



Policy:	GG.1121
Title:	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services
Department:	Medical Management
Section:	Utilization Management
CEO Approval:	/s/ Michael Hunn 05/09/2024
Effective Date:	04/01/2001
Revised Date:	04/01/2024
Applicable to:	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> OneCare <input type="checkbox"/> PACE <input type="checkbox"/> Administrative

I. PURPOSE

This policy defines the scope and promotion and responsibilities to provide Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services within CalOptima Health's Covered Services.

II. POLICY

- A. CalOptima Health and its Health Networks shall provide appropriate preventive, mental health, developmental, and specialty EPSDT medical services under the scope of the CalOptima Health program to eligible children under age twenty-one (21) years.
- B. CalOptima Health and its Health Networks are prohibited from imposing service limitations such as flat or hard limits based on a monetary cap or budgetary constraints that are not consistent with EPSDT requirements. Medically necessary decisions are made on a case-by-case basis depending on the individual.
- C. All Members under twenty-one (21) years of age must receive EPSDT preventive services, including all screenings, designed to identify health and developmental issues as early as possible in accordance with CalOptima Health Policy GG.1116: Pediatric Preventive Services, the American Academy of Pediatrics (AAP) Bright Futures periodicity schedule guidelines, and preventive services, and the U.S. Preventive Services Task Force (USPSTF) recommendations.
- D. If Members under age twenty-one (21) are not eligible for or accepted for Medically Necessary Targeted Case Management (TCM) services by a regional center or local government health program, CalOptima Health or Health Network shall ensure the Members' access to comparable services under the EPSDT benefit in accordance with Department of Health Care Services (DHCS) All Plan Letter (APL) 23-005: Requirements for Coverage of Early and Periodic Screening, Diagnostic and Treatment Services for Medi-Cal Members Under the Age of 21.
- E. CalOptima Health and its Health Networks must comply with the Americans with Disabilities act mandate to provide services in the most integrated setting appropriate to Members and in compliance with anti-discrimination laws.

- F. A Member under twenty-one (21) years of age with full scope Medi-Cal status may receive EPSDT services, in addition to standard covered Medi-Cal services, to the extent that those EPSDT services are covered under the scope of the CalOptima Health program and are Medically Necessary to correct, or ameliorate, any physical or behavioral condition, correct or ameliorate feeding and eating disorder, prevent disease, disability, and other health conditions or their progression, prolong life, and promote physical and mental health and efficiency.
1. A service does not need to cure a condition in order to be covered under EPSDT.
 2. Services that maintain or improve a child's current health condition, or those that can prevent adverse health outcomes, are also covered under EPSDT because they "ameliorate" a condition.
 3. Additional services are provided if determined to be Medically Necessary for an individual child.
- G. Services covered by California Children's Services (CCS) determined to be Medically Necessary for treatment or amelioration of the CCS-covered condition, including Private Duty Nursing related to a CCS-Eligible Condition shall be the responsibility of CalOptima Health and its Health Networks under the Whole Child Model (WCM) program.
- H. CalOptima Health, and its Health Networks shall ensure to coordinate and provide Medically Necessary services for Members who are diagnosed with feeding and eating disorder and are currently receiving SMHS from Orange County Mental Health Plan (OCMHP) and the joint responsibility to provide physical and mental health interventions and treatment services, in accordance with DHCS APL 22-003: Medi-Cal Managed Care Health Plan Responsibility to Provide Services to Members with Eating Disorders.
- I. Services covered under the EPSDT benefit include, but are not limited to:
1. Acupuncture;
 2. Developmental screening services;
 3. Physical examinations;
 4. Audiology;
 5. Chiropractic;
 6. Cochlear implants;
 7. Dental screenings as part of the initial health assessment and as part of every periodic assessment;
 8. Dental services provided by dental personnel, at intervals indicated as Medically Necessary, including treatment of for relief of pain and infections, restoration of teeth, and maintenance of dental health (carved out of the CalOptima Health program);
 9. Dyadic Service and Family Therapy Benefit;
 10. EPSDT comprehensive case management and coordination of care;

