CHAPTER 48

HEALTH SUPPORT SERVICES

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CHAPTER 48
HEALTH SUPPORT SERVICES

48.00 PROGRAM AUTHORITY

Federal: 45 CFR 228.0(a)(1)(2)(4), 228.64, 249.10(3)(ii)(iii)(iv)
42 CFR 441.50; 441.75

State: RCW 43.20A.550, 74.09.530
WAC 388-15-200, 388-29-180, 388-72-200, 388-86-027, 388-95-210, 388-95-275

48.10 POLICY

48.11 Purpose of the Service

A. The purpose of Health Support Services is to safeguard, correct, improve, and/or rehabilitate the health of individuals who are at risk or who have physical or mental/emotional health problems in order to develop their productivity and/or self-sufficiency.

B. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services link clients with continuing primary health care in order to promote good health care for children.

C. Health Support Services provides information and referral in order to assist clients in obtaining needed medical or other health care services.

48.12 Service Description

A. General Description

1. Health support services are social services provided to assist medically eligible individuals and families to receive adequate health care.

2. Services include:

a. information and referral,

b. assistance in scheduling appointments,

c. assistance with transportation and/or child care when requested by the client in order for the client to receive the medical/health care service.

B. Special programs available under Title IV A, V, XIX for which Title XX provides social services to enable the client to receive the appropriate health care needed, include:

1. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) (A federal mandated program under Title XIX)

   a. EPSDT is a preventive health care program for persons under age 21 who qualify for AFDC or related medical programs. Screening consists of an unclothed examination, health and developmental history, immunizations appropriate to age and health history, nutritional assessment, vision and hearing testing, laboratory procedures appropriate for age, and for children three years of age and over, dental screening provided by a dentist.

   b. Treatment for conditions discovered in the screening is limited to the same amount, duration, and scope of care available to other recipients of medical assistance. Requests for hearing aids should be referred to Crippled Children's Services, Conservation of Hearing Program. Referral services are provided for treatment of conditions discovered during the screening but not covered by the program.

   c. Periodicity schedule: Infants from birth to age one are eligible for as many as five screenings at recommended intervals of:

      1 - 6 weeks of age
      2 - 3 months of age
      4 - 5 months of age
      6 - 7 months of age
      11 - 12 months of age

      All children over age one to age 21 are eligible for annual screenings.

2. Crippled Children's Services (CCS) - Title V, Public Health Act

   a. This is a preventive, diagnostic and treatment service for children under age 21 who have a physical handicap due to a congenital or acquired defect which may be alleviated by early detection and treatment.

   b. Arrangements for Crippled Children's Services are made through the local county health department.

   c. Children under age 21 in need of hearing aids should be referred to the CCS Conservation of Hearing Program.

3. Commission for the Blind Services

   a. The Washington State Commission for the Blind was established by the Legislature in 1977 to provide services for blind people through an independent state agency responsible to the Governor. Offices of the Commission are located in Olympia, Seattle, Spokane, Yakima, and Vancouver.

b. Services provided by the Commission are:

(1) medical eye care, including prevention of blindness;

(2) counseling and assistance to parents of blind children;

(3) vocational training; and

(4) training in self-help skills.

c. Referrals for Commission for the Blind services are made to the nearest office of the Commission.

4. Services to Persons Under Age 21 Leaving Mental Hospitals

a. Persons under age 21 who are in a mental hospital approved by a Joint Commission on Accreditation of Hospitals (JCAH) are entitled to CSO social services after discharge from the facility.

b. The CSO has the responsibility to provide direct services when feasible or be responsible for procuring and coordinating the use of other community services such as mental health, juvenile court, group homes, education and training, and family planning. (See WAC 388-95-275.)

