

1 **430 EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND**  
2 **TREATMENT SERVICES**  
3

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7 REFERENCES: 42 U.S.C. 1396d (a), 42 CFR 441.61, 42 CFR 441.56(B)(1),  
8 Division Medical Policy Manual, 310-P

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11 **PURPOSE**  
12

13 This policy establishes ~~the Division requirements~~ for and describes covered  
14 for the provision of Early and Periodic Screening, Diagnostic, and Treatment  
15 (EPSDTEPDST) services for. It applies to the Administrative Services  
16 Subcontractors (AdSS).  
17

18 **DEFINITIONS**

- 19 1. "Care Management" means a group of activities performed by  
20 the Contractor to identify and manage clinical interventions or  
21 alternative treatments for identified members to reduce risk,  
22 cost, and help achieve better health care outcomes. Distinct  
23 from Case Management, Care Management does not include the  
24 day-to-day duties of service delivery.

25 1.2. “Commercial Oral Supplemental Nutrition” means nourishment  
26 available without a prescription that serves as sole caloric intake  
27 for additional caloric intake.

28 2.3. “Diagnostic” means determination of the nature or cause of a  
29 condition, illness, or injury through the combined use of health  
30 history, physical, developmental, and psychological  
31 examination, laboratory tests, and X-rays, when appropriate.

32 3.4. “Early” means in the case of a child already enrolled with  
33 an AHCCCS Contractor, as soon as possible in the child's life, or  
34 in other cases, as soon after the member's eligibility for  
35 AHCCCS services has been established.

36 4.5. “Early and Periodic Screening, Diagnostic and Treatment” or  
37 (“EPSDT”) means a comprehensive child health program of  
38 prevention, treatment, correction, and improvement of physical  
39 and behavioral health conditions for AHCCCS members under the  
40 age of 21. EPSDT services include screening services, vision  
41 services, dental services, hearing services and all other medically  
42 necessary mandatory and optional services listed in Federal Law

43 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical  
44 and mental illnesses and conditions identified in an EPSDT  
45 screening whether or not the services are covered under the  
46 AHCCCS State Plan. Limitations and exclusions, other than the  
47 requirement for medical necessity and cost effectiveness, do not  
48 apply to EPSDT services.

49 6. "EPSDT Visit" means an appointment with a Provider who  
50 provides EPSDT services and bills an E/M code.

51 7. "Evaluation and Management" or "E/M" means the use of CPT  
52 codes from the range 99202-99499 to represent services  
53 provided by a physician or other qualified healthcare  
54 professional. As the name E/M indicates, these medical codes  
55 apply to visits and services that involve evaluating and managing  
56 patient health.

57 7. "Member" means the same as "Client" as defined in A.R.S. § 36-  
58 551.

- 59           8.    “Periodic” means at intervals established by AHCCCS for  
60           screening to assure that a condition, illness, or injury is not  
61           incipient or present.
- 62           9.    “Periodicity Schedule” means EPSDT and dental services which  
63           are intended to meet reasonable and prevailing standards of  
64           medical and dental practice and specify screening services at  
65           each stage of the child's life. The service intervals represent  
66           minimum requirements. Any services determined by a Primary  
67           Care Provider (PCP) to be medically necessary shall be provided,  
68           regardless of the interval.
- 69           10. “Provider” means any individual or entity that is engaged in the  
70           delivery of services, or ordering or referring for those services,  
71           and is legally authorized to do so by the State in which it delivers  
72           the services, as specified in 42 CFR 457.10 and 42 CFR 438.2.
- 73           11. “Responsible Person” means the parent or guardian of a minor  
74           with a developmental disability, the guardian of an adult with a  
75           developmental disability or an adult with a developmental

76 disability who is a member or an applicant for whom no guardian  
77 has been appointed.

78 12. "Screening" means regularly scheduled examinations and  
79 evaluations of the general physical and behavioral health,  
80 growth, development, and nutritional status of infants, children,  
81 and adolescents, and the identification of those in need of more  
82 definitive evaluation. For the purpose of the AHCCCS EPSDT  
83 program, screening and diagnosis are not synonymous.

84 13. "Sick Visit" means an appointment with a Provider to address an  
85 abnormality or preexisting condition.

86 9-14. "Third Party" means an individual, entity or program that is, or  
87 may be, liable to pay all or part of the expenditures for medical  
88 assistance furnished under a State plan as defined in 42 § C.F.R.  
89 433.136.

90 15. "Treatment" means any of the 29 mandatory or optional services  
91 described in 42 U.S.C. 1396d(a), even if the service is not  
92 covered under the (AHCCCS) State Plan, when necessary to

93 correct or ameliorate defects and physical and mental illnesses  
94 and conditions detected by screening.

95 16. "Well-Child Visit" means regular or preventative health  
96 appointment with the child's doctor or pediatrician used to track  
97 the child's growth and development and discuss milestones and  
98 concerns

99 10-17. "Work Plan" means a document that formally documents  
100 the program objectives, strategies and activities directed at  
101 achieving optimal outcomes, as based on the Contractor  
102 Requirements, outlined in the AMPM. The work plan goals may  
103 include select performance measures from Contract.

104 **POLICY**

105 ~~EPSDT services include screening services, vision services, dental services,~~  
106 ~~hearing services and all other medically necessary, mandatory, and optional~~  
107 ~~services listed in 42 U.S.C. 1396d (a) to correct or ameliorate defects and~~  
108 ~~physical and behavioral/mental illnesses and conditions identified in an~~  
109 ~~EPSDT screening, whether or not the services are covered under the~~  
110 ~~AHCCCS State Plan. All members age out of Oral Health & EPSDT services at~~

111 ~~age twenty one (21). Limitations and exclusions, other than the requirement~~  
112 ~~for medical necessity and cost effectiveness, do not apply to EPSDT services.~~  
113 ~~A well child visit is synonymous with an EPSDT visit. EPSDT services include~~  
114 ~~all screenings and services described in this policy and as referenced in~~  
115 ~~AMPM 430 Attachment A and AMPM431 Attachment A. The Division has~~  
116 ~~adopted AMPM Policy 430 Attachment E , which are to be used by providers~~  
117 ~~to document all age specific, required information related to EPSDT~~  
118 ~~screenings and visits.~~  
119 ~~Providers shall use AMPM Policy 430 Attachment E referenced above or~~  
120 ~~electronic equivalent that includes all components found in the hard copy~~  
121 ~~form, at every EPSDT visit.~~  
122 ~~The Medicaid Act defines EPSDT services to include screening services, vision~~  
123 ~~services, dental services, hearing services and "such other necessary health~~  
124 ~~care, diagnostic services, treatment and other measures described in 42~~  
125 ~~U.S.C. 1396d (a) to correct or ameliorate defects and physical and mental~~  
126 ~~illnesses and conditions discovered by the screening services, whether or not~~  
127 ~~such services are covered under the (AHCCCS) State Plan." This means that~~  
128 ~~EPSDT covered services include services that correct or ameliorate physical~~

129 and mental defects, conditions, and illnesses discovered by the screening  
130 process when those services fall within one of the optional and mandatory  
131 categories of "Medical Assistance", as defined in the Medicaid Act. Services  
132 covered under EPSDT include all 29 categories of services in the Federal  
133 Law, even when they are not listed as covered services in the AHCCCS State  
134 Plan, statutes, rules, or policies, as long as the services are medically  
135 necessary and cost effective.

136 **A. GENERAL REQUIREMENTS**

137 1. The AdSS shall cover all physical and behavioral health services  
138 described within Medicaid covered services listed in 42 USC  
139 1396d(a) if the treatment or service is necessary to correct or  
140 ameliorate defects or physical and behavioral illnesses or  
141 conditions and is consistent with EPSDT federal law Title XIX for  
142 Members under the age of 21 when medically necessary and cost  
143 effective.

144 2. The AdSS shall inform all Medicaid-eligible individuals under the  
145 age of 21 that EPSDT services are available.



- 146        3. The AdSS shall provide screening services for Medicaid-eligible  
147        individuals under the age of 21.
- 148        4. The AdSS shall arrange, directly or through referral, for  
149        corrective treatment as determined by EPSDT screenings.
- 150        5. The AdSS shall submit the Performance Measures Monitoring  
151        Report quarterly to the Division's Compliance unit.
- 152        6. The AdSS shall cover EPSDT services to include:
- 153        a. Inpatient and outpatient hospital services;  
154        b. Laboratory and x-ray services;  
155        c. Physician and nurse practitioner services;  
156        d. Naturopathic services;  
157        e. Medications and medical supplies;  
158        f. Dental services;  
159        g. Therapy services;  
160        h. Behavioral health services;  
161        i. Orthotics and prosthetic devices;  
162        j. Eyeglasses;  
163        k. Transportation;

- 164 l. Family planning services and supplies;
- 165 m. Women’s preventative care and maternity services; and
- 166 n. Diagnostic, screening, preventive, and rehabilitative
- 167 services.
- 168 o. Long term services and supports although not explicitly
- 169 covered as part of EPSDT shall also be considered when:
- 170 i. Needs are identified,
- 171 ii. It supports the overall health and wellbeing of the
- 172 child in the least restrictive setting, and
- 173 iii. Medically necessary when determined on a case-by-
- 174 case basis.
- 175 7. The AdSS shall require PCPs provide any services determined to
- 176 be medically necessary, regardless of the interval indicated on
- 177 the Periodicity Schedule.
- 178 8. The AdSS shall require Members receive required health
- 179 screenings as specified in AMPM Policy 430 (A) and the AMPM
- 180 Attachment 430 (F).

