

## **SECTION G MEDICAL SERVICES**

### **BEHAVIORAL HEALTH REFERRAL GUIDELINES**

PHP's goal for its members is to ensure that behavioral health services are readily available for Title XIX (Medicaid) and the Title XXI (KidsCare) members.

Comprehensive behavioral health services are covered, as medically necessary, for all Title XIX (Medicaid) and Title XXI (KidsCare) members through the Regional Behavioral Health Authority (RBHA). PHP is responsible for providing emergency inpatient behavioral health services up to three (3) days per episode not to exceed twelve (12) days per contract year for Title XIX and Title XXI members not yet enrolled with the RBHA.

Below is a list of covered behavioral health services for Title XIX and XXI members through the RBHA:

- Behavior management (behavioral health personal assistance, family support, peer support)
- Case management services
- Emergency/crisis behavioral health services
- Emergency transportation
- Evaluation and screening
- Group therapy and counseling
- Individual therapy and counseling
- Family therapy and counseling
- Inpatient hospital
- Inpatient psychiatric facilities (residential treatment centers and sub-acute facilities)
- Institutions for mental diseases (with limitations)
- Laboratory and radiology services for psychotropic medication regulation and diagnosis
- Non-emergency transportation
- Partial care (supervised day program, therapeutic day program, and medical day program)
- Psychosocial rehabilitation (living skills training, health promotion, pre-job training, education and development, job coaching and employment support)
- Psychotropic medication
- Psychotropic medication adjustment and monitoring
- Respite care (with limitations)
- Therapeutic foster care services

### **Coordination of Member's Care with Behavioral Health Provider**

Once a PCP has identified and referred a member for behavioral health services or learns of an assigned member receiving behavioral health services, the provider must contact PHP's behavioral health coordinator and/or the RBHA to assist with the coordination of acute and behavioral health treatment services. Coordination of care includes, but is not limited to the following:

- Communicating member's medical needs. ( i.e. diagnosis, medications, and laboratory results).
- Sharing appropriate medical information with appropriate health care professionals.
- Arranging future medical appointments.
- Evaluation of member's pharmaceutical needs.

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### **Documenting in Member's Medical Records**

PCPs are required to document and maintain all appropriate documentation on their assigned members potentially needing or who are currently requiring behavioral health services. If the PCP has not yet seen the assigned member, such information may be kept in an appropriately labeled file, but must be associated with the member's medical record as soon as one is established. This includes the following:

- All referral forms.
- Release of medical and behavioral health information (ROI).
- Any other RBHA related documents (i.e. progress notes, medication logs, and any emergency room/inpatient hospitalization treatment sheets related to behavioral health treatments and/or services).

Compliance with these documentation requirements will be checked during medical record audits conducted by PHP medical services department staff.

The ADHS/DBHS referral for behavioral health services form may be found at the end of *Section G*.

### **Identification and Referral**

PCPs are required to follow and comply with all PHP, AHCCCS and RBHA guidelines for referring their assigned members for behavioral health services.

While seeing members for routine examinations and other chronic and acute conditions, the PCP also is responsible for assessing members for behavioral health needs using the following steps:

- Identify that the member is in need of behavioral health services, assess current behavioral health symptoms.
- Assess for previous mental health treatment and/or history.
- Assess for family mental health history and/or treatment.
- Identify substance abusing pregnant women on the total obstetrical service request or perinatal case assessment form.
- Screen children at each comprehensive EPSDT visit for mental health and substance abuse problems.
- The PCP may refer to the RBHA and notify the PHP Behavioral Health Coordinator. The member and/or parent may also initiate behavioral health services by contacting the RBHA by phone.
- PHP contracted providers are required to respond to RBHA/provider information requests pertaining to ADHS behavioral health recipient members within 10 business days of receiving the request.

Providers may obtain assistance with mental, emotional, or behavioral problems by calling the Regional Behavioral Health Authority (RBHA) in their county. We encourage providers to assist members in obtaining their initial appointment with RBHA.

#### Maricopa County

Magellan

Referral: 800.564.5465

Crisis: 602.222.9444/800.631.1314

#### Pinal and Gila Counties

Cenpatico

Referral: 866.495.6733

Crisis: 866.495.6735

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### Apache, Coconino, Mohave, Navajo, and Yavapai Counties

Northern AZ RBHA (NARBHA)

Phone: 800.640.2123

Crisis: 877.756.4090

### Pima County

Community Partnership of Southern AZ (CPSA)

Phone: 800.771.9889

Crisis: 800.796.6762

If an emergency exists, immediately contact the RBHA crisis line at the numbers listed above. If further assistance is required, you may call the PHP behavioral health coordinator at 800.747.7997.

