SAN FRANCISCO HEALTH PLAN

CO-33: EPSDT and EPSDT Supplemental Services

APPROVAL/REVIEW/REVISION HISTORY			
Signature	**Title**	**Date**	**Action**
DocuSigned by: John Grgurina 5BD8B5B0FBA7424...	CEO	3/9/2021	Biennial Review
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SFHP POLICY AND PROCEDURE

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and EPSDT Supplemental Services

Policy and Procedure number:	CO-33
Department Owner:	Clinical Operations
Lines of Business Affected:	☒Medi-Cal ☐Healthy Workers HMO ☐Healthy SF ☐City Option ☐ All lines of business and coverage programs as listed above

POLICY STATEMENT

San Francisco Health Plan (SFHP) covers and monitors the provision of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services and Supplemental Services, including Supplemental Nursing Services, for Medi-Cal members under the age of 21.

As mandated by federal and state legislation, Medi-Cal beneficiaries under age 21 are entitled to special protections to ensure the provision of screening, preventative and medically necessary diagnostic and treatment services occur within defined access standards even if the service, procedure, medical supply or durable medical equipment (hereafter “service”) is not otherwise included in the state’s Medi-Cal plan.

Federal law [SSA Section 1905(r) and Title 42 of the USC Section 1396d(r)] obligates SFHP, its delegated groups, and network providers to provide and coordinate comprehensive screenings, diagnostic, treatment, and preventive health care services. This includes, but is not limited to, physical, mental, vision, hearing, dental and supplemental services. The EPSDT services are considered medically necessary when it is necessary to correct or ameliorate defects and physical and mental illnesses and conditions that are discovered by screening services, pursuant to WIC Section 14059.5(b)(1). The service is not required to cure the condition.

This policy outlines the EPSDT benefit coverage requirements and the coordination of responsibilities and shared expectations. It is expected all EPSDT eligible members receive age-specific screenings and preventive care in accordance with the American Academy of Pediatrics (AAP) “Bright Futures Guidelines” periodicity schedule.

PROCEDURE

I. EPSDT Services

Services are included and covered under the EPSDT benefit if any of the following apply, as defined Title 42 of the United States Code (USC), Section 1396d(r):

A. Screening Services —
   1. which are provided
      a. at intervals which meet reasonable standards of medical and dental practice, as determined by the state after consultation with recognized medical and dental organizations involved in child health care
      b. at such other intervals, indicated as medically necessary, to determine the existence of certain physical or mental illnesses or conditions;
   2. which shall at a minimum include
      a. a comprehensive health and developmental history (including assessment of both physical and mental health development),
      b. a comprehensive unclothed physical exam,
      c. appropriate immunizations according to age and health history,
      d. laboratory tests (including lead blood level assessment appropriate for age and risk factors), and
      e. health education (including anticipatory guidance).

B. Vision Services—
   1. which are provided
      a. at intervals which meet reasonable standards of medical practice, as determined by the state after consultation with recognized medical organizations involved in child health care, and
      b. at such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition; and
   2. which shall at a minimum include diagnosis and treatment for defects in vision, including eyeglasses.

C. Dental Services—
   1. which are provided
      a. at intervals which meet reasonable standards of dental practice, as determined by the state after consultation with recognized dental organizations involved in child health care, and
      b. at such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition; and
   2. which shall at a minimum include relief of pain and infections, restoration of teeth, and maintenance of dental health.

D. Hearing Services—
   1. which are provided

a. at intervals which meet reasonable standards of medical practice, as determined by the state after consultation with recognized medical organizations involved in child health care, and
b. at such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition; and

2. which shall at a minimum include diagnosis and treatment for defects in hearing, including hearing aids.

E. Other necessary health care, diagnostic services, treatment, and measures, as described in 42 USC 1396d(a), to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services or items are listed in the state plan or are covered for adults.

II. EPSDT Supplemental Services

Supplemental services are covered under the EPSDT benefit when medically necessary (as defined by 22 CCR §§51340 and 51340.1), to correct or ameliorate defects and physical and mental illnesses and conditions discovered through screening. Medically necessary EPDST services shall be provided in the most integrated setting appropriate to comply with the Americans with Disabilities Act.