181 **A.B. EPSDT Services**

182 ~~EPSDT includes, but is not limited to, coverage of:~~

183 ~~1. Inpatient and outpatient hospital services~~

184 ~~2. Laboratory and x ray services~~

185 ~~3. Physician and nurse practitioner services~~

186 ~~4. Medications and medical supplies~~

187 ~~5. Dental services~~

188 ~~6. Therapy services~~

189 ~~7. Behavioral health services~~

190 ~~8. Orthotics and prosthetic devices~~

191 ~~9. Eyeglasses~~

192 ~~10. Transportation~~

193 ~~11. Family planning services~~

194 ~~12.1. Diagnostic, screening, preventive, and rehabilitative services.~~

195 ~~EPSDT services do not include services that are experimental, that are solely~~  
196 ~~for cosmetic purposes, or that are not cost effective when compared to other~~  
197 ~~interventions or treatments.~~

198 ~~EPSDT screening services are provided in compliance with the periodicity~~

199 ~~requirements of 42 CFR 441.58. The Administrative Services Subcontractor~~

200 ~~(AdSS) shall ensure members receive required health screenings in~~  
201 ~~compliance with AMPM Policy 430 Attachment A and the AMPM Policy 430~~  
202 ~~Attachment F, which are intended to meet reasonable and prevailing~~  
203 ~~standards of medical and dental practice and specify screening services at~~  
204 ~~each stage of the child's life. The service intervals are minimum~~  
205 ~~requirements, and any services determined by a primary care provider (PCP)~~  
206 ~~to be medically necessary shall be provided, regardless of the interval. The~~  
207 ~~requirements and reporting forms for an EPSDT screening service are~~  
208 ~~described in this policy. EPSDT focuses on continuum of care by assessing~~  
209 ~~health needs, providing preventive screening, initiating needed referrals, and~~  
210 ~~completing recommended medical treatment and appropriate follow up.~~

211 **B. COVERED SERVICES DURING AN EPSDT VISIT ~~EPSDT Visit Shall~~**

212 **Include**

- 213 1. The AdSS shall require Providers to utilize national coding  
214 standards including the use of applicable modifiers.
- 215 2. The AdSS shall require the following are included during an  
216 EPSDT Well Child visit:

- 217 a. A comprehensive health and developmental history,  
218 including growth and development screening that includes  
219 physical, nutritional, and behavioral health assessments;  
220 ~~Refer to the Centers for Disease Control and Prevention website~~  
221 ~~for Body Mass Index (BMI) and growth chart resources.~~
- 222 b. Nutritional screeningAssessment provided by a PCP;
- 223 c. Nutritional assessments provided by a PCP as specified in  
224 AMPM 430 which are:
- 225 i. Conducted to assist EPSDT members whose health  
226 status may improve with nutritional intervention;
- 227 ii. Separately billable service by PCPs who care for  
228 EPSDT age members;
- 229 iii. Part of the EPSDT screenings and on an inter-  
230 periodic basis, as determined necessary by the  
231 Member's PCP;
- 232 iv. Provided by a registered dietitian when ordered by  
233 the Member's PCP. This includes EPSDT members  
234 who are underweight or overweight;

- 235                    v. Initiated by the PCP using the AdSS protocol for  
236                    referrals for a nutritional assessment or counseling;  
237                    and  
238                    vi. Covered if a Member qualifies for nutritional therapy  
239                    due to a medical condition including the following:  
240                    1) Referral to Women, Infants, and Children  
241                    (WIC) if the medically necessary formula is  
242                    available through the Special Supplemental  
243                    Nutrition Program;  
244                    2) Medically necessary food items listed on the  
245                    Arizona WIC Programs Food List; and  
246                    1)3) WIC-exempt formula which the AdSS is  
247                    responsible for procuring and funding for any  
248                    other nutritional supplementation that is  
249                    medically necessary.  
250                    3. ~~The AdSS shall~~ Division covers the assessment of  
251                    ~~nutritional status provided by the member's PCP as a part~~

252 ~~of the EPSDT screenings and on an inter-periodic basis, as~~  
253 ~~determined necessary by the member's PCP.~~

254 4. ~~Division also covers nutritional assessments provided by a~~  
255 ~~registered dietitian when ordered by the member's PCP.~~  
256 ~~This includes EPSDT members who are underweight or~~  
257 ~~overweight.~~

258 v) ~~To initiate the referral for a nutritional assessment,~~  
259 ~~the PCP shall use the AdSS' referral form in~~  
260 ~~accordance with AdSS protocols, and~~

261 vi) ~~If a member qualifies for nutritional therapy due to a~~  
262 ~~medical condition, the following is covered:~~

263 1) ~~For medically necessary WIC exempt formula~~  
264 2) ~~Refer to Arizona WIC Programs Food List,~~

265 v) ~~For medically necessary WIC exempt formula, the~~  
266 ~~AdSS shall also be responsible for procurement of~~  
267 ~~and the primary funding source for any other~~  
268 ~~nutritional supplementation that is medically~~  
269 ~~necessary.~~

- 270 d. Behavioral health screening and services
- 271 i. PCPs may provide behavioral health services to
- 272 eligible EPSDT members within their scope of
- 273 practice as specified in AMPM Policy 510;
- 274 ii. American Indian/Alaska Native (AI/AN) Members
- 275 may receive behavioral health services through an
- 276 Indian Health Service or Tribally owned or operated
- 277 638 facility regardless of health plan enrollment or
- 278 behavioral health assignment;
- 279 iii. Screenings are separately billable and a copy kept in
- 280 the member's medical record which include:
- 281 a) Postpartum depression screening consisting of
- 282 a standard criterion referenced screening tool
- 283 to be performed for screening the parent for
- 284 signs and symptoms of postpartum depression
- 285 during the one-, two-, four- and six-month
- 286 EPSDT visits. Positive screening results require
- 287 referral to appropriate case managers and



288 services at the respective maternal health  
289 plan;  
290 b) Adolescent suicide screening consisting of a  
291 standard criterion referenced screening tool  
292 specific for suicide and depression shall be  
293 performed at annual EPSDT visits beginning at  
294 ten years of age. Positive screening results  
295 require appropriate and timely referral for  
296 further evaluation and service provision; and  
297 a)c) Adolescent Substance Use Disorder (SUD)  
298 screening consisting of a standard criterion-  
299 referenced screening tool specific for substance  
300 use performed at annual EPSDT visits  
301 beginning at 12 years of age. Positive  
302 screening results require appropriate and  
303 timely referral for further evaluation and  
304 service provision.

305 ~~2. Behavioral Health Screening and Services provided by a PCP. The~~  
306 ~~AdSS covers behavioral health services for members eligible for~~  
307 ~~EPSDT. PCPs may treat Attention Deficit Hyperactivity Disorder~~  
308 ~~(ADHD), depression and anxiety.~~

309 ~~American Indian members may receive behavioral health~~  
310 ~~services through an Indian Health Service or Tribal operated 638~~  
311 ~~facility, regardless of AdSS enrollment or behavioral health~~  
312 ~~assignment.~~

313 e. Developmental Surveillance and anticipatory guidance  
314 performed by the PCP at each EPSDT visit. Refer to  
315 Attachment E for the AHCCCS EPSDT Clinical Sample  
316 Templates for required information related to EPSDT  
317 screenings and visits.

318 e.f. Developmental Screening Tools used by a PCP

- 319 i. ~~Developmental screening is a s~~Separately billable  
320 service by PCPs who care for EPSDT age ~~m~~Members.  
321 ii. PCPs who bill for developmental screening areshall  
322 ~~be~~ trained in the use and scoring of the

323 developmental screening tools as indicated by the  
324 American Academy of Pediatrics (AAP).

325 iii. Any abnormal developmental screening finding shall  
326 result in referrals for appropriate follow-up.

327 iv. A copy of the developmental screening tool is kept in  
328 the medical record as~~As~~ specified in AMPM  
329 Behavioral Health Practice Tools 210 and AMPM  
330 Policy 320-O<sub>17</sub>, a copy of the developmental screening  
331 tool shall be kept in the medical record.

332 v. ~~General developmental screening shall occur~~ at the  
333 9 months, 18 months, and 30 months EPSDT visits.

334 Accepted tools are described in the Centers for  
335 Medicare and Medicaid Services (CMS) Core Measure  
336 Developmental Screening in the First Three Years of  
337 Life and used for screening purposes. ~~AHCCCS~~  
338 ~~approved tools include the Ages and Stages~~  
339 ~~Questionnaire, Third Edition (ASQ-3), and the~~

- 340 ~~Parents' Evaluation of Developmental Status (PEDS),~~  
341 ~~Birth to Age Eight.~~
- 342 ~~vi.v.~~ The CPT code 96110 shall be used with EP modifier
- 343 g. Autism Spectrum Disorder (ASD) Specific Developmental  
344 Screening at the 18 months and 24 months EPSDT visits:
- 345 i. ~~\_\_\_\_\_~~ ASD specific developmental screening should occur  
346 at the 18 months and 24 months EPSDT visits.
- 347 ~~i.ii.~~ Accepted tools are described in the CMS Core  
348 Measure Developmental Screening in the First Three  
349 Years of Life (DEV) Measure Specifications and shall  
350 be used for screening purposes. The Modified  
351 Checklist for Autism in Toddlers (M-CHAT-r) shall be  
352 used.
- 353 h. A comprehensive unclothed physical examination
- 354 ~~i.~~ Immunizations for all children and adolescents are covered  
355 under EPSDT
- 356 ~~i.~~ EPSDT covers all child and adolescent immunizations,  
357 according to age and health history, as specified in the

358 ~~Centers for Disease Control and Prevention (CDC)~~  
359 ~~recommended childhood as specified in the~~  
360 ~~i. \_\_\_\_\_ CDC recommended childhood immunization~~  
361 ~~schedules, and as specified in~~  
362 ~~i.ii. \_\_\_\_\_ AMPM Policy 310-M, according to age and health~~  
363 ~~history, and~~  
364 ~~a) The AdSS shall ensure Providers are registered~~  
365 ~~as Vaccines for Children (VFC) providers and~~  
366 ~~VFC vaccines shall be used for Members under~~  
367 ~~age 19 years, unless otherwise noted in AMPM~~  
368 ~~Policy 310-M. For members under age 19~~  
369 ~~years, unless otherwise noted in AMPM Policy~~  
370 ~~310-M, providers shall be registered as~~  
371 ~~Vaccines for Children (VFC) providers and VFC~~  
372 ~~vaccines shall be used.~~  
373 ~~b) For adult immunizations, refer to AMPM Policy~~  
374 ~~310-M.~~

375 ~~Providers may also provide COVID-19 vaccine~~  
376 ~~counseling whether the vaccine counseling~~  
377 ~~occurs:~~

378 ~~In conjunction with a preventive health~~  
379 ~~visit,~~

380 ~~In conjunction with an office visit when~~  
381 ~~another service was provided, or~~

382 1) ~~When COVID-19 vaccine counseling is~~  
383 ~~the sole reason for the office visit.~~

384 j. Laboratory tests

385 i. Laboratory including anemia testing and diagnostic  
386 testing for sickle cell trait, (if a child has not been  
387 previously tested with sickle cell preparation or a  
388 hemoglobin solubility test),

389 ii. ~~BEPSDT covers~~ blood lead screening and testing  
390 appropriate to age and risk.

391 1) Blood lead testing is required for all members  
392 at 12 months and 24 months of age and for

393 those members between the ages of 24  
394 months through ~~six~~6 years who have not been  
395 previously tested or who missed either the 12\_-  
396 month or 24\_-month test.