Please refer to the AZ Department of Health Services for more information on Behavioral Health and the RBHA carriers go to [www.azdhs.gov/bhs/aboutbhs.htm](http://www.azdhs.gov/bhs/aboutbhs.htm). *Note: Native American members may utilize their Tribal RBHA.*

If an emergency exists, immediately contact the RBHA crisis line at the numbers listed above. If further assistance is required, you may call the PHP behavioral health coordinator at 800.747.7997.

### **Ongoing Communication with PHP**

PCPs are required to conduct initial and ongoing communication with PHP's behavioral health coordinator regarding his/her members referred for behavioral health services and for those known to be currently receiving behavioral health services. Communication with the behavioral health coordinator can be accomplished through the following methods:

- Sharing of medical documents including medical records and referral forms.
- Telephone communication with the behavioral health coordinator, medical services department, medical director(s), and member services.
- Face-to-face meetings with behavioral health program department staff.

In order to better coordinate and facilitate communication between the PCP and the RHBA, PCP's are required to respond to RBHA provider information requests (from either the RHBA or from PHP) pertaining to ADHS behavioral health recipient members within ten (10) business days of the receipt of the request.

### **Pharmacy and Prescription Services**

PCPs may treat PHP members with select behavioral health disorders, including ADD/ADHD, mild depressive disorders and anxiety disorders. Based on the complexity of the member's treatment needs, PCPs will not provide ongoing psychiatric care to adults or children who may have a severe behavioral health disorder. Members may receive psychotropic medications either through their PCP or the RBHA for the above listed conditions, but should not receive medications from both simultaneously. PCPs will refer members who have not responded to treatment and/or who potentially need additional behavioral health services for consultation regarding diagnosis or treatment or for ongoing management by the RBHA. PCPs also will be encouraged to initiate a referral to the RBHA following certain sentinel events (e.g. medication overdose, suicide attempt, and/or psychiatric hospitalization). PCPs may request resource information through the Arizona Medical Association regarding the diagnosis and treatment of behavioral health disorders.

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- Members who are currently enrolled in the behavioral health program with the RBHA can fill their prescriptions at RBHA contracted pharmacies or through a PHP pharmacy for prescriptions written by the PCP. PCPs can contact the RBHA for a listing of contracted pharmacies.
- Members who are discharged from the Arizona State Hospital will receive the same diabetic supplies as they were getting in the facility when filled in contracted pharmacies.

### **Continuity of Care for PHP Members Receiving Rx therapy through the RBHA System for the Treatment of ADHD, Anxiety and Depression**

If a PHP member enrolled with a RBHA is being transitioned to you for care, and after completing step therapy (trials of PHP Formulary medications) has been stabilized on a treatment regimen using a PHP non-formulary drug, PHP will initially authorize the drug for six (6) months subsequent to your prior authorization request that includes the following information:

- A list of the relevant drug therapy that the patient had completed and failed; this can come from a peer-to-peer contact or from the RBHA provider's office.
- A statement that the requested drug and dose produced patient stabilization.

If a PHP member reports that they have tried several medications/have participated in step therapy, it is incumbent upon the Primary Care Providers (PCP), per AHCCCS, to obtain the information from the RBHA provider and maintain the current therapy unless there is a change in the patient's medical condition. If the RBHA provider sends PHP the information, PHP will authorize the medication and forward the information to you.

The following medications are formulary for PHP:

#### **ADHD**

Dexamethylphenidate (Focalin IR)  
Dextroamphetamine (Dexedrine)  
Methylphenidate (Ritalin, Concerta)

#### **Anxiety/Depression**

Clonazepam (Klonopin) – limit #60/m  
Diazepam (Valium) – limit #60/mo  
Lorazepam (Ativan) – limit #60/mo  
Bupropion (RR, SR)  
Bupropion XL (Budeprion XL)  
Citalopram (Celexa)  
Desipramine (Norpramin)  
Fluoxetine (Prozac)  
Nortriptyline (Pamelor)  
Paroxetine (Paxil)  
Sertraline (Zoloft)  
Trazodone (Desyrel)  
Venlafaxine (Effexor IR)

Refer to the Formulary to see if PA is needed. To request Prior Authorization (refer to the Formulary to see if PA is needed), please fax your request to the Prior Authorization Fax Number: 1-888-887-9982.

