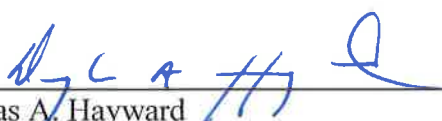





# KERN HEALTH SYSTEMS


KERN HEALTH SYSTEMS				
POLICY AND PROCEDURES				
SUBJECT: EPSDT Supplemental Services and Targeted Case Management (TCM)			POLICY #: 3.13-P	
DEPARTMENT: Health Services – Utilization Management				
Effective Date: 08/1997	Review/Revised Date: 12/14/2018	DMHC		PAC
		DHCS		QI/UM COMMITTEE
		BOD		FINANCE COMMITTEE

  
 \_\_\_\_\_  
 Douglas A. Hayward  
 Chief Executive Officer

Date 12.14.18

  
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 Chief Medical Officer

Date 12/13/18

  
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 Administrative Director of Health Services

Date 12/10/18

## POLICY:

KHS is required to cover and ensure the provision of screening, preventive, and medically necessary diagnostic and treatment services for members under the age of 21, including EPSDT Supplemental Services. The EPSDT benefit includes case management and targeted case management services designed to assist members in gaining access to necessary medical, social, educational, and other services. KHS will ensure that comprehensive case management is provided to each member. KHS must maintain procedures for monitoring the coordination of care provided to members, including but not limited to all medically necessary services delivered both within and outside KHS’s provider network. If KHS determines that case management services are medically necessary and not otherwise available, KHS will provide, or arrange and pay for, the case management services for its members who are eligible for EPSDT services (Title 22, CCR, and Section 51340(k)). KHS will ensure the provision and referral of appropriate Early and Periodic Screening, Diagnostic and Treatment (EPSDT) in accordance with the following statutory, regulatory, and contractual requirements:

- Title 22, CCR, Section 51184 and 51340(k)
- DHCS Contract Exhibit A – Attachment 10 Provision 4(F) and Attachment 11 Provision 2

- DHCS APL14-011 Behavioral Health Treatment Coverage for Children Diagnosed with Autism Spectrum Disorder
- Pursuant section 1905(a)(4)(B) of the Social Security Act (the Act) for Early and Periodic Screening, Diagnostic and Treatment services (EPSDT)
- Section 1374.73 of the Health and Safety Code
- Pursuant to Section 14132.56 of the Welfare & Institutions Code

**DEFINITIONS:**

<b>EPSDT Case Management Services<sup>2</sup></b>	Services that will assist EPSDT-eligible individuals in gaining access to needed medical, social, educational, and other services.
<b>EPSDT Diagnosis and Treatment Services<sup>3</sup></b>	<p>Only those services provided to persons under 21 years of age that:</p> <ol style="list-style-type: none"> <li>1. Are identified in section 1396d(r) of Title 42 of the United States Code,</li> <li>2. Are available under CCR Title 22 Chapter 3 of Division 3 Subdivision 1, <a href="http://ccr.oal.ca.gov">ccr.oal.ca.gov</a> without regard to the age of the recipient or that are provided to persons under 21 years of age pursuant to any provision of federal Medicaid law other than section 1396d(a)(4)(B) and section 1396a(a)(43) of Title 42 of the United States Code, and</li> <li>3. Meet the standards and requirements of CCR Title 22 Sections 51003 and 51303, <a href="http://ccr.oal.ca.gov">ccr.oal.ca.gov</a> and any specific requirements applicable to a particular service that are based on the standards and requirements of those sections.</li> </ol>

Federal law requires states to screen children enrolled in Medicaid for elevated blood lead levels (BLLs) as part of required prevention services offered through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. Accordingly, the Centers for Medicare and Medicaid Services (CMS) released an informational bulletin in November 2016 that provides an overview of blood lead screening requirements for children enrolled in Medicaid. In addition, KHS is contractually required to cover and ensure the provision of blood lead screenings in accordance with California state regulations. These regulations impose specific responsibilities on doctors, nurse practitioners, and physician's assistants conducting periodic health care assessments on children between the ages of six months and six years. The California Department of Public Health's California Childhood Lead Poisoning Prevention Branch (CLPPB) issues guidance for all California providers pursuant to these regulations and required blood lead standards of care, including guidance related to children enrolled in Medi-Cal.

