A screening is intended to identify gross dental or oral lesions, but is not a thorough clinical examination and does not involve making a clinical diagnosis resulting in a treatment plan. Depending on the results of the oral health screening, referral to a dentist must be made as outlined in the Integrated RBHA contract:
 - (a) EMERGENT Within 24 hours of request
 - (b) URGENT Within three days of request
 - (c) ROUTINE Within 45 days of request
- (2) An oral health screening must be part of an EPSDT screening conducted by a PCP; however, it does not substitute for examination through direct referral to a dentist. PCPs are expected to refer EPSDT members for appropriate services based on needs identified through the screening process and for routine dental care based on the AHCCCS EPSDT Periodicity Schedule. Evidence of this referral must be documented on the EPSDT tracking form. (See the [BQ & I Specifications Manual](#))
- (3) In addition to PCP referrals, EPSDT members are allowed self-referral to a dentist who is included in the Integrated RBHA's provider network.
- (4) EPSDT covers the following dental services:
 - (a) Emergency dental services including:
 - (i) Treatment for pain, infection, swelling and/or injury
 - (ii) Extraction of symptomatic (including pain), infected and non-restorable primary and permanent teeth, as well as retained primary teeth (extractions are limited to teeth which are symptomatic), and

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- (iii) General anesthesia, conscious sedation or anxiolysis (minimal sedation, patients respond normally to verbal commands) when local anesthesia is contraindicated or when management of the patient requires it.
- (5) Preventive dental services provided as specified in the AHCCCS Dental Periodicity Schedule (See the [BQ & I Specifications Manual](#)) including, but not limited to:
 - (a) Diagnostic services including comprehensive and periodic examinations. The Integrated RBHA must allow two oral examinations and two oral prophylaxis and fluoride treatments per member per year (i.e., one every six months) for members 18, 19 and 20 years of age
 - (b) Radiology services which are screening in nature for diagnosis of dental abnormalities and/or pathology, including panoramic or full-mouth x-rays, supplemental bitewing x-rays, and occlusal or periapical films as needed, and
 - (c) Preventive services which include:
 - (i) Oral prophylaxis performed by a dentist or dental hygienist which includes self-care oral hygiene instructions to member, if able, or to the parent/legal guardian
- (6) All therapeutic dental services will be covered when they are considered medically necessary and cost effective but may be subject to PA by the Integrated RBHA. These services include but are not limited to:
 - (a) Periodontal procedures, scaling/root planning, curettage, gingivectomy, and osseous surgery
 - (i) Crowns:
 1. When appropriate, stainless steel crowns may be used for permanent posterior teeth; composite, prefabricated stainless steel crowns with a resin window, or
 2. Precious or cast semi-precious crowns may be used on functional permanent endodontically treated teeth, except third molars, for members who are 18, 19 and 20 years old.
 - (b) Endodontic services including pulp therapy for permanent teeth, except third molars (unless a third molar is functioning in place of a missing molar)
 - (c) Restoration of carious permanent teeth with accepted dental materials other than cast or porcelain restorations unless the member is 18, 19 and 20 years of age and has had endodontic treatment
 - (d) Removable dental prosthetics, including complete dentures and removable partial dentures, and Orthodontic services and orthognathic surgery are covered only when these services are necessary to treat a handicapping malocclusion.
 - (i) Services must be medically necessary and determined to be the primary treatment of choice or an essential part of an overall treatment plan developed by both the PCP and the dentist in consultation with each other.

