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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)

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   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.

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      1 - 6 weeks of age
      2 - 3 months of age
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      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 srvices.

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 mobility.

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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. Follow-up 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:

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

2. Maintain DSHS 2-265(X), Information and Referral Log, noting all health support service requests whether by phone or in person, according to instructions for use of the form.

3. 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.

4. 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 if it 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, Mount Lake 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, and

(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.

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(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.).

c. When case is already opened to social services, for documentation of service activity, refer to 48.31 B. 2. and 3.

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.

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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.

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c. Providing follow-up 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 follow-up 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.

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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 LG11 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 REQUIRED FORMS AND INSTRUCTIONS

A. See Chapter 99, General Forms, for general instructions on these generic 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)
DSHS 14-154(X)	Social Services Authorization (Rev. 9/80)
DSHS 14-159	Change of Service Authorization (Rev. 5/80)

B. The following specific forms and/or instructions are included in the remainder of this chapter:

DSHS 2-265(X)	Information and Referral Log (Rev. 6/78)
DSHS 13-335(X)	EPSDT Control Card (Rev. 5/80)
DSHS 13-400	Early and Periodic Screening Diagnosis and Treatment (EPSDT Annual Informing Mailer) (New 8/80)
DSHS 13-405(X)	EPSDT Action Report (10/79)
DSHS 14-197(X)	EPSDT Interview Report (5/80)

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DSHS 2-265(X), Information and Referral Log (Rev. 6/78)

Instructions

For general instructions and a copy of the form, see Chapter 99, General Forms.

A. "Available DSHS," is to be checked when support services (arrangements in scheduling appointments, assistance with transportation and/or child care) are provided within the CSO to enable the client to receive the requested medical service.

B. "Available Community," is to be checked when person is referred to a medical provider in the community.

C. "Not Available," is to be checked when service request is not available in the community such as residential treatment services for children, orthodontia; or what may be considered to be an unmet need.

Note: Checks are to be unduplicated (e.g., do not check both "Available DSHS" and "Available Community.")

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

INFORMATION AND REFERRAL LOG

REMIT BY 10TH OF FOLLOWING MONTH:

TO:	Office of Program Analysis	OB-34F
	Olympia, Washington 98504	

[redacted]	
Office:	
Report Date:	
Period Being Reported:	

I. CASSP* SERVICES REQUESTED

SERVICES REQUESTED	AVAILABLE DSHS	AVAILABLE COMMUNITY	NOT AVAILABLE	SERVICES REQUESTED	AVAILABLE DSHS	AVAILABLE COMMUNITY	NOT AVAILABLE
1. CHILD PROTECTIVE SERVICES				14. CHORE SERVICES			
2. CHILD FOSTER CARE				15. JUVENILE PAROLE SERVICES			
3. ADOPTION SERVICES				16. CONGREGATE CARE FACILITIES			
4. HEALTH SUPPORT SERVICES				17. PLACEMENT SERVICES			
5. EPSDT CHAP				18. JUVENILE DELINQUENCY PREVENTION			
6. SUPPORT SERVICES				19. DEVELOP DISABILITIES CASE SERVICES			
7. REFUGEE ASSISTANCE				20. DEVELOP. DISABILITIES HOME AID RESOURCES			
8. FAMILY PLANNING				21. DEVELOP-MENTAL CENTERS			
9. HOMEMAKER SERVICES				22. ALCOHOLISM SERVICES			
10. CHILD DAY CARE SERVICES				23. DEVELOP. DISABILITIES GROUP HOMES			
11. SEASONAL CHILD DAY CARE SVCS				24. SERVICES TO CHILD IN OWN HOME			
12. DAY HEALTH SERVICES				25. DRUG ABUSE PREVENTION			
13. ADULT PROTECTIVE SERVICES				26. OTHER (SPECIFY)			
				TOTAL SECTION I			

II. OTHER DSHS AND COMMUNITY SERVICES REQUESTED

SERVICES REQUESTED	AVAILABLE DSHS	AVAILABLE COMMUNITY	NOT AVAILABLE	SERVICES REQUESTED	AVAILABLE DSHS	AVAILABLE COMMUNITY	NOT AVAILABLE
27. INCOME MAINTENANCE SERVICES				40. VETERANS SERVICES			
28. VOCATIONAL REHAB. SERVICES				41. CLUBS & OTHER SIMIL. PRIVATE ORGANIZATIONS			
29. SOCIAL SECURITY (OASDHI, SSI, ETC.)				42. DRUG TREATMENT SERVICES			
30. FOOD BANKS NUTRITION				43. MENTAL HEALTH SERVICES			
31. CLOTHING & HOUSEHOLD DISTRIBUTION STORES				44. HANDICAPPED AND RETARDATION SERVICES			
32. HOUSEHOLD FACILITIES WINTERIZATION SERVICES				45. EDUCATIONAL SERVICES			
33. TRANSPORTATION SERVICES				46. CONSUMER PROTECTION			
34. EMPLOYMENT AND TRAINING				47. OTHER CONSUMER SERVICES			
35. LEGAL SERVICES				48. POLICE AND OTHER ENFORCEMENT AGENCIES			
36. COUNSELING SERVICES				49. PUBLIC INFORMATION SERVICES			
37. JUVENILE & CHILDREN'S SERVICES				50. DISASTER			
38. CAMPERSHIPS				51. OTHER (SPECIFY)			
39. SENIOR CITIZENS, AGING				52. OTHER (SPECIFY)			
				TOTAL SECTION II			
				TOTAL FROM SECTION I			
				GRAND TOTAL			

* COMPREHENSIVE ANNUAL SOCIAL SERVICE PLAN

THIS FORM MAY BE USED DAILY, WEEKLY, OR MONTHLY DEPENDING ON VOLUME IN YOUR OFFICE. (PLEASE COMBINE AND SUBMIT DAILY OR WEEKLY TOTALS ON ONE MONTHLY REPORT).

DSHS 2-265(X)(REV. 6-78)

DSHS 2-265(X), Information and Referral Log (Rev. 6/78)

Manual G
48.80 (cont.)
DSHS 2-265(X)
Rev. 13 - 6/80

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DSHS 13-335(X), EPSDT Control Card (5-80)

Instructions

Identifying information is self explanatory, such as parents name, address and telephone number.

D.O.B. - Date of birth (Parent)

Case Number - Provide complete 11 digit case number

Social Security Number - parents social security number

Initial Request date - Date of client's signature on DSHS 14-197(X) when EPSDT was requested

Closed - Date that no further EPSDT action is indicated

Child's Name - List each individual child in the family starting with the oldest child, give middle initial and last name if different from parent

D.O.B. - Date of birth (Child)

Comments or problems - space is to provide any special notation about the individual child's health status

Back of Card

Child's Name - list child's name in same order as on the front of the card

1. Screening date - the date of EPSDT screen

2. Screening provider - The name of EPSDT provider

3. Referral - Indicate "Y" for yes "N" for no

4, 5 - Indicate dates and name of treatment provider

6. Codes: LT - letter
TC - telephone call
PR - provider contact
CL - client contact

7. Contact dates - dates of client/provider contacts regarding individual child

8. Comments - space for type of treatment if recommended by the EPSDT screening provider

DSHS 13-335(X), EPSDT Control Card (Rev. 5/80)

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

EPSDT CONTROL CARD

NAME OF PARENT	DATE OF BIRTH	SOCIAL SECURITY NO.	CASE NUMBER
ADDRESS	CITY	ZIP	PHONE
CASEWORKER	INITIAL REQUEST DATE	CLOSED	

CHILD'S NAME	DATE OF BIRTH	COMMENTS OR PROBLEMS

DSHS 13-335(X) (Rev 5/80)

DSHS 13-335(X), EPSDT Control Card (Rev. 5/80) (cont.)

CHILD'S NAME	1. SCREENING DATE	2. SCREENING PROVIDER	3. REFERABLE	4. DIAGNOSIS AND TREATMENT DATE	5. DIAGNOSIS AND TREATMENT PROVIDER	6. CONTACT CODE	7 CONTACT DATES	8 COMMENTS

DEPARTMENT OF SOCIAL & HEALTH SERVICES

DSHS 13-335(X) Back (Rev. 5/80)

EARLY AND PERIODIC SCREENING DIAGNOSIS AND TREATMENT
(EPSDT)

Dear Medical Coupon Holder,

Our records show that you are currently eligible to receive an EPSDT screen. Many medical conditions not corrected by early health care may become big problems.

EPSDT Health screenings are available annually at no cost for people under age 21 who receive medical coupons. Screenings include vision and hearing testing, physical examinations, immunization updates and dental exams. Babies may be screened five times in the first year of life. Treatment is provided for Medicaid covered conditions discovered during the screening. Referral assistance is available for those services not covered under the Medicaid program.

If you are under 21 and have never had a screening or if it has been a year since your last screening, you may wish to take advantage of this service. You may go to any physician, Health Department or Community Clinic which accepts coupons. If you need assistance in choosing a provider, scheduling an appointment or arranging for transportation to keep an appointment for screening or follow-up services, please fill out the attached coupon and return it in the enclosed prepaid envelope. A service worker will contact you to offer assistance.

Sincerely,

Robert P. Hall, M.D.
Medical Director
Division of Medical Assistance

DSHS 13-400 8/80

← DETACH AND RETURN IN THE ENCLOSED ENVELOPE ←

I NEED HELP IN:

- ☐ MAKING AN APPOINTMENT
- ☐ ARRANGING TRANSPORTATION
- ☐ OTHER EPSDT RELATED SERVICES (SPECIFY)

_____

_____

_____

_____

_____

_____

_____

MY TELEPHONE NUMBER IS _____
(IF YOUR ADDRESS HAS CHANGED FROM THAT PRINTED BELOW PLEASE PRINT THE CORRECT ADDRESS ON THE REVERSE.)

DSHS 13-405(X), EPSDT Action Report:

Instructions

Purpose:

To provide EPSDT transaction follow-up on the DSHS 14-197(X), EPSDT Interview Report of AFDC and AFDC-FC grant recipients who have requested help in getting an appointment and/or with transportation for entry into the Division of Medical Assistance EPSDT tracking system.

Instructions:

Please print.

1. Name: Provide last name, first name and middle initial.

   Birthdate: Six digits-month, day and year. Put (0) in front of month, day and year if needed to complete the six digits.

   CSO Number: The number assigned to the CSO for identification.

   Case Number: Enter the complete 11 character case number. Two digits equals CSO number, one letter equals program code, seven digits equals base case number. Place (0) in front of base case number if needed to complete the seven digits, one digit equals suffix code.

2. Screening Assistance Provided: This pertains only to AFDC and AFDC-FC recipients who have requested help in scheduling an appointment and/or with transportation.

   Transportation: Date that transportation was provided to take the child/client to the EPSDT screening provider.

   Scheduling: Date that assistance was provided. The type of assistance may vary from providing names of physicians, dentists and health departments who are EPSDT screening providers to actually making the appointment for the client.

   Caution: Do not take over for the client. Whenever possible enable the client to make own appointment.

3. Reason for Loss of Contact: This only pertains to clients who have requested assistance with transportation and/or scheduling but follow-up was not possible due to:

DSHS 13-405(X), EPSDT Action Report (cont.)

Unable to locate: This refers to client who has moved leaving no forwarding address.

Method: Type of method used to establish that client has moved, leaving no forwarding address. LT-letter, TC-telephone call, HV-home visit, PR-provider contact.

Date: The date each attempt was made to contact family.

Family action or decision not to receive service: This refers only to support services initially requested where there has been a loss of contact due to:

Family no longer needs or wishes assistance in scheduling and/or transportation.

Family has not followed through on taking any action.

Family has not kept appointments.

Family has not responded to letters.

Method: Type of method used to contact client; LT-letter, TC-telephone call, HV-home visit, PR-provider contact.

Date: The date each attempt was made to contact family.

Family lost eligibility: This pertains to AFDC eligibility. Check with finan cial for date AFDC grant was terminated.

4. Assistance in referral given for treatment not covered by medical program: As a result of EPSDT screening, treatment was recommended that was not covered by medicaid. Client was referred to a medical provider who would provide the service at a minimum fee or at no cost to the client.

Reporting Date: Date that referral assistance was provided for treatment not covered by medical assistance. Specify the condition which was not covered.