397 2) Lead levels may be measured at times other  
398 than those specified if thought to be medically  
399 indicated:

400 a) ~~By~~ By the provider,  
401 b) ~~By~~ By responses to a lead poisoning verbal  
402 risk assessment, ~~or~~  
403 ~~a)c)~~ c) In response to ~~r~~Responsible ~~p~~Person's  
404 concerns, and.  
405 ~~b)d)~~ d) Additional screening for children through  
406 ~~six~~6 years of age ~~is~~-based on the child's  
407 risk as determined by either the  
408 member's residential zip code or  
409 presence of other known risk-factors.

- 410 k. Health education, counseling, and chronic disease self-  
411 management.
- 412 l. Oral Health Screening
- 413 i. Identify oral pathology, including tooth decay or oral  
414 lesions.
- 415 ~~l.m.~~ The application of fluoride varnish conducted by a  
416 physician, physician's assistant, or nurse practitioner.  
417 ~~Appropriate oral health screening, intended to identify oral~~  
418 ~~pathology, including tooth decay and/or oral lesions, and the~~  
419 ~~application of fluoride~~  
420 ~~i. varnish~~  
421 ~~conducted by a physician, physician's assistant, or nurse~~  
422 ~~practitioner; and.~~
- 423 1) Fluoride varnish is limited in a PCP's office to  
424 once every three months, during an EPSDT  
425 visit for children who have reached six months  
426 of age with at least one tooth erupted, with



427 recurrent applications up to five years of age;  
428 and  
429 1)2) Application of fluoride varnish by the PCP does  
430 not take the place of a visit at the dental  
431 home.

432 ~~Fluoride varnish is limited in a PCPs office to once every 3-6~~  
433 ~~months, during an EPSDT visit for children who have reached 6~~  
434 ~~months of age with at least 1 tooth erupted, with recurrent~~  
435 ~~applications up to 2 years of age,~~  
436 ~~14.~~

437 m. Appropriate vVision, hearing, and speech sScreenings and  
438 services

439 i. EPSDT covers eEye examinations as appropriate to  
440 age according to the AHCCCS EPSDT pPeriodicity  
441 sSchedule and as medically necessary using  
442 standardized visual tools.

443 ii. Any abnormal screening finding results in a referral  
444 to an appropriate provider for follow-up.

445 ~~ii.~~ iii. Ocular photo screening with interpretation and  
446 report, bilateral is covered for children ages three  
447 through ~~six~~ six as part of the EPSDT visit due to  
448 challenges with a child's ability to cooperate with  
449 traditional chart-based vision Screening techniques.  
450 Ocular photo screening is limited to a lifetime  
451 coverage limit of one.  
452 ~~iii.~~ iv. Automated visual Screening is for vision Screening  
453 only, and not recommended for or covered by  
454 AHCCCS when used to determine visual acuity for  
455 purposes of prescribing glasses or other corrective  
456 devices, ~~and~~  
457 v. Prescriptive lenses and frames are provided subject  
458 to medical necessity to correct or ameliorate defects,  
459 physical illness, and conditions discovered through  
460 vision by EPSDT screenings at:, ~~subject to medical~~  
461 ~~necessity. Frames for eyeglasses are also covered.~~  
462 a) EPSDT visits,

- 463                                    b) Head Start,
- 464                                    c) School,
- 465                                    d) Childcare, or
- 466                                    e) Other community health programs.
- 467                                    iv-vi. Eyeglasses and other vision services, including
- 468                                    replacement and repair of eyeglasses, for members
- 469                                    under the age of 21 years are covered, without
- 470                                    restrictions, by AHCCCS to correct or ameliorate
- 471                                    conditions discovered during vision screenings for
- 472                                    EPSDT.
- 473                                    n. Hearing Screening and services
- 474                                    i. Newborn hearing screening must be performed per
- 475                                    state statute.
- 476                                    ii. ~~MEnsure~~ medically necessary audiology services to
- 477                                    evaluate hearing loss for all members are provided
- 478                                    on both an inpatient and outpatient basis.
- 479                                    iii. Hearing aids are covered only for Members under the
- 480                                    age of 21 receiving EPSDT services.

- 481           o.    Tuberculosis (TB) screening
- 482                i.    Tuberculin skin testing, as appropriate to age and
- 483                        risk.
- 484                ii.   Tuberculin skin testing for ~~C~~children at ~~increased~~-risk
- 485                        of tuberculosis (TB) include those who have contact
- 486                        with persons who have been:
- 487                            1)   Confirmed or suspected as having TB.
- 488                            2)   In jail or prison during the last five years.
- 489                            3)   Living in a household with an Human
- 490                                Immunodeficiency Virus (HIV)-infected person
- 491                                or the child is infected with HIV, or
- 492                            4)   Traveling/ or emigrating from, or having
- 493                                significant contact with persons indigenous to,
- 494                                endemic countries.
- 495            2.   The AdSS shall ensure Providers are registered as Vaccines for
- 496                        Children (VFC) Providers.
- 497            3.   The AdSS shall ensure VFC vaccines are used for Members under
- 498                        age 19 years, unless otherwise noted in AMPM Policy 310-M.

499 4. The AdSS shall cover adult immunizations as detailed in AMPM  
500 Policy 310-M.

501 5. The AdSS shall require Providers provide COVID-19 vaccine  
502 counseling whether the vaccine counseling occurs:

503 a. In conjunction with a preventive health visit,

504 b. In conjunction with an office visit when another service  
505 was provided, or

506 4)c. When COVID-19 vaccine counseling is the sole reason for  
507 the office visit.

508 **C. SICK VISIT PERFORMED IN ADDITION TO AN ~~Sick Visit Performed~~**  
509 **in Addition to an EPSDT VISIT**

510 1. The AdSS shall require Aa "Sick Visit" can be performed at  
511 the same time as an EPSDT visit if:

512 a. An abnormality is encountered, or a preexisting problem is  
513 addressed in the process of performing an EPSDT service  
514 and the problem or abnormality is significant enough to  
515 require additional work to perform the key components of

- 516 a problem-oriented ~~Evaluation and Management (E/M~~  
517 ~~service;~~ and.
- 518 b. The “~~s~~Sick ~~v~~Visit” is documented on a separate progress  
519 note; and.
- 520 c. History, exam, and ~~m~~Member ~~or~~ /~~r~~Responsible ~~p~~Person  
521 components of the separate “~~s~~Sick ~~v~~Visit” already  
522 performed during an EPSDT visit are not to be considered  
523 when determining the level of the additional services.
- 524 ~~c.d.~~ An insignificant or trivial problem or /abnormality that is  
525 encountered in the process of performing the preventive  
526 medicine evaluation and management service, and which  
527 does not require additional work and the performance of  
528 the key components of a problem-oriented E/M service is  
529 included in the EPSDT visit and should not be reported.

530 **D. AdSS SPECIFIC~~pecific~~ REQUIREMENTS~~Requirements~~**

531 The AdSS Shall

- 532 1. The AdSS shall implement processes to ensure age-appropriate  
533 Screening and care coordination, as specified in cContract, when  
534 mMember needs are identified.
- 535 2. The AdSS shall require PCPs utilize validated screening tools for  
536 all children to assess for behavioral health needs, Social  
537 Determinants of Health (SDOH), and trauma.
- 538 3. The AdSS shall requireEnsure pProviders utilize accepted, up-  
539 to-date AHCCCS approved standard developmental screening  
540 tools and complete ongoing training in the use of these tools, as  
541 indicated by the AAP.
- 542 2.4. The AdSS shall monitor providers and implement interventions  
543 for non-compliance of requirements listed above in section D (1)  
544 (2) (3).
- 545 5. The AdSS shall develop policies and procedures to:
- 546 a. Identify the needs of EPSDT age members;
- 547 b. Inform members of the availability of EPSDT services,
- 548 c. Coordinate member care;

549 d. ~~Provide care management when medically necessary~~  
550 ~~based on health risk assessment;~~

551 e. ~~Conduct appropriate follow-up;~~ and

552 a.f. ~~Ensure members receive timely and appropriate~~  
553 ~~treatment.~~

554 ~~3.6.~~ The AdSS shall ~~Develop~~ policies and procedures to monitor,  
555 evaluate, and improve Member participation in EPSDT visits.  
556 ~~participation.~~

557 ~~4.7.~~ The AdSS shall require ~~Ensure that~~ ~~Members~~ receive required  
558 health screenings in compliance with AMPM 430 Attachment (A)  
559 and AMPM Policy ~~431~~ Attachment 431 (A).

560 8. The AdSS shall require ~~Ensure~~ ~~the following screenings are~~  
561 conducted, including initial and secondary screening; ~~that the~~

562 a. Bloodspot Newborn Screening Panel,

563 b. Hearing,

564 c. Congenital heart defect, and, ~~if indicated,~~



565 ~~a.d. Bilirubin screening tests, if indicated, are conducted,~~  
566 ~~including initial and secondary screenings, in accordance~~  
567 ~~with 9 A.A.C. 13, Article 2.~~

568 5.9. The AdSS shall cover ~~E~~nsure that in-office capillary blood draws  
569 utilizing validated Certified Laboratory Improvement  
570 Amendments (CLIA) waived testing equipment ~~shall~~ will be  
571 ~~covered~~ for in-network point of care EPSDT visits.

572 6.10. The AdSS shall require ~~E~~nsure that p~~r~~oviders report blood lead  
573 levels to the Arizona Department of Health Services (ADHS) as  
574 required under ~~{A.A.C. R9-4-302}~~ and implement protocols for  
575 the following: -

576 The AdSS shall implement protocols for the following:

577 a. Care coordination with the following for members with  
578 elevated blood lead levels ~~(e.g., parents/ HCDM, DR, PCP~~  
579 ~~and ADHS)~~ to ensure timely follow-up and retesting: -

580 i. Member,

581 ii. Responsible Person,

582 iii. PCP, and

- 583 a-iv. ADHS;
- 584 b. Case management ~~is required~~ for all children with elevated
- 585 blood lead levels per current CDC recommendations. Case
- 586 management shall align with CDC's recommendations for
- 587 actions based on blood lead level and ADHS
- 588 recommendations;~~;~~
- 589 c. Appropriate care coordination for an EPSDT age child who
- 590 has an elevated blood lead level and is transitioning to or
- 591 from another AHCCCS Contractor;~~;~~ and
- 592 d. Referral of members who lose AHCCCS eligibility to
- 593 low-cost or no-cost follow-up testing and treatment for
- 594 those members who have a blood lead test result equal to
- 595 or greater than the current CDC blood lead reference
- 596 values. ~~ten micrograms of lead per deciliter of whole~~
- 597 ~~blood.~~
- 598 11. The AdSS shall require case management aligns with CDC's
- 599 recommendations for actions based on blood lead level and
- 600 ADHS recommendations.