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### **MATERNAL AND CHILD HEALTH (MCH)**

Phoenix Health Plan (PHP) is dedicated to providing quality health care to pregnant women and children less than twenty-one (21) years of age. PHP needs the assistance of providers to deliver quality care and improve outcomes of these members. Within the medical services quality department, PHP has a MCH unit which assists providers with coordinating care for obstetrical and pediatric members. The MCH unit is responsible for overseeing the following AHCCCS mandated programs:

- EPSDT (including immunizations and dental outreach)
- Family Planning Services
- Maternity Care

### **FAMILY PLANNING SERVICES (RATE CODE 55xx)**

Providers are expected to discuss the availability of family planning with members of childbearing age at well visits/annual visits.

Voluntary family planning services are a covered benefit for PHP members who choose to delay or prevent pregnancy. Covered services include medical, surgical, pharmacological and laboratory services, contraceptive devices, as well as information and counseling necessary to allow members to make informed decisions regarding family planning methods. No authorization is required for family planning services; however the diagnosis must indicate family planning.

Covered services include, but are not limited to, the following for male and female members:

- Condoms
- Depo-Provera
- Diaphragms
- Emergency Oral Contraception
- Foams, jellies, suppositories
- Intrauterine devices (IUDs)
- Natural family planning
- Oral contraceptives
- Sterilization (bilateral tubal ligation and vasectomy require prior authorization)

Non-covered services for the purpose of family planning include:

- Abortion counseling
- Abortions and hysterectomies
- Infertility services including diagnostic testing, treatment, or reversal of surgically induced infertility

Prior authorization is not required for family planning services with the exceptions of tubal ligations and vasectomies. AHCCCS requires a completed federal consent form for all voluntary sterilization procedures and the form must accompany the request for authorization for the sterilization. The Consent for Sterilization form can be found at [www.hhs.gov/forms/HHS-687.pdf](http://www.hhs.gov/forms/HHS-687.pdf). The member must be at least twenty-one (21) years of age and mentally competent to sign the consent form and the form must be signed at least thirty days, but no more than one hundred eighty (180) days, prior to the sterilization procedure.

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In conjunction with the federal informed consent form, a member should be offered factual information including the following:

- Answers to questions asked by the member regarding the specific procedure to be performed.
- Notification that the consent can be withdrawn at any time prior to the surgery without affecting future care and/or loss of federally funded benefits.
- A description of available alternative methods.
- A full description of the risks and discomforts that may accompany or follow the performing of the procedure, including an explanation of the type and possible side effects of anesthetic to be used.
- A full description of the benefits or disadvantages that may be expected as a result of the sterilization.

Sterilization consent CANNOT be obtained when an eligible person is:

- In labor or childbirth.
- Seeking to obtain or is obtaining an abortion.
- Under the influence of alcohol or other substances that affect the eligible person's state of awareness.

PCPs are expected to verbally notify PHP members of reproductive age of the availability of family planning services on an annual basis during an office visit, and to provide the requested family planning method as appropriate to the member. No co-payment may be collected for family planning services.

Family planning services are covered for eligible members who lose SOBRA eligibility at 60-days post partum for up to 24 months through the SOBRA Family Planning Extension Program. The AHCCCS Waiver 1115 requires that AHCCCS re-determine eligibility annually (42 CFR 435.916).

### **MEDICALLY NECESSARY ABORTIONS**

Abortions are a covered service only if determined to be medically necessary and one of the following conditions is met:

- The member suffers from a physical disorder, injury, or illness including a life endangering physical condition caused by or arising from the pregnancy itself, which would, as certified by a physician, place the member in danger of death unless the pregnancy is terminated.
- The pregnancy is a result of rape or incest. Documentation must be obtained that the incident was reported to the authorities, including the name of the agency to which it was reported, the report number if available and the date the report was filed.
- The pregnancy termination is medically necessary according to the medical judgment of a licensed physician who attests that continuation of the pregnancy could reasonably be expected to pose a serious physical or mental health problem for the pregnant member by:
  - Creating a serious physical or mental health problem for the pregnant member
  - Seriously impairing a bodily function of the pregnant member
  - Causing dysfunction of a bodily organ or part of the pregnant member
  - Exacerbating a health problem of the pregnant member, or
  - Preventing the pregnant member from obtaining treatment for a health problem.

A written informed consent must be obtained by the provider and kept in the member's chart for all

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pregnancy terminations. If the pregnant member is under 18 years of age, or is 18 years of age or older and considered an incapacitated adult, a dated signature of the pregnant member's parent or legal guardian indicating approval of the pregnancy termination procedure is required.