Examples may include:

- cochlear implants, batteries and wire replacements, hearing aids and other hearing services, including hearing aid batteries
- pulse oximeters
- speech therapy and audiology services, without service limitations
- occupational therapy, without service limitations
- physical therapy, without service limitations
- acupuncture
- chiropractic
- medical services related to dental services that are not provided by dentists or dental anesthetists, including contractually covered prescription drugs until implementation of Medi-Cal Rx, laboratory services, and pre-admission physical examinations required for admission to an out-patient surgical service center or an in-patient hospitalization required for a dental procedure (including facility fees and anesthesia services for both inpatient and outpatient services)non-specialty mental health/psychology services
- appropriate DME devices (including automobile orthopedic positioning devices)
- home or car environmental assessment and adaptation
- incontinence supplies/diapers where the incontinence is due to a chronic physical or mental condition and at an age where the child would normally be expected to achieve continence
- scheduling assistance and necessary transportation, including non-emergency medical transportation and non-medical transportation to and from

medical appointments, including carved-out services outlined in CO-28: Transportation Services and Authorization Requirements.

- EPSDT supplemental nursing services, including Private Duty Nursing, in the residence or in a specialized foster care home as through the Home and Community Based Services Waiver Program for the Developmentally Disabled and Nursing Waiver Programs or other child welfare agencies

III. EPSDT Supplemental Nursing Services

Supplemental Nursing Services, including Private Duty Nursing (PDN), are covered under the EPSDT benefit when medically necessary in accordance with 22 CCR §51184 and the following criteria:

A. All requests are subject to prior authorization requirements. SFHP reviews PDN requests for medical necessity against internally developed and approved UM criteria, as outlined in CO-57: Clinical Criteria.
B. The services must be prescribed by the member's primary care provider or provider of record for the diagnosed condition(s).
C. The services must be provided in the home, which has been assessed to be a safe and healthy environment.
    1. Requests are authorized through licensed and Medi-Cal enrolled Home Health Agencies (HHA) and/or Individual Nurse Providers (INPs).
    2. If a family member working as an independent nurse provider wishes to provide services to a SFHP member, SFHP assists the individual with navigating the Medi-Cal provider enrollment process. SFHP arranges for nursing services with INPs on a case-by-case basis and through an individual contract.
    3. INPs must act within their scope of practice (e.g., registered nurse, licensed vocational nurse).
    4. **Exclusion** – Parent/caregiver respite is not a benefit of this program, but may be offered through the Regional Center
D. The total cost of providing services and all other medically necessary Medi-Cal services to the member must not be greater than the costs incurred by providing medically equivalent services at the appropriate institutional level of care, in accordance with 22 CCR § 51340 Prior Authorization documentation requirements include:
    1. Completed Authorization Request form
    2. Plan of Treatment (POT) signed by a physician (within 30 days from initial start of care service date)
    3. Nursing Assessment (within 30 days from initial start of care service date)
        a. Includes home safety assessment and emergency plan
    4. Medical information supporting the nursing services requested
    5. Other documentation may be requested to clarify specific issues and/or medical necessity include but are not limited to:
        a. Current history and physical with full systems review
        b. Social worker assessment

c. Golden Gate Regional Center assessment
d. Needs assessment completed by an independent nurse consultant

6. Additional documentation may be required for approval of ongoing services includes:
    a. Time sheet submission for verification of staffing when INPs are being used.
    b. Documentation consistent with plan of treatment (e.g., nurse's notes).