601 7.12. The AdSS shall ~~D~~develop, implement, and maintain a process to  
602 provide appropriate access to and timeliness of blood lead  
603 testing and follow-up care for members who have abnormal  
604 blood lead test results.

605 8.13. The AdSS shall ~~E~~ensure that each hospital or birthing center  
606 contracted with the AdSS:

- 607 a. ~~Each hospital or birthing center s~~creens all newborns  
608 using a physiological hearing ~~S~~creening method prior to  
609 initial hospital discharge, ~~and-~~
- 610 b. ~~Each hospital or birthing center p~~rovides outpatient re-  
611 screening for babies who were missed or are referred from  
612 the initial screening. Outpatient re-screening shall be  
613 scheduled at the time of the initial discharge and  
614 completed between ~~two~~2 and ~~six~~6 weeks of age.
- 615 c. Refer the family to the PCP for appropriate assessment,  
616 care coordination and referral(s) ~~W~~hen there is an  
617 indication that a newborn or infant may have a hearing  
618 loss or congenital disorder, ~~the family shall be referred to~~

619 the PCP for appropriate assessment, care coordination and  
620 referral(s).

621 14. The AdSS shall require ~~A~~all covered infants with confirmed  
622 hearing loss receive services before turning ~~six~~6 months of age.

623 9.15. The AdSS shall ~~i~~implement protocols for care and coordination of  
624 members who received TB testing to ensure timely reading of  
625 the TB skin test and treatment, if medically necessary.

626 10.16. The AdSS shall ~~E~~employ a sufficient number of  
627 appropriately qualified local personnel in order to meet the  
628 health care needs of ~~m~~Members and fulfill Federal and State  
629 EPSDT requirements, as well as achieve contractual compliance  
630 which includes a documented process for ensuring all applicable  
631 staff are appropriately trained and kept up to date with the  
632 EPSDT program, and AHCCCS policies relevant to EPSDT  
633 Members..

634 17. The AdSS shall ~~i~~nform all participating PCPs about EPSDT  
635 requirements and monitor compliance with the following:  
636 requirements. This shall include:

- 637            a. Federal law,
- 638            b. State law,
- 639            ~~— AHCCCS policy, informing PCPs of EPSDT requirements~~
- 640            for:
- 641            ~~— Federal,~~
- 642            c. State, and
- 643            i. AHCCCS policy requirements for EPSDT, and
- 644            d. Updates of new information as it becomes available, and
- 645            18. The AdSS shall require ensuring PCPs providing care to
- 646            children:
- 647            a. Are trained to use appropriate norm referenced and
- 648            validated implemented developmental screening tools,
- 649            and. This shall also
- 650            a.b. Include a process to monitor the utilization of appropriate
- 651            norm referenced and validated AHCCCS approved those
- 652            developmental screening tools.
- 653            19. The AdSS shall provide the following Provide EPSDT member
- 654            outreach, including oral health member outreach as specified in

- 655 this policy, in AMPM Policy 431 and AMPM Exhibit 400-3. ~~This~~  
656 ~~information shall include:~~
- 657 a. ~~Develop, implement, and maintain a pA~~ process to inform  
658 members about EPSDT services that align with the  
659 enrollment and annual requirements in ACOM Policy 406 to  
660 include. ~~This information shall include:~~
- 661 i. The benefits of preventive health care, including oral  
662 health;
- 663 ii. Information that an EPSDT visit is a Well Child visit,
- 664 iii. A description of the services listed in section (b) of  
665 this policy; ~~A (of this policy), Covered Services~~  
666 ~~During an EPSDT Visit,~~
- 667 iv. Information on how to obtain these services and  
668 assistance with scheduling appointments; ~~;~~
- 669 v. Availability of care management assistance in  
670 coordinating EPSDT covered services; ~~;~~

- 671 vi. A statement that there is no copayment or other  
672 charge for EPSDT Screening and resultant services  
673 as specified in ACOM Policy 431~~;~~ and  
674 vii. A statement that assistance with medically necessary  
675 transportation is available to obtain EPSDT services,  
676 as specified in AMPM Policy 310-BB. ~~is available to~~  
677 ~~obtain EPSDT services.~~  
678 b. The AdSS shall conduct written and other member  
679 educational outreach topics at least annually related to:  
680 i. Immunizations;  
681 ii. Available community resources including:  
682 a) but not limited to WIC,  
683 b) Arizona Early Intervention Program (AzEIP),  
684 c) Children’s Rehabilitative Services (CRS),  
685 d) Behavioral Health,  
686 e) Home Visiting Programs,  
687 f) Head Start/Early Head Start,  
688 g) Vaccines for Children (VFC), and

- 689 h) Birth to Five Helpline},
- 690 iii. Lead poisoning prevention ( including:
- 691 a) Dangers of and sources of lead exposure in
- 692 Arizona populations,
- 693 b) Lead poisoning prevention measures, and
- 694 c) Recommended or mandatory testing},
- 695 iv. Age appropriate weight gain},
- 696 v. Childhood obesity and prevention measures},
- 697 vi. How to recognize asthma signs and symptoms,
- 698 reduce triggers, and improve asthma management
- 699 maintenance},
- 700 vii. Age appropriate risk prevention efforts (
- 701 addressing:
- 702 a) Development,
- 703 b) Injury and suicide prevention,
- 704 c) Bullying,
- 705 d) Violence,
- 706 e) Drug and alcohol use,



707 f) sSocial media and  
708 g) sSexual behavior.)  
709 viii. eEducation on importance of utilizing a PCPprimary  
710 care provider in place of Emergency Department R  
711 visits for non-emergent concerns;  
712 ix. rRecommended pPeriodicity sSchedules;  
713 viii-x. oOther AdSS-selected topics once every 12 months.  
714 at a minimum of once every 12 months. These  
715 topics may be addressed separately or combined into  
716 one written outreach material; however, each topic  
717 shall be covered during the 12-month period. EPSDT  
718 related outreach material shall include a statement  
719 informing members that an EPSDT visits is  
720 synonymous to a Well Child visit. Refer to AMPM  
721 Exhibit 400-3, AMPM Policy 431 and ACOM Policy 404  
722 for additional member information requirements.  
723 b-c. Develop, implement, and maintain a procedure to notify  
724 the mMember or /rResponsible pPerson of visits

725 recommended by the AHCCCS EPSDT and Dental  
726 Periodicity Schedules (AMPM 430 Attachment A and AMPM  
727 Policy 431 Attachment A). This procedure shall include:

728 i. Notification to ~~the member or~~s responsible  
729 parties/~~r~~ Responsible ~~p~~erson regarding suggested  
730 dates of each EPSDT visit. If an EPSDT visit has not  
731 taken place, a second written notice shall be sent;

732 ii. Notification to ~~member~~s or responsible person  
733 regarding suggested dates of biannual (~~one visit~~  
734 ~~every six months~~) dental visits. If a dental visit has  
735 not taken place, a second written notice shall be  
736 sent,

737 iii. ~~I~~Inform members of a Appropriate immunizations  
738 according to age and health history,

739 iv. Refer to AMPM Policy 431 and AMPM Exhibit 400-3  
740 for additional dental and Oral Hhealth required  
741 written notifications, and

742                    iv. Processes other than mailings shall be pre-approved  
743                    by AHCCCS as outlined in ACOM 404.

744                    d. Targeted outreach to those Members who did not show for  
745                    appointments.

746                    v.e. EPSDT information in a culturally competent manner, in  
747                    accordance with the requirements in ACOM Policy 405 and  
748                    include Oral Health Member outreach as specified in AMPM  
749                    Exhibit 400-3 and AMPM Policy 431.

750                    20. The AdSS shall develop and implement processes to educate,  
751                    refer, and assist members and their families regarding the  
752                    following community health resources, including, but not  
753                    limited to

754                    a. WIC, (and ensure medically necessary nutritional  
755                    supplements are covered),

756                    b. AzEIP,

757                    c. Home Visiting Programs, and

758                    d. Head Start.

- 759           21. The AdSS shall ~~D~~develop and implement processes to ensure the  
760           identification of ~~m~~Members needing care management services  
761           and the availability of care management assistance in  
762           coordinating EPSDT covered services.
- 763           22. The AdSS shall ~~P~~participate in community and/or quality  
764           initiatives, to promote and support best local practices and  
765           quality care, within the communities,  ~~served by the AdSS.~~
- 766           23. The AdSS shall ~~C~~coordinate with other entities when ~~a~~when the  
767           AdSS ~~a~~ determines a member has ~~€~~Third ~~p~~Party coverage.
- 768           24. The AdSS shal ~~D~~develop, implement, and maintain a procedure  
769           for ensuring timeliness and care coordination of re-screening and  
770           treatment for all conditions identified, including behavioral health  
771           services, as a result of examination, ~~S~~screening, and diagnosis.
- 772           24.25. The AdSS shall require that Treatment, ~~as outlined above~~  
773           in (22) of this Section, if required, ~~shall occurs,~~ on a timely  
774           basis, generally initiating services no longer than 60 days ~~€~~  
775           ~~months~~ beyond the request for Screening services, unless stated  
776           otherwise in this policy or when medically necessary.

777 ~~25-26.~~ The AdSS shall ~~R~~require contracted providers to  
778 use providers the use of the AHCCCS EPSDT and Dental  
779 Periodicity Schedules as specified in ~~(AMPM Policy 430~~  
780 ~~Attachment 430 (A) and AMPM Policy 431, Attachment 431 (A).)~~  
781 ~~by all contracted providers.~~

782 ~~26-27.~~ The AdSS shall ~~D~~develop and implement a process for  
783 monitoring that ~~p~~providers use the most current EPSDT  
784 Periodicity Schedule at every EPSDT visit and that all age-  
785 appropriate Screenings and services are conducted during each  
786 visit and include a description of interventions utilized in the  
787 event of provider non-compliance.

788 ~~27-28.~~ The AdSS shall ~~D~~develop and implement processes to  
789 reduce no-show appointment rates for EPSDT services.

790 ~~28-29.~~ The AdSS shall ~~E~~encourage providers to schedule the next  
791 EPSDT Screening at the current office visit, particularly for  
792 children 30-24 months of age and younger.



809 ~~b.d.~~ mMonitor provider's compliance with immunization registry  
810 reporting requirements and take action to improve  
811 reporting when issues are identified.

812 32. The AdSS shall participate in any review conducted by the  
813 Division of the following EPSDT requirements: conducted by the  
814 Division AHCCCS, including: but not limited to:

815 a. On-site provider medical record audits, and AdSS rResults  
816 of on-site visits to providers, and

817 ~~30.b.~~ Results of on-site visits to providers. mMedical record  
818 audits.