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- (ii) Orthodontic services are not covered when the primary purpose is cosmetic.
- (iii) Examples of conditions that may require orthodontic treatment include the following:
 - 1. Congenital craniofacial or dentofacial malformations requiring reconstructive surgical correction in addition to orthodontic services
 - 2. Trauma requiring surgical treatment in addition to orthodontic services, or
 - 3. Skeletal discrepancy involving maxillary and/or mandibular structures.
- vii Cochlear and Osseointegrated Implantation
 - Cochlear Implant
 - (1) Cochlear implantation provides an awareness and identification of sounds and facilitates communication for persons who have profound, sensorineural hearing loss (nerve deafness). Deafness may be prelingual/perilingual or postlingual.
 - (2) AHCCCS covers medically necessary services for cochlear implantation solely for EPSDT members. Cochlear implantation is limited to one (1) functioning implant per member. AHCCCS will not cover cochlear implantation in instances where individuals have one functioning cochlear implant.
 - (3) Candidates for cochlear implants must meet criteria for medical necessity, including but not limited to, the following indications:
 - (a) A diagnosis of bilateral profound sensorineural deafness (using age-appropriate standard testing), with little or no benefit from a hearing (or vibrotactile) aid, as established by audiologic and medical evaluation;
 - (b) Presence of an accessible cochlear lumen structurally suited to implantation, with no lesions in the auditory nerve and acoustic areas of the central nervous system, as demonstrated by CT scan or other appropriate radiologic evaluation;
 - (c) No known contraindications to surgery
 - (d) Demonstrated age appropriate cognitive ability to use auditory clues, and
 - (e) The device must be used in accordance with the FDA approved labeling.
 - (4) Coverage of cochlear implantation includes the following treatment and service components:
 - (a) Complete auditory testing and evaluation by an otolaryngologist, speech-language pathologist or audiologist
 - (b) Pre-surgery inpatient/outpatient evaluation by a board certified otolaryngologist
 - (c) Diagnostic procedures and studies, including CT scan or other appropriate radiologic evaluation, for determining candidacy suitability
 - (d) Pre-operative psychosocial assessment/evaluation by psychologist or counselor

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- (e) Prosthetic device for implantation (must be non-experimental/non-investigational and be Food and Drug Administration approved and used according to labeling instructions)
 - (f) Surgical implantation and related services
 - (g) Post-surgical rehabilitation, education, counseling and training
 - (h) Equipment maintenance, repair and replacement of the internal/external components or both if not operating effectively and is cost effective.
Examples include but are not limited to: the device is no longer functional or the used component compromises the member's safety. Documentation which establishes the need to replace components not operating effectively must be provided at the time prior authorization is sought.
 - (i) Cochlear implantation requires PA from the Integrated RBHA Medical Director.
- viii Osseointegrated implants (bone anchored hearing aid [BAHA])
- (1) AHCCCS coverage of medically necessary services for osseointegrated implantation is limited to EPSDT members. Osseointegrated implants are devices implanted in the skull that replace the function of the middle ear and provide mechanical energy to the cochlea via a mechanical transducer. These devices are indicated only when hearing aids are medically inappropriate or cannot be utilized due to congenital malformation, chronic disease, severe sensorineural hearing loss or surgery. Osseointegrated implantation requires PA from the Integrated RBHA Medical Director. Maintenance is the same as in Item 3.b.vii (4(h)) above.
- ix Conscious Sedation
- (1) AHCCCS covers conscious sedation for members receiving EPSDT services. Conscious sedation provides a state of consciousness that allows the member to tolerate an unpleasant procedure while continuously maintaining adequate cardiovascular and respiratory function, as well as the ability to respond purposely to verbal command and/or tactile stimulation.
 - (2) Coverage is limited to the following procedures except as specified below:
 - (a) Bone marrow biopsy with needle or trocar
 - (b) Bone marrow aspiration
 - (c) Intravenous chemotherapy administration, push technique
 - (d) Chemotherapy administration into central nervous system by spinal puncture
 - (e) Diagnostic lumbar spinal puncture, and
 - (f) Therapeutic spinal puncture for drainage of cerebrospinal fluid.
 - (3) Additional applications of conscious sedation for members receiving EPSDT services will be considered on a case by case basis and require medical review and prior authorization by the Integrated RBHA Medical Director for enrolled members.
- x Behavioral Health Services
- (1) AHCCCS covers medically necessary behavioral health services for Integrated RBHA members eligible for EPSDT services. EPSDT behavioral health services

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include the services listed in Federal Law 42 USC 1396d(a) necessary to correct or ameliorate mental illnesses and conditions discovered by the screening services whether or not the services are covered under the AHCCCS State Plan.

- (2) RHBA contracted primary care providers, within the scope of their practice, who wish to provide psychotropic medications and medication adjustment and monitoring services may do so for members diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder, depressive (including postnatal depression) and/or anxiety disorders. The [BQ & I Specifications Manual](#) provides clinical guidelines, including assessment tools and algorithms for each of the three named diagnoses. The clinical guidelines are to be used by the PCPs as an aid in treatment decisions.

xi Religious Non-Medical Health Care Institution Services

- (1) AHCCCS covers medically necessary services provided in religious nonmedical health care institutions or nursing facilities for EPSDT members who need nursing care 24 hours a day, but do not require hospital care under the daily direction of a physician. The religious non-medical health care institutions are exempt from licensure or certification requirements.

