

**CHILD HEALTH AND DISABILITY
PREVENTION PROGRAM
DIRECTOR/DEPUTY DIRECTOR
TRAINING - SECTION 3**

Section revised
7/16/14

EPSDT: A Comprehensive Child Health Program

Early Periodic Screening, Diagnosis, & Treatment

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- Early Periodic Screening, Diagnosis, & Treatment is a Federal requirement outlined in the State Medicaid Manual published by the Centers for Medicare and Medicaid Services.
- Early Periodic Screening, Diagnosis, & Treatment Regulations provide the framework for the CHDP Program.
- Deputy Directors should be familiar with Early Periodic Screening, Diagnosis, & Treatment Regulations.
- Access [Centers for Medicare and Medicaid Services Publication #45](#).
- Also review the [Child Health & Disability Prevention Program website](#), program overviews, legislative authority for info on regulations regarding Early Periodic Screening, Diagnosis, & Treatment

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California's Implementation of Early Periodic Screening, Diagnosis, & Treatment

- States have flexibility on how they implement the Federal Early Periodic Screening, Diagnosis, & Treatment Benefit.
- Child Health & Disability Prevention Program is how California meets the Early Periodic Screening portion of the Early Periodic Screening, Diagnosis, & Treatment requirements for Fee-For-Services Medi-cal beneficiaries.
- The guiding document for Child Health & Disability Prevention Program is part of California Code of Regulations Title 17.
- Access Title 17 from the [Child Health & Disability Prevention Program](#) Home page under Program Overview.

Informing Families

- The responsibilities for “Informing Families” are set in written format and agreed upon by Child Health & Disability Prevention Program, Department of Social Services and Probation in the Child Health & Disability Prevention Program Inter/Intra Agency Agreement.
- “Informing Families” is comprised of both basic informing and intensive informing activities. Basic informing is carried out by Social Services and Probation staff. Intensive informing is conducted by Child Health & Disability Prevention Program staff.
- An Inter/Intra Agency Agreement model format is available in the Plan and Fiscal Guidelines.

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Basic Informing

To Whom?

- All CalWorks & Medi-Cal eligible families with children under 21 years
 - ▣ Newly eligible
 - ▣ Upon renewal (annual)
 - ▣ Those who have not used Early Periodic Screening, Diagnosis, & Treatment services for at least one year
- Children in foster care with federally funded benefits
- Medi-Cal eligible pregnant women

How?

- Face-to-face, oral and written methods
 - ▣ [CHDP Information Brochure](#)* (Available on CHDP website)
- Clear, non-technical, understandable information
- Must include means to communicate with those who are deaf, blind, illiterate or not able to read or understand the English language

* Any revision to the content of the CHDP Information Brochure must be approved by the State.

About What?

- ❑ Benefits of preventive health and dental care
- ❑ What health and dental services are offered
- ❑ Periodicity schedule summary
- ❑ Ability to receive initial and periodic health and dental exams per the periodicity schedule
- ❑ Treatment is provided for problems detected during screening

- ❑ How to obtain medical and dental services
- ❑ How to get contact information for Child Health & Disability Prevention Program providers
- ❑ Declined services at time of informing can be requested at a later time as long as Medi-Cal eligible
- ❑ Able to go to Child Health & Disability Prevention Program provider of choice; if full range of Child Health & Disability Prevention Program services not offered by provider, can receive balance of services, along with scheduling and transportation assistance upon request to Child Health & Disability Prevention Program or welfare department

- ❑ Referral assistance shall be provided
- ❑ Transportation assistance provided if requested
- ❑ Scheduling assistance provided if requested
- ❑ Child Health & Disability Prevention Program services from approved providers are at no cost

The Child Health & Disability Prevention Program Referral (PM 357)

State of California—Health and Human Services Agency

Department of Health Care Services

CHDP REFERRAL

All Medi-Cal eligible persons under 21 years of age can receive a health and dental check-up.
Client: Fill in unshaded areas only.

PART A: Completed by county Department of Social Services (DSS)/welfare staff for all cases requesting services or additional information

1. Case name (last)	(first)	(middle)	2. County code	3. Aid code	4. Case number
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5. Requested additional information, but no services.

Requested Medical Services (Health Assessment)

Requested Dental Services

6. Services <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Scheduling <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Services <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Scheduling <input type="checkbox"/> Yes <input type="checkbox"/> No
12. <input type="checkbox"/> New application	13. <input type="checkbox"/> Redetermination	14. <input type="checkbox"/> Self-referral	15. <input type="checkbox"/> CALWORKs		
16. <input type="checkbox"/> Foster care	17. <input type="checkbox"/> Medi-Cal only	18. <input type="checkbox"/> Share-of-cost			
19. Primary language, if other than English _____			20. Other circumstances _____		

	Person Number	Client(s) Name (Last, First, Middle)	Birth Date			Age	If health care plan member, give plan name
			Month	Day	Year		
21.		Parent or caretaker name					

Referral Form (PM 357)

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- The Eligibility Worker, Probation Officer, or Social Worker is required to ask whether the client:
 - ▣ Wants more information about the Child Health & Disability Prevention Program
 - ▣ Wants Child Health & Disability Prevention Program medical or dental services
 - ▣ Needs scheduling or transportation assistance to obtain Child Health & Disability Prevention Program medical and/or dental services
- Any with “Yes” responses must be sent to the Child Health & Disability Prevention Program on the Referral Form for intensive informing

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Intensive Informing

About What?