819 ~~31.33.~~ The AdSS shall iinclude language in PCP contracts that  
820 requires PCPs to:

821 a. Provide EPSDT services in accordance with the AHCCCS  
822 EPSDT and Dental Periodicity Schedules as specified in  
823 AMPM 430 Attachment A and AMPM 431 Attachment A for  
824 all assigned members from birth up to 21 years of age.  
825 ~~Services shall be provided in accordance with the AHCCCS~~  
826 ~~EPSDT and Dental Periodicity Schedules as specified in~~

- 827 ~~(AMPM Policy 430, Attachment A and AMPM Policy 431,~~  
828 ~~Attachment A.)~~,
- 829 b. Implement procedures to ensure compliance by PCPs with  
830 all EPSDT standards and contract requirements.
- 831 c. Implement protocols to ensure that health problems are  
832 diagnosed and treated ~~E~~early, before they become more  
833 complex and the treatment more costly; ~~(including~~  
834 ~~e.d.~~ ~~f~~Follow-up related to blood lead Screening and tuberculosis  
835 Screening.),
- 836 e. Have a process and implement protocols for assisting  
837 Members in:
- 838 1) navigating the healthcare system,  
839 2) Coordinating care and services with the appropriate  
840 state agencies, and  
841 ~~a.3) as well as informing members of~~ Connecting with  
842 any other community-based resources ~~and~~that  
843 support services that support optimal health



844 outcomes, to ensure that members receive  
845 appropriate support services.

846 **d.f.** Implement protocols for coordinating care and services  
847 with the appropriate state agencies for EPSDT members,  
848 and ensure that members are referred to support services,  
849 as well as other community-based resources to support  
850 good health outcomes.

851 **g.** Refer eligible members to Early Head Start or Head Start  
852 and the Special Supplemental Nutrition Program for  
853 WIC, for WIC-approved formula and support services.

854 **e.h.** Ensure that medically necessary nutritional supplements  
855 are covered utilizing the criteria specified in this policy, by  
856 the AdSS. For more information, refer, EPSDT Service  
857 Standards, Nutritional Assessment and Nutritional Therapy  
858 of this Policy).

859 **f.i.** Utilize the criteria specified in this policy when requesting  
860 medically necessary nutritional supplements.

861 ~~g.j.~~ Coordinate with ~~Arizona Early Intervention Program~~  
862 ~~(AzEIP)~~ to identify DDD Members children birth up to three  
863 3 years of age with ~~d~~Developmental disabilities needing  
864 services, including family education and family support  
865 needs focusing on each child's natural environment, to  
866 optimize child health and development; and ~~(EPSDT~~  
867 ~~services, as defined in 9 A.A.C. 22, Article 2, shall be~~  
868 ~~provided by the AdSS). Refer to AMPM 430 Attachment D,~~  
869 ~~and~~  
870 k. Require providers to communicate results of assessments  
871 and services provided to AzEIP enrollees within 45 days of  
872 the member's AzEIP enrollment. Refer to AMPM 430  
873 Attachment C for more information related to the  
874 coordination and referral process for Early interventions  
875 services.  
876 l. The AdSS will be required to submit specific information  
877 regarding how providers are educated about AzEIP and

878 what the process is for requesting services, and  
879 requirements for reimbursing AzEIP providers in their:  
880 i. EPSDT Services Annual Plans,  
881 ii. Provider manuals, and  
882 ~~h.~~iii. Provider newsletters.  
883 ~~32-34.~~ The AdSS shall Coordinate with behavioral health services  
884 agencies and providers to ensure continuity of care for  
885 ~~m~~Members who are receiving or are eligible to receive behavioral  
886 health services.  
887 a. Behavioral health services are delivered in accordance with  
888 guidelines that incorporate evidence-based best practices.  
889 ~~a.~~b. Maintain the integrity of best practices and approaches to  
890 providing behavioral health services for children using the  
891 12 Guiding Principles specified in AMPM Policy 100.  
892 ~~Behavioral health services are delivered in accordance with~~  
893 ~~guidelines that incorporate evidence-based "best practices".~~  
894 ~~AHCCCS has implemented 12 Principles to maintain the integrity~~

895 ~~of the best practices and approaches to providing behavioral~~  
896 ~~health services for children.~~  
897 ~~AdSS and providers are required to integrate these principles in~~  
898 ~~the provision of behavioral health services for EPSDT age~~  
899 ~~members. Refer to AMPM Policy 100.~~

900 35. The AdSS shall integrate the 12 Principles in the provision of  
901 behavioral health services for EPSDT age Members as specified  
902 in AMPM Policy 100.

903 33.36. The AdSS shall ~~D~~develop guidelines for use by the PCP in  
904 providing the following:

- 905 a. Information necessary to obtain Prior Authorization (PA)  
906 for commercial oral nutritional supplements;<sup>17</sup>  
907 b. Encouragement and assistance to the ~~parent/r~~Responsible  
908 ~~p~~Person in weaning the member from the necessity for  
909 supplemental nutritional feedings when possible;<sup>17</sup> and  
910 c. Education and training, if the ~~member's~~ responsible person  
911 elects to prepare the member's food, regarding proper  
912 sanitation and temperatures to avoid contamination of

913 foods that are blended or specially prepared for the  
914 member.

915 ~~34.37.~~ The AdSS shall ~~implement~~ protocols for transitioning a  
916 child who is receiving nutritional therapy, to or from another  
917 ~~provider~~ AdSS or ~~other~~ another service program (e.g. WIC).

918 38. ~~The AdSS shall implement~~ a process for verifying medical  
919 necessity of nutritional therapy through the receipt of the  
920 following supporting medical documentation dated within 3  
921 months of the request, prior to giving initial or ongoing  
922 authorizations for nutritional therapy. ~~Documentation shall~~  
923 ~~include:~~

924 a. ~~€~~ Clinical notes or other supporting documentation from the  
925 member's:

926 i. ~~PCP,~~

927 ii. ~~s~~ Specialty provider, or

928 iii. ~~r~~ Registered dietitian; ~~and, including~~

929            b. aA detailed history and thorough physical assessment that  
930                            provides evidence of the mMember meeting all of the  
931                            required criteria, as indicated on AMPM 430 Attachment B.

932            39. The AdSS shall require a transition plan is addressed and  
933                            relevant to the Member's needs as identified by their PCP prior to  
934                            the Member's 21st birthday including:

935            a. Housing and food security,

936            b. Continuation of health insurance coverage, and

937            35-c. Continuous support services for existing physical and  
938                            behavioral health needs.

939 **E. AdSS REQUIREMENTS FOR THE EPSDT PROGRAM PLAN**

940 **CHECKLIST Requirements For The EPSDT Program Plan**

941 **Checklist**

942 **E.1. The AdSS shall have a written EPSDT Program Plan**

943 **Checklist that addresses minimum requirements as well**

944 **as the objectives of the programs that are focused on**

945 **achieving AHCCCS requirements. The Checklist shall also**

946 **incorporate the following monitoring and evaluation**

947 **activities for these minimum requirements:**

948 ~~AdSS shall have a written EPSDT Program Plan Checklist that~~  
949 ~~addresses minimum AdSS requirements as specified above as well as~~  
950 ~~the objectives of the AdSS' program that are focused on achieving~~  
951 ~~AHCCCS requirements. The Checklist shall also incorporate monitoring~~  
952 ~~and evaluation activities for these minimum requirements. Refer to~~  
953 ~~Attachment F. The EPSDT Program Plan Checklist shall be submitted as~~  
954 ~~specified in Contract and is subject to AHCCCS approval. The EPSDT~~  
955 ~~Program Plan Checklist shall contain, at a minimum, the following:~~  
956 ~~Provider Requirements~~

957 a. EPSDT Narrative Plan which includes a written description  
958 of all planned activities to address the AdSS' minimum  
959 requirements for EPSDT services including:

960 i. Informing providers and members that EPSDT is a  
961 comprehensive child health program of prevention,  
962 treatment, correction, improvement or amelioration

- 963 of physical and behavioral health problems for  
964 Members under the age of 21;  
965 ii. Activities to identify Member needs;  
966 iii. Coordination of care; and  
967 a-b. Follow-up activities to ensure appropriate treatment is  
968 received in a timely manner.

969 ~~A written description of all planned activities to address the~~  
970 ~~AdSS' minimum requirements for EPSDT services, as specified~~  
971 ~~above, including, but not limited to, informing providers and~~  
972 ~~members that EPSDT is a comprehensive child health program of~~  
973 ~~prevention, treatment, correction, and improvement~~  
974 ~~(amelioration) of physical and behavioral health problems for~~  
975 ~~members under the age of 21. The narrative description shall~~  
976 ~~also include AdSS activities to identify member needs,~~  
977 ~~coordination of care, and follow-up activities to ensure~~  
978 ~~appropriate treatment is received in a timely manner.~~

- 979 1.





998

3) Healthy People standards).

999

a)b) The AdSS may also develop their own specific

1000

measurable goals and objectives aimed at enhancing

1001

the EPSDT program when Minimum Performance

1002

Standards have been met.

1003

c) Strategies and specific measurable interventions to

1004

accomplish objectives: ~~(e.g.,~~

1005

c) ~~m~~Member outreach,

1006

d) ~~p~~Provider education, and

1007

b)d) ~~p~~Provider compliance with mandatory components of

1008

the EPSDT program).

1009

e)e) Targeted implementation and completion dates of

1010

Work ~~p~~Plan activities.

1011

d)f) Assigned local staff position(s) responsible and

1012

accountable for meeting each established goal and

1013

objective, ~~and~~

1014

e)g) Identification and implementation of new

1015

interventions, continuation of, or modification to

1016 existing interventions, based on quarterly analysis of  
1017 the previous year's Work Plan Evaluation.

1018 2. The AdSS shall submit Aall relevant current EPSDT policies and  
1019 procedures shall be submitted as separate attachments.

1020 **F. CONTRACTED PROVIDER REQUIREMENTS**~~Provider Requirements~~  
1021 ~~EPSDT services shall be provided according to community standards of~~  
1022 ~~practice in accordance with Section 42 USC 1396d(a) and (r),~~  
1023 ~~1396a(a)(43), 42 CFR 441.50 et seq. and AHCCCS rules and policies~~  
1024 ~~including the AHCCCS EPSDT and Dental Periodicity Schedules (AMPM~~  
1025 ~~Policy 430, Attachment A and AMPM Policy 431, Attachment A).~~

1026 1. The AdSS shall require Provider awareness of all EPSDT  
1027 requirements through:

1028 a. Annual provider newsletters or forums, and

1029 b. Provider manual.