**PROCEDURES:**

**1.0 PROGRAM DESCRIPTION**

The EPSDT benefit provides comprehensive screening, diagnostic, treatment, and preventive health care services for individuals under the age of 21 who are enrolled in Medi-Cal and is key to ensuring that members who are eligible for EPSDT services receive appropriate preventive, dental, mental health, developmental, and specialty services.

Section 1905(r) of the Social Security Act (SSA) defines the EPSDT benefit to include a comprehensive array of preventive, diagnostic, and treatment services for low-income individuals under 21 years of age. States are required to provide any Medicaid covered services listed in section 1905(a) of the SSA for members who are eligible for EPSDT services when the services are determined to be medically necessary to correct or ameliorate any physical or behavioral conditions.

In accordance with Title 42 of the Code of Federal Regulations (CFR), Section 440.130(c), services must also be provided when medically necessary to prevent disease, disability, and other health conditions or their progression, to prolong life, and to promote physical and mental health and efficiency.

The EPSDT benefit is more robust than the Medi-Cal benefit package provided to adults and is designed to ensure that eligible members receive early detection and preventive care in addition to medically necessary treatment services, so that health problems are averted or diagnosed and treated as early as possible.

All members under the age of 21 must receive EPSDT screenings designed to identify health and developmental issues, as early as possible. The EPSDT benefit also includes medically necessary diagnostic and treatment services for members with developmental issues, when a screening examination indicates the need for further evaluation of a child's health. The member should be appropriately referred for diagnosis and treatment without delay.

Pursuant to Title 22, CCR, Section 51340, speech therapy, occupational therapy, and physical therapy services are exempt from the benefit limitations set forth under Title 22, CCR, and Section 51304. KHS may not impose service limitations. In addition, KHS is required to provide speech therapy, occupational therapy, and physical therapy services when medically necessary to correct or ameliorate defects discovered by screening services, whether or not such services or items are covered under the state plan unless otherwise specified in the applicable KHS contract with DHCS.

## **2.0 ACCESS**

Title 42 of the United States Code (USC), Section 1396d(r), defines EPSDT services as including the following:

- 1) Screening services provided at intervals which meet reasonable standards of medical and dental practice and at other intervals indicated as medically necessary to determine the existence of physical or mental illnesses or conditions. Screening services must include, at a minimum, a comprehensive health and developmental history (including assessment of both physical and mental health development); a comprehensive unclothed physical exam; appropriate immunizations; laboratory tests (including blood lead level assessment appropriate for age and risk factors); and health education (including anticipatory guidance).

- 2) Vision services provided at intervals which meet reasonable standards of medical practice and at other intervals indicated as medically necessary to determine the existence of a suspected illness or condition. Vision services must include, at a minimum, diagnosis and treatment for defects in vision, including eyeglasses.
- 3) Dental services provided at intervals which meet reasonable standards of dental practice and at other intervals indicated as medically necessary to determine the existence of a suspected illness or condition. Dental services must include, at a minimum, treatment for relief of pain and infections, restoration of teeth, and maintenance of dental health.
- 4) Hearing services provided at intervals which meet reasonable standards of medical practice and at other intervals indicated as medically necessary to determine the existence of a suspected illness or condition. Hearing services must include, at a minimum, diagnosis and treatment for defects in hearing, including hearing aids.
- 5) 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.
- 6) Blood Lead Anticipatory Guidance and Screening Requirements

KHS will ensure that their contracted providers (i.e. physicians, nurse practitioners, and physician's assistants), who perform periodic health assessments on children between the ages of six months to six years (i.e. 72 months), comply with current federal and state laws and industry guidelines for health care providers issued by CLPPB, including any future updates or amendments.

