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Revised Date: 12/22/2015  
Review Date: 3/26/2014

**North Sound Behavioral Health Organization**  
Section 1500 – Clinical: Early and Periodic Screening, Diagnosis  
and Treatment (EPSDT) Services

Authorizing Source: DSHS Contract;

Cancels:

See Also:

Providers must comply with this policy and may develop  
Individualized implementation guidelines as needed

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 3/27/2017

**POLICY #1550.00**

**SUBJECT: EARLY AND PERIODIC SCREENING, DIAGNOSIS AND  
TREATMENT (EPSDT) SERVICES**

**PURPOSE**

To ensure the North Sound Behavioral Health Organization (North Sound BHO) providers assess and provide appropriate levels of mental health and substance use disorder (SUD) services to individuals referred through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program and to ensure ongoing coordination of care.

**DEFINITIONS**

**EPSDT Program** is a preventive health care benefit for individuals with Medicaid under 21 years of age. The program is intended to identify, through periodic screening, any existing physical and/or mental health/SUD issues and ensure appropriate referrals and treatment for identified issues. In the context of the North Sound BHO system, individuals are identified as being in the EPSDT Program when they have been referred to a North Sound BHO provider by a Primary Care Provider (PCP).

**Primary Care Provider (PCP)** is defined as the following providers eligible to perform EPSDT screens:

- A. EPSDT clinics;
- B. Physicians;
- C. Naturopathic Physicians;
- D. Advanced registered nurse practitioners (ARNPs);
- E. Physician Assistants (PA);
- F. Registered nurses working under the guidance of a physician or ARNP may also perform EPSDT screenings. However, only physicians, PA's and ARNP's can diagnose and treat problems found in screenings.

**EPSDT Referral** – North Sound BHO considers the following an EPSDT referral:

- A. Written referral in any format from the PCP;
- B. Verbal referral directly from the PCP; or
- C. Verbal referral by the PCP as reported by the individual.

#### **POLICY**

North Sound BHO believes the early screening and detection of mental health and SUD issues in individuals and coordination of care with health care providers are core components of quality services. Mental health and SUD services will be provided following the requirements of the EPSDT Program.

The individual's PCP performs the EPSDT screening, which includes a full physical examination at an interval prescribed by the treating PCP but not to exceed two (2) years. The examination may result in referral to mental health and/or SUD services.

EPSDT service must be structured in ways that are culturally and age appropriate, involve the family and/or caregiver and include a full assessment of the family's needs.

#### **PROCEDURE**

North Sound BHO providers are responsible for:

- A. Responding to EPSDT referrals that originate from PCPs. The referral may be a written referral in any format or verbal referral from the PCP office or individual.
  - i. When services are requested with an EPSDT referral, a written response must be provided to the Physician, ARNP, Physician Assistant, trained public health nurse, or RN who made the EPSDT referral. This notice must include at least the date of intake, the diagnosis and returned to the PCP within 30 days of the intake. If the individual does not attend the intake or does not sign a consent for communication back to the PCP, no communication back is needed and should be documented.
  - ii. Contacting the individual/guardian within 10 working days of all EPSDT referrals to confirm if services are being requested by the individual/guardian. Documentation of this effort shall be maintained for 1 year after the completion of the contract period, to confirm if the individual/guardian requests, declines, or does not respond to efforts within 10 working days to determine if these services are being requested.
  - iii. In the event an enrollee's referral to services **did not** originate from a PCP, the individual is not considered an EPSDT referral.
- B. Assisting individuals/families, who do not have a PCP, in locating and connecting with a PCP by assisting or referring the individual/family to the Health Care Authority (HCA) Washington Apple health EPSDT program provider guide.

- C. Developing, in coordination with the individual/family, other health care providers, and related allied systems, a Recovery and Resiliency Plan (RRP; aka Individual Service Plan [ISP]) that addresses the individual/family's needs per North Sound BHO policies on RRP/ISP and coordination of care 1517, 1546, 1551).
  - i. The RRP/ISP must contain clarification of roles and responsibilities of all health care providers involved in serving the youth.
  - ii. In the event the other health care providers and/or allied systems choose not to jointly create a coordination plan, the North Sound BHO provider must develop a plan that addresses how they will interact with the other external providers to address the individual/family needs.

Through routine review of North Sound BHO provider records, North Sound BHO will ensure providers have:

- A. Responded to EPSDT referrals per requirements;
- B. Assisted in locating and connecting to a PCP if indicated; and
- C. Coordinated development of RRP/ISP.

**ATTACHMENTS**

None