Prior authorization is required for medically necessary abortions. A completed certificate of medical necessity for pregnancy termination must be submitted with the authorization request and certification of the condition, disorder, illness or injury. This includes a copy of an official incident report for rape or incest.

For additional information or assistance in determining if a situation meets the above criteria, please contact the MCH unit.

### **MATERNITY CARE**

#### **Initial Pre-Natal Appointments**

AHCCCS mandates specific standards for appointment availability for initial pre-natal care, as follows:

First trimester:	Within 14 days of request
Second trimester:	Within 7 days of request
Third trimester:	Within 3 days of request
High risk pregnancies:	Within 3 days of identification of high risk or immediately if an emergency exists

#### **Obstetrical Provider Responsibilities**

Providers are expected to follow the standards listed below:

- Adhere to the standards of care of the American College of Obstetrics and Gynecology (ACOG), including the use of a standardized medical risk assessment tool (ACOG or MICA) and on-going risk assessment.
- Maintain complete medical records documenting all aspects of maternity care.
- Educate and document the education of members about healthy behaviors during pregnancy including proper nutrition, the physiology of pregnancy including the process of labor and delivery, breastfeeding and other infant care information.
- Counsel and offer voluntary HIV testing to women as early as possible during pregnancy. Including documentation when HIV counseling is conducted and whether HIV testing was obtained or refused.
- Refer members to community resources such as Women, Infants and Children (WIC).
- Notify PHP's MCH unit of members who are non-compliant with prenatal care appointments, or of other situations which place the member at risk for a poor birth outcome.

#### **Return Pre-Natal Appointments**

Prenatal visits should be schedule routinely after the initial visit, as follows:

- Every four (4) weeks for the first twenty-eight (28) weeks.
- Every two-three (2-3) weeks until thirty-six (36) weeks.
- Weekly from thirty-seven (37) weeks until delivery.
- High-risk patients will have return visits scheduled as appropriate for their individual needs.

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### **Reporting Missed Appointments**

Providers must use an appointment system that identifies missed appointments. When making an initial appointment, please verify the member's current name, address and telephone number. Also, obtain the name and phone number of a person outside the member's household to serve as an alternate contact. Please contact the MCH unit with the name of any pregnant member who misses a prenatal appointment. The MCH unit has outreach programs available to pregnant members.

Note: All PHP members who are pregnant and under the age of 21 are expected to receive an EPSDT screening at the initial prenatal appointment. Please refer to EPSDT guidelines later in this section.

### **Loss of Eligibility**

Members may lose eligibility for AHCCCS coverage during pregnancy. Although members are responsible for their own eligibility, providers are encouraged to notify PHP if they are aware that a pregnant member is about to lose or has lost eligibility.

### **Obstetrical Provider Audits**

All obstetrical providers are audited periodically. The audit tool measures compliance with appointment standards and provider responsibilities.

### **High Risk Pregnancies**

PHP will identify pregnant women who are "at risk" for adverse pregnancy outcomes. Providers are responsible for identifying risk factors associated with pregnancy by using either the ACOG or MICA risk assessment tools. Both are comprehensive assessment tools that cover psychosocial, nutritional, medical and education factors. PHP also considers factors such as non-compliance with prenatal care appointments and medical treatment plans in determining risk status. Please send completed ACOG forms to PHP within 2 weeks of the first visit.

Consultation with a contracted perinatologist is strongly encouraged based on the professional judgment of the provider.

### **EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)**

- EPSDT is a wide-ranging program of outreach and medical benefits available to AHCCCS members under twenty-one (21) years of age. EPSDT services provide comprehensive health care through a primary prevention program of early intervention, diagnosis and medically necessary treatment of physical and behavioral health problems. EPSDT also provides for all medical services to treat or improve physical and behavioral health disorders, a defect or condition identified in an EPSDT screening.