IV. PDN Case Management

A. SFHP's obligations to EPSDT eligible members approved to receive PDN services who request Case Management Services for their approved PDN services include, but are not limited to:
    1. Providing the member with information about the number of PDN hours the member is approved to receive;
    2. Contacting Medi-Cal enrolled HHAs and Medi-Cal enrolled INPs to seek approved PDN services on behalf of the member;
    3. Identifying potentially eligible HHAs and INPs and assisting them with navigating the process of enrolling to become a Medi-Cal provider; and
    4. Working with enrolled HHAs and enrolled individual nurse providers to jointly provide PDN services to the member.
B. When arranging for the member to receive authorized PDN services, SFHP documents all efforts to locate and collaborate with providers of PDN services and with other entities, such as CCS.
C. If a member/member's guardian chooses not to use all approved PDN service hours, SFHP respects the families' choice and documents this decision.
D. SFHP provides Case Management Services to Medi-Cal members who are EPSDT eligible and for whom PDN services have been approved, including, upon a member's request even when SFHP is not financially responsible for paying for the approved PDN services. This includes PDN services approved by the California Children's Services (CCS).
E. SFHP uses one or more HHAs, INPs, or any combination thereof, in providing Case Management Services to EPSDT eligible members approved to receive PDN services, including, upon that member's request even when SFHP is not financially responsible for paying for the approved PDN services.
F. When SFHP approves an EPSDT eligible member to receive PDN services, SFHP maintains primary responsibility to provide Case Management for the approved PDN services.
G. When CCS has approved a SFHP member'sto receive PDN services for the treatment of a CCS-eligible condition, CCS has primary responsibility to provide Case Management for PDN services.
H. Regardless of which entity has primary responsibility for providing Case Management for the approved PDN services, the member approved to receive PDN services, and/or their personal representative, may contact any entity that the member is enrolled in (which may be SFHP, CCS, or the Home and

Community Based Alternatives Waiver Agency) to request case management for PDN services. The contacted entity must then provide Case Management Services as described in IV.A above to the member and work collaboratively with the entity primarily responsible for Case Management Services.

V. SFHP's Roles and Responsibilities

A. SFHP regularly educates and communicates EPSDT benefits and coverage expectations to its members, delegated groups and network providers. Communications occur at least annually through the Provider Manual, Member Handbook, Provider Newsletters, Member Newsletters, and SFHP Member and Provider websites. SFHP communications will include:
    1. The benefits of preventative care;
    2. Where and how to obtain these services;
    3. That necessary transportation and scheduling assistance is available;
    4. Health education, including anticipatory guidance, in order to effectively use the screenings and preventive services.

B. SFHP monitors and ensures EPSDT members have timely access to all medically necessary EPSDT services and appropriate diagnostic and treatment services are initiated as soon as possible, but no later than 60 calendar days following either a preventive screening or other visit that identifies a need for follow-up.

C. SFHP coordinates member's EPDST care with subcontractors, carve-out entities, and school, local and/or waiver programs.
SFHP EPSDT Benefit Responsibility:
    1. **Subcontractors**: For members under 21 years of age, SFHP covers services to treat mild to moderate mental health issues or conditions, and Autism Spectrum Disorder or other behavioral conditons that warrant Behavioral Health Treatment (BHT) or Applied Behavioral Analysis (ABA). These services are available through Beacon Health Options as SFHP's subcontractor. If a member is assigned to Kaiser as his/her Primary Care Provider (PCP), mental health services, BHT and ABA are available through Kaiser.

    2. **Carve-Out Entities**: If the EPDST service is carved-out to another entity, SFHP maintains the responsibility to communicate with the entity to ensure the member's care needs are continuously met and to arrange for the member's EPSDT services when the entity is not doing so.
        a. California Children's Services: If SFHP has adequate diagnostic evidence that a member has a CCS-eligible condition, SFHP coordinates referrals to the local county CCS office for determination of eligibility. Until the member's CCS eligibility is confirmed, and the medically necessary services are being

provided under the CCS program, SFHP remains responsible for the provision of all medically necessary services.

b. Dental Services:
    1) SFHP covers and ensures that dental screenings/oral health assessments for all members are included as a part of every periodic assessment, including the initial health assessment, with annual dental referrals made no later than 12 months of age.
    2) SFHP ensures that fluoride varnish and oral fluoride supplementation assessment and provision is consistent with the AAP/Bright Futures periodicity schedule and anticipatory guidance.
    3) SFHP ensures that members are referred to appropriate Medi-Cal dental providers.

3. **Overlapping Responsibility**: If the EPDST service is a shared responsibility between SFHP and the Local Education Agency (LEA), Regional Center (RC), or local governmental health program, SFHP is responsible to provide all medically necessary EPSDT services, including services which exceed the amount provided by LEAs, RCs, or local governmental health programs. In these cases, SFHP is required to:
    a. Assess what level of EPSDT medically necessary services the member requires,
    b. Determine what level of service (if any) is being provided by other entities, and
    c. Coordinate the provision of services with the other entities to ensure SFHP and the other entities are not providing duplicative services, and that the child is receiving all medically necessary EPSDT services in a timely manner.