5. Home-Delivered Meals

a. Home-delivered meals may be provided to financial grant recipients or SSI beneficiaries unable to prepare his/her own meals, to enable him/her to remain in own home with the assurance of receiving nutritious, well-balanced meals which meet his/her dietary needs.

b. Home-delivered meals may be obtained through the Area Agency on Aging Subcontractors. If this service is not available, meals may be purchased through an add-on (additional requirement) to the recipient's grant.

6. Medical Support Services

a. Medical support services are social services provided at the request of a physician, health clinic, and/or medical clerk to enable recipient to keep medical appointments or to provide social summary in regard to the person's ability to use prescribed medical appliance(s).

b. Provision of social service when an exception to policy request is needed for payment approval of the medical service or appliance prescribed.

48.13 General Policies Related to this Service

A. Community Services Office (CSO) shall inform all medically eligible persons of the availability of health support services regardless of race, color, creed, national origin, religion, age, sex, or handicap.

B. Health Support Services are directed toward the following Title XX goals:

1. Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency.

2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency.

3. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.

C. Applicants/recipients using the Fair Hearing process have 90 days to appeal a denial, reduction, or termination of service, or failure to act within 30 days on a service request.

D. Confidentiality shall be protected according to the provisions for safeguarding information as defined in WAC 388-48-010.

48.14 Priorities Related to this Service

A. EPSDT information and referral for screening, diagnosis, and treatment.

B. Casework and referral services for persons under age 21 leaving mental hospitals.

C. Referrals to Crippled Children's Services.

D. Referrals to Commission for the Blind services.

E. Arrangement for home-delivered meals for homebound recipients.

F. Medical support services.

48.15 Eligibility

A. Health support services are available to persons who are:

1. AFDC, GAU recipients, or SSI beneficiaries.

2. Eligible for Title XIX FAMCO.

3. Eligible for state-funded Medical Only (MO) Program.

B. Crippled Children's diagnostic services are available to every child regardless of family income. Treatment services may be offered without charge when not available through Title XIX or other agency resources.

C. Commission for the Blind services are available to all persons who are blind or declared legally blind.

D. Persons leaving JCAH approved mental hospitals are eligible for follow-up social services from CSOs if they meet the eligibility criteria in 48.15 A.

E. Persons eligible for home-delivered meals must be either grant recipients or SSI beneficiaries.

F. All persons are eligible for medical support services who are entitled to medical coupons within the Title XIX or state-funded medical care program.

G. Persons under age 21, who have medical coupons, are eligible for EPSDT.

H. For complete eligibility requirements, see Chapter 03, Social Services Eligibility.

48.16 Payment Rates

A. Medical services are provided for persons who have medical coupons.

B. Division of Medical Assistance, in conjunction with Office of Vendor Rates, establishes rates for all medical procedures and for the vendor payment system.

C. Division of Medical Assistance purchases medical services on a prepaid plan from Health Maintenance Organizations (HMOs) which are available to AFDC recipients residing in the following geographic areas:

1. South Snohomish, King, Pierce, and Thurston Counties - Group Health Cooperative of Puget Sound (GHCPS).

2. Clark County - Kaiser Foundation Plan (KP).

3. Spokane County - Cooperative Health Plan (CHP).

D. HMOs are also available to foster children residing in the homes of foster parents who are enrolled in any of the above group care plans (C 1, 2, or 3).

E. Prior approval must be obtained by the attending physician from CSO medical consultant for any non-emergent surgical procedure, and for some other services such as durable medical equipment, medical appliances, and aids to motility.

48.20 PROGRAM STANDARDS

48.21 Program Expectations

A. Health Support Services are primarily information and referral services which should be provided at the time of request.

B. Requests for EPSDT support services (transportation/scheduling) shall be followed within 60 days to assure screening was received.

C. Followup on requests for EPSDT support services shall be provided within 120 days of initial screening request to assure that treatment has been initiated if recommended in the EPSDT program.