1030 2. The AdSS shall require Pproviders: shall

1031 a. Refer members for follow-up, diagnosis, and treatment.

1032 Treatment is to be initiated within sixty60 days of

1033 Screening services unless medically indicated to be sooner.

1034                    b. Provide health counseling and education at initial and  
1035                    follow-up visits.

1036                    2. The AdSS shall ensure providers adhere to specific standards  
1037                    and requirements for the following covered services:

1038                    ~~Providers are required to provide health counseling/education at initial~~  
1039                    ~~and follow-up visits.~~

1040                    ~~Refer to the specific AdSS regarding PA requirements.~~

1041                    ~~A PCP referral is not required for Naturopathic services.~~

1042                    ~~Additionally, providers shall adhere to the below specific standards and~~  
1043                    ~~requirements for the following covered services:~~

1044                    a.        Breastfeeding Support per AAP recommendation that  
1045                    provides families with evidence-based breastfeeding  
1046                    information and support as relevant.

1047                    b.        Immunizations:

1048                    i.        Provide All appropriate immunizations ~~shall be~~  
1049                    ~~provided according to the Advisory Committee on~~  
1050                    Immunization Practices Recommended Schedule as

1051 specified in the CDC recommended immunization  
1052 schedules and AMPM Policy 310-M<sub>1</sub>;  
1053 ~~Refer to the CDC website:~~  
1054 ~~www.cdc.gov/vaccines/schedules/index.html for current~~  
1055 ~~immunization schedules. The vaccine schedule shall also~~  
1056 ~~reflect current state statutes governing school~~  
1057 ~~immunization requirements as listed on www.AZDHS.gov.~~  
1058 ~~If appropriate, document in the member's medical record~~  
1059 ~~the member/responsible person's decision not to utilize~~  
1060 ~~EPSDT services or receive immunizations, and~~  
1061 ii. Document in the Member's medical record the  
1062 Member or Responsible Person's decision not to  
1063 utilize EPSDT services or receive immunizations, if  
1064 appropriate; and  
1065 iii. Providers shall coordinate with the ADHS for the  
1066 VFC program for the delivery of immunization  
1067 services.  
1068 c. Blood-Lead Screening:



- 1087 d. Transplants covered by AHCCCS as specified in AMPM  
1088 Policy 310-DD. Organ and Tissue Transplantation Services  
1089 Refer to AMPM Policy 310-DD for information regarding  
1090 AHCCCS-covered transplants.
- 1091 ~~d.e.~~ Metabolic Medical Foods as specified in AMPM policy 310-  
1092 GG. If an AHCCCS-covered member has a congenital  
1093 metabolic disorder identified through the Bloodspot  
1094 Newborn Screening Panel (such as Phenylketonuria,  
1095 Homocystinuria, Maple Syrup Urine Disease, or  
1096 Galactosemia), refer to Division Medical Policy 310-GG.
- 1097 e.f. Nutritional Therapy AHCCCS covers nutritional therapy for  
1098 EPSDT members on an Enteral Nutrition, Total Parenteral  
1099 Nutrition (TPN) Therapy, or orally basis when determined  
1100 medically necessary to provide either complete daily  
1101 dietary requirements, or to supplement a ~~an~~ Member's daily  
1102 nutritional and caloric intake when determined medically  
1103 necessary.

- 1104 i. PA is required for Commercial Oral Supplemental  
1105 Nutrition, from the unless the member is also  
1106 currently receiving nutrition through Enteral Nutrition  
1107 or TPN Therapy.
- 1108 i-ii. AdSS for Commercial Oral Supplemental Nutrition,  
1109 unless the member is also currently receiving  
1110 nutrition through Enteral Nutrition or TPN Therapy.
- 1111 iii-ii. Medical necessity for commercial oral nutritional  
1112 supplements shall be determined on an individual  
1113 basis by the member's PCP or specialty provider,  
1114 using the criteria specified in this policy. An example  
1115 of a nutritional supplement is an amino acid based  
1116 formula used by a member for eosinophilic  
1117 gastrointestinal disorder.
- 1118 iv-iii. The PCP or specialty provider shall use the AHCCCS  
1119 approved form, AMPM Policy 430 Attachment B, to  
1120 obtain authorization and authorization, and provide  
1121 the following supporting documentation with the



- 1122 Certificate of Medical Necessity for Commercial Oral  
1123 Nutritional Supplements demonstrating that the  
1124 Member meets all of the required criteria:
- 1125 1) ~~Attachment B shall indicate which criteria were~~  
1126 ~~met when assessing the medical necessity of~~  
1127 ~~providing commercial oral nutritional~~  
1128 ~~supplements.~~
    - 1129 a) The member has been diagnosed with a  
1130 chronic disease or condition,
    - 1131 b) The member is below the recommended  
1132 BMI percentile (or weight-for-length  
1133 percentile for members less than two  
1134 years of age) for the diagnosis per  
1135 evidence-based guidance as issued by  
1136 the AAP, and
    - 1137 c) There are no alternatives for adequate  
1138 nutrition or the member has met at least

1139 two of the criteria that establish medical  
1140 necessity:

1141 OR

1142 2) ~~The member had met at least two of the~~  
1143 ~~following criteria to establish medical~~  
1144 ~~necessity:~~

1145 a) Is at or below the 10th percentile  
1146 for weight-for-length or BMI on the  
1147 appropriate growth chart for age  
1148 and gender, as recommended by  
1149 the CDC, for three months or  
1150 more.

1151 b) Reached a plateau in growth or  
1152 nutritional status for more than six  
1153 months, or more than three  
1154 months if the member is an infant  
1155 less than one year of age.

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- c) Demonstrated a medically significant decline in weight within the three month period prior to the assessment.
- a)d) Can consume or eat no more than 25% of their nutritional requirements from age-appropriate food sources.
- ~~Is at or below the 10th percentile for weight-for-length or BMI on the appropriate growth chart for age and gender, as recommended by the CDC, for three months or more.~~
- ~~Reached a plateau in growth and/or nutritional status for more than 6 months, or more than 3~~

- 1173 months if member is an infant less  
1174 than 1 year of age.
- 1175 • Demonstrated a medically  
1176 significant decline in weight within  
1177 the 3 month period prior to the  
1178 assessment.
  - 1179 • Can consume/eat no more than  
1180 25% of his/her nutritional  
1181 requirements from age-appropriate  
1182 food sources.
- 1183 3) Additionally, ~~e~~Each of the following  
1184 requirements must be met:
- 1185 a)      The member has been evaluated for the  
1186 following and treated for medical  
1187 conditions that may cause problems with  
1188 growth and treated if indicated: ~~(such as~~
  - 1189
  - 1190 i)      feeding problems,

- 1191 ii) \_\_\_\_\_ behavioral conditions, ~~or~~
- 1192 iii) \_\_\_\_\_ psychosocial problems,
- 1193 iv) \_\_\_\_\_ endocrine, or
- 1194 a) \_\_\_\_\_ gastrointestinal problems}.
- 1195 b) \_\_\_\_\_ The member has had a trial of higher
- 1196 caloric foods, blenderized foods, or
- 1197 commonly available products that may
- 1198 be used as dietary supplements for a
- 1199 period of no less than 30 days in
- 1200 duration.
- 1201 c) \_\_\_\_\_ If it is determined through clinical
- 1202 documentation and other supporting
- 1203 evidence that a trial of higher caloric
- 1204 foods would be detrimental to the
- 1205 member's overall health, the provider
- 1206 may submit:
- 1207 i) \_\_\_\_\_ the Certificate of Medical Necessity
- 1208 for Commercial Oral Nutritional

1209 Supplements located in the AMPM  
1210 Policy 430 Attachment B), along  
1211 with  
1212 ~~b)(i)~~ supporting documentation  
1213 demonstrating the risk posed to  
1214 the member, for the AdSS Medical  
1215 Director or ~~D~~designee's  
1216 consideration in approving the  
1217 provider's prior authorization  
1218 request.  
1219 ~~4)1)~~ Supporting documentation must accompany  
1220 the Attachment B Certificate of Medical  
1221 Necessity for Commercial Oral Nutritional  
1222 Supplements and (~~Members 21 Years of Age or~~  
1223 ~~Greater Initial or Ongoing Requests~~). This  
1224 documentation must demonstrate that the  
1225 member meets all of the required criteria, ~~and~~  
1226 it includes:

- 1227 1) Initial Requests
- 1228 a) Documentation demonstrating that
- 1229 nutritional counseling has been provided
- 1230 as a part of the health risk assessment
- 1231 and screening services provided to the
- 1232 member by the PCP or specialty provider,
- 1233 or through consultation with a registered
- 1234 dietitian.
- 1235 b) Clinical notes or other supporting
- 1236 documentation dated within 3 months of
- 1237 the request, providing a detailed history
- 1238 and thorough physical assessment
- 1239 demonstrating evidence of the required
- 1240 ~~criteria, as indicated on the Certificate of~~
- 1241 ~~Medical Necessity~~ (The physical
- 1242 assessment must include the member's
- 1243 ~~current and past:~~
- 1244 ~~1) Weight for~~

- 1245 2) ~~Length~~ and
- 1246 b) ~~c)~~ BMI percentiles (if the member is two
- 1247 years of age or older.)
- 1248 c) ~~d)~~ Documentation detailing efforts to
- 1249 resolve the nutritional concern identified:
- 1250 1) ~~Alternatives that were tried and~~
- 1251 ~~unsuccessful efforts to in an effort~~
- 1252 ~~to boost caloric intake and~~
- 1253 ~~alternative that were tried,~~
- 1254 2) Unsuccessful changes in food
- 1255 consistencies, and
- 1256 3) ~~Member Unable to~~ adherence to
- 1257 the prescribed dietary plan and
- 1258 alternatives attempted.
- 1259 2) Subsequent requests shall include:
- 1260 a) A clinical note or other supporting
- 1261 documentation dated within ~~three~~3
- 1262 months of the request;



- 1263 b) Member's overall response to  
1264 supplemental therapy and justification  
1265 for continued supplement use;
- 1266 ~~c) Include the Member's tolerance to~~  
1267 ~~formula, recent hospitalizations, and~~  
1268 ~~current:~~
- 1269 1) Weight,  
1270 2) Length, and  
1271 3) BMI percentiles if the Member is  
1272 two years of age or older. weight-  
1273 for length or BMI percentile. (if  
1274 member is two year of age or  
1275 older).
- 1276 d) Must be physically assessed by the  
1277 member's PCP, specialty provider, or  
1278 registered dietitian at least annually.
- 1279 e) Documentation demonstrating  
1280 encouragement and assistance provided

1281 to the caregiver in weaning the Member  
1282 from supplemental nutritional feedings  
1283 should be included, when appropriate.  
1284

1285 ~~**Note:** Members receiving nutritional therapy~~  
1286 ~~must be physically assessed by the member's~~  
1287 ~~PCP, specialty provider, or registered dietitian~~  
1288 ~~at least annually. Additionally, documentation~~  
1289 ~~demonstrating encouragement and assistance~~  
1290 ~~provided to the caregiver in weaning the~~  
1291 ~~member from supplemental nutritional~~  
1292 ~~feedings should be included, when appropriate.~~

1293 f. Dental and Oral Health Services

- 1294 1) As part of the physical examination, the physician,  
1295 physician's assistant, or nurse practitioner shall  
1296 perform an dental and oral health Screening. A  
1297 Screening is intended to identify gross dental or oral  
1298 lesions but is not a thorough clinical examination and

1299 does not involve making a clinical diagnosis resulting  
1300 in a treatment plan.

