

# EPSDT

# Behavioral Treatment

Virginia Department of Medical Assistance Services (DMAS)

**Fall 2009**

# Scope of Services

- Individualized health care, diagnostic services, and "treatment" as listed in the Federal Medicaid statute, must be provided when medically necessary to correct and ameliorate physical and mental conditions discovered during screening services whether or not included in the state plan
- The program does not cover services that are experimental or investigational

# EPSDT

## Specialized Services

- Periodic, Inter-periodic or partial screenings may be used to document the need for EPSDT treatment
- Specialized Services are those which are not part of the approved Medicaid mandatory or optional services (defined in US code 1396d)
- Families usually need case management to find these EPSDT services, to work with providers, to get treatment that maybe has never been approved in Virginia's Medicaid program before

# Program Development

- From 2005-2007 the EPSDT program developed Specialized Services program criteria
- We formalized programmatic structures and policies for services that were already approved
- Increased efficiency in review process
- Decreased turnaround time for service delivery and increased customer service

# New Program Development

- During 2007-2008 EPSDT developed review and payment processes for facility based services
- Current policy development is geared toward a variety of behavioral treatment services in the “home” setting
- CMS calls this Behavioral Rehabilitation
- The claims system has already been designed to handle new program developments

# Safety Net Function

- EPSDT covers treatments that are:
  - Not available to certain disability groups
  - Not covered by Medicaid

Examples:

- Eating Disorders Treatment
- Residential Substance Abuse Treatment
- In Home Behavioral Treatments for children with DD/MR  
(not in a waiver)

# Specialized Services

- The following Services are covered only under EPSDT
- All Require pre authorization at DMAS
  - Hearing Aids
  - Assistive Technology
  - Substance Abuse Residential and Inpatient Treatment
    - (MCO Exclusion, request services at KePRO/DMAS)
  - Specialized Residential Treatment
    - (MCO Exclusion, request services at KePRO/DMAS)
  - Personal Care
    - (MCO Carve out, request services at DMAS)
  - Private Duty Nursing
  - Behavioral Treatment

**NEW Services!**

# Behavioral Treatment

- Individuals must have documentation from a licensed mental health professional and EPSDT Screener that the proposed treatment services will provide clinical benefits which improve the functional behavioral and communicative abilities of the individual.
- For all continuation of services requests the treatment provider must demonstrate clinical effectiveness in writing prior to service continuation approval by DMAS.

# EPSDT Behavioral Treatment

- **Service Definition**
- EPSDT Behavioral Treatment offers treatment interventions provided typically, but not solely, in the home of an individual who requires behavioral treatment services because of developmental delays and/or health conditions which are related to long term impairments in adaptive functioning.

# Service Goals

- These services are intended to improve the functional behaviors of the enrollee
- Utilizing and coordinating multi disciplinary clinical and medical services to increase
  - adaptive functioning,
  - behavioral skills
  - communicative abilities

# Behavioral Treatment

## Medical Necessity

- Treatment services will provide clinical benefits which improve the functional behavioral and communicative abilities of the individual
- Behavioral needs can be managed effectively by the family and the child can be maintained in the home setting

# Medical Necessity

- The individual is eligible for home based treatment this service when all of the following are met:
  - The recipient is medically stable, but needs systematic treatment interventions to increase adaptive behavioral functioning and increase communication abilities;
  - The individual's needs cannot be met in the home setting unless family training integrates the behavioral modification strategies that will be implemented in the home setting so that successful treatment will include the family members and/or caregivers who are able to participate in the behavioral treatment process.
  - It has been documented that the individual would not achieve a demonstrable clinical improvement if using similar outpatient behavioral treatment modalities in a clinic setting;

# Medical Necessity – Out of home risk

Services shall be used when out-of-home placement is a risk due to the clinical needs of the child and either:

1. Services that are far more intensive than outpatient clinic care are required to stabilize the child in the family situation; or
2. The child's residence, as the setting for services, is more likely to be successful than a clinic.
  - With respect to both 1 and 2, at least one parent or responsible adult with whom the child is living must be willing to participate in in-home services, with the goal of keeping the child with the family. Services must be directed toward the treatment of the eligible child.
  - Services may also be used to facilitate treatment after the transition to home from an out-of-home placement when services more intensive than outpatient clinic care are required for the transition to be successful. The child and responsible parent or guardian must be available and must agree to participate in the treatment.

# Clinical and Coordination Roles

- Design and/or coordinate the development of behavioral treatment plans,
- The clinical supervisor will ensure that the treatment plan is up to date and is clinically effective for the individual;
- Ensure that family involvement promotes the implementation of the behavioral modification plan on a monthly basis;
- The clinical supervisor will ensure that the ancillary treatments are being provided in accord with the comprehensive plan of care and,
- Ensure that the family involvement promotes the implementation of the Comprehensive Plan of Care on a quarterly basis

# Referral and Preauthorization Process

# Behavioral Treatment Paper Trail

- Request for services packets must contain the following:
  - Letter of Medical Necessity from the EPSDT screener,
  - Clinical Assessment Summary including
    - (This must be completed by a Qualified Mental Health Professional)
  - A summary of all treatment and assessment services that the individual requires including service frequencies
  - ISP or preliminary ISP from the treatment provider



# FFS Pre-Auth Timeline

- DMAS processes all *typical* requests within 7-10 business days
- Approval notices are sent via MMIS mailings or by fax with special billing instructions for unusual service approvals

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