D. If the member is unable to secure EPSDT or EPSDT Supplemental Services through CCS, LEAs, RCs, etc., SFHP reviews and authorizes the request when medically necessary, including case management and supplemental nursing services.

E. SFHP does not impose service limitations on any EPSDT benefit other than medical necessity.

VI. EPSDT Coverage Exceptions

SFHP and its delegated medical groups are required to provide and cover all medically necessary services to individuals under the age of 21, with the following exceptions:

- Prescription drugs covered under the Medi-Cal Rx program
- Dental services covered under the Denti-Cal program

- Non-medical services provided by the Regional Center to individuals with developmental disabilities
- Alcohol and substance use disorder treatment services available under the Drug Medi-Cal Program and outpatient heroin detoxification
- Specialty mental health services provided by Community Behavioral Health Services
- Services provided through California Children's Services (CCS)
- Services for which prior authorization is required but were provided without first obtaining prior authorization
- Other services listed as services that are not "Covered Services" under the Medi-Cal contract with DHCS, such as Pediatric Day Health Care services

MONITORING

1. Aggregate authorization and claims data is subject to retrospective analysis by SFHP's Clinical Operations Department in order to evaluate over- and under-utilization of services.

2. SFHP's Clinical Operations Department monitors turnaround times of internal processing for compliance with standards.

3. SFHP's Health Outcomes Improvement evaluates member and provider grievances, as well as SFHP's member and provider satisfaction survey responses, to identify patterns.

4. SFHP's Access Compliance Committee monitors appointment access standards.

5. On a monthly basis, the Utilization Management Committee (UMC) reviews Appeals, IMRs, and State Fair Hearings resulting in authorization decision made by SFHP or one of its delegated medical groups. The UMC recommends corrective action and/or identifies where the Clinical Operations Department can revise the authorization process, if necessary, to improve the member experience, to address any barriers, and ensure the utilization management criteria are consistent with current industry and evidence-based practices. The Quality Improvement Committee reviews an Appeals Report (overturned and upheld appeals) every quarter regarding the activity of pharmacy and medical authorizations.

6. On a monthly basis, Business Analytics will generate the EPSDT Claims Denial Report. The Claims and Clinical Operations Departments will review the report and identify any inappropriate denials. Based on the findings, Clinical Operations will recommend authorization requirement and configuration modifications. All recommendations will be brought to UMC for approval. Additionally, Claims will reverse the inappropriately denied EPSDT service for payment.

7. On an annual basis, Business Analytics will generate the EPSDT Utilization

Dashboard and forward results to the Manager of Population Health. The Population Health team, in conjunction with Marketing and Communications team, will produce and send health education collateral to members who have not received the recommended AAP/Bright Futures care. Population Health will present the annual data to UMC for evaluation of over- and under-utilization of EPSDT services

8. If theThe SFHP Chief Medical Officer (CMO), Medical Director, or physician designee (MD) identifies potential quality issues (PQI), and follows the PQI process as defined in QI-18.

9. Reports regarding SFHP's monitoring activities are presented to the Quality Improvement Committee (QIC) at least annually for evaluation and corrective actions as needed.

10. For pediatric members, the Facility Site Review (FSR) Nurse through the Medical Record Review (MRR) process reviews medical records to determine that pediatric preventive services are provided in accordance with current American Academy of Pediatrics (AAP) "Bright Futures" periodicity schedule and guidelines, and include Child Health and Disability Prevention (CHDP) Program assessments.

DEFINITIONS

Case Management Services: Services furnished to assist individuals eligible under the Medi-Cal State plan who reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, education, and other services in accordance with 42 Code of Federal Regulations (CFR) sections 441.18 and 440.169. The assistance that case managers provide in assisting eligible individuals is set forth in 42 CFR 14 section 440.169(d) and (e), and 22 California Code of Regulations (CCR) section 51184(d), (g) (5) and (h). I.N., et al. v. Jennifer Kent, et al., Settlement Agreement (SA) Pg. 3, para. 1.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Federally mandated comprehensive, preventative, diagnostic, and treatment services available to Medi-Cal members less than 21 years of age, even if the service or item is not otherwise included in the state's Medicaid (Medi-Cal) plan. Services include:

- Medically necessary screening, vision, hearing and dental, which are also referred to as Child Health and Disability Prevention (CHDP) services.
- Medically necessary services to correct or ameliorate a defect, physical or mental illness, or a medical condition even if the service or item is not a Medi-Cal benefit.