5. Assistance requested when full EPSDT service not provided:

Client requests help in locating a second provider when initial provider is unable to complete the full EPSDT services. Most frequent requests are for immunization and/or dental screening referrals.

DSHS 13-405(X), EPSDT Action Report (cont.)

Request date: Date client requests assistance in locating a second provider. State if scheduling and/or transportation services requested.

6. Requested service given when full EPSDT service not provided originally:

Date served: The date that the client/child received the completed EPSDT support service. State if scheduling and/or transportation was provided and what type of screening services was received.

DSHS 13-405(X), EPSDT Action Report (Rev. 10/79)

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

EPSDT Action Report

Date Report Submitted _____

1. _____ Last Name First Initial

CSO Number _____

Birthdate (Month-Day-Year) _____

Case Number _____

2. Screening assistance provided

_____ Transportation — Date _____

_____ Scheduling — Date _____

3. Reason for loss of contact

_____ Unable to locate — Method _____ Date _____

Method _____ Date _____

_____ Family action or decision not to receive service — Method _____ Date _____

(For above, show contact method(s) and give dates (minimum two at least one week apart when unable to locate) LT - letter, TC - telephone call, HV - home visit, PR - provider contact

_____ Family lost eligibility — Date _____

4. _____ Assistance in referral given for treatment not covered by medical program — Reporting Date _____

5. _____ Assistance requested when full EPSDT service not provided — Request Date _____

6. _____ Requested service given when full ESPDT service not provided originally — Date Served _____

Instuctions: Submit this form weekly to the Division of Medical Assistance, Olympia to report service or action on behalf of EPSDT clients. Retain a copy for CSO file.

DSHS 13-405(x) 10/79

DSHS 14-197(X), EPSDT Interview Report (5/80)

Instructions

Purpose:

To document that client has been told of the availability of the EPSDT Program for all children under age 21 who are eligible for AFDC and AFDC/FC grants in order to comply with federal regulations.

Method:

A. The Reception Clerk will give the form to initial applicants and reapplicants for AFDC and request that applicant return the completed form with the financial application.

B. The Reception Clerk will attach the form to the financial application and give the packet to the financial service technician at the time of the financial eligibility interview.

C. The Financial Service Technician will review the form with the recipient (if eligibility has been established) covering the information provided in the first paragraph and making sure that the names, middle initial and birthdate of all household members under age 21, are provided in Section C. Sign and date in appropriate places.

D. If AFDC-FC child is in or about to be placed in foster care, service worker will review the form with the parent/guardian, or if not available, complete the form in lieu of parent/guardian.

Distribution:

A. Original to Division of Medical Assistance, Mail Stop LG-11, Olympia, Washington 98504.

B. One copy given to recipient.

C. One copy for financial record (if opened to financial).

D. One copy for social service.

1. Social service copy, when necessary action has been completed file in service record.

DSHS 14-197(X), EPSDT Interview Report (5/80)

EPSDT INTERVIEW REPORT

LOCAL OFFICE NAME | TELEPHONE

COMPLETE CASE NUMBER | DATE

WASHINGTON STATE MEDICAL ASSISTANCE
provides
EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)
for eligible children and young people

Anyone under 21 years of age eligible for assistance may have free health screenings as part of medical coverage. These include health, nutrition and developmental histories, unclothed examinations, immunizations, vision, hearing and lab tests and, for children three years of age and over, separate dental check-ups. Babies under age one may be screened up to five times. Yearly medical and dental exams and necessary treatment are provided. Health screenings are done by physicians, health departments and community clinics who accept medical coupons. You may choose your own provider. If you need help in choosing providers, making appointments, arranging transportation or if your provider does not offer all EPSDT services, you may request help by calling our office. Assistance in referral for treatment services is available to everyone.

Please complete sections A, B, and C **Do not complete section D until you meet with your eligibility worker.** Please return this form with your financial application.

A. 1. I want to participate in EPSDT.

_____ yes _____ no _____ undecided

2. I need help getting an appointment

_____ yes _____ no

3. I need help with transportation

_____ yes _____ no

B. Name _____

Address _____

City/Town _____

Zip Code _____

Telephone _____

C Names and birthdates of AFDC recipients in household under age 21

	LAST	FIRST	INIT	Birthdate Mo.	Day	Yr
1						
2						
3						
4						
5						
6.						
7						
8.						

(IF YOU HAVE CHECKED YES IN SECTION A #2 AND/OR #3, A SERVICE WORKER WILL CONTACT YOU TO OFFER ASSISTANCE.)

D. The federal government requires that all eligible families with children be informed about the availability of the EPSDT program. Please check below

_____ I have been informed about the availability of the EPSDT program for my children.

_____ I have been given a brochure which explains the EPSDT program.

I have read the statements of this form. I understand that my decision will not affect my eligibility for Public Assistance.

I have reviewed the first paragraph of this form with the client.

Client's Signature _____ Date _____ Worker's Signature _____ Date _____

DSHS 14-197(X) Rev 5 80

Distribution: Original – Division of Medical Assistance
1 copy - Client, 1 copy - Financial Record, 1 copy - Social Service

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-76
Issued: May 8, 1981

FROM: DIVISION OF SOCIAL AND FINANCIAL SERVICES
Robert Lolcama, Director

FOR INFORMATION CALL:
234-7075 or NON-SCAN 753-7075

BUREAU OF CHILDREN'S SERVICES
Leila Todorovich, Director

753-7075 or SCAN 234-7075

IF NOT DELIVERABLE, RETURN TO: MANUAL DESK MS OB-45

SUBJECT: CHAPTER 48, HEALTH SUPPORT SERVICES: EPSDT - PROCEDURES AND FORM CHANGES

Insert this notice in front of Chapter 48, Manual G, and note on the Green Notice Control Sheet the date Notice No. G-76 was entered.

The Bureau of Children's Services, Division of Medical Assistance and SSPS staff have collaborated to make the following changes:

1. Integrates elements of the EPSDT information system with SSPS;

2. Formalizes EPSDT Support Services contacts through the use of SSPS codes and forms;

3. Eliminates some forms and clarify or modify the use of others;

4. Eliminates the thirty minute time frame for EPSDT in Manual G, 48.31 A. 3.

Effective immediately, EPSDT contacts, except for community inquiries (Manual G 48.32, 5B) will no longer be recorded as Information and Referral contacts on the DSHS 2-265(X) Information and Referral log. See Manual G 48.31, A2 and 48.32, B3. Instead, these contacts will be recorded as services using the appropriate codes on the DSHS 14-154(X), Social Services Authorization, or DSHS 14-159, Change of Service Authorization. The latest version of the codes were distributed to CSOs in April 1981. CSO service personnel should now disregard the following Manual G references to the time length for services: 48.32 B3, a and b and 48.32B4.

Because the EPSDT Support services will be recorded in the Social Service Payment System, it is, no longer necessary to complete the DSHS 13-405(X) EPSDT Action Report. Therefore, effective immediately, discontinue using the DSHS 13-405(X).

A. The following procedures apply when an AFDC or AFDC-FC client requests EPSDT screening or follow-up and are effective immediately.

1. Request for support services at initial opening. The social services worker receives the completed DSHS 14-197, EPSDT Interview Report, from the financial services technician. The social services worker determines eligibility on the 14-139 Social Services Application and authorizes EPSDT Support Services on DSHS 14-154(X).

2. Request later on for support services after the grant approval. The service worker receives a request for services and completes the DSHS 14-197. The social services worker determines services eligibility on the 14-139(X) and authorizes EPSDT support services on the DSHS 14-154(X).

In 1. and 2., the CSO sends the original DSHS 14-197(X) to the Division of Medical Assistance, Mail Stop LG-11, and places a copy into the service record. The Division of Medical Assistance has to have this record of screen requests to enter into their tracking system.

3. Request for support services following "reinforming". The client is reinformed by DSHS 13-400, EPSDT Annual Informing Mailer. This form is returned to the service worker who authorizes services on the DSHS 14-154(X) unless there is a DSHS 14-159(X) already in the record. The worker places the same effective date on the 14-154 or 14-159 and the DSHS 13-400. The original DSHS 13-400 is forwarded to DMA, Mail Stop LG-11, and a photo copy is placed in the social services record.

4. Undeliverable Annual Informing Mailer (DSHS 13-400). Mailers which the post office cannot deliver will eventually be returned to the CSO. The CSO should clear with master files to determine if the case is open or closed.

   a. Closed Case (financial or medical assistance). The mailer should be filed in the Social Services record. If there is no Social Services record, then the mailer should be placed in the closed financial record.

   b. Open Case Record. The CSO should mail the notification to the current address.

B. Effective immediately, the following procedures apply when a Title XIX medicaid eligible person who is not on AFDC or AFDC-FC grant recipient requests screening or follow-up.

1. The social services worker receives a request for EPSDT Support Services. The Division of Medical Assistance does not track these cases; therefore, do not complete the DSHS 14-197.

2. The social services worker determines eligibility for social services on the DSHS 14-139(X), Social Services Application, unless this determination has already been made and authorizes EPSDT Support Services on the DSHS 14-154(X) or DSHS 14-159(X).

A Manual G revision to reflect these changes has been initiated.

SS Manual - 2005
David v.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-84
Issued: October 27, 1981

FROM: COMMUNITY SERVICES
Bruce Ferguson, Assistant Secretary

FOR INFORMATION CALL:
Bureau of Children's Services
SCAN 234-7075 or
Non-SCAN 753-7075

IF NOT DELIVERABLE, RETURN TO: MANUAL DESK MS OB-45

SUBJECT: ELIMINATE DESIGNATED STAFF FOR HEALTH SUPPORT, NON-EPSDT AND EPSDT (DECISION PACKAGE 6-16-B and 6-16-C)

Insert this notice in front of Chapter 48, Manual G, and note on the Green Notice Control Sheet the date Notice No. G-84 was entered.

A. Effective November 1, 1981, the health support program will be reduced to a minimal information and referral service for persons who already are CSO social service clients. Services now being discontinued are:

   1. Counseling regarding the need for health care.

   2. Assistance in scheduling appointments (see 48.12.A.2 (b)).

   3. Assistance with transportation and/or child care, including transporting clients and/or appliances for clients (see 48.12.A.2 (c)).

B. This change has been made in response to the anticipated reduction of federal dollars, the elimination of certain federal requirements, and the extremely tight budget situation facing the department.

C. Effective November 1, 1981, health service information and referral function will be a job expectation of all social service staff. The minimal service means providing names and locations of providers and general program descriptions.

D. Each CSO should designate a supervisor who will serve as a staff contact to answer or facilitate answering health support questions. Such questions might include: Who provides EPSDT screens? Who provides EPSDT follow-up treatment not provided by the family's own physician? Who provides treatment of conditions found with EPSDT screens not covered under the Medicaid program?

E. To implement this change:

1. Effective November 1, 1981, referrals for health support services (see A. 1., 2. and 3., above) will not be accepted. This includes requests made on the DSHS 14-197, EPSDT Interview Report, and the DSHS 14-139(X), Social Services Application, Item 16. Notify the referred/requesting client the support service is no longer provided. Inquiries handled by Information and Referral staff for health support services will be provided the minimal services defined in C. above.

2. Effective November 1, 1981, discontinue providing assistance in scheduling health care appointments.

3. Effective November 1, 1981, discontinue providing assistance with transportation and/or child care, including transporting clients and/or appliances for clients.

4. Effective immediately, terminate all authorizations for health support activities which have been completed and which were opened under the following SSPS codes:

   4801 - EPSDT Info/Counseling
   4803 - Health Care Support
   4804 - EPSDT Support Service
   4805 - EPSDT Additional Screening
   4806 - EPSDT Treatment Referral
   4853 - Health Support Follow-up

   In addition, phase out as quickly as is reasonably possible the activities which are currently authorized or <u>in process</u> (e.g., assistance in scheduling appointments, providing assistance with transportation and/or child care) by terminating the SSPS codes.

5. Effective November 1, 1981, discontinue <u>authorizing</u> services using these same codes: 4801, 4803, 4804, 4805, 4806, and 4853, and discontinue <u>providing</u> the services which had been provided under these codes. This service is now a minimal information and referral service which will not require an SSPS authorization to be provided nor will the service be counted when provided.