11. Hearing services at intervals indicated as Medically Necessary, including hearing evaluation, diagnosis, treatment, and hearing aid batteries;
 12. In-home Private Duty Nursing (PDN);
 13. Medical nutrition services;
 14. Orthodontic services (carved out of the CalOptima Health program);
 15. Pediatric day health care services;
 16. Medically Necessary Behavioral Health Treatment (BHT) Services for eligible children, who meet criteria;
 17. Medically Necessary non-Specialty mental Health Services, regardless of severity level, provided by a psychiatrist, psychologist, licensed clinical social worker (LCSW), or marriage and family therapist (MFT);
 18. Screening services at intervals indicated as Medically Necessary, including, at a minimum, a comprehensive health and developmental history, a comprehensive unclothed physical exam, appropriate immunization, laboratory tests, and health education to determine the existence of physical or mental illness, or conditions;
 19. Speech, occupational, and physical therapy services;
 20. Transportation services, in accordance with CalOptima Health Policy GG.1505: Transportation: Emergency, Non-Emergency and Non-Medical;
 21. Vision services at intervals indicated as Medically Necessary including evaluation, diagnosis, and treatment for defects including eyeglasses;
 22. Appointment scheduling assistance for Medically Necessary Covered Services;
 23. Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) to Members ages eleven (11) years and older, including pregnant women, in accordance with CalOptima Health Policies GG.1100: Alcohol and Substance Use Disorder Treatment Services and GG.1900: Behavioral Health Services.
 24. Other necessary health care, diagnostic services, treatment, and measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services or items are listed in the state plan or are covered for adults; and
 25. Case Management, Targeted Case Management and Enhanced Case Management services, in accordance with CalOptima Health Policies GG.1301: Comprehensive Care Management Process, and GG.1353: CalAIM Enhanced Care Management Service Delivery.
- J. CalOptima Health and its Health Networks are required to provide and cover all Medically Necessary Covered Services with the following exceptions:
1. Dental services provided by dental personnel covered by the Medi-Cal Denti-Cal program;

2. Non-medical services provided by regional centers including respite, out-of-home placement, and supportive living; however, CalOptima Health and its Health Networks must monitor and coordinate all medical services with regional center staff;
 3. Alcohol and substance use disorder treatment services available under the Drug Medi-Cal Program services and medications reimbursed through Medi-Cal fee-for-service (FFS);
 4. Specialty mental health services;
 5. Services for which Prior Authorization is required but are provided without obtaining Prior Authorization; and
 6. Other services that are carved out of the CalOptima Health Medi-Cal Program such as Pediatric Day Health Care services.
- K. Where another entity has overlapping responsibility for providing services, CalOptima Health and its Health Networks must assess the Medically Necessary service the Member requires, determine the level of service provided by the other entity and coordinate the provision of services to avoid duplication of services, in accordance with CalOptima Health Policies GG.1101: California Children's Services Whole Child Model, GG.1321: Coordination of Care for Local Education Agency Services, and GG.1302a: Coordination of Care for (RCOC) Members.
- L. CalOptima Health and its Health Networks shall provide all Medically Necessary EPSDT services, including services which exceed the amount provided by LEAs, RCs, or local governmental health programs. CalOptima Health and its Health Networks shall not rely on LEA programs, RCs, CCS, local governmental health programs, or other entities as the primary provider of Medically Necessary EPSDT services.
- M. Referrals may be based on needs identified by the Member's Primary Care Practitioner/Physician (PCP), the Member, the Member's family, and encounters with other Practitioners (e.g., school nurse).
- N. Selected EPSDT services must receive Prior Authorization and based on one of the following Medical Necessity standards:
1. The standards and requirements applicable to EPSDT services as defined in Title 22, California Code of Regulations, Section 51340.1; or
 2. The distinct EPSDT service-specific requirements as defined in Section 51340.1.
 3. If none of the above criteria are applicable to the requested service, the requested EPSDT service shall be evaluated under the expanded Medical Necessity criteria, as defined in Title 22, California Code of Regulations, Section 51340(e)(3), including, but not limited to, services that are intended to correct or ameliorate defects or physical conditions and supplies or items that are medical rather than primarily cosmetic in nature, not experimental and not solely for the convenience of the Member, family, physician, or other Practitioner. The services shall be the most cost-effective treatment based on a case-by-case evaluation. The services shall be generally accepted by the professional medical community as effective and proven treatments for the conditions for which they are proposed to be used and shall be within the authorized scope of the Practitioner and are an approved mode of treatment for the health condition of the Member.

