

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY  
POLICIES AND PROCEDURES MANUAL**

<b>Chapter: 4</b>	<b>Care and Treatment Services</b>		
<b>Section: 3</b>	<b>Assessment</b>		
<b>Topic: 11</b>	<b>Early and Periodic Screening, Diagnosis and Treatment (EPSDT)</b>		
Page: 1 of 4	Supersedes: Pol: 4-9-2002 Proc: 5-15-15, 9-26-13, 9-30-06, 3-30-01	Approval Date: Pol: 12-19-2024 Proc: 10-25-2024	_____ <i>Board Chairperson Signature</i>
			_____ <i>Chief Executive Officer Signature</i>
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**Policy**

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to participate in the Early and Periodic Screening, Diagnosis & Treatment (EPSDT) process by accepting referrals and performing assessment/evaluations necessary to determine medical necessity eligibility for specialty mental health services. ~~the mental health specialized portion of the health and developmental history upon referral or providing corrective specialty services for a defect detected by EPSDT screening.~~ It is also the policy of BABHA to consider all Medicaid-eligible persons under age 21 and who are receiving services to meet the EPSDT definition. ~~regardless of whether services were identified by a Qualified Mental Health Professional (QMHP) and referred to the Community Mental Health Services Program (CMHSP) or identified in the CMHSP's comprehensive assessment of the beneficiary's needs.~~

**Purpose**

This policy and procedure was developed to describe the Early and Periodic Screening, Diagnosis and Treatment entrance criteria.

**Education Applies to**

- All BABHA Staff
- Selected BABHA Staff, as follows: All Clinical Staff and Clinical Management
- All Contracted Providers:    Policy Only    Policy and Procedure
- Selected Contracted Providers, as follows: Clinical Service Contract Providers
  - Policy Only    Policy and Procedure
- Other:

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**Definition**

**EPSDT:** Early and periodic screening, diagnosis, and treatment - Federal regulations require state Medicaid programs to offer EPSDT services to Medicaid eligible beneficiaries younger than 21 years of age. The intent of EPSDT is to provide necessary health care, diagnostic services, treatment, and other measures according to section 1905(a) and 1905(r) [42 U.S.C. 1396d] of the Social Security Act (1967) to correct or ameliorate defects and physical and mental illnesses and conditions discovered whether or not such services are covered under the state plan.N/A

**Family Driven Youth Guided (FDYG):** A family-driven and youth-guided approach recognizes that services and supports impact the entire family; not just the identified youth receiving mental health services. In the case of minors, the child and family is the focus of service planning, and family members are integral to a successful planning process. The wants and needs of the child and his/her family are considered in the development of the Individual Plan of Service.”

**Procedure**

BABHA will participate in the EPSDT process through accepting referrals from primary care providers, Medicaid Qualified Health Plans (MQHPs) and Prepaid Inpatient Health Plans (PIHPs) on individuals identified ~~by the QHPs and PIHPs~~ as having a mental illness as identified in mandatory EPSDT screening. ~~QHPs and PIHPs can~~Primary Care Physicians can refer individuals identified through the EPSDT process to the agency’s Access Center for ~~an intake~~ screening and referral ~~to a provider to determine eligibility for specialty mental health supports and services. - The primary care provider will complete an initial assessment to determine eligibility for specialty mental health services.~~ If medical necessity criteria isare met for specialty mental health supports and services, the case will be assigned to the appropriate level of care, a ~~person/family centered Family Driven Youth Guided (FDYG) plan will~~plan will be created, services identified in the plan will be authorized. Services will be provided according to needs identified in the assessment and as agreed to by the child/family receiving services following the FDYG Person-Centered Planning process.

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~~BABHA will be available to provide QHPs and PIHPs with information on where they can obtain developmental and behavioral screening tools. However, BABHA will not furnish the screening tools. Information that will be provided to QHPs and PIHPs includes the following list of screening tools and websites available to access/order these tools:~~

~~Mental Health Screening Tools:~~

~~“Pediatric Symptom Checklist” (Age range 4 through 16)~~

~~Call: (617) 724-3163 or download forms from website~~

~~[http://www.massgeneral.org/psychiatry/services/psc\\_forms.aspx](http://www.massgeneral.org/psychiatry/services/psc_forms.aspx) or~~

~~<http://healthcare.partners.org/psc>~~

~~Parent’s Evaluation of Developmental Status or (PEDS) (birth to 8 years)~~

~~Parent’s Evaluation of Developmental Status—Developmental Milestones or (PEDS-DM) (birth to 8 years)~~

~~Ages and Stages Questionnaire (ASQ)~~

~~M-CHAT (autism screen)~~

~~Internet Sites: (to complete screen online or to order forms)~~

~~<http://healthcare.partners.org/psc>~~

~~<http://www.pedstest.com/>~~

~~Contact at Bay Arenac Behavioral Health regarding questions related to the screening tools:~~

~~Children’s Services Manager~~

~~1010 N. Madison~~

~~Bay City, MI 48708~~

~~Telephone: (517) 895-2240~~

~~Fax: (517) 892-4962~~

**Attachments**

N/A

**Related Forms**

N/A

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**Related Materials**

N/A

**References/Legal Authority**

N/A Michigan Medicaid Provider Manual, Early and Periodic Screening, Diagnosis, and Treatment chapter.

<b>SUBMISSION FORM</b>				
<b>AUTHOR/ REVIEWER</b>	<b>APPROVING BODY/COMMITTEE/ SUPERVISOR</b>	<b>APPROVAL /REVIEW DATE</b>	<b>ACTION (Deletion, New, No Changes, Replacement or Revision)</b>	<b>REASON FOR ACTION - If replacement list policy to be replaced</b>
			Revision	Address change from Fifth St to M. Madison for Children's Service Director – No P/P changes
P. Baker	P. Baker	08/24/10	No Changes	Triennial review: no changes
S. LaMere	PNLT	09/26/13	Revision	Triennial review: minor changes. BABHA not required to provide PEDS to providers but to refer them to websites for download(s) or to complete online.
J. Hahn	C. Pinter	05/15/15	Revision	Triennial review: minor changes to reflect current process.
J. Hahn	J. Hahn	3-16-18	No Changes	Title change only Director to Manager
J. Hahn	J. Hahn	10/1/18	No changes	Triennial Review-no changes
J. Hahn	J. Hahn	10/25/2024	Revisions	Triennial Review – revised to reflect updates in the Medicaid Provider Manual.