6. Continue using the following codes which are not effected by this change:

   4810 - Regular Medical Coupon
   4811 - Group Health Cooperative of Puget Sound
   4812 - Kaiser Foundation Plan
   4813 - Cooperative Health Association of Spokane

<u>NOTE</u>: The EPSDT program continues to operate; only the department's health support activities have been eliminated.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-76
Issued: May 8, 1981

FROM: DIVISION OF SOCIAL AND FINANCIAL SERVICES
Robert Lolcama, Director

FOR INFORMATION CALL:
234-7075 or NON-SCAN 753-7075

BUREAU OF CHILDREN'S SERVICES
Leila Todorovich, Director

753-7075 or SCAN 234-7075

IF NOT DELIVERABLE, RETURN TO: MANUAL DESK MS OB-45

SUBJECT: CHAPTER 48, HEALTH SUPPORT SERVICES: EPSDT - PROCEDURES AND FORM CHANGES

Insert this notice in front of Chapter 48, Manual G, and note on the Green Notice Control Sheet the date Notice No. G-76 was entered.

The Bureau of Children's Services, Division of Medical Assistance and SSPS staff have collaborated to make the following changes:

1. Integrates elements of the EPSDT information system with SSPS;

2. Formalizes EPSDT Support Services contacts through the use of SSPS codes and forms;

3. Eliminates some forms and clarify or modify the use of others;

4. Eliminates the thirty minute time frame for EPSDT in Manual G, 48.31 A. 3.

Effective immediately, EPSDT contacts, except for community inquiries (Manual G 48.32, 5B) will no longer be recorded as Information and Referral contacts on the DSHS 2-265(X) Information and Referral log. See Manual G 48.31, A2 and 48.32, B3. Instead, these contacts will be recorded as services using the appropriate codes on the DSHS 14-154(X), Social Services Authorization, or DSHS 14-159, Change of Service Authorization. The latest version of the codes were distributed to CSOs in April 1981. CSO service personnel should now disregard the following Manual G references to the time length for services: 48.32 B3, a and b and 48.32B4.

Because the EPSDT Support services will be recorded in the Social Service Payment System, it is, no longer necessary to complete the DSHS 13-405(X) EPSDT Action Report. Therefore, effective immediately, discontinue using the DSHS 13-405(X).

A. The following procedures apply when an AFDC or AFDC-FC client requests EPSDT screening or follow-up and are effective immediately.

1. Request for support services at initial opening. The social services worker receives the completed DSHS 14-197, EPSDT Interview Report, from the financial services technician. The social services worker determines eligibility on the 14-139 Social Services Application and authorizes EPSDT Support Services on DSHS 14-154(X).

2. Request later on for support services after the grant approval. The service worker receives a request for services and completes the DSHS 14-197. The social services worker determines services eligibility on the 14-139(X) and authorizes EPSDT support services on the DSHS 14-154(X).

In 1. and 2., the CSO sends the original DSHS 14-197(X) to the Division of Medical Assistance, Mail Stop LG-11, and places a copy into the service record. The Division of Medical Assistance has to have this record of screen requests to enter into their tracking system.

3. Request for support services following "reinforming". The client is reinformed by DSHS 13-400, EPSDT Annual Informing Mailer. This form is returned to the service worker who authorizes services on the DSHS 14-154(X) unless there is a DSHS 14-159(X) already in the record. The worker places the same effective date on the 14-154 or 14-159 and the DSHS 13-400. The original DSHS 13-400 is forwarded to DMA, Mail Stop LG-11, and a photo copy is placed in the social services record.

4. Undeliverable Annual Informing Mailer (DSHS 13-400). Mailers which the post office cannot deliver will eventually be returned to the CSO. The CSO should clear with master files to determine if the case is open or closed.

   a. Closed Case (financial or medical assistance). The mailer should be filed in the Social Services record. If there is no Social Services record, then the mailer should be placed in the closed financial record.

   b. Open Case Record. The CSO should mail the notification to the current address.

B. Effective immediately, the following procedures apply when a Title XIX medicaid eligible person who is not on AFDC or AFDC-FC grant recipient requests screening or follow-up.

1. The social services worker receives a request for EPSDT Support Services. The Division of Medical Assistance does not track these cases; therefore, do not complete the DSHS 14-197.

2. The social services worker determines eligibility for social services on the DSHS 14-139(X), Social Services Application, unless this determination has already been made and authorizes EPSDT Support Services on the DSHS 14-154(X) or DSHS 14-159(X).

A Manual G revision to reflect these changes has been initiated.

WHAT CRIPPLED CHILDREN'S SERVICES AND YOUR HEALTH DEPARTMENT/DISTRICT WILL ASK OF

YOU

Your Confidence that they are interested and concerned about you and your child.

Your Cooperation in keeping appointments and following your doctor's recommendations to the best of your ability.

Your Consideration in keeping your Health Department/District informed, of your child's progress and need for further medical care, and your current address and telephone number.

Your Courtesy and Patience because there are many children and families who need your Health Department/District help.

WHO MAY BE ELIGIBLE FOR CRIPPLED CHILDREN'S SERVICES?

Children under 18 years of age are eligible for an examination to determine if they have physical conditions which handicap them in daily living.

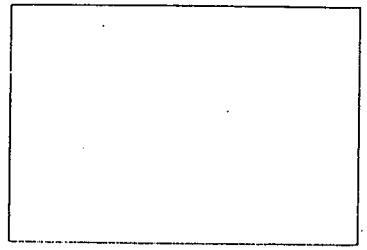
Eligibility for further care will depend on the nature of the condition and the financial level of the family.

HOW DO I OBTAIN CRIPPLED CHILDREN'S SERVICES?

Make application through your local Health Department/District.

Any physician, nurse, agency or individual may refer a child to Crippled Children's Services.

In your area, the people to contact are



DSHS 22-346 (11/83)

CRIPPLED CHILDREN'S SERVICES

DSHS 22-346 (11/83) CRIPPLED CHILDREN'S SERVICES

IF YOUR CHILD HAS . . .

- CONGENITAL HEART DISEASE
- ORTHOPEDIC PROBLEMS
- CLEFT LIP AND PALATE
- CEREBRAL PALSY
- SICKLE CELL ANEMIA
- HEMOPHILIA
- CYSTIC FIBROSIS
- A PROBLEM WHICH MAY REQUIRE SURGERY
- CONGENITAL GENITO-URINARY PROBLEMS

OR

Many other conditions that may prevent children from growing, developing and playing like other children.

THEN

Crippled Children's Services may be able to help **You** help **Your Child.**

WHAT IS CRIPPLED CHILDREN'S SERVICES?

A Washington State law passed in 1941 established a program to locate and provide care for children with certain handicapping conditions and illnesses.

Funds for these services are provided by State and Federal taxes and are administered through the Crippled Children's Services, Division of Health, Department of Social and Health Services.

Crippled Children's Services works with public and private agencies, hospitals, physicians and rehabilitation centers throughout the state to provide the best available medical care for children.

Crippled Children's Services usually works through your County Health Department/District in planning, providing and coordinating treatment for your child. (In Yakima, its the Yakima Valley Memorial Hospital.)

The need for any financial assistance is worked out on an individual basis and is determined by your ability to pay and the total cost of the recommended treatment.

Because of limited funds, treatment may not always be available from Crippled Children's Services for some conditions. Your County Health Department/District will advise you if your child can be treated.

HOW CRIPPLED CHILDREN'S SERVICES AND YOUR HEALTH DEPARTMENT/DISTRICT CAN HELP YOU

In coordinating and planning the services of the medical specialists giving the care to **YOUR CHILD.**

Teaching and advising you in providing nursing care for **YOUR CHILD.**

Helping you meet the cost of paying for medical care if you cannot pay the cost yourself.

Helping you understand the needs of other members of your family in relation to an ill or handicapped child.

Helping you arrange with voluntary service organizations and other agencies for those things Crippled Children's Services cannot offer. (Such as glasses, transportation, certain drugs, etc.)

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-188
ISSUED: April 3, 1984

FROM: Bruce Ferguson, Assistant Secretary
Community Services

FOR INFORMATION CALL:
Bureau of Children's Services
SCAN 234-7002

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT - MS OB-16

****
**** MANUAL G, GREEN NOTICE #G-187 WILL BE ISSUED AT A LATER DATE ****
****

SUBJECT: CHAPTER 48 HEALTH SUPPORT SERVICES
A. MEDICAL SERVICES PROGRAM CHART
B. 48.12 CRIPPLED CHILDREN'S SERVICES, NEW INFORMATION AND BROCHURE

Place this notice in front of Manual G, Chapter 48 and note on the Green Notice Control Sheet the date Notice G-188 was entered.

A. Available Medical Services by Program Chart

The attached chart provides information for Title 19 recipients. It indicates which of the medical assistance programs and services they are eligible for. If there are any questions regarding the chart, please contact Medical Assistance, SCAN 234-7313.

B. The Crippled Children's Services program has issued a new brochure that should be made available to all clients who may need this resource. The brochure may be ordered by requesting DSHS 22-346 (11/83) from the:

Division of Health
Health Ed Unit
Mail Stop LC-16
Olympia, WA 98504
753-5093 or SCAN 234-5093

An overview of Crippled Children's Services and Maternal and Child Health Services is also included for your information.

I. OVERVIEW: CRIPPLED CHILDREN'S SERVICES/MATERNAL AND CHILD HEALTH PROGRAMS

Crippled Children's Services (CCS) provides selected medical services to handicapped children under age 18. The major advantages of CCS (beyond a payment resource) include special programs for handicapped children and public health nursing/case management services. A CCS representative can be found in every local health department/agency to assist families in need.

Referrals should be made to CCS when:

A. Any family has a handicapped child and may not have adequate resources to pay for their child's special needs.

B. A family is having difficulty coping with their child's needs.

C. Handicapped children would benefit from CCS services or special programs.

NOTE: Specific references to medical-financial service eligibility are available in the CCS Policies and Procedures Manual.

II. CCS SPECIAL SERVICES

A. Neuromuscular Program

1. Who the Program is For:

The neuromuscular program provides diagnostic and treatment services for young children and infants with neuromuscular/ neurodevelopmental disorders such as cerebral palsy or significant developmental delays.

2. What the Program Offers:

The strength of this program is its comprehensive, multidisciplinary medical team approach and its emphasis on early intervention. It is a child/family centered program. The primary focus of the program for the child is improvement of functional physical ability.

3. Where the Program is Located:

There is currently a network of 16 hospital and nonhospital based neuromuscular centers throughout the State of Washington. The primary referral to a center should be through the local health department/ agency of the county wherein the child lives.

B. The Pediatric Rehabilitation Medicine Program

1. Who the Program is For:

This program treats many different types of conditions such as head or spinal cord injury from an auto accident. <u>Any condition</u> resulting in a significant loss of function

which seriously interferes with life functions can be included in this program if it can be demonstrated the individual is responsive to rehabilitation medicine intervention.

This program is coordinated between CCS, Vocational Rehabilitation and the Division of Medical Assistance at the state level.

2. What the Program Does:

The Rehabilitation Medicine Program provides high quality services within selected hospital-based rehabilitation centers which have ongoing comprehensive, multidisciplinary services for children and adolescents.

3. Where the Program is Located:

There are currently 11 approved rehabilitation medicine centers in the State of Washington, including three in Seattle, three in Spokane, one in Puyallup, Walla Walla, Everett, Tacoma and Renton. Referrals to the centers are made through the local CCS health agency of the county where the child lives.

C. Maxillofacial Program

1. Who the Program is For:

This program is primarily for children with cleft lip, cleft palate, or cleft lip and palate. Other children with facial asymmetry are eligible for services on a selective basis.

2. What the Program Offers:

The program provides diagnosis and coordinated treatment services within the context of a team approach. Long-term, sometimes complex treatment planning required for the cleft lip/palate child is available.

3. Where the Program is Located:

There are currently maxillofacial teams in Seattle, Tacoma, Spokane and Yakima. Referrals to these teams are made through the local CCS agency of the county in which the child resides.

III. PEDIATRIC-CARDIOLOGY PROGRAM

CCS has utilized standards set forth by the American Academy of Pediatrics and Intersociety Commission For Heart Disease Resources to define eligibility requirements for institutions and providers participating in a three-year Pediatric Cardiology project.