- O. A Member identified as a Child with Special Health Care Needs through a request for EPSDT Services shall be referred to Case Management in accordance with CalOptima Health Policy GG.1301: Comprehensive Case Management Process and GG.1330: Case Management – California Children’s Services Program/Whole-Child Model.
- P. CalOptima Health and its Health Networks shall refer a Member needing specialty mental health services under the EPSDT services program to the Orange County Mental Health Plan (OCMHP).
- Q. Where diagnostic, treatment, or other EPSDT services are provided in a home or community-based setting, the total costs incurred by the Medi-Cal program for the service must be less than what the total costs would be for the provision of medically equivalent services in an appropriate institutional level of care.
- R. CalOptima Health and its Health Networks shall ensure members have timely access to all medically necessary and appropriate diagnostic and treatment EPSDT services are initiated as soon as possible, but no later than sixty (60) calendar days following either a preventative screening or other visit that identifies a need for follow up.
- S. On an annual basis for those Members under twenty-one (21) years of age who have not accessed EPSDT services or AAP bright Future preventive services, CalOptima Health and its Health Networks shall inform Members or their families/primary caregivers about EPSDT, including the benefits of preventive care, the services available under EPSDT, where and how to obtain these services and that necessary transportation and scheduling assistance is available. CalOptima Health and its Health Networks shall ensure outreach to these Members in a culturally and linguistically appropriate manner, in accordance with CalOptima Health Policy DD.2002: Cultural and Linguistic Services.
- T. CalOptima Health and its Health Networks shall be responsible for providing Private Duty Nursing services as follows:
 - 1. A Member shall be approved for Private Duty Nursing hours based on review of the following:
 - a. Institutional Level of Care (LOC) determination pursuant to Title 22, California Code of Regulations, Sections 51124.6, 51335, 51124, 51343.1 and 51343.2;
 - b. Medical Necessity in accordance with this Policy;
 - c. The active participation of the family and/or primary caregiver in the program, including being trained in the care needs of the Member in the event that the Private Duty Nursing Provider is unavailable;
 - d. The total cost of providing services and all other Medically Necessary Medi-Cal services to the Member is less than or equal to the costs incurred in providing medically equivalent services at the appropriate institutional level of care;
 - e. The services are provided in the home only, which must be assessed to be a safe, healthy environment; and
 - f. The Member must have full scope Medi-Cal benefits.

2. CalOptima Health or a Health Network shall provide case management services for eligible Members with approved Private Duty Nursing services under the EPSDT benefit or under the CCS/WCM program in accordance with CalOptima Health Policy GG.1352: Private Duty Nursing Care Management.
- U. CalOptima Health, and its Health Networks shall coordinate appropriate and effective services and treatment for Members with feeding and eating disorders, whether or not such service is generally only available to adults over age twenty-one (21), to include:
1. Out-of-Network Services
 2. Non-Specialty Mental Health Services (NSMHS) coordinate, arrange, and provide services for treatment to receive:
 - a. Residential treatment or day treatment intensive services to treat the eating disorder;
 - b. Inpatient hospitalization for Members with physical health conditions, including those who require hospitalization due to physical complications of an eating disorders and who do not meet criteria for psychiatric hospitalization also provide or arrange for NSMHS for Members requiring these services;
 - c. Partial hospitalization responsible for the Medically Necessary physical health components; and
 - d. Cover and pay for emergency room professional services as described in Section 53855 of Title 22 of the California Code of Regulations

III. PROCEDURE

- A. If a Member is enrolled in a Health Network, the referring entity shall follow the Health Network's authorization process for EPSDT services. The referring entity shall include documentation to support the requested EPSDT services, including any of the following, as appropriate, for the service requested: nutritional assessment, home health evaluation, evidence of family/caretaker participation in care planning, treatment plan, goals, and anticipated time needed to meet therapeutic goals, and specific outcome measurements.
- B. If a Member is enrolled in CalOptima Health Direct (COHD) or CalOptima Health Community Network (CCN):
1. The referring entity shall complete the appropriate Authorization Referral Form (ARF), clearly marked "FOR EPSDT SERVICES" on the top of the form.
 2. CalOptima Health shall process a request for EPSDT services that require Prior Authorization in the same manner as any request for Prior Authorization of non-EPSDT services under CalOptima Health's utilization management program.
 3. The referring entity shall include documentation to support the requested EPSDT services, including any of the following as appropriate for the service requested: nutritional assessment, home health evaluation, evidence of family/caretaker participation in care planning, treatment plan, goals, and anticipated time needed to meet therapeutic goals and specific outcome measurements.