EPSDT Supplemental Services: Services that are medically necessary, not covered under the terms of SFHP's Medi-Cal contract, and available to those Medi-Cal beneficiaries who are eligible for coverage by the California Children Services, Children's Medical Services, Early Start, Golden Gate Regional Center, San Francisco Community Behavioral Health Services, and other carve-out programs.

Home Health Agency: A state-licensed public or private organization licensed by the State which provides skilled nursing services as defined in Health and Safety Code section 1727(b), to persons in their place of residence.

Individual Nurse Provider: A Medi-Cal enrolled Licensed Vocational Nurse (LVN) or Registered Nurse (RN) who independently provides Private Duty Nursing services in the home to Medi-Cal beneficiaries.

Medically Necessary: Reasonable and necessary services to protect life, prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury, achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity per Title 22 CCR Section 51303(a) and 42 CFR 438.210(a)(5).

Private Duty Nursing: Nursing services provided in a Medi-Cal beneficiary's home by a registered nurse or a licensed practical nurse, under the direction of a beneficiary's physician, to a Medi-Cal beneficiary who requires more individual and continuous care than is available from a visiting nurse. (42 CFR. § 440.80.)

AFFECTED DEPARTMENTS/PARTIES

Delegated Groups
Delegation Oversight
Health Services -- Care Management
Health Services -- Health Outcomes Improvement
Network Providers
Operations -- Claims
Operations -- Customer Service
Operations -- Provider Network Operations

RELATED POLICIES AND PROCEDURES AND OTHER RELATED DOCUMENTS

CARE-05: Coordination of Care
CARE-06: Local Education Agency Services in the SFUSD
CARE-07: Golden Gate Regional Center
CARE-10: Behavioral Health Services
CARE-11: Behavioral Health Treatment (BHT) For Members Under Age 21
CARE-12: California Children's Services
CO-22: Authorization Requests
CO-28: Transportation Authorization Requests
CO-29: Behavioral Health Services
CO-57: UM Clinical Criteria
CS-12: NMT Requests
DO-04: Oversight of Delegated UM Functions
EPSDT Claims Denial Process Map

FSR-01:Facility Site Review Surveys
Pharm-02: Pharmacy Prior Authorization
PR-11: Informing Members and Providers about Community Resources
QI-05: Monitoring Accessibility of Provider Services
QI-18: Potential Quality Issues (PQIs)
UM Criteria for EPSDT Private Duty Nursing

REVISION HISTORY

Original Date of Issue: May 2011
Revision Date(s): August 22, 2014; October 20, 2016; September 19, 2019; December 11, 2020, February 18, 2021

REFERENCES

1. 17 CCR §§6800-6874
2. 22 CCR §§51184, 51340, and 51340.1
3. 22 CCR Division 3, Subdivision 1, Chapter 3
4. 42 U.S.C. §§1396a(a)(43) and 1396d(r)
5. DHCS APL 18-006: Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21 (Supersedes APL 15-025)
6. DHCS APL 18-017: Blood Lead Screening of Young Children (Supersedes PL 02-01)
7. DHCS APL 19-010: Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (Supersedes APL 18-007 and 07-008)
8. DHCS APL 20-012: Private Duty Nursing Case Management Responsibilities For Medi-Cal Eligible Members Under The Age Of 21
9. MMCD All Plan Letter 14-017 APL 18-006: Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21 (Supersedes APL 15-025)
10. MMCD Policy Letter 96-07
11. Section 1396s(c)(2)(B)(i) of this title for pediatric vaccines
12. SFHP-DHCS Contract Exhibit A, Attachment 10, Provision 5F, and Exhibit A, Attachment 11, Provision 3
13. I.N., et al. v. Jennifer Kent, et al., Case No. 3:18-CV-03099-WHA, Settlement Agreement