



Administrative Policies and Procedures: 20.7

Subject:	Early Periodic Screening Diagnosis and Treatment Standards (EPSDT)
Authority:	TCA 37-5-105(3); 37-5-106; Mature Minor Doctrine Clarification Act
Standards:	COA: PA-CFS 10.02; PA-CFS 17; PA-JJCM 5.03
Application:	All DCS Staff and Contract Providers
Policy Statement:	
<p>All children/youth in DCS custody receive timely and appropriate health care services. The Early Periodic Screening, Diagnosis and Treatment (EPSDT) screening identifies medical, mental health and/or dental needs for children and youth as they enter DCS custody and is the gateway through which DCS accesses services to meet those needs.</p> <p>Youth placed at a YDC will receive EPSDT services according to Policy 20.5 Health Care Delivery at a Youth Development Center.</p>	
Purpose:	
To meet the medical, mental health, dental, and developmental needs of children/youth in DCS custody.	
Procedures:	
A. EPSDT Defined	<ol style="list-style-type: none"> 1. Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) is the Federal Medicaid (TennCare) program intended to provide preventive health care for children/youth enrolled in a state Medicaid program. 2. DCS coordinates EPSDT services for all children in care, including those that are not TennCare eligible.
B. 72 Hour Initial Health Screening	<p>Within seventy-two (72) hours of entry into custody, children receive either an EPSDT screening or an Initial Health screening from a qualified medical practitioner to:</p> <ol style="list-style-type: none"> a) Identify health conditions that require immediate or prompt medical attention; and b) Identify health conditions that are considered in making placement decisions.
C. EPSDT Screening Guidelines	<ol style="list-style-type: none"> 1. An EPSDT screening consists of seven components: <ul style="list-style-type: none"> ◆ Comprehensive health and developmental history ◆ Comprehensive unclothed physical exam

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	<ul style="list-style-type: none"> ◆ Age-appropriate immunizations, when appropriate consent has been given or there is a court order specifically authorizing vaccination ◆ Age-appropriate lab tests ◆ Health education ◆ Vision screen ◆ Hearing screen <p>2. EPSDT screenings are completed according to the periodicity schedule established by the American Academy of Pediatrics. Screenings are completed annually for children/youth age three (3) years and older and more frequently for children under the age of three (3) years. (Refer to Section E,3,b of the <u>Protocol for Early Periodic Screening, Diagnosis and Treatment Standards</u>).</p>
<p>D. EPSDT Diagnosis and Treatment Standards</p>	<p>All medically necessary diagnosis and treatment services are coordinated for children/youth in DCS custody.</p>
<p>E. Documentation of EPSDT Services</p>	<p>All EPSDT service documentation is entered into TFACTS.</p>
<p>F. Good Cause Exceptions (GCEs)</p>	<p>1. Justifications for a GCE request</p> <p>If an EPSDT cannot be completed, a Good Cause Exception (GCE) can be requested. A GCE can be granted by the regional Health Advocate Representative for the following justifications:</p> <p>a) Child/Youth is hospitalized or is experiencing serious medical issues that would prevent/delay a screening;</p> <ul style="list-style-type: none"> ◆ The hospitalization must be entered into TFACTS before a GCE is granted. ◆ Serious medical issues include COVID positivity/exposure and any other medical issue the DCS regional nurse deems to be a barrier to a child receiving a screening. ◆ Consult with the DCS Regional Nurse to determine an end date for the GCE. If shorter than six (6) months from start date, consider adding at least thirty (30) days from expected discharge or the condition to resolve to allow for screening to be scheduled and attended. <p>b) Youth is a flight or safety risk and cannot be transported.</p> <ul style="list-style-type: none"> ◆ Consult with the DCS FSW/JSW to determine an end date for the GCE. Most of these will be for six (6) months, but if shorter than six (6) months from the start date, consider adding at least thirty (30) days from when the circumstances expect to be resolved to allow for screening to be scheduled and attended.

- c) Youth is placed in detention and is not authorized by the judge or other appropriate authority to leave the facility.
 - ◆ Consult with the DCS FSW/JSW to determine an end date for the GCE. Most of these will be for six (6) months, but if shorter than six (6) months from start date, consider adding at least thirty (30) days from when the circumstances expect to be resolved to allow for screening to be scheduled and attended.
- d) Youth is over 14 and refuses to complete the full EPSD&T medical and/or dental exam and signs form **CS-0093, Release from Medical Responsibility**.
 - ◆ For children/youth over fourteen (14), only grant the GCE for three (3) months and document on form **CS-0093, Release from Medical Responsibility**. For best practice, when a service is being refused, staff should document efforts made monthly to arrange for the child/youth to be comfortable enough to receive the service. For children/youth under fourteen (14) and if guardian is refusing, consult with the Regional DCS Nurse.

2. Documenting the GCE

The FSW/JSW documents the requested GCE information on form **CS-1218, Good Cause Exception Request**, uploads the completed form in TFACTS and submits to the Services Appeals Tracking (SAT) Coordinator and Health Advocacy Representative (HAR). For GCE requests made for medically fragile youth, a copy is provided to the Regional Nurse. The regional SAT Coordinator, HAR or Regional Nurse enters the GCE request into TFACTS and the regional Health Advocate Representative reviews and provides approval/denial of the GCE request.

3. Timeframes for submitting the GCE

A GCE is submitted within 30 days of the EPSDT appointment coming due and no later than 30 days following the due date.

Note: If GCE requests are not submitted timely, this affects EPSD&T compliance percentages for the region and state.

- ◆ If a GCE request is received thirty (30) days prior to or within thirty (30) days of the date a service is due, then the GCE start is the date the service is due. If the GCE request is received more than thirty (30) days after the due date, then the GCE start date is the date the GCE request was received and ends on the same day it would have if the request had been sent timely.

4. GCE Resolution

As soon as circumstances for a GCE no longer exist and the GCE needs to be ended, the justification for the GCE has been resolved (i.e. youth no longer refusing appointment, youth no longer in the hospital, etc.), the FSW/JSW notifies the regional SAT Coordinator/HAR/Nurse in order that an end date be entered into TFACTS.

Forms:	<p><i>Forms listed below are necessary for completion of EPSDT documentation</i></p> <p><u>CS-0727, Initial Intake, Placement and Well-Being Information and History</u></p> <p><u>CS-0708, EPST&T Physical Examination</u></p> <p><u>CS-0689, Health Services Confirmation and Follow Up Notification</u></p> <p><u>CS-0206, Authorization for Routine Health Services for Minors</u></p> <p><u>CS-1096, EPSDT Screening Report</u></p> <p><u>CS-1097, 72 Hour Health Screening Report</u></p> <p><u>CS-0811, Tennessee Early Intervention System (TIES) Referral</u></p> <p><u>CS-0093, Release from Medical Responsibility</u></p> <p><u>CS-1218, Good Cause Exception Request</u></p>
Collateral documents:	<p><u>Protocol for Early Periodic Screening, Diagnosis and Treatment Standards 20.5 Health Care Delivery at a Youth Development Center</u></p>
Glossary:	
Qualified Medical Practitioner:	A physician, nurse practitioner or physician's assistant.