4. CalOptima Health shall process authorizations for Private Duty Nursing services for COHD or CHCN Members as follows:
 - a. Private Duty Nursing services must be prescribed by the Member's physician in accordance with EPSDT regulatory requirements for Medical Necessity pursuant to Title 22, California Code of Regulations, Section 51340(e).
 - i. CalOptima Health or a Health Network shall use one (1) or more Medi-Cal-enrolled Home Health Agencies (HHA) or Individual Nurse Providers (INP) to meet a Member's approved Private Duty Nursing service needs in accordance with CalOptima Health Policy GG.1352: Private Duty Nursing Care Management.
 - b. The following documentation is required for CalOptima Health to complete the authorization process:
 - i. Completed Authorization Request Form (ARF);
 - ii. Documentation which supports the Medical Necessity of the requested services, including but not limited to level of care determination;
 - iii. Plan of Treatment (POT) signed by a physician;
 - iv. Home safety assessment (may be included in the POT); and
 - v. Emergency Plan (may be included in the POT).
 - c. CalOptima Health may request other documentation to clarify specific issues related to the appropriate determination of care needs, including, but not limited to:
 - i. Current History and Physical (H&P) with full systems review;
 - ii. Social Worker assessment;
 - iii. Regional Center assessment;
 - iv. Current physician and specialist progress notes; and/or
 - v. A needs assessment completed by an independent nurse consultant.
 - d. CalOptima Health shall review documentation to determine Medical Necessity, in accordance with this Policy.
 - e. CalOptima Health shall approve initial authorization period for Private Duty Nursing services for a period not to exceed ninety (90) calendar days and subsequent authorizations for a period not to exceed one hundred eighty (180) calendar days, as appropriate.
 - i. Upon authorization of Private Duty Nursing services, CalOptima Health or a Health Network shall notify the Member of the number of Private Duty Nursing hours the Member is approved to receive.
 - f. A Member's Provider shall submit documentation for reauthorization consistent with POT including, but not limited to, nurse's notes.

- g. Six (6) months before a Member receiving EPSDT Private Duty Nursing services turns twenty-one (21) years of age, CalOptima Health shall notify the Member of the transition and the need to apply to the Home and Community Based Services (HCBS) Waiver program for Private Duty Nursing services.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- B. CalOptima Health, Health Network Service Agreement
- C. CalOptima Health Policy DD.2002: Cultural and Linguistic Services
- D. CalOptima Health Policy GG.1100: Alcohol and Substance Use Disorder Treatment Services
- E. CalOptima Health Policy GG.1116: Pediatric Preventive Services
- F. CalOptima Health Policy GG.1301: Comprehensive Care Management Process
- G. CalOptima Health Policy GG.1302a Coordination of Care for (RCOC) Members
- H. CalOptima Health Policy GG.1321: Coordination of Care for Local Education Agency Services
- I. CalOptima Health Policy GG.1330: Case Management - California Children's Services Program/Whole-Child Model
- J. CalOptima Health Policy GG.1352: Private Duty Nursing Care Management
- K. CalOptima Health Policy GG.1353: CalAIM Enhanced Care Management Delivery
- L. CalOptima Health Policy GG.1505: Transportation: Emergency, Non-Emergency and Non-Medical
- M. CalOptima Health Policy GG.1539: Authorization for Out-of-Network and Out-of-Area Services
- N. CalOptima Health Policy GG.1549: Psychological Testing for Mental Health Conditions
- O. CalOptima Health Policy GG.1900: Behavioral Health Services
- P. Department of Health Care Services (DHCS) All Plan Letter (APL) 20-012: Private duty Nursing Case Management Responsibilities for Medi-Cal Eligible Members Under the Age of 21
- Q. Department of Health Care Services (DHCS) All Plan Letter (APL) 21-014: Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (Supersedes APL 18-014)
- R. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-003: Medi-Cal Managed Care Health Plan Responsibility to Provide Services to Members with Eating Disorders
- S. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-005: No Wrong Door for Mental Health Services Policy
- T. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-029: Dyadic Services and Family Therapy Benefit (revised March 20, 2023)
- U. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-005: Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (Supersedes APL 19-010)
- V. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-034: California Children's Services Whole Child Model Program (supersedes APL 21-005)
- W. Department of Health Care Services (DHCS): Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services Letter: April 1996
- X. Title 9, California Code of Regulations (CCR), §§ 1820.205 and 1830.210
- Y. Title 22, California Code of Regulations (CCR), §§ 51124.6, 51335, 51124, 51184, 51303, 51340, 51340.1, 51343.1 and 51343.2, and 53855
- Z. Title 42, United States Code (USC), §§1396d(a) and 1396d(r)
- AA. Welfare and Institutions Code §§ 14059.5 and 14132(v)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
10/07/2010	Department of Health Care Services (DHCS)	Approved as Submitted
03/02/2011	Department of Health Care Services (DHCS)	Approved as Submitted
02/25/2016	Department of Health Care Services (DHCS)	Approved as Submitted
09/09/2019	Department of Health Care Services (DHCS)	Approved as Submitted
12/10/2019	Department of Health Care Services (DHCS)	Approved as Submitted
11/03/2020	Department of Health Care Services (DHCS)	Approved as Submitted
02/17/2022	Department of Health Care Services (DHCS)	Approved as Submitted
03/22/2022	Department of Health Care Services (DHCS)	Approved as Submitted
07/15/2022	Department of Health Care Services (DHCS)	Approved as Submitted - AIR
07/29/2022	Department of Health Care Services (DHCS)	Approved as Submitted - AIR
07/03/2023	Department of Health Care Services (DHCS)	Approved as Submitted
08/07/2023	Department of Health Care Services (DHCS)	Approved as Submitted
05/02/2024	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	04/01/2001	GG.1121	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services	Medi-Cal
Revised	03/01/2003	GG.1121	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services	Medi-Cal
Revised	05/01/2007	GG.1121	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services	Medi-Cal
Revised	09/01/2010	GG.1121	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services	Medi-Cal
Revised	11/01/2015	GG.1121	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Medi-Cal
Revised	10/01/2016	GG.1121	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Medi-Cal
Revised	12/01/2017	GG.1121	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Medi-Cal
Revised	06/01/2018	GG.1121	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Medi-Cal
Revised	09/01/2019	GG.1121	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Medi-Cal
Revised	08/01/2020	GG.1121	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Medi-Cal
Revised	07/01/2021	GG.1121	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Medi-Cal
Revised	07/01/2022	GG.1121	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Medi-Cal