Screening requirements are the core of EPSDT and must include the following:

- Anticipatory guidance (health education)
- Appropriate immunizations
- Comprehensive health and developmental history (including both physical and behavioral health assessment)

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- Comprehensive unclothed physical exam
- Oral health/dental screening and referral
- Nutritional Assessment and Nutritional Therapy
- Hearing/speech screening
- Laboratory tests as appropriate (including lead testing)
- Appropriate vision, hearing and speech screening

PCPs (including OB/GYNs selected as PCPs) must provide a complete, age-appropriate screening as defined on the AHCCCS periodicity schedule found in the AHCCCS medical policy manual within chapter 400 at <http://www.ahcccs.state.az.us/Regulations/OSPpolicy/>. The periodicity schedule is intended to meet reasonable standards of medical and dental practice and specifies screening services at each stage of the child's life. EPSDT providers are sent a monthly listing of their assigned members who are due for an EPSDT screening exam during that month. PHP encourages all providers to utilize this list as a worksheet to identify and contact members who do not make an EPSDT appointment during that month. All PCPs must review the member's medical record and complete an age appropriate EPSDT tracking form at the time of an acute care visit and to provide any appropriate EPSDT services at that time.

### **Comprehensive History**

A developmental, nutritional, medical and social history shall be maintained on each PHP member less than twenty-one (21) years of age. The complete history must be obtained from the parent or responsible adult familiar with the health history. Developmental screening shall be accomplished at all EPSDT visits. Use of an objective screening tool is recommended, and a full assessment should be done if screening reveals potential developmental delays or concerns.

The Parental Evaluation of Development Status (PEDS) tool must be used for developmental screening by all providers who care for EPSDT-age members admitted to the Neonatal Intensive Care Unit (NICU). Providers must complete the PEDS training prior to implementing the PEDS tool. Training may be obtained at anytime via the AzaAAP web site ([www.azaap.org](http://www.azaap.org)). The PEDS tool form is available online at [www.pedstest.com](http://www.pedstest.com) or [www.forepath.org](http://www.forepath.org). PHP alerts providers to the NICU graduates via the monthly list of members due an EPSDT visit.

### **Behavioral Health Screening**

Screening for mental health and substance abuse problems must be conducted at each comprehensive EPSDT visit. A behavioral health screening consists of an interview with the child and his/her parent(s) or accompanying adult and an observation of the child and his/her interactions with parent(s), office staff, and provider. Questions assess the child's relationship to self and others. The pediatric symptom checklist (age's six (6) to twelve (12)) or other pediatric behavioral health screening tools may be used at the discretion of the PCP. A copy of the PHP behavioral health program description can be obtained by calling the PHP behavioral health coordinator.

The screening for behavioral health referral should include questions which cover broad areas of the child's age appropriate functioning. The following are examples:

- How is the child doing at home?
- How does the child interact with mother? With father? Does the child respond to parent requests as expected?

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- Does the child get along with siblings? Are there indications of aggressive behavior towards younger children? Are other children aggressive towards this child?
- If extended family members are present in the home, how does the child get along with them? Are there problems in how they interact with the child or the child with them?
- Does the child's parent have any concerns about the child's behavior with family members?
- Does the child express any concern about his/her relationships at home?
- How does the child do in school (kindergarten, preschool, daycare, etc.)?
- Does the child have academic problems?
- Does the child get along satisfactorily with teachers?
- Do teachers report the child has difficulty behaving as expected at school? If yes, does the parent agree this is a problem? Does the child? Does the child interact with other children in age appropriate ways?
- Has the child ever been seen by the school psychologist or counselor? For what reasons? Is the issue resolved to the satisfaction of the counselor, parent and child?
- Does the child use alcohol or drugs?
- Does the parent(s) have **any** concerns about the child and his/her behavior or activities?

If the PCP thinks the child should be referred for behavioral health services, a referral to the RBHA should be made. Refer to the behavioral health referral guidelines, page G-2 "Identification and Referral", for information on the RBHAs.

The following are some key areas of concern:

<u>Behavior</u>	<u>Mood</u>	<u>Thinking</u>	<u>Neurovegetative</u>
Aggressive	Depressed	Confused	Enuresis
Self-destructive	Anxious	Disoriented	Encopresis
Withdrawn	Irritable	Disorganized	Energy
Attention problems	Euphoria	Memory problems	Pain
Overactive	Apathy	Learning problems	Eating
Defiant	Sleepy	Delusional	
Drug abuse			
Sexually inappropriate			
Medically non-compliant			

Also, an indication of acuity and severity of problems should be indicated:

<u>Type of Problem</u>	<u>Severity of Problems</u>
Acute problem	Mild
Recurrent problem	Moderate
Multiple problems	Marked
Long-term problem	Extreme

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### **Immunizations**

Immunization status of the child must be assessed at each visit, including both acute and preventive visits. A current immunization record must be in the medical chart. When a child's immunization status is not up to date, appropriate immunization(s) must be provided. Immunizations must be provided as recommended by the Advisory Committee on Immunization Practices (ACIP). Please refer to chapter 400 of the AHCCCS medical policy manual found at <http://www.ahcccs.state.az.us/Regulations/OSPpolicy/> and the CDC website found at <http://www.cdc.gov>. It is Arizona law that physicians must report vaccines to the state registry program, ASIIS.