D. Within 30 days, if case is opened to service, the initial service plan and appropriate referral shall be completed.

E. New AFDC recipients and those determined eligible after a period of ineligibility must be informed in writing and in a face-to-face contact of the availability of EPSDT for persons under age 21 within 60 days of eligibility determination. (This is to be provided by the financial service technician at the time of the financial application interview.)

48.22 Program Outcomes

A. Information and referral service provided.

B. Assistance in scheduling appointments to appropriate medical care provider was given.

C. Assistance in obtaining transportation to keep medical appointments was provided.

D. Assistance in obtaining child care to keep medical appointments was provided.

E. Service not completed; client withdrew, moved, lost contact.

48.30 PROCEDURES

48.31 General Procedures

A. All requests from persons not opened to social services shall be referred to the service worker responsible for providing information and referral services.

That service worker will:

1. Provide the information and resources for obtaining the services requested.

2. When it takes longer than 30 minutes to provide the service, determine service eligibility on DSHS 14-139(X), Social Services Application. Open the case to social services provided request is for assistance in scheduling appointments, help with transportation and/or child care to enable client to keep medical appointments.

3. If the assistance for transportation and/or child care would result in a payment for either or both, eligibility under Title XX must be determined even it if takes less than 30 minutes.

B. Requests for health support services from clients already opened to social services will be provided by the client's service worker who will:

1. Provide the requested service which pertains to information and referral, assistance with scheduling medical appointments, help with transportation and/or child care in order for client to keep the medical appointments or the social service required to enable client to obtain a needed medical appliance.

2. Document the activity in the Individual Service Plan (ISP) on DSHS 2-305(X), Service Episode Record, providing the date of action, purpose of contact, and resolution.

3. Where SSPS has been implemented in CSOs (Wenatchee, Olympia, Yakima, Bellevue, Pacific Center, Mountlake Terrace, West Seattle/Burien), document the service provided on DSHS 14-154(X), according to Manual G, Chapter 04, Appendix A, Health Support Service Codes.

48.32 Special Procedures for EPSDT

A. Program Requirements

1. EPSDT is a federally mandated program under Title XIX which requires coordination at the state level among Division of Medical Assistance (DMA), Bureau of Children's Services (BCS), and Bureau of Income Maintenance (BIM).

a. Division of Medical Assistance is responsible for:

(1) Promulgating policy based on federal regulations.

(2) Meeting federal reporting and compliance issues.

(3) Maintaining a vendor payment reporting system.

(4) Establishing agreements with medical and dental providers for EPSDT services.

(5) Developing and distributing promotional materials including EPSDT brochures and providing yearly inserts in AFDC recipient warrants containing information about the availability of EPSDT services.

(6) An EPSDT state coordinator.

(7) Training of EPSDT service workers assigned by regions to cover CSOs.

b. Bureau of Children's Services is responsible for:

(1) Health Support Services Program Manager to develop program policies for EPSDT in conjunction with DMA and BIM to meet federal compliance.

(2) Monitoring and evaluating regional and CSO service delivery system according to state and federal regulations and Manual G procedural compliance.

c. Bureau of Income Maintenance is responsible for:

(1) Establishment of policy procedures for CSO financial service technician to provide face-to-face contact for informing new AFDC grant recipients about the availability of EPSDT services at the time of eligibility interview.

(2) Training financial and clerical staff in the EPSDT informing procedures.

2. EPSDT requires staff coordination at the community level within CSOs among:

a. Clerical staff who are responsible for:

(1) DSHS 22-19(X), EPSDT Brochure, and DSHS 14-197(X), EPSDT Interview Report, handouts to AFDC applicants/recipients.

(2) Forwarding DSHS 14-197(X) to appropriate staff persons.

b. Financial service technicians who are responsible for:

(1) Reviewing DSHS 14-197(X), EPSDT Interview Report, with AFDC applicants in a face-to-face contact at the time financial eligibility is established.

(2) Retaining one copy of DSHS 14-197(X) for financial record and forwarding original and one copy to appropriate staff person, giving one copy to client.

