| **EPSDT Narrative** | **Found on page:** | **Yes** | **No** | **Explanation of “No” answer/Reviewer comments** |
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| 1. A written description of all planned activities to address the Contractor’s minimum requirements for providing Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, including but not limited to, informing providers and members that EPSDT is a comprehensive child health program of prevention, treatment, correction, and improvement (amelioration) of physical and behavioral health problems for AHCCCS members under the age of 21. The narrative description shall also include Contractor activities to identify member needs, coordination of care, and follow-up activities to ensure appropriate and medically necessary treatment is received in a timely and culturally competent manner. For services that are subcontracted, describe Contractor oversight.
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| 1. Description of activities that inform all participating Primary Care Providers (PCPs) about EPSDT requirements and monitor compliance with these requirements. This shall include informing PCPs of Federal, State and AHCCCS policy requirements for EPSDT and updates of new information as they become available.
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| 1. Demonstration that the Contractor employs appropriately qualified personnel, in sufficient numbers to carry out the components of the EPSDT program for eligible enrolled members and achieve contractual compliance. This includes training regarding the other Maternal Child Health policies contained in AMPM Chapter 400 that also pertain to portions of this population.
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| 1. A description of activities that inform members of the importance of preventive care/well-child visits and identifies all EPSDT screenings and services in detail, and how to access the services.
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| 1. Description of activities used to identify the needs of EPSDT age members, coordinate their care, provide care management, conduct appropriate follow-up, and ensure members receive timely and appropriate treatment.
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| 1. Description of activities to fulfill the oral health requirements as specified in AMPM Policy 431 and AMPM Exhibit 400-3.
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| 1. Process to reduce no-show appointment rates for EPSDT services and a description of outreach activities, including reducing barriers for those members who did not attend scheduled appointments.
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| 1. Process for distributing and requiring use of the AHCCCS EPSDT and Dental Periodicity Schedules and AHCCCS approved, standardized EPSDT clinical sample templates, or an electronic equivalent, by all contracted providers.
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| 1. Process for monitoring that providers use the EPSDT clinical sample templates or electronic equivalent at every EPSDT visit and that age-appropriate screening and services are conducted during each EPSDT visit, in accordance with the AHCCCS EPSDT and Dental Periodicity Schedules.
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| 1. Develop processes to ensure PCPs providing care to children are trained to use implemented developmental screening tools. This shall also include monitoring the utilization of AHCCCS approved developmental screening tools for members at 9, 18, 24 and 30 months of age.
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| 1. Process for coordinating care and services with the appropriate state agencies for EPSDT eligible members, and ensure that members are referred to support services, as well as other community-based resources to support good health outcomes including but not limited to: Children’s Rehabilitative Services (CRS), Arizona Early Intervention Program (AzEIP), the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Vaccines for Children (VFC), Arizona State Immunization Information System (ASIIS), Head Start/Early Head Start, Home Visiting Programs, Birth to Five Helpline, Behavioral Health, Teen Lifeline, Raising Special Kids, Arizona Department of Health Services (ADHS) Breastfeeding Hotline, American Lung Association in AZ) as specified in 42 CFR 441.61
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| 1. Process to provide prevention outreach related to dangers of lead poisoning to all EPSDT aged member/HCDM/DR as specified in policy and implementation of strategies for appropriate education and follow-up care for members who have abnormal blood lead test results.
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| 1. Process for determining medical necessity, on an individual basis, for supplemental nutrition utilizing criteria specified in AMPM Policy 430, and implementing transition protocols for continuity of care.
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| 1. Process for monitoring PCP utilization of nutritional assessment and age-appropriate growth charts and referral to a registered dietitian for assessment and counseling.
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| 1. Process to assist members in navigating the healthcare system, as well as inform members of any other community-based resources that support optimal health outcomes, to ensure that members receive appropriate support services.