This project will collect data over a three (3) year period which will result in the recognition and implementation of standards for pediatric cardiology.

CCS will only authorize diagnostic and treatment pediatric cardiology services in selected institutions.

IV. MATERNAL AND CHILD HEALTH

A. Maternal and Child Health Clinical Services

1. Who the Program is For:

MCHCS provides services to pregnant women, mothers, newborns, children and youth.

2. What the Program Offers:

a. Home-based services.

b. Clinical and office services.

c. Health screening services.

d. Special health education programs.

e. Sudden Infant Death Syndrome (SIDS) programs.

f. Nutrition services for mothers and children.

3. Where the Program is Located:

Details of services available may be obtained in each local health department/agency.

B. Women, Infants and Children (WIC)

1. Who the Program is For:

a. Women

i. who are pregnant;

ii. up to six months after delivery;

iii. who are breastfeeding up to one year.

b. Infants

i. who are under one year of age

c. Children

i. who are one, two, three or four years of age

2. What the Program Offers:

It is a special supplemental food program which buys selected foods rich in proteins, vitamins and minerals.

3. Where the Program is Located:

The local health department/agency can identify where the local WIC agency is located.

V. OTHER

A. The local health department with its public health nursing services, special programs, and knowledge of community resources should be viewed as a primary resource for families in need.

B. Attached is the listing of local agencies. Contact your Local Coordinator for assistance and information on these service programs.

Attachment
Green Notice: G-188

AVAILABLE SERVICES BY PROGRAM

SERVICES	CATEGORICALLY NEEDY	GAU	LIMITED CASUALTY PROGRAM MEDICALLY NEEDY	LIMITED CASUALTY PROGRAM MEDICALLY INDIGENT*
Adult Day Health	X	X	NOT PROVIDED	NOT PROVIDED
Ambulance and Other Transp.	X	X	X	X
Anesthesia Service	X	X	X	X
Audiology	X	X	X	X
Blood	X	X	X	X
Certified Registered Nurses Services	X	X	X	X
Chiropractic Services			NOT PROVIDED	NOT PROVIDED
Dental Services - Adult	NOT PROVIDED	NOT PROVIDED	NOT PROVIDED	NOT PROVIDED
Dental Services - Children (EPSDT)	X	NOT PROVIDED	NOT PROVIDED	NOT PROVIDED
Dentures Only	X	X	X	X
Detox	X	X	X	X
Drug Abuse	X	X	NOT PROVIDED	NOT PROVIDED
Drugs	X	X	X	X
Durable and Nonreusable Medical Equipment	X	X	X	X
EPSDT including Dental	X	NOT PROVIDED	NOT PROVIDED	NOT PROVIDED
Elective Surgery	X-LIMITED	X-LIMITED	X-LIMITED	X-LIMITED
Emergency Surgery	X	X	X	X
Eyeglasses and Exams	X	X	X-LIMITED	X-LIMITED
Family Planning Services	X	X	X-LIMITED	X-LIMITED
Hearing Aids	X	X	NOT PROVIDED	NOT PROVIDED
Home Health Services	X	X	X	X
Indian Health	X	X	X	X
Inpatient Hospital Services	X	X	X	X
Intermediate Care Facility Services	X	X	X	X
Involuntary Treatment	X	X	X	DEDUCTIBLE DOESN'T APPLY
Mental Health Care	X	X-LIMITED	X	X
Out-of-State Care	X	NOT PROVIDED	X	NOT PROVIDED
Outpatient Hospital Case	X	X	X	X
Oxygen and Respiratory Therapy	X	X	X	X
Physical Therapy and Speech Services	X	X	NOT PROVIDED	NOT PROVIDED
Physical Medicine and Rehabilitation	X	X	NOT PROVIDED	NOT PROVIDED
Physician and Clinic Services	X	X	X	X
Psychological Evaluation	X-LIMITED	X-LIMITED	X-LIMITED	X-LIMITED
Rural Health Services	X	X	X	X
Podiatry	X	X	X	X
Skilled Nursing Facility Services	X	X	X	X
X-Ray and Lab Services	X	X	X	X

*Services for acute and emergent conditions only. Must have medical consultant approval.

LOCAL HEALTH DEPARTMENTS/AGENCIES FOR MCH/CCS SERVICES

Department of Social & Health Services
Office of Maternal and Child Health
LC-11A
Olympia, WA 98504

DSHS REGIONS

REGION 1

ADAMS COUNTY HEALTH DEPARTMENT
210 West Broadway
Ritzville, WA 99169
SCAN 537-1206
(509) 659-0090, Ext. 206

CHELAN-DOUGLAS HEALTH DISTRICT
316 Washington Street
Wenatchee, WA 98801
SCAN 565-1424
(509) 663-2105

NORTHEAST TRI-COUNTY HEALTH DISTRICT
(Stevens, Ferry, Pend Oreille Counties)
SCAN 574-1265

Colville Office
P.O. Box 270
Colville, WA 99114
SCAN 574-1265
(509) 684-5048

Ferry County Office
P.O. Box 584
Republic, WA 99166
SCAN 545-6360
(509) 775-3161, Ext. 220

Newport Office
P.O. Box 490
Newport, WA 99156
SCAN 545-6361
(509) 447-3175

GRANT COUNTY HEALTH DISTRICT
P.O. Box 37
Ephrata, WA 98823
SCAN 551-1403
(509) 754-2011, Ext. 403

DSHS REGIONS

REGION 1 (Cont.)

LINCOLN COUNTY HEALTH DEPARTMENT
P.O. Box 215
Davenport, WA 99122
(509) 725-1001

OKANOGAN COUNTY HEALTH DEPARTMENT
P.O. Box 231
Okanogan, WA 98840
(509) 422-3867

SPOKANE COUNTY HEALTH DISTRICT
West 1101 College Avenue
Spokane, WA 99201
(509) 456-5783

WHITMAN COUNTY HEALTH DEPARTMENT
Public Service Building
North 310 Main Street
Colfax, WA 99111
SCAN 569-1280
(509) 397-3471

REGION 2

ASOTIN COUNTY HEALTH DEPARTMENT
431 Elm
Clarkston, WA 99403
SCAN 545-6354
(509) 758-3344

BENTON-FRANKLIN HEALTH DISTRICT
506 McKenzie
Richland, WA 99352
SCAN 526-2389
(509) 943-2614

COLUMBIA COUNTY HEALTH DEPARTMENT
114 North Second
Dayton, WA 99328
(509) 382-2181

GARFIELD COUNTY HEALTH DEPARTMENT
Box 130 (189 - 11th Street)
Pomeroy, WA 99347
SCAN 736-4257
(509) 843-3412

DSHS REGIONS

REGION 2 (Cont.)

KITTITAS COUNTY HEALTH DEPARTMENT
507 Nanum
Ellensburg, WA 98926
SCAN 453-3917
(509) 925-1465

WALLA WALLA COUNTY-CITY HEALTH DEPARTMENT
P.O. Box 1753
Walla Walla, WA 99362
SCAN 736-4469
(509) 525-6730

YAKIMA COUNTY
Yakima Valley Memorial Hospital (CCS only)
2811 Tieton Drive
Yakima, WA 98902
(509) 575-8160

REGION 3

ISLAND COUNTY HEALTH DEPARTMENT
P.O. Box 700
Coupeville, WA 98239
SCAN 241-2285
(206) 678-5111

SAN JUAN COUNTY HEALTH DEPARTMENT
P.O. Box 607
Friday Harbor, WA 98250
SCAN 241-2255
(206) 378-4474

SKAGIT COUNTY HEALTH DEPARTMENT
Courthouse
Mount Vernon, WA 98273
SCAN 554-1380
(206) 336-9380

SNOHOMISH HEALTH DISTRICT
Courthouse
Everett, WA 98201
SCAN 649-9526
(206) 259-9386

WHATCOM-BELLINGHAM HEALTH DISTRICT
509 Girard Street
Bellingham, WA 98225
SCAN 738-2167
(206) 676-6720

DSHS REGIONS

REGION 4

SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH
Public Safety Building
400 Yesler Building, 7th Floor
Seattle, WA 98104
SCAN 347-4610
(206) 587-4610

REGION 5

(206) 753-5859
SCAN 234-5859

BREMERTON-KITSAP COUNTY HEALTH DISTRICT
109 Austin Drive
Bremerton, WA 98310
SCAN 356-4776
(206) 478-5262

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT
3629 South "D" Street
Tacoma, WA 98408
SCAN 236-4807
(206) 593-4807

REGION 6

CLALLAM COUNTY HEALTH DEPARTMENT
903 East Caroline
Port Angeles, WA 98362
SCAN 632-1278
(206) 452-7831, Ext. 274

COWLITZ-WAHKIAKUM HEALTH DISTRICT
1615 Hudson
Longview, WA 98632
SCAN 239-2158
(206) 425-7400

GRAYS HARBOR HEALTH DEPARTMENT
2109 Sumner
Aberdeen, WA 98520
SCAN 579-1011
(206) 532-8631

JEFFERSON COUNTY HEALTH DEPARTMENT
Multi-Services Building, 2nd Floor
802 Sheridan
Port Townsend, WA 98368
SCAN 632-1284
(206) 385-0722

DSHS REGIONS

REGION 6 (cont.)

JEFFERSON COUNTY HEALTH DEPARTMENT
Multi-Services Building, 2nd Floor
802 Sheridan
Port Townsend, WA 98368
SCAN 632-1284
(206) 385-0722

LEWIS COUNTY HEALTH DISTRICT
P.O. Box 706
Chehalis, WA 98532
SCAN 365-1329
(206) 748-9121, Ext. 223

MASON COUNTY HEALTH DEPARTMENT
110 West "K" Street
Shelton, WA 98584
SCAN 745-1170
(206) 426-4407

PACIFIC COUNTY HEALTH DEPARTMENT
Box 26
South Bend, WA 98586
(206) 875-6541, Ext. 365

SOUTHWEST WASHINGTON HEALTH DISTRICT
(Clark, Klickitat, Skamania Counties)
2000 Fort Vancouver Way
P.O. Box 1870
Vancouver, WA 98663
SCAN 525-2222

THURSTON HEALTH DISTRICT
529 SW Fourth
Olympia, WA 98501
SCAN 266-8076
(206) 753-8076

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-191
Issued: May 25, 1984

FROM: HEALTH AND REHABILITATIVE SERVICES
Gerald E. Thomas, Asst. Secretary

For Information Call:
Bureau of Children's Svcs.
Program Manager - EPSDT
SCAN 234-0253 or
Non-SCAN 753-0253

IF NOT DELIVERABLE, RETURN TO MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: NEW EPSDT CLIENT PAMPHLET AND INSTRUCTIONS

Place this notice in front of Chapter 48, Manual G, and note on Green Notice Control Sheet the date Notice G-191 was entered. Remove Manual G, GN-84, and note on Green Notice Control Sheet date removed.

BACKGROUND

This revision of Pamphlet No. DSHS 22-19(X) is the result of the joint efforts of Medical Assistance and Bureau of Children's Services staff to ensure compliance with federal requirements for client notification about EPSDT. The pamphlet also eliminates certain forms, updates eligibility information, and establishes an audit trail.

ACTION REQUIRED

1. The pamphlet is to be included in each financial and medical assistance application package given to assistance applicants by any CSO.

2. The section acknowledging receipt will be signed by the client each time a financial or medical assistance application is completed and filed in the CSO financial record for that client.

3. A CSO staff person will be designated to provide information and referral services if requested. Such services are limited to:

   a. Referral to local lists of appropriate medical providers;

   b. Referral to lists of local public or volunteer transportation resources;

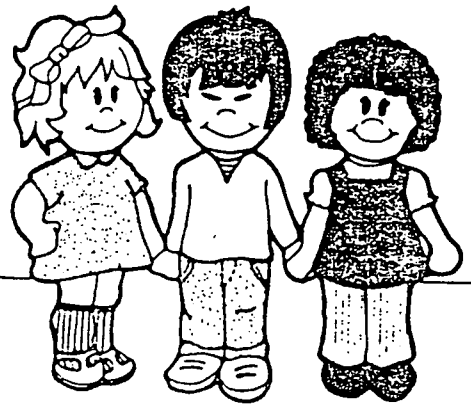
   c. Referral to other DSHS programs if it is apparent the client is in need and eligible.