1301 2) Referral to a dentist or dental home shall be made as  
1302 outlined in AMPM Policy 431.

1303 g. Cochlear and Osseointegrated Implantation

1304 i. Cochlear Implantation and Osseointegrated  
1305 Implantation services are covered solely for EPSDT  
1306 age members if medically necessary.

1307 i.ii. Cochlear Implantation shall meet criteria for medical  
1308 necessity including:

1309 i. Cochlear implantation

1310 ~~Cochlear implantation provides an awareness and~~  
1311 ~~identification of sounds and facilitates communication for~~  
1312 ~~individuals who have profound, sensorineural hearing loss~~  
1313 ~~(nerve deafness). Deafness may be prelingual/perilingual~~  
1314 ~~or post-lingual. AHCCCS covers medically necessary~~  
1315 ~~services for cochlear implantation solely for EPSDT age~~  
1316 ~~members' candidates for cochlear implants shall meet~~

- 1317 criteria for medical necessity, including but not limited to,  
1318 the following indications:
- 1319 1) A diagnosis of either unilateral or bilateral  
1320 profound sensorineural deafness (using age-  
1321 appropriate standard testing), with little or no  
1322 benefit from a hearing (or vibrotactile) aid, as  
1323 established by audiologic and medical  
1324 evaluation,
  - 1325 2) Presence of an accessible cochlear lumen  
1326 structurally suited to implantation, with no  
1327 lesions in the auditory nerve and acoustic  
1328 areas of the central nervous system, as  
1329 demonstrated by CT scan or other appropriate  
1330 radiologic evaluation,
  - 1331 3) No known contraindications to surgery,
  - 1332 4) Demonstrated age-appropriate cognitive ability  
1333 to use auditory clues, and

- 1334 2)5) The device shall be used in accordance with  
1335 the Food and Drug Administration (FDA)  
1336 approved labeling.
- 1337 i. ~~Presence of an accessible cochlear lumen structurally~~  
1338 ~~suited to implantation, with no lesions in the auditory~~  
1339 ~~nerve and acoustic areas of the central nervous~~  
1340 ~~system, as demonstrated by CT scan or other~~  
1341 ~~appropriate radiologic evaluation,~~
- 1342 ii. ~~No known contraindications to surgery,~~
- 1343 iii. ~~Demonstrated age appropriate cognitive ability to~~  
1344 ~~use auditory clues, and~~
- 1345 iv. ~~The device shall be used in accordance with the FDA~~  
1346 ~~approved labeling.~~
- 1347 ~~ii-iii.~~ Coverage of cochlear implantation includes the  
1348 following treatment and service components:
- 1349 1) Complete auditory testing and evaluation by an  
1350 otolaryngologist, speech-language pathologist,  
1351 or audiologist.

- 1352 2) Pre-surgery inpatient ~~or/~~ outpatient evaluation  
1353 by a board-certified otolaryngologist; ~~LT~~
- 1354 3) Diagnostic procedures and studies, including  
1355 CT scan or other appropriate radiologic  
1356 evaluation, for determining candidacy  
1357 suitability; ~~LT~~
- 1358 4) Pre-operative psychosocial assessment ~~or/~~  
1359 evaluation by psychologist or counselor; ~~LT~~
- 1360 5) Prosthetic device for implantation; ~~(shall be:~~
- 1361 a) Non-experimental,
- 1362 b) Non-investigational,
- 1363 c) FDA approved, and
- 1364 ~~1)d) Used according to labeling instructions.~~
- 1365 ~~non-experimental and /non-~~
- 1366 ~~investigational and be FDA Food and Drug~~
- 1367 ~~Administration approved and used~~
- 1368 ~~according to labeling instructions);~~
- 1369 ~~2)6) Surgical implantation and related services; ~~LT~~~~

1370 ~~3)7)~~ Post-surgical rehabilitation, education,  
1371 counseling, and training;~~;~~

1372 ~~4)8)~~ Equipment maintenance, repair, and  
1373 replacement of the internal ~~or/~~ external  
1374 components or both if not operating  
1375 effectively. ~~Examples include but are not~~  
1376 ~~limited to~~ the device is no longer functional, or  
1377 the used component compromises the  
1378 ~~m~~Member's safety. Documentation which  
1379 establishes the need to replace components  
1380 not operating effectively shall be provided at  
1381 the time prior authorization is sought; ~~and~~

1382 ~~5)9)~~ Cochlear implantation requires PA from the  
1383 AdSS Medical Director. ~~and~~

1384 iv. Osseointegrated implants (Bone Anchored Hearing  
1385 Aid [BAHA]) ~~AHCCCS coverage of medically~~  
1386 ~~necessary services for Osseointegrated implantation~~  
1387 ~~is limited to EPSDT members.~~

- 1388 1) Osseointegrated implants are devices  
1389 implanted in the skull that replace the function  
1390 of the middle ear and provide mechanical  
1391 energy to the cochlea via a mechanical  
1392 transducer.
- 1393 2) These devices are indicated only when hearing  
1394 aids are medically inappropriate or cannot be  
1395 utilized due to congenital malformation,  
1396 chronic disease, severe sensorineural hearing  
1397 loss, or surgery.
- 1398 3) Osseointegrated implantation requires PA from  
1399 the AdSS Medical Director.
- 1400 ~~iii~~4) Maintenance of the Osseointegrated implants is  
1401 the same as described above in (g) (iii)  
1402 (8)above for cochlear implants.
- 1403 h. Conscious Sedation is covered for Members receiving  
1404 EPSDT services as medically indicated.



1405 ~~The AdSS covers conscious sedation for members receiving~~  
1406 ~~EPSDT services.~~

1407 i. Behavioral Health Services include the services necessary  
1408 to correct or ameliorate mental illnesses and conditions  
1409 discovered by the Screening services.

1410 ~~The AdSS covers behavioral health services for members eligible~~  
1411 ~~for EPSDT services as described in Contract and Policy. EPSDT~~  
1412 ~~behavioral health services include the services necessary to~~  
1413 ~~correct or ameliorate mental illnesses and conditions discovered~~  
1414 ~~by the Screening services.~~

1415 ~~For the diagnosis of behavioral health conditions including, but~~  
1416 ~~not limited to Attention Deficit Disorder/Attention Deficit~~  
1417 ~~Hyperactivity Disorder (ADD/ADHD), depression (including~~  
1418 ~~postnatal depression), and/or anxiety disorders, there are clinical~~  
1419 ~~guidelines that include assessment tools and algorithms. If~~  
1420 ~~allowable within their scope of practice, the clinical guidelines are~~  
1421 ~~to be used by PCPs as an aid in treatment decisions.~~

1422 j. Religious nonmedical Health Care Institution Services for  
1423 Members eligible for EPSDT services as specified in AMPM  
1424 Policy 1210.

1425 ~~The AdSS covers religious non-medical health care institution~~  
1426 ~~services for members eligible for EPSDT services as specified in~~  
1427 ~~AMPM Policy 1210.~~

1428 k. Care Management Services for both physical and  
1429 behavioral health care, as indicated for Members eligible  
1430 for EPSDT services. Care Management involves:

1431 i. Identifying the health needs;

1432 ii. Ensuring necessary referrals are made;

1433 iii. Maintaining health history; and

1434 ~~iv.~~ Initiating further evaluation, diagnosis, and  
1435 treatment when necessary.

1436 ~~The AdSS covers care management services for both physical~~  
1437 ~~and behavioral health care, as appropriate for members eligible~~  
1438 ~~for EPSDT services. In EPSDT, care management involves~~  
1439 ~~identifying the health needs of a child, ensuring necessary~~

1440 ~~referrals are made, maintaining health history, and initiating~~  
1441 ~~further evaluation/diagnosis and treatment when necessary.~~

1442 I. Chiropractic Services for Members eligible for EPSDT  
1443 services, when ordered by the Member's PCP to ameliorate  
1444 the Member's medical condition.

1445 i. PCP may order up to 20 visits annually that include  
1446 treatment, and

1447 ii. PCP may request authorization for additional  
1448 chiropractic services in that same year, if additional  
1449 chiropractic services are medically necessary.