### **Vaccines for Children (VFC) Program**

PHP requires all providers who are assigned children 18 years of age and under to register with Arizona Unit of Health Services (ADHS) as a "VFC Provider". Through the VFC program the federal government purchases, and makes available to the states free of charge, vaccines for children under age nineteen (19) who are Title XIX eligible, Native American, or Alaskan Native, not insured, or whose insurance does not cover immunizations. PHP provides an administration fee for each VFC antigen administered to a PHP member. For further information, please contact VFC or the ADHS' Arizona Immunization Program Office. Any providers of immunizations should be aware that ARS § 36-135 requires all immunizations administered to a child under age 19 be reported to the state registry program, ASIIS, who can be reached at 602.364.3630, regardless of whether the vaccine is VFC or privately purchased.

### **Blood Lead Screening**

EPSDT blood lead screening assures that all children are being appropriately screened for increased blood levels of lead. All children between 6 and 72 months of age must be screened for lead. Screening shall be completed by a verbal risk assessment at each EPSDT visit to determine risk category. Blood lead level must be done at 12 & 24 months regardless of risk.

The provider must discuss with the child's parent or guardian childhood lead poisoning interventions and assess the child's risk for exposure. The following questions should be asked:

- Does your child live in or regularly visit an old house built before 1960?
- Was your child's day care center/preschool/babysitter's home built before 1960? Does the house have peeling or chipping paint?
- Does your child live in a house built before 1960 with recent ongoing or planned renovation or remodeling?
- Have any of your children or their playmates had lead poisoning?
- Does your child frequently come in contact with an adult who works with lead? Examples are construction, welding, pottery or other trades practiced in your community.
- Does your child live near a lead smelter, battery recycling plant, or other industry likely to release lead?
- Do you give your child any home or folk remedies which may contain lead?
- Does your child live near a heavily traveled major highway where soil and dust may be contaminated with lead?
- Does your home's plumbing have lead pipes or copper with lead solder joints?
- Also ask any additional questions that may be specific to situations which exist in particular community.

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**Low Risk:** If the answers to all questions are negative, a child is considered low risk for high doses of lead exposure, but must receive a blood lead test at age 12 months and a second test at age 24 months.

**High Risk:** If the answer to any question is positive, a child is considered high risk for high doses of lead exposure. A blood lead test must be obtained at the time a child is determined to be high risk, beginning at six months of age. If the initial blood lead test results are less than 10 micrograms per deciliter (ug/dl), a screening blood lead test is required at every visit prescribed in the EPSDT periodicity schedule through 72 months of age, unless the child has already received a blood test within the last six months of the periodic visit.

Subsequent verbal risk assessments may change a child's risk category. If, as the result of a verbal risk assessment, a previously low risk child is re-categorized as high risk, that child must be given a blood lead test. If a child between the ages of 24 months and 72 months has not received a screening blood lead test, the child must receive it immediately, regardless of being determined at low or high risk.

### *Diagnosis, Treatment and Follow-Up*

If a child is found to have blood lead levels equal to or greater than 10 ug/dl, contact the ADHS <http://azdhs.gov/phs/oeh/invsurv/lead/>.

### *Coordination with Other Agencies*

Coordination with WIC, Head Start, and other private and public resources enables elimination of duplicate testing, and ensures comprehensive diagnosis and treatment. Also, public health agencies' childhood lead poisoning prevention programs may be available. These agencies may have the authority and ability to investigate a lead-poisoned child's environment and to require remediation. Should further assistance be required with a pediatric member diagnosed with an elevated lead level, please contact PHP's MCH unit.

### **Anemia Testing/Sickle Cell**

Tests must be either microhematocrit or measurements of hemoglobin concentrations. Diagnosis for sickle cell trait will be done by acid agar gel hemoglobin electrophoresis.

### **Tuberculosis Screening**

The Mantoux Test (PPD) is the recommended/preferred test for all ages. PHP recommends Tuberculin skin testing. Please refer to the AHCCCS periodicity table found in chapter 400 of the AHCCCS medical policy manual online <http://www.ahcccs.state.az.us/Regulations/OSPpolicy/>  
Anticipatory Guidance/Health Education

The PCP is responsible for ensuring that health counseling and education are provided at each EPSDT visit. Anticipatory guidance should be provided regarding development, benefits of a healthy lifestyle, and accident and disease prevention, including obesity prevention, diagnosis, and treatment.