(3) Explaining the use of medical coupons for obtaining EPSDT services.

(4) Referring all recipients requesting EPSDT services to appropriate social service staff.

c. Social service staff are responsible for:

(1) Providing information and referral services when requested by client.

(2) Providing assistance with scheduling EPSDT medical appointments when requested.

(3) Helping with transportation when requested.

(4) Documenting services provided on appropriate forms.

(5) Providing necessary data to EPSDT service worker for the EPSDT case management system.

(6) For cases opened to social service, providing screening and treatment follow-up services within the required time frame.

B. Program Procedures

1. Clerical processing of DSHS 14-197(X)

Upon receipt of the completed DSHS 14-197(X) from financial, clerical support will distribute it in the following manner:

a. The "original" to be sent weekly to the State Office, Division of Medical Assistance, MS LG-11.

b. If Section A, Item 1, 2 and/or 3 is checked "Yes", check master file to determine if case is opened to social services.

(1) If opened, forward to assigned worker.

(2) If not opened, forward to EPSDT service worker.

c. If Section A, Item 1, is checked "No" or "Undecided", route to service record.

2. Processing of DSHS 14-197(X) (Social Service Copy).

If Section A, 1, 2 and/or 3 is checked "Yes" upon receipt of the social service copy of the DSHS 14-197(X), the service worker will contact the recipient within 30 days and provide the following services:

a. Provide I & R;

b. Assist in scheduling appointments, if requested; and

c. Assist recipient in obtaining transportation, if requested.

Note: If only Section A. 1. is marked "Yes", it is not mandatory to contact the client. It is an optional service provided by the CSO.

3. Documentation of EPSDT Service Activity

a. When EPSDT referral services are provided, including help with scheduling transportation and/or child care which takes less than 30 minutes to complete the service request, document the activity on DSHS 2-265(X), I & R Log, if not an open service case.

b. When EPSDT service activity involves more than 30 minutes to complete the service request, determine service eligibility (DSHS 14-139(X) and if eligible, follow procedures for opening case to social services (service record, authorization forms etc.).

4. Request for EPSDT After Grant Approval

a. AFDC Grant recipient requests for support services (scheduling/transportation) after an initial "No" response on the DSHS 14-197(X) will be referred to EPSDT service worker if not opened to social services.

b. EPSDT service worker will provide the requested service and document the activity according to procedure in 48.32 B. 3.

c. EPSDT service worker will complete a new DSHS 14-197(X) original and mark "yes" in section A where appropriate and route to DMA, MS - LG-11, retaining one copy for case record. If request and information/service is provided by telephone or letter the client's signature is not necessary. Simply note on form client's change of interest.

d. If case is opened for social service, assigned service worker will follow above procedures and advise EPSDT worker of the action taken. The DSHS 2-306/306A(X) may be used for this purpose.

5. Community Inquiries

All community inquiries regarding EPSDT should be routed by clerical to the I & R service worker for an explanation of the program and noted on the DSHS 2-265(X), I & R Log.

6. Special Procedures for Applicants with Communication Problems

Procedures for informing the illiterate, blind, deaf, and non-English speaking applicants are as follows:

a. Illiterate

It is important that all staff communicate in a simple and straight forward manner using verbal and nonverbal methods (visual aids) to ensure the applicant understands EPSDT availability.

b. Blind

The blind shall be assisted by verbal communication of the availability of EPSDT.

c. Deaf

If there is a need to have someone with signing skills assist, contact your Regional Office for a resource person if not known to CSO resource.

d. Non-English Speaking

DSHS 22-19(X), EPSDT brochures are available in Spanish, Vietnamese, Cambodian, Japanese, Korean, Illocano, and Tagalog from the Stockroom.

7. EPSDT service worker activities include:

a. Maintaining a DSHS 13-335(X), EPSDT Control Card on each child for whom an AFDC family has requested help in scheduling and/or transportation for EPSDT screening.

b. Initiating EPSDT Action Report on AFDC family who have requested help in scheduling and/or transportation when:

(1) Transportation and/or scheduling has been provided.