xii Care Management Services

- (1) AHCCCS covers care management services as appropriate for Integrated RBHA members eligible for EPSDT services. In EPSDT, care management involves identifying the health needs of a member, ensuring necessary referrals are made, maintaining health history, and initiating further evaluation/diagnosis and treatment when necessary.

xiii Chiropractic Services

- (1) AHCCCS covers chiropractic services to Integrated RBHA members eligible for EPSDT services when ordered by the member's PCP and approved by the Integrated RBHA in order to ameliorate the member's medical condition.

xiv Personal Care Services

- (1) AHCCCS covers personal care services, as appropriate, for Integrated RBHA members eligible for EPSDT services.

xv Incontinence Briefs

- (1) Incontinence briefs, including pull-ups, are covered in order to prevent skin breakdown and to enable participation in social, community, therapeutic and educational activities under the following circumstances:
- (a) The member is 18, 19 or 20 years old
 - (b) The member is incontinent due to a documented disability that causes incontinence of bowel and/or bladder
 - (c) The PCP or attending physician has issued a prescription ordering the incontinence briefs
 - (d) Incontinence briefs do not exceed 240 briefs per month unless the prescribing physician presents evidence of medical necessity for more than 240 briefs per month for a member diagnosed with chronic diarrhea or spastic bladder

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- (e) The member obtains incontinence briefs from providers in the Integrated RBHA's network
 - (f) Prior authorization has been obtained as required by the Integrated RBHA.
- xvi Medically Necessary Therapies
- (1) AHCCCS covers medically necessary therapies including physical therapy, occupational therapy and speech therapy necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services. Therapies are covered under both an inpatient and outpatient basis when medically necessary.
- c. Responsibilities of Primary Care Providers (PCPs) Providing EPSDT Services
- i EPSDT Screening and Documentation
 - (1) PCPs that provide primary care services to members 18, 19 and 20 years of age are to conduct EPSDT assessments in accordance with the most current AHCCCS EPSDT Periodicity Schedule (see the [BQ & IsSpecification Manual](#))
 - (2) PCPs are encouraged to take advantage of all clinical visits to conduct EPSDT screenings.
 - (3) Each assessment performed is to be documented on the AHCCCS EPSDT Tracking Form. The PCP or a licensed health professional under the PCP's direction is to interpret each EPSDT assessment and follow up with diagnosis, treatment, and referral if indicated.
 - ii Referrals and Follow-up
 - (1) If an EPSDT screen reveals a condition requiring treatment or services outside the PCP's scope of practice, the PCP is to refer the member according to the provisions listed below.
 - (2) Members who require covered services, that can be obtained within the Integrated RBHA network, are to be referred to the participating Integrated RBHA health professional (including dental services in accordance with the most current AHCCCS periodicity table) according to the Integrated RBHA referral procedures outlined in the Integrated RBHA's prior authorization policy.
 - (3) Members who require treatment or services for a confirmed diagnosis that is medically eligible for coverage by the Children's Rehabilitative Services (CRS) are to be referred to CRS. For further information and to access the CRS application form, please refer to the [AHCCCS CRS webpage](#).
 - (4) Members who require services that are not covered by AHCCCS or CRS may receive services from the Integrated RBHA, if the member is eligible, or should be referred to providers or community agencies that will provide the services such as Woman, Infants and Children Supplemental Nutrition Programs (WIC).
 - (5) The Integrated RBHA and its contracted providers require PCPs to establish procedures for tracking and following up on referrals made during EPSDT visits. Additionally, PCPs will ensure that members are notified when dental or medical appointments are due as specified in the periodicity schedules.
 - iii Immunizations
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- (1) EPSDT covers all age appropriate immunizations as specified in the Recommended Childhood Immunization Schedules (see the [BQ & I Specifications Manual](#)). All age appropriate immunizations must be provided to establish and maintain up-to-date immunization status for each EPSDT member.
 - (2) The Integrated RBHA will require PCPs to implement the [United States Office of Health and Human Services, Centers for Disease Control \(CDC\) Standards for Immunization Practices](#). The standards include the following recommendations to:
 - (a) Assess the member's immunization status during each EPSDT or episodic care visit;
 - (b) Take advantage of all opportunities to vaccinate;
 - (c) Identify and minimize barriers to vaccine administration;
 - (d) Assess for and follow only medically accepted contraindications to vaccination; and
 - (e) Educate the member or parent/guardian of the benefits and risks of vaccination in a culturally appropriate manner and easy to understand language.
 - (3) ADHS/DBHS and AHCCCS require PCPs who are providing immunizations to members 18 years of age to enroll with the ADHS Vaccines for Children Program (VFC) and to re-enroll annually. PCPs who choose not to participate in the program will not have eligible members 18 years of age assigned to their panel by the Integrated RBHA. PCPs who lose eligibility with VFC will have their EPSDT eligible members 18 years of age removed from their panel. To allow members the right to choose from available service providers, an EPSDT member 18 years of age may receive EPSDT services from a nonparticipating or excluded VFC provider. These providers will refer their EPSDT members 18 years of age to a county health department or community based clinic for immunizations.
 - (4) Arizona State law requires reporting of all immunizations administered to children under 19 years of age. Immunizations must be reported timely to ADHS. The Integrated RBHA must require practitioners who are providing immunizations to members 18 years of age to enroll and report using the [ASIIS \(Arizona State Immunization Information System\)](#) registry and maintain each EPSDT member's immunization records in ASIIS in accordance with A.R.S. Title 36, Section 135. Reported immunizations in ASIIS can be accessed by practitioners to document all vaccines given and to view a member's immunization record. The Integrated RBHA is required to educate the provider network about these requirements and the use of this resource.
- iv Compliance with Standards
- (1) PCPs are to comply with the Integrated RBHA Minimum Medical Record Standards, based upon AHCCCS and any applicable accrediting agency requirements and other medical requirements under the law. PCPs will cooperate with the Integrated RBHA's periodic reviews of the EPSDT Program