- ❑ The value of preventive health services
- ❑ The availability of Child Health & Disability Prevention Program health assessments
- ❑ The need for prompt diagnosis and treatment of suspected disabilities
- ❑ The nature, scope, and benefits of CHDP
- ❑ Assistance with scheduling and transportation if requested

How?

- CHDP staff use a combination of methods: telephone, home visit, face-to-face, office visit, or letter.
- A good faith effort will be made to locate all persons lost to contact and includes query of the local welfare department for current address, telephone number, and Medi-Cal status. (Reference: Joint Social Services/Child Health & Disability Prevention Program Responsibilities section of the Child Health & Disability Prevention Program and Inter/Intra Agency model format in the Plan and Fiscal Guidelines.)
- Document the contact efforts!

To Whom?

- ❑ Those requesting more information
- ❑ Those requesting assistance with scheduling and transportation to medical and/or dental appointments
- ❑ Child Health & Disability Prevention Program follow-up of referrals must be documented.

Sample PM 357 #1

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Below is an example of the portion of a PM 357 of a client requesting additional information.

CHDP REFERRAL

All Medi-Cal eligible persons under 21 years of age can receive a health and dental check-up.
Client: Fill in unshaded areas only.

PART A: Completed by county Department of Social Services (DSS)/welfare staff for all cases requesting services additional information

1. Case name (last)	(first)	(middle)	2. County code	3. Aid code	4. Case number
5. <input type="checkbox"/> Requested additional information, but no services.					
Requested Medical Services (Health Assessment)			Requested Dental Services		

Sample PM 357 #2

Below is an example of the portion of a PM 357 of a client requesting assistance with scheduling of a medical appointment.

Requested Medical Services (Health Assessment)			Requested Dental Services			
6. Services <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Scheduling <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9. Services <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Scheduling <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. <input type="checkbox"/> New application	13. <input type="checkbox"/> Redetermination	14. <input type="checkbox"/> Self-referral	15. <input type="checkbox"/> CALWORKs			
16. <input type="checkbox"/> Foster care	17. <input type="checkbox"/> Medi-Cal only	18. <input type="checkbox"/> Share-of-cost				
19. Primary language, if other than English _____			20. Other circumstances _____			
Person Number	Client(s) Name (Last, First, Middle)	Birth Date			Age	If health care plan member, give plan name
		Month	Day	Year		

Required Documentation

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- ❑ Contact efforts: method, date, name of person contacted
- ❑ Type of assistance given
- ❑ Date(s) of appointments and name of provider(s)
- ❑ Confirmation of CHDP medical and/or dental services may be obtained from family, provider, or PM 160

Goal of Informing Activities

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- ❑ Outreach and Health Education services shall be designed to ensure that the only reason eligible persons do not participate in the health assessment and referral for diagnosis and treatment portions of the program is because:
 - ❑ They intelligently and knowingly decline such participation for reasons unrelated to availability and accessibility of the health assessment, diagnosis and treatment services.

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Deputy Director's Responsibilities

- Assure that timely basic informing training occurs
 - Eligibility Workers, Child Welfare Social Workers & Probation Officers must receive basic informing orientation within 90 days of employment and annually
 - Orientation includes:
 - Description of the Child Health & Disability Prevention Program
 - Available services
 - Legal mandate to provide basic informing
 - How to provide basic informing
 - How to fill out the PM 357 and where to send it

- ❑ Assure any diagnostic and treatment services are initiated within 120 days of eligibility determination.
- ❑ Assure documentation of Intensive Informing efforts is complete.
- ❑ Maintain data required for annual reporting (See the Child Health & Disability Prevention Program Referral Data Form in the current Plan and Fiscal Guidelines).
- ❑ Retain records for three years in addition to current year.

Resources

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- ❑ [Centers for Medicare and Medicaid Services Publication #45](#)
- ❑ California Code of Regulations (link available from Child Health & Disability Prevention Program Home page, [Program Overview](#))
- ❑ Child Health & Disability Prevention Program Information Brochure (online at the Child Health & Disability Prevention Program Homepage)
- ❑ Child Health & Disability Prevention Program Letter 81-5
- ❑ County Child Health & Disability Prevention Program P Interagency Agreement
- ❑ Children's Medical Services Plan & Fiscal Guidelines Section 4