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Date: March 31, 2015

To: LME-MCOs

From: Mabel McGlothlen, LME System Performance Team Leader, DMH/DD/SAS, and Kathy Nichols, Lead Waiver Program Manager, Behavioral Health Section, DMA

Subject: Early and Periodic Screening, Diagnostic and Treatment Program Service Requests

The purpose of this bulletin is to clarify processes for requesting services under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.

Requests for covered behavioral health services for an individual under the age of 21 are made to the appropriate LME-MCO through their standard process. The request is reviewed the same as any other request. If it is not approved in full, then the request is reviewed under EPSDT criteria. If the request meets the criteria, it may then be approved. If it is not approved in full after being reviewed under EPSDT criteria, then due process is followed.

Requests for non-covered behavioral health services are submitted to the LME-MCO's Utilization Management Department as an EPSDT request. The request is reviewed under EPSDT criteria. If the request meets the criteria, it may then be approved. If it is not approved in full after being reviewed under EPSDT criteria, then due process is followed.

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The specific numerical limits (number of hours, number of visits, or other limitations on scope, amount or frequency) in DMA clinical coverage policies, service definitions, or billing codes do NOT apply to recipients under 21 years of age if more hours or visits of the requested service are medically necessary to correct or ameliorate a defect, physical or mental illness, or condition [health problem]. Other restrictions in the clinical coverage policies, such as the location of the service, prohibitions on multiple services on the same day or at the same time (e.g., day treatment and residential treatment) must also be waived under EPSDT as long as the services are medically necessary to correct or ameliorate a defect, physical or mental illness, or condition [health problem].

Requests for prior approval for services must be fully documented to show medical necessity. This requires current information from the recipient's physician, other licensed clinicians, the requesting qualified provider, and/or family members or legal representative. If this information is not provided, the LME-MCO will have to obtain the needed information, and this will delay the prior approval decision. Please share the attached *Prior Approval Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years Old* form with providers and place on your website for easy access. The CSC logo at the top of the form may be removed and replaced with the LME-MCO logo.

If you have questions, please contact Frank Skwara at frank.skwara@dhhs.nc.gov or (919) 855-4269.

Previous bulletins can be accessed at: http://jtcommunicationbulletins.ncdhhs.gov

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