(2) Reason for loss of contact has been identified.

(3) Assistance in referral for treatment not covered by medical program is provided.

(4) Assistance requested when full EPSDT service not provided.

(5) Requested service provided to complete EPSDT screen.

c. Providing followup on those AFDC families who have requested help in scheduling and/or transportation for EPSDT screening to assure that screening has been received and treatment initiated, if referrable condition found, within 120 days of initial request.

d. Upon receipt of DSHS 14-197(X) for an AFDC-FC child in foster care, establishing a DSHS 13-335(X), EPSDT Control Card from the data on DSHS 14-197(X) and forward DSHS 14-197(X) to DMA, Olympia, MS - LG-11.

e. Prepare and maintain a list of participating physicians and dentists with address and phone numbers and make available to CSO social service staff.

f. Review EPSDT tracking reports (machine printouts) to update screening and treatment client information on the EPSDT Control Card.

g. Discuss clients in need of social services with immediate supervisor for recommendations and further contact on problems encountered such as child abuse or need for social service worker review.

h. Transfer DSHS 13-335(X), EPSDT Control Card with case record when case is being transferred to another CSO, noting EPSDT status at the time of transfer. Do not indicate transfer action on DSHS 13-405(X), EPSDT Action Report as it will be the receiving CSO service worker's responsibility to followup on any needed action and indicate the action on DSHS 13-405(X). Refer to Manual G 2.14 C. and D. for transfer process between CSOs.

8. Foster Care/AFDC-FC

Children in foster care are not normally seen by financial services. Therefore, at the time the social service worker establishes AFDC/FC foster care eligibility, the service worker will have the parent/guardian, if available, complete the DSHS 14-197(X). If no parent or guardian is available, service worker will complete DSHS 14-197(X) in lieu of parent for documentation that service worker is aware of the availability of EPSDT for the AFDC/FC child who is in foster care. Forward completed DSHS 14-197(X) signed by parent or service worker to EPSDT service worker and retain one copy for service record. Follow procedures in 48.31 B.3. for documentation of service activity.

NOTE: Do not complete DSHS 14-197(X) on children not eligible for AFDC-FC.

C. Special Procedures for CSOs who are on SSPS.

1. Upon receipt of DSHS 14-197(X) when Section A. 2. and/or 3. has been checked "yes", service worker will contact client to:

   a. Provide information and referral service. If no futher service is requested, note contact on DSHS 2-265(X) I & R Log.

   b. If client requests assistance in scheduling, transportation and/or child care, complete DSHS 14-139(X), Social Services Application and DSHS 14-154(X), Social Service Authorization. If contact is by telephone, service worker may sign for the client on DSHS 14-139(X) and send client copy of DSHS 14-154(X) confirming that the support service requested has been approved.

2. Special Instructions for completing DSHS 14-154(X).

   a. Client/Parent is to be the Primary Recipient.

   b. List all of the children in the household below. If there are more than four children, use a second DSHS 14-154(X).

   c. For code instructions, refer to Manual G, Chapter 04, Appendix A, Health Support Services.

D. Special Procedures for Return of DSHS 13-400, EPSDT Annual Informing Mailer Coupon (New)

1. Return of EPSDT Mailer Coupon (tear off coupon from DSHS 13-400) to the CSO will be routed to EPSDT service worker or designee.

2. Service worker will contact client and complete DSHS 14-197(X), forwarding original to DMA, MS LG-11 and retain copy for case record. Client's signature is not necessary.

3. Service worker will provide follow-up services and documentation according to appropriate activities listed in 48.32 B. 7. under program procedures.

48.33 Special Procedures for Crippled Children's Services

A. Service worker will follow procedures as outlined in 48.31, General Procedures.

B. Requests for Crippled Children's Services will be routed on the DSHS 2-306(X), Communication/Referral, to the local county health department, providing identifying information and reason for referral.