4. Forms DSHS 13-335(X), 13-400, 13-405, and 14-197 are eliminated. Since EPSDT workload remains unmeasured and therefore uncounted, it is important that needed information be given to clients by the most efficient means. Use of information lists and volunteers where appropriate is encouraged. Formal interviews are recommended only when client needs for information and referrral cannot be satisfied otherwise or when assessment of risk is indicated.

Attachment

FREE HEALTH CHECK-UPS THROUGH

EARLY PERIODIC SCREENING DIAGNOSIS TREATMENT



INSTRUCTIONS FOR USE OF "EPSDT" PAMPHLET

(DSHS 22-19(x) Rev. 1/84)

1. The clerical worker will include the DSHS EPSDT pamphlet in application packets for financial assistance for categorically needy programs such as AFDC.

2. The financial worker will take the tear off section of DSHS 22-19(x) Rev. 1/84 and file in financial record.

3. If the client requests social service information and referral services the client should be referred to social services, through standard CSO procedure.

4. This pamphlet will replace: DSHS 13-335(x)
   13-400
   13-405
   14-197

1. Please sign that you have received the EPSDT pamphlet.
2. Return to financial worker.

- I have received the EPSDT pamphlet.

PRINT NAME _____ SIGNATURE _____ DATE _____

- I want to talk to a caseworker about EPSDT services.

☐ Yes ☐ No

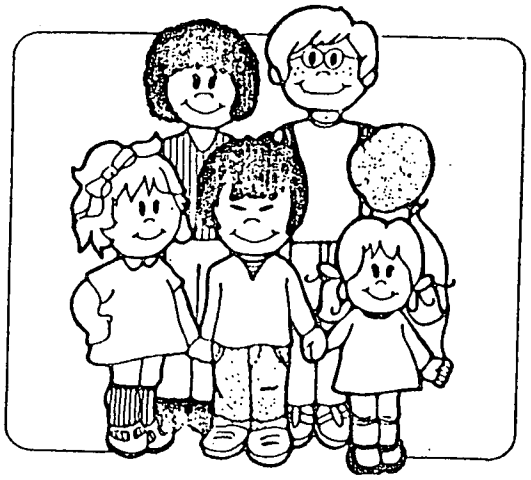
DSHS 22-99 A(1) Rev. 1/84

What is EPSDT?

It is a free preventive health service designed to identify and treat health problems before they do lasting harm. EPSDT provides young people with periodic health check-ups and follow-up treatment when needed.

Who is eligible?

EPSDT services are available free for children under 21 who are in "categorically needy programs," such as AFDC, Refugee Assistance, foster care and SSI. If your children are eligible for EPSDT your medical coupons will be marked "CNP." Your local Department of Social and Health Services Community Service Office can tell you whether you are eligible.



What does screening include?

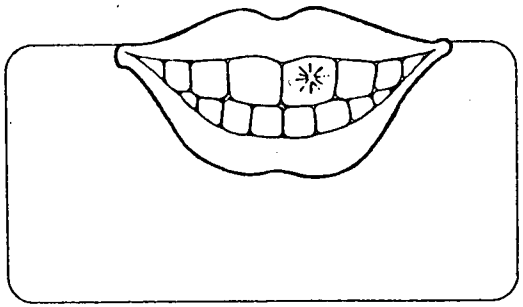
The screening includes:

1. Health and developmental history.
2. An unclothed examination, head to toe.
3. Immunizations.
4. Food and Nutrition Information
5. Vision and Hearing Testing
6. Ears, Nose and Throat Examination.
7. Blood Test.
8. Urine Test
9. Separate Dental Examination for Children 3 Years and Over.

What about dental care?

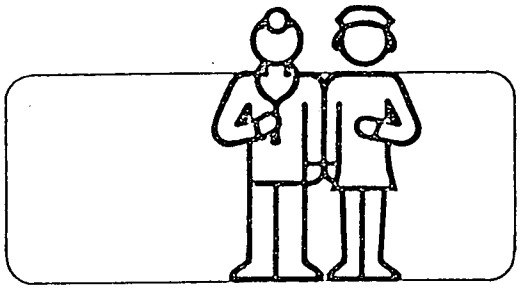
A visit to the dentist is important for all children 3 years and older. A dentist will check and fix your child's teeth free under this program.

You may choose to obtain dental services for your child whether or not your child receives other EPSDT services.



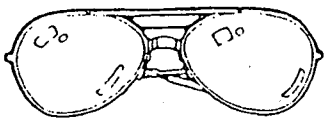
What happens after the examination or screening?

If your doctor feels your child needs follow-up medical treatment, the treatment will be free if it is covered under the regular Medicaid program.



Why should I have my child screened through the EPSDT program?

Frequently, problems are found that are just beginning to develop, when they can be corrected easily.



If glasses are prescribed, they will be free also. Hearing aids are provided by Crippled Children's Services.

How often should my child be screened?

1. Children over 1 year of age should be screened once a year, because they are growing and developing so rapidly.
2. Babies should be screened five times during their first year of life. Your baby's doctor, health department or clinic will decide the best schedule for your baby.

Do I have to decide now to take my child in for a screening?

No. You may receive EPSDT services at any time while you are in a categorically needy medical program. Your eligibility is not affected if you decide not to take advantage of this service.

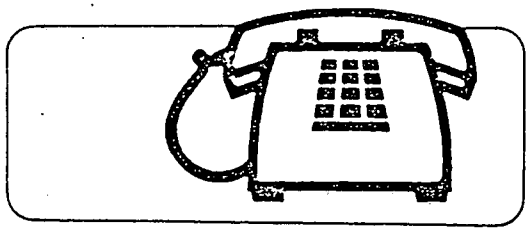
How can my children get their free EPSDT check-up?

By asking your doctor, health department or clinic if they accept medical coupons and if they provide EPSDT screening. If you need help in choosing a provider call your local Department of Social and Health Services office for information. You may also call 1-800-562-3022 (toll free) for assistance in locating a doctor.

1·800·562·3022

How do I get an appointment?

1. Call a doctor or clinic that accepts medical coupons and provides EPSDT screening services and arrange for an appointment time.
2. If you cannot get there by car or bus you may contact a social service worker in the Community Services Office for assistance.



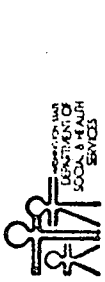
How do I get more information about this program?

Call your local Department of Social and Health Services Community Service Office for:

1. Eligibility information.
2. More information about the program.

Ask your doctor or clinic about how often your child should receive screening and treatment services.

Early Periodic Screening and Diagnosis Treatment is a program designed to provide young people with periodic health check-ups and follow-up treatments when needed. This includes inspection of ears, nose, mouth, teeth and throat, assessment of immunization status and updating immunizations.



Discrimination is prohibited in all programs and activities; no one shall be excluded on the basis of race, color, religion, creed, national origin, sex, age or handicap.

DSHS 22-19(x) Rev. 1/84)

DEPARTMENT (OB-31H OFFICE OF EVALUATION
(& PROGRAM REVIEW
(1=3;3=4;4=3,5=4;8=21
9=3;13=19

MANUAL G -- REVISION 120 (Issued 07/88)

FOR MANUAL DISTRIBUTION CHANGES, PLEASE NOTIFY: OFFICE OF STAFF SERVICES AT MS OB-22 IF NOT DELIVERABLE, RETURN TO: DSHS STOCKROOM MS FB-11

Telephone inquiries regarding information contained in this manual revision should be directed to John Gerth, 753-2007 or SCAN 234-2007. Written inquiries should be directed to the Operations and Workload Analysis Section, MS OB-31D.

Manual G, Revision 120, contains 13 sheets of paper.

REMOVE	INSERT
From Chapter 99:	In Chapter 99:
DSHS 4-396 (Rev. 119), Adult Services Random Moment Time Sample, Instructions, sample form and code sheet.	DSHS 4-396 (Rev. 120), Adult Services RMTS, Instructions, sample form and code sheet.

On the Revision Control Sheet note date Revision 120 was entered.

SS Manual - 1980
David v.

WHAT CRIPPLED CHILDREN'S SERVICES AND YOUR HEALTH DEPARTMENT/DISTRICT WILL ASK OF

YOU

Your Confidence that they are interested and concerned about you and your child.

Your Cooperation in keeping appointments and following your doctor's recommendations to the best of your ability.

Your Consideration in keeping your Health Department/District informed of your child's progress and need for further medical care, and your current address and telephone number.

Your Courtesy and Patience because there are many children and families who need your Health Department/District help.

WHO MAY BE ELIGIBLE FOR CRIPPLED CHILDREN'S SERVICES?

Children under 18 years of age are eligible for an examination to determine if they have physical conditions which handicap them in daily living.

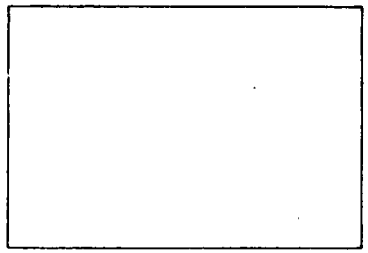
Eligibility for further care will depend on the nature of the condition and the financial level of the family.

HOW DO I OBTAIN CRIPPLED CHILDREN'S SERVICES?

Make application through your local Health Department/District.

Any physician, nurse, agency or individual may refer a child to Crippled Children's Services.

In your area, the people to contact are:



DSHS 22-346 (11/83)

CRIPPLED CHILDREN'S SERVICES

DSHS 22-346 (11/83) CRIPPLED CHILDREN'S SERVICES

SS Manual - 2000
David v.

IF YOUR CHILD HAS . . .

- CONGENITAL HEART DISEASE
- ORTHOPEDIC PROBLEMS
- CLEFT LIP AND PALATE
- CEREBRAL PALSY
- SICKLE CELL ANEMIA
- HEMOPHILIA
- CYSTIC FIBROSIS
- A PROBLEM WHICH MAY REQUIRE SURGERY
- CONGENITAL GENITO-URINARY PROBLEMS

OR

Many other conditions that may prevent children from growing, developing and playing like other children.

THEN

Crippled Children's Services may be able to help **You** help **Your Child.**

WHAT IS CRIPPLED CHILDREN'S SERVICES?

A Washington State law passed in 1941 established a program to locate and provide care for children with certain handicapping conditions and illnesses

Funds for these services are provided by State and Federal taxes and are administered through the Crippled Children's Services, Division of Health, Department of Social and Health Services

Crippled Children's Services works with public and private agencies, hospitals, physicians and rehabilitation centers throughout the state to provide the best available medical care for children.

Crippled Children's Services usually works through your County Health Department/District in planning, providing and coordinating treatment for your child (In Yakima, its the Yakima Valley Memorial Hospital.)

The need for any financial assistance is worked out on an individual basis and is determined by your ability to pay and the total cost of the recommended treatment

Because of limited funds, treatment may not always be available from Crippled Children's Services for some conditions. Your County Health Department/District will advise you if your child can be treated.

HOW CRIPPLED CHILDREN'S SERVICES AND YOUR HEALTH DEPARTMENT/DISTRICT CAN HELP YOU

In coordinating and planning the services of the medical specialists giving the care to **YOUR CHILD.**

Teaching and advising you in providing nursing care for **YOUR CHILD.**

Helping you meet the cost of paying for medical care if you cannot pay the cost yourself

Helping you understand the needs of other members of your family in relation to an ill or handicapped child

Helping you arrange with voluntary service organizations and other agencies for those things Crippled Children's Services cannot offer. (Such as glasses, transportation, certain drugs, etc.)

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-84
Issued: October 27, 1981

FROM: COMMUNITY SERVICES
Bruce Ferguson, Assistant Secretary

FOR INFORMATION CALL:
Bureau of Children's Services
SCAN 234-7075 or
Non-SCAN 753-7075

IF NOT DELIVERABLE, RETURN TO: MANUAL DESK MS OB-45

SUBJECT: ELIMINATE DESIGNATED STAFF FOR HEALTH SUPPORT, NON-EPSDT AND EPSDT (DECISION PACKAGE 6-16-B and 6-16-C)

Insert this notice in front of Chapter 48, Manual G, and note on the Green Notice Control Sheet the date Notice No. G-84 was entered.