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| 1. Process to reimburse all AHCCCS-registered Arizona Early Intervention Program (AzEIP) providers for IFSP services deemed medically necessary, regardless of if they are contracted with the Contractor or not.
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| 1. Process for educating and ensuring providers comply with the AHCCCS/AzEIP Procedures for the coordination of services under EPSDT and early intervention (Refer to AMPM Policy 430, Attachment C).
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| 1. Process to educate providers in navigating the behavioral health system and how to access timely and appropriate services following referrals.
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| 1. Process to educate members in navigating the behavioral health system and how to request timely and appropriate services.
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| 1. Develop processes to ensure providers providing care to children are trained to use implemented postpartum depression screening tools. This will also include monitoring the utilization of standardized, criterion-referenced postpartum depression screening tools to screen mother/parent at the 1st month, 2nd month, 4th month, and 6th month EPSDT visits and implement interventions for non-compliance.
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| 1. Develop processes to ensure providers are trained to use implemented adolescent suicide and adolescent substance use disorder standardized, criterion-referenced screening tools. This will also include monitoring the utilization of standardized, criterion-referenced adolescent screening tools to members beginning at 10 years of age for suicide screening and 12 years of age for substance use disorder screening.
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| **EPSDT Work Plan Evaluation** | **Found on page:** | **Yes** | **No** | **Explanation of “No” answer/Reviewer comments** |
| 1. An evaluation and assessment that documents the effectiveness of EPSDT program plan strategies, interventions, and activities directed at achieving healthy outcomes (report on the previous calendar year). The evaluation shall include, but not be limited to:
	1. Raw data, including small numbers (percentages and numerator/denominator for each Line of Business (LOB),
	2. Results for each quarter of the effectiveness of monitoring including coordination of care efforts, follow-up activities, and other interventions made as a result of performance,
	3. A summary of the year-end outcome, including whether or not goals and objectives were met, identified challenges/barriers to meeting goals, and identified opportunities for improvement.
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| **EPSDT Work Plan** | **Found on page:** | **Yes** | **No** | **Explanation of “No” answer/reviewer comments** |
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| 1. A work plan that formally documents the EPSDT Program Plan objectives, strategies and activities and demonstrates how these activities will improve the quality of services, the continuum of care, and health care outcomes. The work plan shall be limited to at least three, but not more than five distinct, numbered goals which may or may not include select performance measures from Contract. Objectives shall be clearly numbered or lettered for ease of identification and review. If submitting a combined work plan, goals shall be identified for each line of business.
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| 1. Objectives shall include written descriptors and eligibility criteria as stated in the methodology of the measure being utilized. Objectives shall be based on minimum performance standards as specified in Contract.
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| 1. In cases where minimum performance standards have been met, other generally accepted benchmarks that continue the Contractor’s improvement efforts may be used (e.g., National Committee on Quality Assurance, current Healthy People standards). The Contractor may also develop their own specific measurable goals and objectives aimed at enhancing the EPSDT program. In these cases, specific methodology shall be included in the Plan.
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| 1. The Contractor will, for each goal, describe unique interventions planned for specific populations/LOB and/or Geographic Service Area (GSA) including coordination of care efforts, follow-up activities, outreach, etc.
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| 1. Targeted implementation and completion dates of work plan activities separated by quarter.
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| 1. A listing of local staff positions responsible and accountable for meeting established goals and objectives for EPSDT activities.
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| **Relevant EPSDT Policies and Procedures** | **Found on page:** | **Yes** | **No** | **Explanation Of “No” answer/Reviewer comments** |
| 1. The Contractor shall attach all relevant current policies and procedures addressed in the EPSDT Program Plan (e.g., EPSDT, dental, developmental screenings, AzEIP, childhood obesity, supplemental nutrition, VFC, ASIIS, and coordination of care and services with appropriate state agencies). Policies shall be properly branded indicating applicability to LOB, in alignment with Contract requirements, and, if currently being revised, a track edited version shall be submitted.
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