

Bulletin Number: MSA 13-06

Distribution: Practitioners, Prepaid Inpatient Health Plans (PIHP)/Community Mental Health Service Providers (CMHSP), Dental, Medicaid Health Plans, Local Health Departments, Federally Qualified Health Centers, and Rural Health Centers

Issued: March 1, 2013

Subject: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Guidelines for Children in Foster Care

Effective: April 1, 2013

Programs Affected: Medicaid

PURPOSE

The purpose of this policy is to discuss the primary care provider's (PCP) role in providing early and periodic screening, diagnosis, and treatment (EPSDT) services, including obtaining informed consent for the prescribing of psychotropic medications, to a Medicaid child who has entered into the foster care system. This policy assures that the required medical interventions, screenings, and various preventive health care services are up-to-date for all children in foster care under the age of 21 years old.

The care of children and youth should be comprehensive, well-coordinated, and fully documented throughout their stay in foster care. The PCP plays a key role in ensuring the consistent use of well-established, validated, and normed screening tools and the consistent documentation of well-child visits throughout the period of foster care.

PRIMARY CARE PROVIDER'S HEALTH ASSESSMENT ROLE

All children in foster care under the age of 21 years old must receive a full medical examination by a PCP within the first 30 days after entering foster care. When scheduling the appointment, the foster care parent will identify him/herself as the foster care parent and will inform the PCP that the child recently entered the foster care system and needs to be seen for a full health maintenance visit (EPSDT/preventive Well-Child visit). The PCP's office staff should obtain from the foster care parent the completed Department of Human Services (DHS) form "Consent to Routine, Non-surgical Medical Care and Emergency Medical or Surgical Treatment," or consent from the child in foster care if the child is at least 18 years old, before the child in foster care is seen by the PCP. This form provides the PCP with informed consent and the child's DHS foster care worker's contact information. The PCP must complete the health maintenance visit regardless of whether or not the child in foster care recently received a health maintenance visit prior to entry into the foster care system. The medical evaluation must follow the American Academy of Pediatrics (AAP) Bright Futures guidelines and Medicaid EPSDT policy. The examination should be completed according to the recommendations for the nearest or most appropriate periodic examination age.

The PCP will assess the child in foster care for medical, dental, developmental, and mental health needs. The full medical evaluation will include an immunization review, health history, and physical examination as indicated by the Bright Futures Recommendations for Preventive Health Care Periodicity Schedule. The medical examination should be documented on the age appropriate DHS Well Child Exam form located online at: <http://www.michigan.gov/dhs-contracts> >> Foster Care Forms. Providers may use their own Well Child Exam form if the form contains all of the elements of the DHS form. Completed exams and screenings will become a part of the child's medical record.

A psychosocial/behavioral assessment must be completed at each scheduled EPSDT/preventive Well-Child visit. For children in foster care, a validated and normed screening instrument must be used. The PCP is responsible for scoring and interpreting the results of the screening instrument and proposing recommendations regarding follow up. The PCP will recommend to the DHS foster care worker, the birth parents, and the foster care parents (when applicable), when the child in foster care may benefit by visiting with a mental health professional.

Recommended screening instruments include the Ages and Stages Questionnaire – Social Emotional (ASQ-SE), or the Pediatric Symptom Check List (PSC). The screening instrument (i.e. questionnaire) will be completed by a person who knows the child best (preferably for at least 30 days), before the child in foster care is to be seen by the PCP. This may be the child's/youth's biological parent, foster care parent, caregiver, or other adult who knows the child. The DHS foster care worker will be responsible for identifying the individual who is to complete the questionnaire. Ordering information for the ASQ-SE can be found at: <http://agesandstages.com/>. The PSC is available free of charge at: <http://www.brightfutures.org/mentalhealth/pdf/tools.html> >> Pediatric Symptom Checklist. The PSC is available in other languages at: http://www.massgeneral.org/psychiatry/services/psc_forms.aspx

The child in foster care will be referred for a prompt follow-up assessment by an appropriate medical, dental, developmental, or mental health professional for any further identified health needs. All children in foster care who are 3 years of age or older at the time of entry into foster care will receive a dental examination within 90 days of entry into foster care unless the child has had a dental exam in the six months prior to foster care placement. It is the responsibility of the foster care parent to take the child to the dentist.

PSYCHOTROPIC MEDICATION TREATMENT

A psychiatric diagnosis using the most recent Diagnostic and Statistical Manual of Mental Disorders must be made before prescribing psychotropic medications to any child in foster care. When the provider determines that the child in foster care requires psychotropic medication treatment, the prescribing PCP must obtain a written and signed informed consent from either the child's birth parent (when the child is a temporary court ward); the child (if the child is at least 18 years old); or other legal guardian (for state or permanent court wards) before treatment with any psychotropic medication begins. Other legal guardians for state or permanent court wards may be the DHS foster care worker for child/youth in guardianship of Michigan Children's Institute (MCI), or the court of jurisdiction for child/youth in guardianship of the county. Foster care parents cannot consent to administration of psychotropic medication. For questions regarding who may provide consent for treatment with psychotropic medications, the provider may contact the child's DHS foster care worker. The DHS foster care worker's contact information may be obtained from the DHS form "Consent to Routine, Non-surgical Medical Care and Emergency Medical or Surgical Treatment."

Informed consent must be documented by completing the DHS-1643, "Psychotropic Medication Informed Consent" form located at: <http://www.michigan.gov/dhs-contracts> >> Foster Care Forms. Informed consent includes an explanation from the prescribing PCP regarding the child's diagnosis, proposed treatment, expected outcomes, any side effects, risks involved, discussion of laboratory findings and ongoing monitoring, uncommon but potentially severe adverse events, a discussion of alternative treatments, the risks associated with no treatment, and the overall potential benefit-to-risk ratio of treatment. If consent is denied by the child's birth parent or other legal guardian, or the consent cannot be obtained, and all parties involved agree the medication is needed, a court order shall be obtained by the DHS foster care worker to authorize the administration of the psychotropic medication to the child in foster care held in legal custody. If a child is prescribed psychotropic medication(s) prior to enrollment in the foster care system, the DHS-1643 form must be completed within 45 days of a child's entry into the foster care system to assure uninterrupted psychotropic medication treatment. The child in foster care who has reached the age of 18 is able to consent to, and/or refuse, medical treatment. A new informed consent form will be required if there is a change in provider, a change in medication, or if the child has reached the age of 18. Informed consent forms must be renewed annually.

ENROLLMENT AND BILLING

DHS has 25 Health Liaison Officers (HLO) in 20 counties who assist with the process of enrolling and dis-enrolling children in foster care into health plans, facilitate the timely completion of an initial medical examination, and generally provide technical support to DHS foster care workers. Until HLO positions are allocated for complete statewide coverage, each local office has an assigned supervisor to serve as the point person to perform the duties of an HLO.

Providers may complete and bill for an EPSDT/preventive Well Child visit for any child who must be seen within 30 days of entering the foster care system, and for any additional follow-up visits the provider believes are necessary. The provider will be reimbursed even if the child in foster care has received a recent preventive health service prior to entry into the foster care system. The PCP may bill for up to three screenings provided during a visit using the appropriate developmental screening codes for scoring and interpreting developmental, autism, and behavioral health screens at any age under the age of 21 years old. For additional information regarding EPSDT coverage, reference the Medicaid Provider Manual, Practitioner Chapter, Section 3.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
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