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services, which may include member record reviews supported by the ADHS/DBHS Quality Management Department to assess compliance to the standards.

v Reporting EPSDT Encounters

- (1) PCPs are to report EPSDT visits by indicating the applicable Current Procedural Terminology (CPT) Preventive Medicine Codes on the contractually required claim form.

d. Responsibilities of the Integrated RBHA

- i The Integrated RBHA must develop policies and procedures to identify the needs of EPSDT members, inform members of the availability of EPSDT services, coordinate their care, conduct adequate follow up, and ensure that members receive timely and appropriate treatment.
- ii The Integrated RBHA must:
 - (1) Develop policies and procedures to monitor, evaluate, improve and increase EPSDT participation;
 - (2) Employ sufficient numbers of appropriately qualified personnel in order to meet the health care needs of members and fulfill Federal and State EPSDT requirements as well as to achieve contractual compliance.
 - (3) Inform all participating primary care providers (PCPs) about EPSDT requirements.
 - (4) This must include informing PCPs of Federal, State and AHCCCS policy requirements for EPSDT and updates of new information as it becomes available.
 - (5) Develop, implement, and maintain a program to inform members about EPSDT services within 30 days of enrollment with the Integrated RBHA. This information must include:
 - (a) The benefits of preventive health care
 - (b) Information that an EPSDT visit is a “well visit”
 - (c) A complete description of the services available as described in this policy
 - (d) Information on how to obtain these services and assistance with scheduling appointments
 - (e) Availability of care management assistance in coordinating EPSDT covered services
 - (f) A statement that there is no co-payment or other charge for EPSDT screening and resultant services, and
 - (g) A statement that assistance with medically necessary transportation and scheduling appointments is available to obtain EPSDT services.
 - (6) Provide EPSDT information, defined in #3 above, in a second language, in addition to English, in accordance with the requirements of [Policy 407, Cultural Competency](#).