48.34 Special Procedures for Commission for the Blind Services

A. Service worker will follow procedures as outlined in 48.31, General Procedures.

B. Requests for Commission for the Blind services will be routed on DSHS 2-306(X), Communication/Referral, to the nearest Commission for the Blind office, providing identifying information and reason for referral.

48.35 Special Procedures for Persons Under Age 21 Leaving Mental Hospitals

A. Upon request for follow-up services from the mental hospital when patient is to be discharged from the hospital, the service worker will:

1. Be involved in joint planning with hospital social service staff and patient prior to the patient's leaving the hospital.

2. Be responsible for coordinating service needs with community resources.

3. Provide follow-up services.

4. Open case to social services and document action on the social service forms.

B. Community referrals will be made on DSHS 2-306(X), Communication/Referral, providing identifying information and reason for referral.

48.36 Special Procedures for Home-Delivered Meals Services

A. Service worker will follow procedures as outlined in 48.31, General Procedures.

B. If referrals are made to the Area Agency on Aging Home-Delivered Meals subcontractors use form DSHS 2-306(X), Communication/Referral, to the appropriate site, providing identifying information, reason for referral, and number of meals needed.

C. If no resource is available for meal service and some arrangement can be made with family, a friend, a neighbor, or a volunteer in securing and delivery of the meals, worker will request cost standard rate from Office of Budget and Program Analysis Services on DSHS 2-306(X), Communication/Referral, with documentation of need. Cost standard rate will be sent to CSO financial section on same form and used to increase grant for allowable cost of home-delivered meal services.

48.37 Special Procedures for Medical Support Services

A. Service worker will follow procedures as outlined in 48.31, General Procedures.

B. Any community referrals will be made on DSHS 2-306(X), Communication/Referral, providing identifying information and reason for referral.

C. Complete social summaries, in coordination with the medical clerk, when requests for hearing aids or other medical appliances are referred to service worker.

D. When requesting exception to policy for needed medical service or appliance, complete DSHS 5-10(X), Policy Exception Request, and route according to standardized procedures. (See Chapter 01.13, Exceptions to Rules.)

48.60 INTERFACE WITH OTHER DSHS SERVICES

Health support services are those services provided to clients to enable them to obtain needed medical or other health care services and may include coordination with:

A. Other social services such as:

1. Volunteer services for assistance in transportation to keep appointments.

2. Day care for assistance in providing child care services to keep appointments.

B. Clerical support services which include reception clerks, control clerks, and medical clerks who are involved in information and referral procedures.

C. Financial service technicians to assist clients in applying for financial/medical assistance and/or in relation to the DSHS 14-197(X), EPSDT Interview Report.

D. CSO and SO medical consultants to assist clients in obtaining approval for necessary medical services/surgical procedures.

48.70 INTERFACE WITH NON-DSHS SERVICES

As part of the Health Support Services, workers may need to confer/coordinate services with:

A. Private physicians and dentists.

B. Public health and community clinics.

C. Health Maintenance Organizations (HMOs).

D. Crippled Children's Services.

E. Commission for the Blind.

F. Area Agency on Aging Home-Delivered Meals Subcontractors.

G. Other community resources.

Each community has its own unique medical, transportation, and other resources which should be utilized by the service worker which will assist client in obtaining requested health service(s).

48.80 REOUIRED FORMS AND INSTRUCTIONS

A. See Chapter 99, Forms, for instructions on these forms:

DSHS 2-305(X)	Service Episode Record (Rev. 12/79)
DSHS 2-306(X)	Communication/Referral (Rev. 9/78)
DSHS 2-306A(X)	Communication/Referral, Page 2 (Rev. 9/78)
DSHS 5-10(X)	Policy Exception Request (Rev. 3/78)
DSHS 14-139(X)	Social Services Application (Rev. 12/79)