1450 ~~The AdSS covers chiropractic services to members eligible for~~  
1451 ~~EPSDT services, when ordered by the member's PCP and~~  
1452 ~~approved by the AdSS to ameliorate the member's medical~~  
1453 ~~condition.~~

1454 m. Personal Care Services

1455 ~~The AdSS covers personal care services, as appropriate, for~~  
1456 ~~members eligible for EPSDT services.~~

- 1457 n. Incontinence Briefs, including pull-ups and incontinence  
1458 pads, in order to prevent skin breakdown and to enable  
1459 participation in social, community, therapeutic and  
1460 educational activities under the following circumstances:  
1461 ~~Incontinence briefs, including pull-ups and incontinence pads,~~  
1462 ~~are covered in order to prevent skin breakdown and to enable~~  
1463 ~~participation in social, community, therapeutic and educational~~  
1464 ~~activities under the following circumstances:~~  
1465 iv.i. \_\_\_\_\_ The Member is over three3 years and under 21  
1466 years of age.<sub>L7</sub>  
1467 v.ii. \_\_\_\_\_ The Member is incontinent due to a documented  
1468 disability that causes incontinence of bowel and/or  
1469 bladder.<sub>L7</sub>  
1470 vi.iii. \_\_\_\_\_ The PCP or attending physician has issued a  
1471 prescription ordering the incontinence briefs.<sub>L7</sub>  
1472 vii.iv. \_\_\_\_\_ Incontinence briefs do not exceed 240 briefs per  
1473 month unless the prescribing physician presents  
1474 evidence of medical necessity for more than 240

1475                                   briefs per month for a ~~m~~Member diagnosed with  
1476                                   chronic diarrhea or spastic bladder;~~LT~~

1477                   viii.v. \_\_\_\_\_ The member obtains incontinence briefs from  
1478                                   vendors within the AdSS' network;~~LT~~ and  
1479                   vi. \_\_\_\_\_ PA has been obtained as required by the Division,  
1480                                   AdSS, or AdSS' designee. The AdSS:  
1481                                   1) ~~m~~May require a new PA to be issued no more  
1482                                   frequently than every 12 months. ~~PA for a~~  
1483                                   1)2) ~~r~~Renewal of an ~~May renew an~~ existing  
1484                                   prescription ~~may be~~ provided by the  
1485                                   PCP~~physician~~ through telephone contact with  
1486                                   the ~~m~~Member rather than an in-person  
1487                                   PCP~~physician~~ visit.  
1488                                   2)3) PA ~~shall~~ be permitted to ~~ascertain~~ that:  
1489                                   a)    The member is over ~~three~~3 years and  
1490                                   under ~~twenty one (21)~~ years of age;~~LT~~

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b) The ~~m~~Member has a disability that causes incontinence of bladder and/or bowel;

c) ~~A PCP~~physician has prescribed incontinence briefs as medically necessary;

~~e~~d) ~~A PCP~~physician prescription supporting medical necessity may be required for specialty briefs or for briefs different from the standard briefs supplied by the AdSS; and

~~e~~e) The prescription is for 240 briefs or fewer per month unless evidence of medical necessity for over 240 briefs is provided.

~~o.~~ Medically ~~N~~necessary therapies on an inpatient and outpatient basis to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by Screening services including:

1509 i. Physical therapy,

1510 ii. Occupational therapy, and

1511 ~~iii.~~ Speech therapy.

1512 Therapies AHCCCS covers medically necessary therapies  
1513 including physical therapy, occupational therapy, and speech  
1514 therapy, necessary to correct or ameliorate defects, physical and  
1515 mental illnesses, and conditions discovered by the Screening  
1516 services. Therapies are covered under both an inpatient and  
1517 outpatient basis when medically necessary.

1518

1519

1520 **Supplemental Information**

1521

1522

1523 **General Information**

1524 EPSDT services include screening services, vision services, dental services,  
1525 hearing services and all other medically necessary, mandatory, and optional  
1526 services listed in 42 U.S.C. 1396d (a) to correct or ameliorate defects and  
1527 physical and behavioral/mental illnesses and conditions identified in an

1528 EPSDT screening, whether or not the services are covered under the  
1529 AHCCCS State Plan. All members age out of Dental and Oral Health and  
1530 EPSDT services at age ~~twenty one (21)~~. Limitations and exclusions, other  
1531 than the requirement for medical necessity and cost effectiveness, do not  
1532 apply to EPSDT services.

1533

1534 A well-child ~~well child~~ visit is synonymous with an EPSDT visit. EPSDT  
1535 services include all screenings and services described in this policy and as  
1536 referenced in AMPM 430 Attachment A and AMPM\_431 Attachment A. The  
1537 Division has adopted AMPM Policy 430 Attachment E-, which are to be used  
1538 by providers to document all age-specific, required information related to  
1539 EPSDT screenings and visits.

1540

1541 Providers shall use AMPM Policy 430 Attachment E referenced above or  
1542 electronic equivalent that includes all components found in the hard copy  
1543 form, at every EPSDT visit.

1544



1545 The Medicaid Act defines EPSDT services to include screening services, vision  
1546 services, dental services, hearing services and “such other necessary health  
1547 care, diagnostic services, treatment and other measures described in 42  
1548 U.S.C. 1396d (a) to correct or ameliorate defects and physical and mental  
1549 illnesses and conditions discovered by the screening services, whether or not  
1550 such services are covered under the (AHCCCS) State Plan.” This means that  
1551 EPSDT covered services include services that correct or ameliorate physical  
1552 and mental defects, conditions, and illnesses discovered by the screening  
1553 process when those services fall within one of the optional and mandatory  
1554 categories of “Medical Assistance”, as defined in the Medicaid Act. Services  
1555 covered under EPSDT include all 29 categories of services in the Federal  
1556 Law, even when they are not listed as covered services in the AHCCCS State  
1557 Plan, statutes, rules, or policies, as long as the services are medically  
1558 necessary and cost effective.

1559

1560 EPSDT services do not include services that are experimental, that are solely  
1561 for cosmetic purposes, or that are not cost effective when compared to other  
1562 interventions or treatments.

1563

1564 EPSDT screening services are provided in compliance with the periodicity  
1565 requirements of 42 CFR 441.58. EPSDT focuses on continuum of care by  
1566 assessing health needs, providing preventive screening, initiating needed  
1567 referrals, and completing recommended medical treatment and appropriate  
1568 follow-up.

1569

1570 **Behavioral health screening and services**

1571 Postpartum consists of a standard norm-referenced screening tool to be  
1572 performed for screening the birthing parent<sup>8</sup> for signs and symptoms of  
1573 postpartum depression during the one-, two-, four- and six-month EPSDT  
1574 visits. Positive screening results require referral to appropriate case  
1575 managers and services at the respective maternal health plan, and

1576

1577 Adolescent Suicide consisting of a standardized, norm-referenced screening  
1578 tool specific for suicide and depression shall be performed at annual EPSDT  
1579 visits beginning at age 12 years of age. Positive screening results require  
1580 appropriate and timely referral for further evaluation and service provision.

1581

1582 **Outreach Material**

1583 These topics may be addressed separately or combined into one written  
1584 outreach material; however, each topic shall be covered during the 12-  
1585 month period. EPSDT related outreach material shall include a statement  
1586 informing members that an EPSDT visit is synonymous to a Well Child visit.  
1587 Refer to AMPM Exhibit 400-3, AMPM Policy 431 and ACOM Policy 404 for  
1588 additional member information requirements.

1589

1590 **Coordination with Behavioral Health Services**

1591 Behavioral health services are delivered in accordance with guidelines that  
1592 incorporate evidence-based “best practices”. AHCCCS has implemented 12  
1593 Principles to maintain the integrity of the best practices and approaches to  
1594 providing behavioral health services for children. AdSS and providers are  
1595 required to integrate these principles in the provision of behavioral health  
1596 services for EPSDT age members. Refer to AMPM Policy 100.

1597

1598 **EPSDT Narrative Plan**

1599 A written description of all planned activities to address the AdSS' minimum  
1600 requirements for EPSDT services, as specified above, including, but not  
1601 limited to, informing providers and members that EPSDT is a comprehensive  
1602 child health program of prevention, treatment, correction, and improvement  
1603 (amelioration) of physical and behavioral health problems for members  
1604 under the age of 21.

1605  
1606 In cases where AHCCCS Minimum Performance Standards have been met,  
1607 other generally accepted benchmarks that continue the AdSS' improvement  
1608 efforts will be used (e.g. National Committee on Quality Assurance, current  
1609 Healthy People standards). The AdSS may also develop their own specific  
1610 measurable goals and objectives aimed at enhancing the EPSDT program  
1611 when Minimum Performance Standards have been met.

1612  
1613 **Provider Requirements**

1614 EPSDT services shall be provided according to community standards of  
1615 practice in accordance with Section 42 USC 1396d(a) and (r), 1396a(a)(43).

1616 42 CFR 441.50 et seq. and AHCCCS rules and policies including the  
1617 Periodicity Schedule.

1618

1619 **Immunizations**

1620 Refer to the CDC website: [www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html) for  
1621 current immunization schedules. The vaccine schedule shall also reflect  
1622 current state statutes governing school immunization requirements as listed  
1623 on [www.AZDHS.gov](http://www.AZDHS.gov). Accepted medical standards of care and national  
1624 guidelines will be prioritized. If appropriate, document in the member's  
1625 medical record the Member/Responsible Person's decision not to utilize  
1626 EPSDT services or receive immunizations.

1627

1628 **Metabolic Medical Food**

1629 If an AHCCCS covered member has a congenital metabolic disorder identified  
1630 through the Bloodspot Newborn Screening Panel (such as Phenylketonuria,  
1631 Homocystinuria, Maple Syrup Urine Disease, or Galactosemia), refer to  
1632 Division Medical Policy 310-GG.

1633

1634 **Oral Health Services**

1635 A Screening is intended to identify gross dental or oral lesions but is not a  
1636 thorough clinical examination and does not involve making a clinical  
1637 diagnosis resulting in a treatment plan.

1638  
1639 **Cochlear Implantation**

1640 Cochlear implantation provides an awareness and identification of sounds  
1641 and facilitates communication for individuals who have profound,  
1642 sensorineural hearing loss (nerve deafness). Deafness may be  
1643 prelingual/perilingual or post-lingual. AHCCCS covers medically necessary  
1644 services for cochlear implantation solely for EPSDT age members' candidates  
1645 for cochlear implants.

1646  
1647 Osseointegrated implants are devices implanted in the skull that replace the  
1648 function of the middle ear and provide mechanical energy to the cochlea via  
1649 a mechanical transducer.

1650

1651 **Osseointegrated implants (Bone Anchored Hearing Aid [BAHA])**

1652 AHCCCS coverage of medically necessary services for Osseointegrated  
1653 implantation is limited to EPSDT members. Osseointegrated implants are  
1654 devices implanted in the skull that replace the function of the middle ear and  
1655 provide mechanical energy to the cochlea via a mechanical transducer.  
1656 These devices are indicated only when hearing aids are medically  
1657 inappropriate or cannot be utilized due to congenital malformation, chronic  
1658 disease, severe sensorineural hearing loss, or surgery. Osseointegrated  
1659 implantation requires PA from the AdSS Medical Director. Maintenance of the  
1660 Osseointegrated implants is the same as described above for cochlear  
1661 implants.

1662  
1663 **Behavioral Health Services**

1664 The AdSS covers behavioral health services for members eligible for EPSDT  
1665 services as described in Contract and Policy. EPSDT behavioral health  
1666 services include the services necessary to correct or ameliorate mental  
1667 illnesses and conditions discovered by the Screening services.

1668 For the diagnosis of behavioral health conditions including, but not limited to  
1669 Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder  
1670 (ADD/ADHD), depression (including postnatal depression), and/or anxiety  
1671 disorders, there are clinical guidelines that include assessment tools and  
1672 algorithms. If allowable within their scope of practice, the clinical guidelines  
1673 are to be used by PCPs as an aid in treatment decisions.

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1677 Signature of Chief Medical Officer:

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Draft Policy for Public Comment