A. Effective November 1, 1981, the health support program will be reduced to a minimal information and referral service for persons who already are CSO social service clients. Services now being discontinued are:

   1. Counseling regarding the need for health care.

   2. Assistance in scheduling appointments (see 48.12.A.2 (b)).

   3. Assistance with transportation and/or child care, including transporting clients and/or appliances for clients (see 48.12.A.2 (c)).

B. This change has been made in response to the anticipated reduction of federal dollars, the elimination of certain federal requirements, and the extremely tight budget situation facing the department.

C. Effective November 1, 1981, health service information and referral function will be a job expectation of all social service staff. The minimal service means providing names and locations of providers and general program descriptions.

D. Each CSO should designate a supervisor who will serve as a staff contact to answer or facilitate answering health support questions. Such questions might include: Who provides EPSDT screens? Who provides EPSDT follow-up treatment not provided by the family's own physician? Who provides treatment of conditions found with EPSDT screens not covered under the Medicaid program?

E. To implement this change:

1. Effective November 1, 1981, referrals for health support services (see A. 1., 2. and 3., above) will not be accepted. This includes requests made on the DSHS 14-197, EPSDT Interview Report, and the DSHS 14-139(X), Social Services Application, Item 16. Notify the referred/requesting client the support service is no longer provided. Inquiries handled by Information and Referral staff for health support services will be provided the minimal services defined in C. above.

2. Effective November 1, 1981, discontinue providing assistance in scheduling health care appointments.

3. Effective November 1, 1981, discontinue providing assistance with transportation and/or child care, including transporting clients and/or appliances for clients.

4. Effective immediately, terminate all authorizations for health support activities which have been completed and which were opened under the following SSPS codes:

   4801 - EPSDT Info/Counseling
   4803 - Health Care Support
   4804 - EPSDT Support Service
   4805 - EPSDT Additional Screening
   4806 - EPSDT Treatment Referral
   4853 - Health Support Follow-up

   In addition, phase out as quickly as is reasonably possible the activities which are currently authorized or <u>in process</u> (e.g., assistance in scheduling appointments, providing assistance with transportation and/or child care) by terminating the SSPS codes.

5. Effective November 1, 1981, discontinue <u>authorizing</u> services using these same codes: 4801, 4803, 4804, 4805, 4806, and 4853, and discontinue <u>providing</u> the services which had been provided under these codes. This service is now a minimal information and referral service which will not require an SSPS authorization to be provided nor will the service be counted when provided.

6. Continue using the following codes which are not effected by this change:

   4810 - Regular Medical Coupon
   4811 - Group Health Cooperative of Puget Sound
   4812 - Kaiser Foundation Plan
   4813 - Cooperative Health Association of Spokane

<u>NOTE</u>: The EPSDT program continues to operate; only the department's health support activities have been eliminated.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-76
Issued: May 8, 1981

FROM: DIVISION OF SOCIAL AND FINANCIAL SERVICES
Robert Lolcama, Director

FOR INFORMATION CALL:
234-7075 or NON-SCAN 753-7075

BUREAU OF CHILDREN'S SERVICES
Leila Todorovich, Director

753-7075 or SCAN 234-7075

IF NOT DELIVERABLE, RETURN TO: MANUAL DESK MS OB-45

SUBJECT: CHAPTER 48, HEALTH SUPPORT SERVICES: EPSDT - PROCEDURES AND FORM CHANGES

Insert this notice in front of Chapter 48, Manual G, and note on the Green Notice Control Sheet the date Notice No. G-76 was entered.

The Bureau of Children's Services, Division of Medical Assistance and SSPS staff have collaborated to make the following changes:

1. Integrates elements of the EPSDT information system with SSPS;

2. Formalizes EPSDT Support Services contacts through the use of SSPS codes and forms;

3. Eliminates some forms and clarify or modify the use of others;

4. Eliminates the thirty minute time frame for EPSDT in Manual G, 48.31 A. 3.

Effective immediately, EPSDT contacts, except for community inquiries (Manual G 48.32, 5B) will no longer be recorded as Information and Referral contacts on the DSHS 2-265(X) Information and Referral log. See Manual G 48.31, A2 and 48.32, B3. Instead, these contacts will be recorded as services using the appropriate codes on the DSHS 14-154(X), Social Services Authorization, or DSHS 14-159, Change of Service Authorization. The latest version of the codes were distributed to CSOs in April 1981. CSO service personnel should now disregard the following Manual G references to the time length for services: 48.32 B3, a and b and 48.32B4.

Because the EPSDT Support services will be recorded in the Social Service Payment System, it is, no longer necessary to complete the DSHS 13-405(X) EPSDT Action Report. Therefore, effective immediately, discontinue using the DSHS 13-405(X).

A. The following procedures apply when an AFDC or AFDC-FC client requests EPSDT screening or follow-up and are effective immediately.

1. Request for support services at initial opening. The social services worker receives the completed DSHS 14-197, EPSDT Interview Report, from the financial services technician. The social services worker determines eligibility on the 14-139 Social Services Application and authorizes EPSDT Support Services on DSHS 14-154(X).

2. Request later on for support services after the grant approval. The service worker receives a request for services and completes the DSHS 14-197. The social services worker determines services eligibility on the 14-139(X) and authorizes EPSDT support services on the DSHS 14-154(X).

In 1. and 2., the CSO sends the original DSHS 14-197(X) to the Division of Medical Assistance, Mail Stop LG-11, and places a copy into the service record. The Division of Medical Assistance has to have this record of screen requests to enter into their tracking system.

3. Request for support services following "reinforming". The client is reinformed by DSHS 13-400, EPSDT Annual Informing Mailer. This form is returned to the service worker who authorizes services on the DSHS 14-154(X) unless there is a DSHS 14-159(X) already in the record. The worker places the same effective date on the 14-154 or 14-159 and the DSHS 13-400. The original DSHS 13-400 is forwarded to DMA, Mail Stop LG-11, and a photo copy is placed in the social services record.

4. Undeliverable Annual Informing Mailer (DSHS 13-400). Mailers which the post office cannot deliver will eventually be returned to the CSO. The CSO should clear with master files to determine if the case is open or closed.

   a. Closed Case (financial or medical assistance). The mailer should be filed in the Social Services record. If there is no Social Services record, then the mailer should be placed in the closed financial record.

   b. Open Case Record. The CSO should mail the notification to the current address.

B. Effective immediately, the following procedures apply when a Title XIX medicaid eligible person who is not on AFDC or AFDC-FC grant recipient requests screening or follow-up.

1. The social services worker receives a request for EPSDT Support Services. The Division of Medical Assistance does not track these cases; therefore, do not complete the DSHS 14-197.

2. The social services worker determines eligibility for social services on the DSHS 14-139(X), Social Services Application, unless this determination has already been made and authorizes EPSDT Support Services on the DSHS 14-154(X) or DSHS 14-159(X).

A Manual G revision to reflect these changes has been initiated.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-188
ISSUED: April 3, 1984

FROM: Bruce Ferguson, Assistant Secretary
Community Services

FOR INFORMATION CALL:
Bureau of Children's Services
SCAN 234-7002

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT - MS OB-16

****
**** MANUAL G, GREEN NOTICE #G-187 WILL BE ISSUED AT A LATER DATE ****
****

SUBJECT: CHAPTER 48 HEALTH SUPPORT SERVICES
A. MEDICAL SERVICES PROGRAM CHART
B. 48.12 CRIPPLED CHILDREN'S SERVICES, NEW INFORMATION AND BROCHURE

Place this notice in front of Manual G, Chapter 48 and note on the Green Notice Control Sheet the date Notice G-188 was entered.

A. Available Medical Services by Program Chart

The attached chart provides information for Title 19 recipients. It indicates which of the medical assistance programs and services they are eligible for. If there are any questions regarding the chart, please contact Medical Assistance, SCAN 234-7313.

B. The Crippled Children's Services program has issued a new brochure that should be made available to all clients who may need this resource. The brochure may be ordered by requesting DSHS 22-346 (11/83) from the:

Division of Health
Health Ed Unit
Mail Stop LC-16
Olympia, WA 98504
753-5093 or SCAN 234-5093

An overview of Crippled Children's Services and Maternal and Child Health Services is also included for your information.

I. OVERVIEW: CRIPPLED CHILDREN'S SERVICES/MATERNAL AND CHILD HEALTH PROGRAMS

Crippled Children's Services (CCS) provides selected medical services to handicapped children under age 18. The major advantages of CCS (beyond a payment resource) include special programs for handicapped children and public health nursing/case management services. A CCS representative can be found in every local health department/agency to assist families in need.

Referrals should be made to CCS when:

A. Any family has a handicapped child and may not have adequate resources to pay for their child's special needs.

B. A family is having difficulty coping with their child's needs.

C. Handicapped children would benefit from CCS services or special programs.

NOTE: Specific references to medical-financial service eligibility are available in the CCS Policies and Procedures Manual.

II. CCS SPECIAL SERVICES

A. Neuromuscular Program

1. Who the Program is For:

The neuromuscular program provides diagnostic and treatment services for young children and infants with neuromuscular/ neurodevelopmental disorders such as cerebral palsy or significant developmental delays.

2. What the Program Offers:

The strength of this program is its comprehensive, multidisciplinary medical team approach and its emphasis on early intervention. It is a child/family centered program. The primary focus of the program for the child is improvement of functional physical ability.

3. Where the Program is Located:

There is currently a network of 16 hospital and nonhospital based neuromuscular centers throughout the State of Washington. The primary referral to a center should be through the local health department/ agency of the county wherein the child lives.

B. The Pediatric Rehabilitation Medicine Program

1. Who the Program is For:

This program treats many different types of conditions such as head or spinal cord injury from an auto accident. Any condition resulting in a significant loss of function

which seriously interferes with life functions can be included in this program if it can be demonstrated the individual is responsive to rehabilitation medicine intervention.

This program is coordinated between CCS, Vocational Rehabilitation and the Division of Medical Assistance at the state level.

2. What the Program Does:

The Rehabilitation Medicine Program provides high quality services within selected hospital-based rehabilitation centers which have ongoing comprehensive, multidisciplinary services for children and adolescents.

3. Where the Program is Located:

There are currently 11 approved rehabilitation medicine centers in the State of Washington, including three in Seattle, three in Spokane, one in Puyallup, Walla Walla, Everett, Tacoma and Renton. Referrals to the centers are made through the local CCS health agency of the county where the child lives.

C. Maxillofacial Program

1. Who the Program is For:

This program is primarily for children with cleft lip, cleft palate, or cleft lip and palate. Other children with facial asymmetry are eligible for services on a selective basis.

2. What the Program Offers:

The program provides diagnosis and coordinated treatment services within the context of a team approach. Long-term, sometimes complex treatment planning required for the cleft lip/palate child is available.

3. Where the Program is Located:

There are currently maxillofacial teams in Seattle, Tacoma, Spokane and Yakima. Referrals to these teams are made through the local CCS agency of the county in which the child resides.

III. PEDIATRIC-CARDIOLOGY PROGRAM

CCS has utilized standards set forth by the American Academy of Pediatrics and Intersociety Commission For Heart Disease Resources to define eligibility requirements for institutions and providers participating in a three-year Pediatric Cardiology project.

This project will collect data over a three (3) year period which will result in the recognition and implementation of standards for pediatric cardiology.

CCS will only authorize diagnostic and treatment pediatric cardiology services in selected institutions.

IV. MATERNAL AND CHILD HEALTH

A. Maternal and Child Health Clinical Services

1. Who the Program is For:

MCHCS provides services to pregnant women, mothers, newborns, children and youth.

2. What the Program Offers:

a. Home-based services.

b. Clinical and office services.

c. Health screening services.

d. Special health education programs.

e. Sudden Infant Death Syndrome (SIDS) programs.

f. Nutrition services for mothers and children.

3. Where the Program is Located:

Details of services available may be obtained in each local health department/agency.

B. Women, Infants and Children (WIC)

1. Who the Program is For:

a. Women

i. who are pregnant;

ii. up to six months after delivery;

iii. who are breastfeeding up to one year.

b. Infants

i. who are under one year of age

c. Children

i. who are one, two, three or four years of age

2. What the Program Offers:

It is a special supplemental food program which buys selected foods rich in proteins, vitamins and minerals.