KHS will ensure that their contracted providers:

- 1) Provide oral or written anticipatory guidance to the parent(s) or guardian(s) of a child that at a minimum, includes information that children can be harmed by exposure to lead. This anticipatory guidance must be performed at each periodic health assessment, starting at 6 months of age and continuing until 72 months of age.
- 2) Perform BLL testing on all children in accordance with the following:
  - a) At 12 months and at 24 months of age.
  - b) When the health care provider performing a periodic health assessment becomes aware that a child 12 to 24 months of age has no documented evidence of BLL test results taken at 12 months of age or thereafter.
  - c) When the health care provider performing a periodic health assessment becomes aware that a child 24 to 72 months of age has no documented evidence of BLL test results taken when the child was 24 months of age or thereafter.
  - d) Whenever the health care provider performing a periodic health assessment of a child 12 to 72 months of age becomes aware that a change in circumstances has placed the child at increased risk of lead poisoning, in the professional judgement of the provider.
  - e) When requested by the parent or guardian.

- f) The health care provider is not required to perform BLL testing if:
  - i) A parent or guardian of the child, or other person with legal authority to withhold consent, refuses to consent to the screening.
  - ii) If in the professional judgement of the provider, the risk of screening poses a greater risk to the child's health than the risk of lead poisoning.
  - iii) Providers must document the reasons for not screening in the child's medical record.

Screenings may be conducted using either the capillary (finger stick) or venous blood sampling methods; however, the venous method is preferred because it is more accurate and less prone to contamination. All confirmatory and follow-up BLL testing must be performed using blood samples taken through the venous blood sampling method. Since no level of lead in the body is known to be safe and clinical guidelines are subject to change, KHS will ensure their contracted providers follow the CLPPB guidelines when interpreting BLLs and determining appropriate follow-up activities. When there is a discrepancy in requirements between this APL and CLPPB guidelines, KHS will ensure their contracted providers follow CLPPB guidelines.

## **2.1 Medical Necessity Standards**

Specifically, for members under the age of 21, KHS is required to provide and cover all medically necessary services with the following exceptions:

- A. Dental services provided by dental personnel covered by the Medi-Cal Denti-Cal Program (Policy Letter 13-002);
- B. Non-medical services provided by Regional Centers (RCs) to members with developmental disabilities, including, but not limited to, respite, out-of-home placement, and supportive living. However, KHS will monitor and coordinate all medical services with RC staff;
- C. Alcohol and substance use disorder treatment services available under the Drug Medi-Cal Program and outpatient heroin detoxification services, including all medications used for treatment of alcohol and substance use disorder covered by DHCS, as well as specific medications not currently covered by DHCS, but reimbursed through Medi-Cal fee-for-service (FFS);
- D. Specialty mental health services listed in Title 9, CCR, Section 1810.247 for members that meet medical necessity criteria as specified in Title 9, CCR, Sections 1820.205, 1830.205, or 1830.210, which must be provided by a mental health plan (APLs 13-018 and 17-018);
- E. CCS services not included in the KHS capitated rate. The EPSDT services determined to be medically necessary for treatment or amelioration of the CCS-covered condition, including private duty nursing related to a CCS-eligible condition, must be case managed and have obtained prior authorization by the CCS program (on a FFS basis) (Title 22, CCR, Section 51013);<sup>8</sup>
- F. Services for which prior authorization is required but are provided without obtaining prior authorization; and
- G. Other services listed as services that are not "Covered Services" under KHS's Contract with DHCS, such as Pediatric Day Health Care services.

Where another entity—such as a local education agency (LEA), RC, or local governmental health program—has overlapping responsibility for providing services to a member under the

age of 21, KHS will assess what level of medically necessary services the member requires, determine what level of service (if any) is being provided by other entities, and then coordinate the provision of services with the other entities to ensure that KHS and the other entities are not providing duplicative services.

KHS has the primary responsibility to provide all medically necessary services, including services which exceed the amount provided by LEAs, RCs, or local governmental health programs. However, these other entities must continue to meet their own requirements regarding provision of services. KHS should not rely on a LEA program, RC, CCS, Child Health and Disability Prevention Program, local governmental health program, or other entities as the primary provider of medically necessary services. KHS is the primary provider of such medical services except for those services that have been expressly carved out. KHS is required to provide case management and coordination of care to ensure that members can access medically necessary medical services as determined by the KHS provider. For example, when school is not in session, KHS will cover medically necessary services that were being provided by the LEA program when school was in session.

