430 - ATTACHMENT C – PROCEDURES FOR THE COORDINATION OF SERVICES UNDER EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT AND EARLY INTERVENTION

PURPOSE: This procedure was collaboratively developed by AHCCCS and the Arizona Early Intervention Program (AzEIP), housed within the Arizona Department of Economic Security, to ensure the coordination and provision of Early Periodic Screening, Diagnostic and Treatment (EPSDT) and Individuals with Disabilities Education Act (IDEA) Part C early intervention services as specified in Sec. 1905, 42 U.S.C. 1396d. The procedure describes the steps taken by the Primary Care Provider (PCP), Contractor, and AzEIP when concerns about a child's development are identified.

BACKGROUND: The EPSDT is Medicaid's 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 members under the age of 21 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 Contractor.

The AzEIP program provides early intervention services to infants and toddlers between birth and 36 months of age who have a significant developmental delay (at least two standard deviations, approximately 50%, below the mean) in one or more areas of development or have been diagnosed with a physical or mental condition that has a high probability of resulting in a significant developmental delay.

The eligibility determination for AzEIP and the Individualized Family Service Plan (IFSP) is to be completed within 45 days of receipt of the referral, per IDEA Part C. Additionally, AzEIP must ensure that each service identified on the IFSP begins on or before the planned start date, but no later than 30 days of the IFSP. 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.

PROCEDURE: The 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 and disabilities and timely meet the medically necessary needs of members. AHCCCS registered AzEIP providers are also encouraged to contract with the Contractor to provide services.

The Contractor shall reimburse all AHCCCS registered AzEIP providers for early intervention services identified on the IFSP deemed medically necessary, regardless of whether they are network providers. Billing must be completed in accordance with AHCCCS guidelines. Additionally, the AHCCCS AzEIP Speech Therapy Fee Schedule and AHCCCS AzEIP FFS rates shall be utilized. If the Contractor intends to contract with AHCCCS registered AzEIP providers, the Contractor must notify AHCCCS of the proposed rates in advance. The Contractor remains responsible for timely coverage of all medically necessary services regardless of if it is covered by AzEIP.

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A. ARIZONA EARLY INTERVENTION PROGRAM (AZEIP) REFERRAL

When concerns about a child's development are initially identified:

1. The PCP determines the child's developmental status through discussion with the parent/Health Care Decision Maker (HCDM), Designated Representative (DR) and completion of periodic developmental screenings during well child visits.

2. When the child has been identified as having or is suspected to have a significant developmental delay in one or more areas of development or is diagnosed with a condition that has a high probability of resulting in a significant developmental delay, a referral shall be made to AzEIP within seven calendar days.

3. The PCP shall submit clinical information to support the request for evaluation and any services.

4. The PCP shall consider related screening, and evaluation needs when exploring whether a child has a developmental delay or disability. 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.

5. The Contractor shall not delay or postpone the initiation of medically necessary services while waiting for the AzEIP eligibility determination and/or the IFSP.

B. ARIZONA EARLY INTERVENTION PROGRAM (AZEIP) ELIGIBLE

If the child is determined AzEIP eligible:

1. The AzEIP Service Providing Agency will submit the AzEIP AHCCCS Member Service Request form (Attachment D) or electronic equivalent and copies of the developmental evaluation report, child and family assessment and IFSP to the Contractor's Maternal Child Health (MCH) Coordinator or designee within two business days of completing the IFSP.

   The IFSP identifies the child's present level of development, child outcomes, and the services that are needed to support the family/HCDM, DR, and child in reaching the IFSP outcomes, the planned start and end date for each early intervention service(s) identified on the IFSP and reflects the appropriate payer for early intervention services.

2. The Contractor's MCH Coordinator or designee shall coordinate with the PCP who will determine medical necessity of the services being requested and follow all Prior Authorization (PA) requirements and timelines including sending a Notice of Adverse Benefit Determination (NABD) to the PCP, AzEIP service coordinator and the member's parent/HCDM, DR when services are denied, suspended, or reduced.

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3. If the PCP determines the requested services are medically necessary:
   a. Within two business days, the Contractor's MCH Coordinator or designee will send the completed AzEIP Attachment D to the AzEIP Service Providing Agency and PCP advising them that the services are approved, and
   b. Identify the provider that has been authorized:
      i. The frequency,
      ii. The duration,
      iii. The service begins, and
      iv. The service end dates.

4. If the PCP determines the requested services are not medically necessary:
   a. The Contractor's MCH Coordinator or designee will notify the AzEIP Service Providing Agency of the PCP's determination indicating the services were determined not medically necessary and the services requested are denied,
   b. The AzEIP Attachment D shall be returned to the AzEIP Service Providing Agency indicating the services were determined not medically necessary, and
   c. The Contractor shall send an NABD to the PCP, the member's guardian/parent and the AzEIP Service Providing Agency notifying them that the service is denied.

5. If an examination by the PCP is needed to determine medical necessity:
   a. The Contractor shall send an NABD to the PCP, the AzEIP Service Providing Agency, the member's parent/HCDM, DR, denying the service pending examination by the PCP,
   b. The AzEIP Attachment D shall be returned to the AzEIP Service Providing Agency indicating the services requested are denied pending examination by the PCP,
   c. The AHCCCS MCH coordinator or designee shall assist the member's parent/HCDM, DR 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 are considered for medical necessity, and
   d. After the member is examined by the PCP and a determination is made, the applicable steps above should be followed.

6. The member shall continue to receive all medically necessary services through the Contractor. The Contractor's MCH Coordinator or designee shall refer the child to AzEIP for non-medically necessary services that are not covered by Medicaid but are covered under IDEA Part C.

7. The Contractor and AzEIP shall continue to coordinate services for members who are eligible for and enrolled in both AzEIP and Medicaid. The Contractor's MCH Coordinator or designee assists the parent/HCDM, DR in scheduling the EPSDT covered services, as necessary or as requested. The EPSDT services will be provided by the Contractor's contracted provider (or AzEIP service provider reimbursed by the Contractor) until the services are determined by the PCP and servicing provider to no longer be medically necessary.

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8. The AzEIP service coordinator, parent/HCDM, DR and other IFSP team members will review the IFSP at least every six months. If services are changed (deleted or added) during an annual IFSP or periodic IFSP review, the AzEIP Service Providing Agency will notify the Contractor's MCH Coordinator or designee within two business days of the IFSP review.

   If a service is added, the AzEIP Service Providing Agency's notification to the Contractor's MCH Coordinator or designee will initiate the process for determining medical necessity and authorizing the service as outlined above.

C. NOT ARIZONA EARLY INTERVENTION PROGRAM (AZEIP) ELIGIBLE

If the child is determined not eligible for AzEIP:

1. The AzEIP Service Providing Agency will submit copies of the developmental evaluation report to the Contractor's MCH Coordinator or designee within two business days.

2. The Contractor's MCH Coordinator or designee will share the developmental evaluation report with the members PCP.

3. The Contractor's MCH Coordinator or designee will continue to coordinate medically necessary care and services for the child, including anticipatory guidance for the member's parent/HCDM, DR, and assisting the parent/HCDM, DR in scheduling the EPSDT covered services, as necessary.

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