3. Where the Program is Located:

The local health department/agency can identify where the local WIC agency is located.

V. OTHER

A. The local health department with its public health nursing services, special programs, and knowledge of community resources should be viewed as a primary resource for families in need.

B. Attached is the listing of local agencies. Contact your Local Coordinator for assistance and information on these service programs.

Attachment
Green Notice: G-188

AVAILABLE SERVICES BY PROGRAM

SERVICES	CATEGORICALLY NEEDY	GAU	LIMITED CASUALTY PROGRAM MEDICALLY NEEDY	LIMITED CASUALTY PROGRAM MEDICALLY INDIGENT*
Adult Day Health	X	X	NOT PROVIDED	NOT PROVIDED
Ambulance and Other Transp.	X	X	X	X
Anesthesia Service	X	X	X	X
Audiology	X	X	X	X
Blood	X	X	X	X
Certified Registered Nurses Services	X	X	X	X
Chiropractic Services			NOT PROVIDED	NOT PROVIDED
Dental Services - Adult	NOT PROVIDED	NOT PROVIDED	NOT PROVIDED	NOT PROVIDED
Dental Services - Children (EPSDT)	X	NOT PROVIDED	NOT PROVIDED	NOT PROVIDED
Dentures Only	X	X	X	X
Detox	X	X	X	X
Drug Abuse	X	X	NOT PROVIDED	NOT PROVIDED
Drugs	X	X	X	X
Durable and Nonreusable Medical Equipment	X	X	X	X
EPSDT including Dental	X	NOT PROVIDED	NOT PROVIDED	NOT PROVIDED
Elective Surgery	X-LIMITED	X-LIMITED	X-LIMITED	X-LIMITED
Emergency Surgery	X	X	X	X
Eyeglasses and Exams	X	X	X-LIMITED	X-LIMITED
Family Planning Services	X	X	X-LIMITED	X-LIMITED
Hearing Aids	X	X	NOT PROVIDED	NOT PROVIDED
Home Health Services	X	X	X	X
Indian Health	X	X	X	X
Inpatient Hospital Services	X	X	X	X
Intermediate Care Facility Services	X	X	X	X
Involuntary Treatment	X	X	X	DEDUCTIBLE DOESN'T APPLY
Mental Health Care	X	X-LIMITED	X	X
Out-of-State Care	X	NOT PROVIDED	X	NOT PROVIDED
Outpatient Hospital Case	X	X	X	X
Oxygen and Respiratory Therapy	X	X	X	X
Physical Therapy and Speech Services	X	X	NOT PROVIDED	NOT PROVIDED
Physical Medicine and Rehabilitation	X	X	NOT PROVIDED	NOT PROVIDED
Physician and Clinic Services	X	X	X	X
Psychological Evaluation	X-LIMITED	X-LIMITED	X-LIMITED	X-LIMITED
Rural Health Services	X	X	X	X
Podiatry	X	X	X	X
Skilled Nursing Facility Services	X	X	X	X
X-Ray and Lab Services	X	X	X	X

*Services for acute and emergent conditions only. Must have medical consultant approval.

LOCAL HEALTH DEPARTMENTS/AGENCIES FOR MCH/CCS SERVICES

Department of Social & Health Services
Office of Maternal and Child Health
LC-11A
Olympia, WA 98504

DSHS REGIONS

REGION 1

ADAMS COUNTY HEALTH DEPARTMENT
210 West Broadway
Ritzville, WA 99169
SCAN 537-1206
(509) 659-0090, Ext. 206

CHELAN-DOUGLAS HEALTH DISTRICT
316 Washington Street
Wenatchee, WA 98801
SCAN 565-1424
(509) 663-2105

NORTHEAST TRI-COUNTY HEALTH DISTRICT
(Stevens, Ferry, Pend Oreille Counties)
SCAN 574-1265

Colville Office
P.O. Box 270
Colville, WA 99114
SCAN 574-1265
(509) 684-5048

Ferry County Office
P.O. Box 584
Republic, WA 99166
SCAN 545-6360
(509) 775-3161, Ext. 220

Newport Office
P.O. Box 490
Newport, WA 99156
SCAN 545-6361
(509) 447-3175

GRANT COUNTY HEALTH DISTRICT
P.O. Box 37
Ephrata, WA 98823
SCAN 551-1403
(509) 754-2011, Ext. 403

DSHS REGIONS

REGION 1 (Cont.)

LINCOLN COUNTY HEALTH DEPARTMENT
P.O. Box 215
Davenport, WA 99122
(509) 725-1001

OKANOGAN COUNTY HEALTH DEPARTMENT
P.O. Box 231
Okanogan, WA 98840
(509) 422-3867

SPOKANE COUNTY HEALTH DISTRICT
West 1101 College Avenue
Spokane, WA 99201
(509) 456-5783

WHITMAN COUNTY HEALTH DEPARTMENT
Public Service Building
North 310 Main Street
Colfax, WA 99111
SCAN 569-1280
(509) 397-3471

REGION 2

ASOTIN COUNTY HEALTH DEPARTMENT
431 Elm
Clarkston, WA 99403
SCAN 545-6354
(509) 758-3344

BENTON-FRANKLIN HEALTH DISTRICT
506 McKenzie
Richland, WA 99352
SCAN 526-2389
(509) 943-2614

COLUMBIA COUNTY HEALTH DEPARTMENT
114 North Second
Dayton, WA 99328
(509) 382-2181

GARFIELD COUNTY HEALTH DEPARTMENT
Box 130 (189 - 11th Street)
Pomeroy, WA 99347
SCAN 736-4257
(509) 843-3412

DSHS REGIONS

REGION 2 (Cont.)

KITTITAS COUNTY HEALTH DEPARTMENT
507 Nanum
Ellensburg, WA 98926
SCAN 453-3917
(509) 925-1465

WALLA WALLA COUNTY-CITY HEALTH DEPARTMENT
P.O. Box 1753
Walla Walla, WA 99362
SCAN 736-4469
(509) 525-6730

YAKIMA COUNTY
Yakima Valley Memorial Hospital (CCS only)
2811 Tieton Drive
Yakima, WA 98902
(509) 575-8160

REGION 3

ISLAND COUNTY HEALTH DEPARTMENT
P.O. Box 700
Coupeville, WA 98239
SCAN 241-2285
(206) 678-5111

SAN JUAN COUNTY HEALTH DEPARTMENT
P.O. Box 607
Friday Harbor, WA 98250
SCAN 241-2255
(206) 378-4474

SKAGIT COUNTY HEALTH DEPARTMENT
Courthouse
Mount Vernon, WA 98273
SCAN 554-1380
(206) 336-9380

SNOHOMISH HEALTH DISTRICT
Courthouse
Everett, WA 98201
SCAN 649-9526
(206) 259-9386

WHATCOM-BELLINGHAM HEALTH DISTRICT
509 Girard Street
Bellingham, WA 98225
SCAN 738-2167
(206) 676-6720

DSHS REGIONS

REGION 4

SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH
Public Safety Building
400 Yesler Building, 7th Floor
Seattle, WA 98104
SCAN 347-4610
(206) 587-4610

REGION 5

(206) 753-5859
SCAN 234-5859

BREMERTON-KITSAP COUNTY HEALTH DISTRICT
109 Austin Drive
Bremerton, WA 98310
SCAN 356-4776
(206) 478-5262

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT
3629 South "D" Street
Tacoma, WA 98408
SCAN 236-4807
(206) 593-4807

REGION 6

CLALLAM COUNTY HEALTH DEPARTMENT
903 East Caroline
Port Angeles, WA 98362
SCAN 632-1278
(206) 452-7831, Ext. 274

COWLITZ-WAHKIAKUM HEALTH DISTRICT
1615 Hudson
Longview, WA 98632
SCAN 239-2158
(206) 425-7400

GRAYS HARBOR HEALTH DEPARTMENT
2109 Sumner
Aberdeen, WA 98520
SCAN 579-1011
(206) 532-8631

JEFFERSON COUNTY HEALTH DEPARTMENT
Multi-Services Building, 2nd Floor
802 Sheridan
Port Townsend, WA 98368
SCAN 632-1284
(206) 385-0722

DSHS REGIONS

REGION 6 (cont.)

JEFFERSON COUNTY HEALTH DEPARTMENT
Multi-Services Building, 2nd Floor
802 Sheridan
Port Townsend, WA 98368
SCAN 632-1284
(206) 385-0722

LEWIS COUNTY HEALTH DISTRICT
P.O. Box 706
Chehalis, WA 98532
SCAN 365-1329
(206) 748-9121, Ext. 223

MASON COUNTY HEALTH DEPARTMENT
110 West "K" Street
Shelton, WA 98584
SCAN 745-1170
(206) 426-4407

PACIFIC COUNTY HEALTH DEPARTMENT
Box 26
South Bend, WA 98586
(206) 875-6541, Ext. 365

SOUTHWEST WASHINGTON HEALTH DISTRICT
(Clark, Klickitat, Skamania Counties)
2000 Fort Vancouver Way
P.O. Box 1870
Vancouver, WA 98663
SCAN 525-2222

THURSTON HEALTH DISTRICT
529 SW Fourth
Olympia, WA 98501
SCAN 266-8076
(206) 753-8076

WHAT CRIPPLED CHILDREN'S SERVICES AND YOUR HEALTH DEPARTMENT/DISTRICT WILL ASK OF

YOU

Your Confidence that they are interested and concerned about you and your child.

Your Cooperation in keeping appointments and following your doctor's recommendations to the best of your ability.

Your Consideration in keeping your Health Department/District informed of your child's progress and need for further medical care, and your current address and telephone number.

Your Courtesy and Patience because there are many children and families who need your Health Department/District help.

WHO MAY BE ELIGIBLE FOR CRIPPLED CHILDREN'S SERVICES?

Children under 18 years of age are eligible for an examination to determine if they have physical conditions which handicap them in daily living.

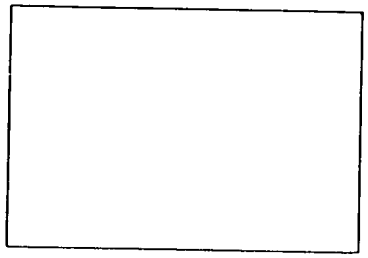
Eligibility for further care will depend on the nature of the condition and the financial level of the family.

HOW DO I OBTAIN CRIPPLED CHILDREN'S SERVICES?

Make application through your local Health Department/District.

Any physician, nurse, agency or individual may refer a child to Crippled Children's Services.

In your area, the people to contact are:



WASHINGTON STATE DEPARTMENT OF SOCIAL & HEALTH SERVICES

DSHS 22-346 (11/83)

CRIPPLED CHILDREN'S SERVICES

DSHS 22-346 (11/83) CRIPPLED CHILDREN'S SERVICES

IF YOUR CHILD HAS . . .

- CONGENITAL HEART DISEASE
- ORTHOPEDIC PROBLEMS
- CLEFT LIP AND PALATE
- CEREBRAL PALSY
- SICKLE CELL ANEMIA
- HEMOPHILIA
- CYSTIC FIBROSIS
- A PROBLEM WHICH MAY REQUIRE SURGERY
- CONGENITAL GENITO-URINARY PROBLEMS

OR

Many other conditions that may prevent children from growing, developing and playing like other children.

THEN

Crippled Children's Services may be able to help **You** help **Your Child.**

WHAT IS CRIPPLED CHILDREN'S SERVICES?

A Washington State law passed in 1941 established a program to locate and prov[illegible]re for children with certain h[illegible]pping conditions and illnesses.

Funds for these services are provided by State and Federal taxes and are administered through the Crippled Children's Services, Division of Health, Department of Social and Health Services.

Crippled Children's Services works with public and private agencies, hospitals, physicians and rehabilitation centers throughout the state to provide the best available medical care for children.

Crippled Children's Services usually works through your County Health Department/District in planning, providing and coordinating treatment for your child. (In Yakima, its the Yakima Valley Memorial Hospital.)

The need for any financial assistance is worked out on an individual basis and is determined by your ability to pay and the total cost of the recommended treatment

Because of limited funds, treatment may not always be available from Crippled Children's Services for some conditions. Your County Health Department/District will advise you if your child can be treated.

