

APPLICABILITY: The procedure described below applies to Contractors for the implementation of Early Periodic Screening, Diagnostic and Treatment (EPSDT) services for members under 21 years of age, such as physical therapy, occupational therapy, speech therapy, and care coordination. 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), housed within the Arizona Department of Economic Security, to ensure the coordination and provision of EPSDT and early intervention services. As specified in Sec. 1905, 42 U.S.C. 1396d.

BACKGROUND: Medicaid’s 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 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 Contractor. Contractors shall coordinate with AzEIP and notify the AzEIP service coordinator when services are approved by 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 has been diagnosed with a condition that has a high probability of resulting in a developmental delay.

This procedure outlines AzEIP policies, which state that AzEIP must ensure that the initial planning process (screening, evaluation, eligibility determination, and Individualized Family Service Plan (IFSP)) is completed within 45 days of receipt of the referral, per Individuals with Disabilities Education Act (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.

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 (a) the child’s Primary Care Provider, and (b) AzEIP, when concerns about a child’s development are initially identified.

A. PCP INITIATED SERVICE REQUESTS

When concerns about a child's development are initially identified, the child's Primary Care Provider (PCP) requests an evaluation and, if medically necessary, approval of services from the Contractor. Per AzEIP and IDEA Part C, referrals should be made within seven calendar days of identification of a child suspected of having a developmental delay or disability.

1. Screening/Identification: During the EPSDT visit the PCP determines the child's developmental status through discussion with the parent/Health Care Decision Maker (HCDM), Designated Representative (DR) and developmental screening. If the member is diagnosed with a condition that has a high probability of resulting in a significant developmental delay or if the PCP identifies potential developmental delays, the PCP requests an evaluation and service authorization from the Contractor. The PCP shall submit the clinical information to support the request for evaluation and any services. In addition, 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.
2. Evaluation/Services: The 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 Contractor shall follow all Prior Authorization (PA) requirements including sending a Notice of Adverse Benefit Determination (NOA) to the requesting provider and the member's parent/HCDM, DR when services are denied, suspended, or reduced.
 - a. The Requests for services from the PCP, licensed providers or the AzEIP service coordinator based on the IFSP shall be reviewed for medical necessity prior to authorization and reimbursement,
 - b. If services are approved based on the determination of medical necessity, the Contractor authorizes the services and notifies the PCP (or requesting provider, if other than the PCP) (a) that the services are approved and (b) of the identity of the provider that has been authorized, and (c) the frequency, duration, and service begin and end dates,
 - i. 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. AHCCCS registered AzEIP providers are also encouraged to contract with the Contractors to provide services,
 - ii. The Contractors are encouraged, but not required, to contract with AzEIP providers if service utilization indicates that the Contractors has sufficient network capacity to timely meet the medically necessary needs of the members,

- iii. If services have already been initiated by an AHCCCS registered AzEIP provider not contracted with the Contractor, the Contractor shall authorize the AHCCCS registered AzEIP provider to continue providing services deemed medically necessary to maintain continuity of care, and
 - iv. The 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. The AHCCCS AzEIP Speech Therapy Fee Schedule shall be utilized for payment of speech services when provided to an AHCCCS member who is receiving AzEIP services unless the Contractor intends to contract for AzEIP services and has notified AHCCCS of the proposed rates in advance.
 - c. If services are denied, Contractors shall follow all PA requirements including sending a NOA to the requesting provider and the member's parent/HCDM, DR.
3. Referral to AzEIP: After the completion of the evaluation or review of medical records, the provider who conducted the evaluation submits an Evaluation Report to the PCP (requesting provider if other than the PCP) and the Contractor's PA department for authorization of medically necessary services.
 - a. If the evaluation indicates that the child scored two standard deviations below the mean, which generally translates to AzEIPs eligibility criteria of 50% developmental delay, the child will continue to receive all medically necessary EPSDT covered services through the Contractor. The Contractor's Maternal Child Health (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, and
 - b. If the evaluation report indicates that the child does not have a 50% developmental delay, 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.
4. The Contractor shall not delay or postpone the initiation of medically necessary EPSDT services while waiting for the AzEIP eligibility or the IFSP process.
5. 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.

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.

B. AZEIP INITIATED SERVICE REQUESTS

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 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 and the child's PCP.
2. If the child is determined to be AzEIP eligible, AzEIP develops an IFSP that identifies (a) the child's present level of development, (b) child outcomes, and (c) the services that are needed to support the family/HCDM, DR, and child in reaching the IFSP outcomes, and (d) the planned start date for each early intervention service(s) identified on the IFSP.
3. The IFSP services that are EPSDT covered will identify the child's Contractor as the payer.
4. The AzEIP service coordinator will send (fax or e-mail) the AzEIP AHCCCS Member Service Request form (Attachment D) and copies of the evaluations/developmental summaries completed during the IFSP process to the Contractor's MCH Coordinator or designee within two business days of completing the IFSP.
5. The Contractor's MCH Coordinator or designee ensures the service request is entered into the Contractor's PA system within one business day of receipt of the request.
6. The Contractor's MCH Coordinator or designee sends (faxes/e-mails) the AzEIP Attachment D and accompanying documentation to the member's PCP within two business days.
7. The PCP will review all AzEIP documentation and determine which services are medically necessary based on review of the documentation.
8. The PCP shall take no longer than 10 business days from the date that the Contractor's MCH Coordinator or designee faxes/e-mails the documentation to the PCP to determine which services are medically necessary and return the signed AzEIP Attachment D to the Contractor's MCH Coordinator or designee.

9. The PCP determines the following:
 - a. The requested services are medically necessary:
 - i. Within two business days the Contractor's MCH Coordinator or designee will send the completed AzEIP Attachment D 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. 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 Contractors to provide services,
 - iii. Contractors are encouraged, but not required to contract with AzEIP providers if service utilization indicates that the Contractor has sufficient network capacity to timely meet the medically necessary needs of the members,
 - iv. Contractors 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 Contractor, the Contractor shall authorize the AHCCCS registered AzEIP provider to continue providing services deemed medically necessary to maintain continuity of care, and
 - v. AzEIP providers may only be reimbursed (a) if they are AHCCCS registered and (b) for the categories of services for which s are registered and that were provided. Billing must be completed in accordance with AHCCCS guidelines. The AHCCCS AzEIP Speech Therapy Fee Schedule shall be utilized for payment of speech services when provided to an AHCCCS member who is receiving AzEIP services unless the Contractor intends to contract for AzEIP services and has notified AHCCCS of the proposed rates in advance.
 - b. The requested services are not medically necessary:
 - i. The Contractor's 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 Contractor shall send a NOA to the PCP, the member's guardian/parent and the AzEIP service coordinator notifying them that the service is denied, and
 - iii. The AzEIP Attachment D shall 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 Contractor shall send a NOA to the PCP, the AzEIP service coordinator, the member’s parent/HCDM, DR, and the AHCCCS MCH coordinator or designee denying the service pending examination by the PCP,
 - ii. The AzEIP Attachment D 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 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
 - iv. After the member is examined by the PCP and a determination is made, steps above should be followed.

10. The AzEIP service coordinator shall ensure the IFSP always reflects the appropriate payer for early intervention services.

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, parent/HCDM, DR 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 or designee will initiate the process for determining medical necessity and authorizing the service as outlined above.