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- (7) Develop and implement processes to assist members and their families regarding community health resources, including but not limited to WIC.
 - (8) Participate in community and/or quality initiatives to promote and support best local practices and quality care within the communities served by the Integrated RBHA.
 - (9) Attend EPSDT related meetings when requested by ADHS/DBHS and/or AHCCCS Administration.
 - (10) Develop, implement, and maintain a procedure for ensuring timeliness of re-screening and treatment for all conditions identified as a result of examination, screening, and diagnosis. Treatment, if required, must occur on a timely basis and generally no longer than 6 months beyond the request for screening services (refer to contractor requirements in this chapter).
 - (11) Develop and implement a process for monitoring that providers use the most current EPSDT Tracking Forms at every EPSDT visit (if an electronic medical record is utilized the electronic medical record must include all of the elements of the most current age appropriate EPSDT Tracking Form) and that all age appropriate screening and services are conducted during each EPSDT visit.
 - (12) Develop, implement and maintain a procedure to notify all members/caretakers prior to visits required by the AHCCCS EPSDT and Dental Periodicity Schedules. This procedure must include:
 - (a) Notification of members or responsible parties regarding due dates of each periodic screen. If a periodic screening visit has not taken place, a second written notice must be sent.
 - (b) Notification of members or responsible parties regarding due date of an annual dental visit. If a dental visit has not taken place, a second notice must be sent.
 - (13) Develop and implement processes to reduce no-show appointment rates for EPSDT services, and
 - (14) Provide targeted outreach to those members who did not show for appointments.
 - (15) Implement processes to print two part carbonless EPSDT Tracking Forms (a copy for the medical record and a copy for providers to send to the Integrated RBHA EPSDT Coordinator).
 - (16) Distribute or provide the EPSDT Tracking Forms to contracted providers.
 - (17) Require the use of the AHCCCS EPSDT and Dental Periodicity Schedules and AHCCCS approved, standardized EPSDT Tracking Forms (see the [BQ & I Specifications Manual](#)) by all contracted providers. The AHCCCS EPSDT and Dental Periodicity Schedules give providers necessary information regarding timeframes in which age-related required screenings and visits must be rendered by providers.
 - (18) The Integrated RBHA must require contracted providers to complete all of the following requirements:
 - (a) Use the AHCCCS EPSDT Tracking Forms (or electronic equivalent) at every EPSDT visit
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- (b) Perform all age appropriate screening and services during each EPSDT visit in accordance with the AHCCCS EPSDT and Dental Periodicity Schedules, (see the [BQ & I Specifications Manual](#));
 - (c) Sign EPSDT Tracking Forms and place them in the member's medical record (if an electronic medical record is used an electronic signature must be used).
 - (d) Send copies of the EPSDT Tracking Forms (or electronic equivalent) to the Integrated RBHA.
 - (e) Providers are not required to submit EPSDT Tracking Forms to ADHS/DBHS or AHCCCS Administration.
- (19) Submit to ADHS/DBHS, within 15 days of the end of each reporting quarter, a detailed progress report that describes the activities of the quarter and the progress made in reaching the established goals of the plan in accordance with the Integrated RBHA contract. Quarterly reports must include documentation of monitoring and evaluation of EPSDT requirements, and implementation of improvement processes. The quarterly report must include results of the Integrated RBHA's ongoing monitoring of performance rates in a format that will facilitate comparison of rates in order to identify possible need for interventions to improve or sustain rates. The reports must also identify the Integrated RBHA's established goals (see the [BQ & I Specifications Manual](#) for the report template and requirements/instructions).
- (20) Have a written EPSDT plan including oral health, which addresses the objectives, monitoring and evaluation activities of their program.
- (21) Participate in an annual review of EPSDT requirements conducted by ADHS/DBHS including, but not limited to, Integrated RBHA results of on-site visits to providers and medical record audits.
- (22) Include language in PCP contracts that requires PCPs to:
- (a) Provide EPSDT services for all members 18, 19 and 20 years of age. Services must be provided in accordance with the AHCCCS EPSDT and Dental Periodicity Schedules, and
 - (b) Agree to utilize the standardized AHCCCS EPSDT Tracking Forms or, if electronic medical records are utilized, they must contain all the elements of the current AHCCCS EPSDT Tracking Forms.
 - (c) Implement procedures to ensure compliance by PCPs with all EPSDT standards and contract requirements.
 - (d) Implement protocols to ensure that health problems are diagnosed and treated early, before they become more complex and the treatment more costly (including follow-up related to tuberculosis screening).
 - (e) Implement protocols for coordinating care and services with the appropriate state agencies for EPSDT eligible members, and ensure that members are referred to support services, as well as other community-based resources to support good health outcomes.

4. REFERENCES:

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[42 U.S.C § 1396d \(a\) and \(r\) 1396 a \(a\) \(43\)](#)

[42 C.F.R. § 441.50](#)

[A.R.S. § 36-135](#)

[A.A.C. R9-22-213](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contract](#)

[AHCCCS AMPM Chapter 400](#)

[ADHS/DBHS Bureau of Quality and Integration \(BQ & I\) Specifications Manual](#)

[Centers for Disease Control and Prevention \(CDC\), Immunization Schedule](#)

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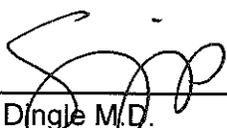
5. APPROVED BY:



Cory Nelson, MPA
Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

2/27/15

Date



Steven Dingle M.D.
Chief Medical Officer
Arizona Department of Health Services
Division of Behavioral Health Services

2/27/15

Date