Action	Date	Policy	Policy Title	Program(s)
Revised	04/01/2023	GG.1121	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Medi-Cal
Revised	04/01/2024	GG.1121	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Medi-Cal

IX. GLOSSARY

Term	Definition
Authorization Request Form (ARF)	CalOptima Health's form to request authorization for Covered Services.
Autism Spectrum Disorder (ASD)	A developmental disability originating in the early development period and affecting social communication and behavior, which has been diagnosed in accordance with the Diagnostic and Statistical Manual, 5th Edition (DSM-5). ASD also includes diagnoses of Autistic Disorder, Pervasive Developmental Disorder Not Otherwise Specific (PDD-NOS), and Asperger Disorder that were made using DSM-IV criteria.
Behavioral Health Treatment (BHT) Services	Professional services and treatment programs, including but not limited to Applied Behavior Analysis (ABA) and other evidence-based behavior intervention programs that develop, restore, to the maximum extent practicable, the functioning of an individual with ASD. BHT is the design, implementation, and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior.
California Children's Services (CCS)-Eligible Conditions	A medical condition that qualifies a Child to receive medical services under the CCS Program, as specified in 22 CCR section 41515.1 et seq.
California Children's Services (CCS) Program	A State and county program providing Medically Necessary services to treat CCS-Eligible Conditions.
CalOptima Health	For purposes of this policy, CalOptima Health shall include CalOptima Health Direct and CalOptima Health Community Network (CHCN).
CalOptima Health Community Network (CHCN)	A managed care network operated by CalOptima Health that contracts directly with physicians and hospitals and requires a Primary Care Provider (PCP) to manage the care of the Members.
CalOptima Health Direct (COHD)	A direct health care program operated by CalOptima Health that includes both COHD- Administrative (COHD-A) and CalOptima Health Community Network (CHCN) and provides services to Members who meet certain eligibility criteria as described in CalOptima Health Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.
Care Coordination	Care coordination involves deliberately organizing member care activities and sharing information among all of those involved with patient care. CalOptima Health's coordination of care delivery and services for Members, either within or across delivery systems including services the Member receives by CalOptima Health, any other managed care health plan; Fee-For-Service (FFS); Out-of-Network Providers; carve-out programs, such as pharmacy, Substance Use Disorder (SUD), mental health, and dental services; and community and social support Providers. Care Coordination services may be included in Basic Case Management, Complex Case Management, Enhanced Care Management (ECM), Person Centered Planning and Transitional Care Services.
Children with Special Health Care Needs (CSHCN)	Children who have or are at increased risk for chronic physical, behavioral, developmental, or emotional conditions, and who also require health care or related services of a type or amount beyond that required by children generally. The identification, assessment, treatment, and coordination of care for CSHCN shall comply with the requirements of Title 42, CFR, Sections 438.208(b)(3) and (b)(4), and 438.208(c)(2), (c)(3), and (c)(4).