The California Code of Regulations (CCR) further clarifies the parameters of California's implementation of the EPSDT program. Pursuant to Title 22 of the CCR, Section 51184(a)(3), screening services include any other encounter with a licensed health care provider that results in the determination of the existence of a suspected illness or condition or a change or complication in a condition. Screening services must identify developmental issues as early as possible.

KHS is required to provide appointment scheduling assistance and necessary transportation, including non-emergency medical transportation and non-medical transportation, to and from medical appointments for the medically necessary services that KHS is responsible for providing, including carved out services, pursuant to the contract with DHCS.

KHS is responsible for determining whether a member requires Targeted Case Management (TCM) services, and refers members who are eligible for TCM services to a Regional Center or local governmental health program as appropriate for the provision of TCM services.<sup>7</sup> If members under age 21 are not accepted for TCM services, KHS ensures the member has access to services comparable to EPSDT TCM services.<sup>8</sup> Such services would be provided through the County Health System if not otherwise available.

If a Member is receiving TCM services as specified in Title 22, CCR, Section 51351, KHS is responsible for coordinating the member's health care with the TCM Provider and for determining the medical necessity of covered diagnostic and treatment services recommended by the TCM provider.<sup>9</sup>

### **3.0 REPORTING**

According to a November 2016 CMS informational bulletin, there is concern that not all blood lead screening tests conducted in provider's offices are coded in a way to be included in Medicaid screening data. In an effort to improve reporting of blood lead screenings, KHS required to educate providers about appropriate Common Procedure Terminology (CPT) coding of blood lead screenings.

Previously, KHS was contractually required to report EPSDT data to DHCS using the PM-160 confidential screening/billing report form. KHS was required to submit the PM-160 to DHCS and to the local children's preventive services program within 30 calendar days of the end of each month for all encounters during that month. However, in 2017, in order to comply with Health Insurance Portability and Accountability Act requirements, the PM-160 claim form was discontinued and replaced with the CMS1500/UB-04 claim forms or their electronic equivalents (837-P/837-I).

DHCS currently utilizes encounter data for tracking the administration of blood lead screenings. KHS ensure that blood lead screening encounters are identified using the appropriate indicators (such as CPT codes) as outlined in the most recent DHCS Companion Guide for X12 Standard File Format, which can be obtained by emailing the Encounter Data mailbox at: *MMCDEncounterData@dhcs.ca.gov*.

KHS is required to submit complete, accurate, reasonable, and timely encounter data consistent with the KHS contract and APLs 14-0196 and 17-005.

In addition, California law requires laboratories and health care providers performing blood lead analysis on blood specimens drawn in California to electronically report all results to CLPPB, along with specified patient demographic, ordering physician, and analysis data on each test performed. KHS will ensure that applicable contracted providers are reporting blood lead results to CLPPB, as required.

#### **4.0 MONITORING**

KHS will provide training to ALL laboratories and health care providers performing blood lead analysis and monitor through quarterly reporting reconciliation for members less than 6 years of age. Providers will be notified of compliance with this requirement through various communication channels and ongoing auditing of screenings performed.

#### **5.0 DELEGATION**

KHS is responsible for ensuring that our delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

### **REFERENCE:**

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**Revision 2018-11:** Policy updated by Administrative Director of Health Services to comply with APL 18-017.

**Revision 2018-04:** Policy updated by Director of Health Services to comply with APL 18-007.

**Revision 2016-02:** Removed language on the transition from Kern Regional Center. **Revision 2014-11:** Policy updated by Director of Health Services to comply with ABA Autism requirements. **Revision 2014-01:** Revision provided by Director of Health Services. Healthy Families language removed. **Revision 2005-10:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004).

<sup>2</sup> CCR Title 22 Section 51184(g)

<sup>3</sup> CCR Title 22 Section 51184(b)

<sup>7</sup> DHS Contract A-11 2

<sup>8</sup> DHS Contract A-11 2

<sup>9</sup> DHS Contract A-11 2