DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

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Guidelines for Implementing
Procedures for the Coordination of Services under Early Periodic Screening Diagnostic and Treatment, and Early Intervention

Purpose: To provide guidance to service/support coordinators for implementing the AzEIP and AHCCCS **Procedures for the Coordination of Services under Early Periodic Screening Diagnostic and Treatment, and Early Intervention.** Contact your AzEIP Service Providing Agency representative for a copy of the procedures, if needed.

Requests for EPSDT services must be initiated by the appropriate AzEIP service providing agency (AzEIP, ASDB and DDD) to the appropriate AHCCCS health care plan to determine health plan coverage(medical necessity) before it can authorize and pay for the service. Children birth to 3 years with services identified on their IFSP not covered (determined not medically necessary) through the AHCCCS acute care plans will continue to be covered by the appropriate AzEIP service providing agency.

Step One: Complete the Request for EPSDT Services Form

A. The Service Coordinator (SC) fills out the Request for EPSDT Services Form, including:
- Date
- SC name and phone number
- Check the box as Initial/6 month/Annual/other IFSP
- Child's name, DOB, AHCCCS ID, AHCCCS Health Plan, PCP and expected date of transition out of AzEIP
- Parent's name, address, phone numbers
  Check which program(s) the child is enrolled

B. SC documents
- Reason for AzEIP eligibility
- Expected outcomes to be achieved (from the IFSP)

C. SC lists requested services, requested provider if known, (otherwise list provider as "unknown"), anticipated start date, frequency and duration of each service.

D. For children covered by CMDP, include the requested provider name.

Step Two: Fax Request form and Related Documents to the Family's AHCCCS Health Plan Maternal Child Health Coordinator (MCH)

- Within 2 business days of the IFSP, AzEIP SC faxes the completed Request Form and the initial AzEIP Developmental Evaluation Report or other evaluations/assessments that support the service request to the AHCCCS MCH coordinator.
  - AHCCCS MCH Coordinator obtains documentation of medical necessity from their Primary Care Physician (PCP).

*The procedures apply to all AzEIP Service Providing Agency Service Coordinators - AzEIP TBM Contractor Service Coordinators, DDD Support Coordinators and ASDB Parent Outreach Coordinators. 12/1/2010

- PCP completes and returns form to AHCCCS MCH Coordinator.
- Per AHCCCS policy the **Health Plan has 14 business days** from the date the SC faxed the request to return the completed Request Form to the SC.
- If approved, the MCH Coordinator must document what service(s) is approved, including provider, provider phone number; frequency, duration and service begin date and end dates.
- If denied, the MCH Coordinator will check the deny box and indicate whether a Notice of Action (NOA) was sent to the family.
- The Health Plan may request an extension (maximum of 28 days) if they require additional information in order to make a decision.

If **APPROVED**, the SC:

- Contacts the family and offers to assist in scheduling the service with the approved AHCCCS health plan provider.
- The SC updates the IFSP and appropriate data base with the Actual Start Date of the service.
  - For DDD, services authorized by the Health Plan should be listed as indirect on the ISP screen in FOCUS.
- If the SC or family learns that the authorized Health Plan provider does not have availability, the SC will contact the AHCCCS MCH Coordinator to request authorization to another provider or identify an available provider and contact the AHCCCS MCH Coordinator to request authorization to that provider.
- If the AHCCCS MCH Coordinator approved the AzEIP TBM contractor, the DDD QV, or the ASDB contractor as the approved provider, the SC notifies the team members of the approval, including the begin and end date, frequency and duration.
- AHCCCS expects therapists to send progress reports to the PCP and the SC to document the need for additional/ongoing services.
- It is the provider's responsibility for pursuing any ongoing authorizations needed through the PCP to ensure continuity of care through the Health Care Plan.

If **DENIED**, the SC:

- Revises the IFSP Services page to reflect the appropriate AzEIP Service Providing Agency as the payer (ASDB, DDD, or AzEIP);
- Identifies and authorizes a provider;
- Ensures the service starts on or before the 45th day from the date the parent signed the IFSP or on or before the planned start date if greater than 45 days from the date the parent signed the IFSP; and,
- Maintains this documentation in the child's file.

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SPECIAL CIRCUMSTANCES:

IF the approved AHCCCS health plan provider:

a. Places the child on a waiting list and no other providers are available; OR
b. Is not within a reasonable distance for the family; OR
c. ***Is unable to start the service within 45 days of the date the parent consented to the IFSP****:*

THEN the SC:

- Revises the IFSP Services page to reflect AzEIP, DDD, or ASDB as the payer and identifies a provider through the AzEIP Service Providing Agency;
- Identifies a provider through the AzEIP Service Providing Agency;
- Ensures the service starts on or before the 45th day from the date the parent signed the IFSP; and
- Maintains this documentation in the child's file.
- Services are billed to the AzEIP Service Providing Agency.

d. ***Does not return the completed Request for EPSDT Services form within 14 days,***

THEN the SC should contact the MCH Coordinator to determine the status. If there is no response within another 3 business days, the SC:

- Documents the attempts in the contact notes;
- Revises the IFSP Services page to reflect AzEIP, DDD, or ASDB as the payer;
- Identifies a provider through the AzEIP Service Providing Agency;
- Ensures the service starts on or before the 45th day from the date the parent signed the IFSP; and
- Maintains this documentation in the child's file.
- Services are billed to the AzEIP Service Providing Agency.

e. ***When the AHCCCS health plan provider takes the child off their wait list,***

THEN the AzEIP SC must work with the family in transitioning to the AHCCCS health plan provider until the service is no longer needed or the service is determined no longer medically necessary by the AHCCCS Health Plan.

f. ***When the AHCCCS health plan responds after the 17th day and the AzEIP service providing agency has already authorized and begun provision of the service,***

THEN the SC would discontinue the authorization for its provider only after a start date has been received for the new Health Plan provider.

Tracking Log:
The attached log must be maintained to ensure DES/AzEIP, DES/DDD and ASDB are able to track the above Special Circumstances which result in using AzEIP funds. This log must be submitted monthly to the appropriate Central Office person for its ongoing reporting requirements to AHCCCS.

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