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### **Dental Screening**

For members aged 20 and younger, the PCP must screen utilizing history as well as an oral exam, and identify members who require evaluation and treatment. Members 4 years and older may self refer to any contracted general dentist for covered dental services. Members aged 20 and younger may self refer to a pedodontist for covered dental services. Please inform PHP members about the importance of periodic dental care and document this in their chart.

Different levels of care apply to members depending on their age. Covered dental services are detailed in *Section H* of this manual.

### **Nutritional Assessment and Nutritional Therapy**

The Arizona Women, Infants, and Children (WIC) Program serves eligible pregnant, breastfeeding and postpartum women, infants, and children up to 5 years of age. According to AHCCCS policy 400 Section 430.C.5, Nutritional Assessment and Nutritional Therapy, “If an AHCCCS covered [EPSDT] member qualifies for nutritional therapy due to a medical condition, then AHCCCS Contractors are the primary payor for WIC-eligible exempt infant formulas and medical foods, [including commercial oral nutritional supplements]”.

Prior authorization is required for commercial oral nutritional supplements unless the member is also currently receiving nutrition through enteral or parenteral feedings. Providers must complete and submit the AHCCCS approved form, “Certificate of Medical Necessity for Commercial Oral Nutritional Supplements” (Exhibit 430-3), to obtain prior authorization from PHP. This form can be found in the forms sub-section at the end of Section E and on the AHCCCS Medical Policy (chapter 400) web site. If the member meets criteria for medical necessity, the supplement will be covered by PHP.

Further information about WIC, including WIC office locations and contact information can be found online at [www.azwic.gov](http://www.azwic.gov).

### **Hearing/Speech Screening**

Hearing/speech evaluation consists of history, risk factors, parental questions and impedance testing. Pure-tone testing should be performed when medically necessary. Speech screening will assess the language development of the member less than twenty-one (21) years of age at each EPSDT visit.

### **Vision Screening**

Vision screening consists of appropriate vision tests according to the AHCCCS Periodicity Schedule. Tests should include fixation, visual acuity, and cover/uncover method.

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### **EPSDT Tracking Forms**

All EPSDT screening services must be documented on age appropriate, standardized EPSDT tracking forms. All components must be completed and documented.

Please indicate that the child is a PHP member by filling in the appropriate box. You may batch these forms monthly and return them in bulk to the mailing address below:

Phoenix Health Plan  
Attn: EPSDT Coordinator  
7878 N. 16<sup>th</sup> Street, Suite 105  
Phoenix, AZ 85020

You can go to AHCCCS and download the forms. Keep one copy for your medical records and mail in the copy to PHP. Be sure to use the most current EPSDT forms. AHCCCS will reject any others.

- Go to AHCCCS at: [www.ahcccs.state.az.us/Regulations/OSPpolicy/Appendicies/appx\\_b.asp](http://www.ahcccs.state.az.us/Regulations/OSPpolicy/Appendicies/appx_b.asp).

### **CHILDREN'S REHABILITATIVE SERVICES (CRS)**

CRS is a program designed to serve Arizona children under 21 who have medically handicapping or potentially handicapping conditions and have potential for improvement through various interventions. CRS does NOT provide primary care and does not replace the PCP.

PHP providers are responsible for referring all children with potential CRS-eligible conditions to the CRS program. Referrals to CRS must include the following:

- Completed CRS application
- Copy of the medical record which supports the diagnosis of the eligible condition.

The philosophy of the CRS Program is based upon an individual's need for treatment of CRS eligible conditions through medical, surgical or therapy modalities where the following three criteria are present:

- Functional improvement is potentially achievable
- Long term follow-up may be required for maximum achievable results
- Specialized treatment is necessary

Examples of medical conditions that are covered under the CRS Program include the following:

- Cerebral Palsy
- Cleft Lip/Cleft Palate
- Cystic Fibrosis
- Metabolic Disease (Phenylketonuria, galactosemia, homocystinuria, hypothyroidism)
- Myelomeningocele (Spina Bifida)
- Neurofibromatosis
- Scoliosis
- Sickle Cell Anemia

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If you have any questions regarding CRS coverage or need assistance with the referral process, please contact PHP case management.