Term	Definition
Comprehensive Medical Case Management	Services provided by a Primary Care Provider, in collaboration with CalOptima Health or a Health Network to ensure the coordination of Medically Necessary health care services, the provision of preventive services, in accordance with established standards and periodicity schedules and the continuity of care for Medi-Cal enrollees. It includes health risk assessment, treatment planning, coordination, referral, follow-up, and monitoring of appropriate services and resources required to meet an individual's health care needs.
Covered Services	<p>Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, this Contract, and APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> 1. Home and Community-Based Services (HCBS) program as specified in Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under this Contract, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than 21 years of age. CalOptima Health is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is

Term	Definition
	<p>responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services;</p> <ol style="list-style-type: none"> 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than 21 years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with APL 23-005; 14. Childhood lead poisoning case management provided by county health departments; 15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and APL 16-006; and 17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with APL 22-012.
Dyadic Services	A family and caregiver-focused model of care intended to address developmental and behavioral health conditions of children as soon as they are identified. Dyadic Services include Dyadic behavioral health (DBH) well-child visits, Dyadic Comprehensive Community Supports Services, Dyadic Psychoeducational Services, and Dyadic Family Training and Counseling for Child Development.
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	The provision of Medically Necessary comprehensive and preventive health care services provided to Members less than twenty-one (21) years of age in accordance with requirements in 42 USC section 1396a(a)(43), section 1396d(a)(4)(B) and (r), and 42 CFR section 441.50 et seq., as required by W&I Code sections 14059.5(b) and 14132(v). Such services may also be Medically Necessary to correct or ameliorate defects and physical or behavioral health conditions.

Term	Definition
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
History and Physical (H&P)	For the purposes of this policy, refers to the medical assessment carried out by a qualified medical Provider summarizing prevalent Member information which may include, but is not limited to, past medical history, current medications, and social history, along with a physical exam to note appearance and vitals.
Home and Community-Based Services (HCBS)	Home and Community- Based Services (HCBS) benefit is defined by the services listed in Title 42, Code of Federal Regulations, Section 440.182(c).
Home Health Agency	A public or private agency or organization that offers home care services including skilled nursing services and at least one other therapeutic service in the residence of the client through physicians, nurses, therapists, social workers, and homemakers whom they recruit and supervise.
Individual Nurse Providers (INP)	A Medi-Cal enrolled registered nurse (RN) or licensed vocational nurse (LVN) who independently provides Private Duty Nursing services in the home to Medi-Cal beneficiaries.
Medically Necessary or Medical Necessity	Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity. For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396dI(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.
Primary Care Practitioner/Physician (PCP)	A Practitioner/Physician responsible for supervising, coordinating, and providing initial and primary care to Members and serves as the Medical Home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, or obstetrician/gynecologist (OB/GYN). For Seniors and Person with Disability (SPD) Members, a PCP may also be a Specialist or clinic.
Prior Authorization	A formal process requiring a Provider to obtain advance approval for the amount, duration, and scope of non-emergent Covered Services.

Term	Definition
Private Duty Nursing	An Early Periodic Screening, Detection, and Treatment (EPSDT) Supplemental Service that includes Medically Necessary services provided to Members who require continuous in-home nursing care.
Provider	Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.
Targeted Case Management (TCM)	Services which assist Medi-Cal Members within specified target groups to gain access to needed medical, social, educational, and other services. In prescribed circumstances, TCM is available as a Medi-Cal benefit as a discrete service, as well as through State or local government entities and their contractors
Screening, Assessment, Brief Interventions Referral and Treatment (SBIRT)	Comprehensive, integrated delivery of early intervention and treatment services for Members with Substance Use Disorders (SUDs), as well as those who are at risk of developing SUDs.
Whole Child Model (WCM)	An organized delivery system established for Medi-Cal eligible CCS children and youth, pursuant to California Welfare & Institutions Code (commencing with Section 14094.4), and that (i) incorporates CCS Covered Services into Medi-Cal managed care for CCS-eligible Members and (ii) integrates Medi-Cal managed care with specified county CCS program administrative functions to provide comprehensive treatment of the whole child and Care Coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.