### **OUTREACH AND EDUCATIONAL PROGRAMS**

The PHP MCH unit has many outreach and educational programs to assist our members. For further information on any of these programs, please contact the MCH unit.

#### **Perinatal Case Management Program**

The purpose of the perinatal case management program is to improve birth outcomes through education and support of the member during the pregnancy and in the postpartum period. A member is referred to the program when a total OB authorization is issued. Each member is risked assessed from information on the prior authorization form or obtained from the member.

Members who are determined to be high risk are followed throughout their pregnancy through phone contact. Substance abusing women will be referred to PHP behavioral health coordinator for referral to the appropriate RBHA.

#### **Prenatal Incentive Program**

Physicians and members should contact the MCH unit for further information.

#### **Childbirth Classes**

Childbirth classes are a covered service for PHP members. Childbirth classes may be taken at the hospital where the member will deliver.

#### **Immunization/EPSTD Outreach Program**

PHP continuously monitors the immunization status of its members through periodic immunization record audits. All members who are identified as being non-compliant with their immunizations or EPSTD screenings are referred to the Immunization/EPSTD Outreach Program. This program utilizes various outreach methods (phone calls, letters, home visits) to assist the members in obtaining care.

#### **EPSTD Mass Mailings**

On a monthly basis, PHP mails to each provider a list of assigned members who are due for an EPSTD visit that month. This list also informs providers of NICU graduates. Concurrently, PHP uses a telephonic reminder system to inform all members who are due for an EPSTD exam. A mailing is sent as a reminder. Providers are encouraged to utilize the list to ensure members are getting in for their EPSTD visits.

#### **Pediatric Asthma Education**

PHP offers disease management and asthma education for both members with asthma and their families. The goal of the disease management program is to educate the members and their families on how to manage the child's asthma.

The target population includes members who have frequent hospital admissions and/or ED visits, non-

## **SECTION G MEDICAL SERVICES**

compliance with controller medications or poorly controlled asthma. We encourage providers to take advantage of this program and to refer pediatric asthma patients to this program. Please call the disease management coordinators for information or to refer a member to the asthma program.

**ADHS/DBHS REFERRAL FORM FOR BEHAVIORAL HEALTH SERVICES**

**I. Information on Person Making Referral**

Today's Date and Time \_\_\_\_\_

Name and Title \_\_\_\_\_

Affiliated Agency \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Relationship with Person Being Referred \_\_\_\_\_

**II. Information on Person Being Referred for Services**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender  F  M

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Legal Guardian (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Identify individual(s) that the member, parent or guardian may wish to be invited to initial appointment with person (include phone) \_\_\_\_\_

Person/Parent/Guardian is aware of referral:  No  Yes

Cultural and language considerations  No  Yes, specify language/need \_\_\_\_\_

Special Needs:

- Mobility Assistance  No  Yes, identify assistance needed \_\_\_\_\_
- Visual Impairment Assistance  No  Yes, identify assistance needed \_\_\_\_\_
- Hearing Impairment Assistance  No  Yes, identify assistance needed \_\_\_\_\_
- Cognitive Impairment  No  Yes, identify assistance needed \_\_\_\_\_

Payment Source:  AHCCCS ID# \_\_\_\_\_  Private insurance \_\_\_\_\_  Medicare  Self pay  
 Self pay  Health Plan \_\_\_\_\_

PCP \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Check any of the following which pertain to the person being referred:

- Shows evidence of suicidal or homicidal thoughts or behaviors  Identified need for psychotropic medications
- Pregnant Woman  Is currently hospitalized  Was recently discharged from an inpatient setting
- Has an immediate medical need  Other potential risk factors, e.g., dehydrated, malnourished, homeless

Reason for Referral, including an explanation of any items checked above \_\_\_\_\_

Additional information and contact information \_\_\_\_\_

If the person is taking medications to treat a behavioral health condition, does she/he have an adequate supply for the next 30 days?  Yes  No, if no, when will she/he exhaust the current supply of medications \_\_\_\_\_

**III. Information to Be Completed by T/RBHA/Provider**

Date / Time Received \_\_\_\_\_

If applicable, name and contact information of the provider that will assume primary responsibility for the person's behavioral health care: \_\_\_\_\_

Type of Appointment  Immediate  Urgent  Routine  
 Available Intake Appointment Offered, specify date, time, place \_\_\_\_\_

Action Taken  
 Scheduled Intake Appointment, specify date, time, place \_\_\_\_\_  
 Not Referred for Appointment, specify why \_\_\_\_\_  
 Other Disposition, explain \_\_\_\_\_