HOW CRIPPLED CHILDREN'S SERVICES AND YOUR HEALTH DEPARTMENT/DISTRICT CAN HELP YOU

In coordinating and planning the services of the medical specialists giving the care to **YOUR CHILD.**

Teaching and advising you in providing nursing care for **YOUR CHILD.**

Helping you meet the cost of paying for medical care if you cannot pay the cost yourself.

Helping you understand the needs of other members of your family in relation to an ill or handicapped child.

Helping you arrange with voluntary service organizations and other agencies for those things Crippled Children's Services cannot offer (Such as glasses, transportation, certain drugs, etc.)

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-191
Issued: May 25, 1984

FROM: HEALTH AND REHABILITATIVE SERVICES
Gerald E. Thomas, Asst. Secretary

For Information Call:
Bureau of Children's Svcs.
Program Manager - EPSDT
SCAN 234-0253 or
Non-SCAN 753-0253

IF NOT DELIVERABLE, RETURN TO MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: NEW EPSDT CLIENT PAMPHLET AND INSTRUCTIONS

Place this notice in front of Chapter 48, Manual G, and note on Green Notice Control Sheet the date Notice G-191 was entered. Remove Manual G, GN-84, and note on Green Notice Control Sheet date removed.

BACKGROUND

This revision of Pamphlet No. DSHS 22-19(X) is the result of the joint efforts of Medical Assistance and Bureau of Children's Services staff to ensure compliance with federal requirements for client notification about EPSDT. The pamphlet also eliminates certain forms, updates eligibility information, and establishes an audit trail.

ACTION REQUIRED

1. The pamphlet is to be included in each financial and medical assistance application package given to assistance applicants by any CSO.

2. The section acknowledging receipt will be signed by the client each time a financial or medical assistance application is completed and filed in the CSO financial record for that client.

3. A CSO staff person will be designated to provide information and referral services if requested. Such services are limited to:

   a. Referral to local lists of appropriate medical providers;

   b. Referral to lists of local public or volunteer transportation resources;

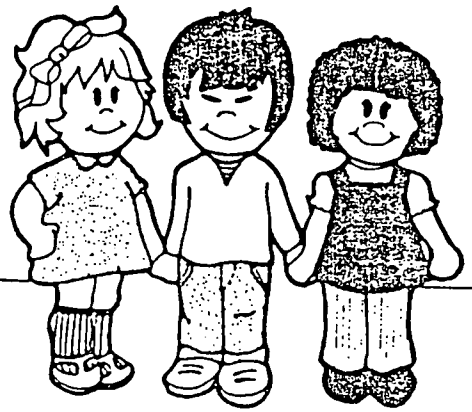
   c. Referral to other DSHS programs if it is apparent the client is in need and eligible.

4. Forms DSHS 13-335(X), 13-400, 13-405, and 14-197 are eliminated. Since EPSDT workload remains unmeasured and therefore uncounted, it is important that needed information be given to clients by the most efficient means. Use of information lists and volunteers where appropriate is encouraged. Formal interviews are recommended only when client needs for information and referrral cannot be satisfied otherwise or when assessment of risk is indicated.

Attachment

FREE HEALTH CHECK-UPS THROUGH

EARLY PERIODIC SCREENING DIAGNOSIS TREATMENT



INSTRUCTIONS FOR USE OF "EPSDT" PAMPHLET

(DSHS 22-19(x) Rev. 1/84)

1. The clerical worker will include the DSHS EPSDT pamphlet in application packets for financial assistance for categorically needy programs such as AFDC.

2. The financial worker will take the tear off section of DSHS 22-19(x) Rev. 1/84 and file in financial record.

3. If the client requests social service information and referral services the client should be referred to social services, through standard CSO procedure.

4. This pamphlet will replace: DSHS 13-335(x)
   13-400
   13-405
   14-197

1. Please sign that you have received the EPSDT pamphlet.
2. Return to financial worker.

- I have received the EPSDT pamphlet.

PRINT NAME _____ SIGNATURE _____ DATE _____

- I want to talk to a caseworker about EPSDT services.
  ☐ Yes ☐ No

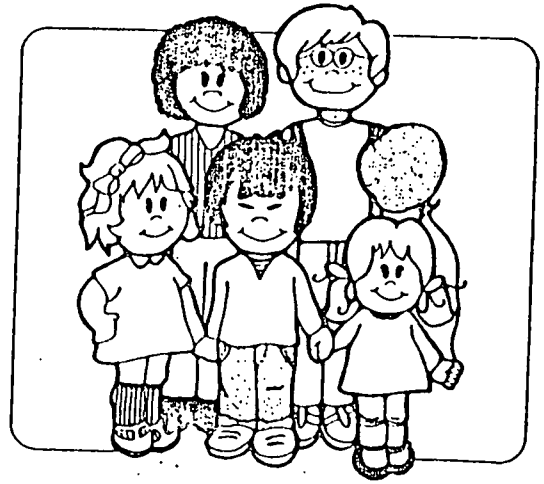
DSHS 22-97 (4/1) Rev. 1/84

What is EPSDT?

It is a free preventive health service designed to identify and treat health problems before they do lasting harm. EPSDT provides young people with periodic health check-ups and follow-up treatment when needed.

Who is eligible?

EPSDT services are available free for children under 21 who are in "categorically needy programs," such as AFDC, Refugee Assistance, foster care and SSI. If your children are eligible for EPSDT your medical coupons will be marked "CNP." Your local Department of Social and Health Services Community Service Office can tell you whether you are eligible.



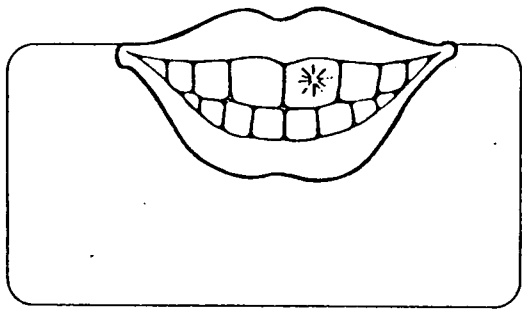
What does screening include?

The screening includes:
1. Health and developmental history.
2. An unclothed examination, head to toe.
3. Immunizations.
4. Food and Nutrition Information
5. Vision and Hearing Testing
6. Ears, Nose and Throat Examination.
7. Blood Test.
8. Urine Test.
9. Separate Dental Examination for Children 3 Years and Over.

What about dental care?

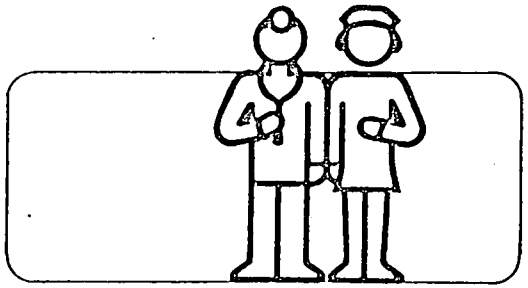
A visit to the dentist is important for all children 3 years and older. A dentist will check and fix your child's teeth free under this program.

You may choose to obtain dental services for your child whether or not your child receives other EPSDT services.



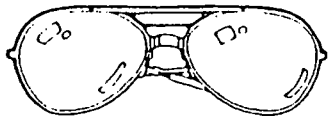
What happens after the examination or screening?

If your doctor feels your child needs follow-up medical treatment, the treatment will be free if it is covered under the regular Medicaid program.



Why should I have my child screened through the EPSDT program?

Frequently, problems are found that are just beginning to develop, when they can be corrected easily.



If glasses are prescribed, they will be free also. Hearing aids are provided by Crippled Children's Services.

How often should my child be screened?

1. Children over 1 year of age should be screened once a year, because they are growing and developing so rapidly.
2. Babies should be screened five times during their first year of life. Your baby's doctor, health department or clinic will decide the best schedule for your baby.

Do I have to decide now to take my child in for a screening?

No. You may receive EPSDT services at any time while you are in a categorically needy medical program. Your eligibility is not affected if you decide not to take advantage of this service.

How can my children get their free EPSDT check-up?

By asking your doctor, health department or clinic if they accept medical coupons and if they provide EPSDT screening. If you need help in choosing a provider call your local Department of Social and Health Services office for information. You may also call 1-800-562-3022 (toll free) for assistance in locating a doctor.

1·800·562·3022

How do I get an appointment?

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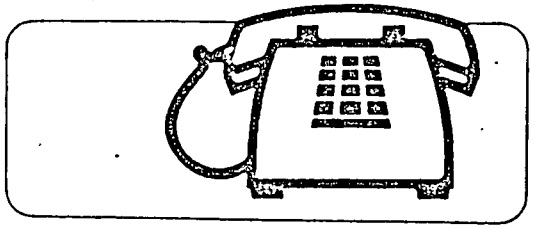

How do I get more information about this program?

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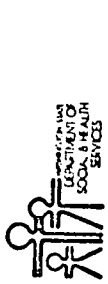


Discrimination is prohibited in all programs and activities no one shall be excluded on the basis of race, color, religion, creed, national origin, sex, age or handicap

DSHS 22-19(x) Rev. 1/84)

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-191
Issued: May 25, 1984

FROM: HEALTH AND REHABILITATIVE SERVICES
Gerald E. Thomas, Asst. Secretary

For Information Call:
Bureau of Children's Svcs.
Program Manager - EPSDT
SCAN 234-0253 or
Non-SCAN 753-0253

IF NOT DELIVERABLE, RETURN TO MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: NEW EPSDT CLIENT PAMPHLET AND INSTRUCTIONS

Place this notice in front of Chapter 48, Manual G, and note on Green Notice Control Sheet the date Notice G-191 was entered. Remove Manual G, GN-84, and note on Green Notice Control Sheet date removed.

BACKGROUND

This revision of Pamphlet No. DSHS 22-19(X) is the result of the joint efforts of Medical Assistance and Bureau of Children's Services staff to ensure compliance with federal requirements for client notification about EPSDT. The pamphlet also eliminates certain forms, updates eligibility information, and establishes an audit trail.

ACTION REQUIRED

1. The pamphlet is to be included in each financial and medical assistance application package given to assistance applicants by any CSO.

2. The section acknowledging receipt will be signed by the client each time a financial or medical assistance application is completed and filed in the CSO financial record for that client.

3. A CSO staff person will be designated to provide information and referral services if requested. Such services are limited to:

   a. Referral to local lists of appropriate medical providers;

   b. Referral to lists of local public or volunteer transportation resources;

   c. Referral to other DSHS programs if it is apparent the client is in need and eligible.

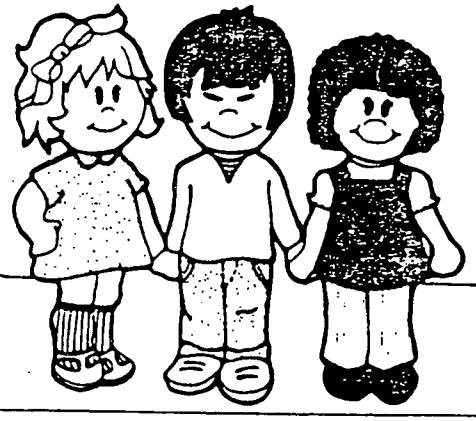
SS Manual - 1982
David v.

4. Forms DSHS 13-335(X), 13-400, 13-405, and 14-197 are eliminated. Since EPSDT workload remains unmeasured and therefore uncounted, it is important that needed information be given to clients by the most efficient means. Use of information lists and volunteers where appropriate is encouraged. Formal interviews are recommended only when client needs for information and referrral cannot be satisfied otherwise or when assessment of risk is indicated.

Attachment

FREE HEALTH CHECK-UPS THROUGH

EARLY PERIODIC SCREENING DIAGNOSIS TREATMENT



INSTRUCTIONS FOR USE OF "EPSDT" PAMPHLET

(DSHS 22-19(x) Rev. 1/84)

1. The clerical worker will include the DSHS EPSDT pamphlet in application packets for financial assistance for categorically needy programs such as AFDC.

2. The financial worker will take the tear off section of DSHS 22-19(x) Rev. 1/84 and file in financial record.

3. If the client requests social service information and referral services the client should be referred to social services, through standard CSO procedure.

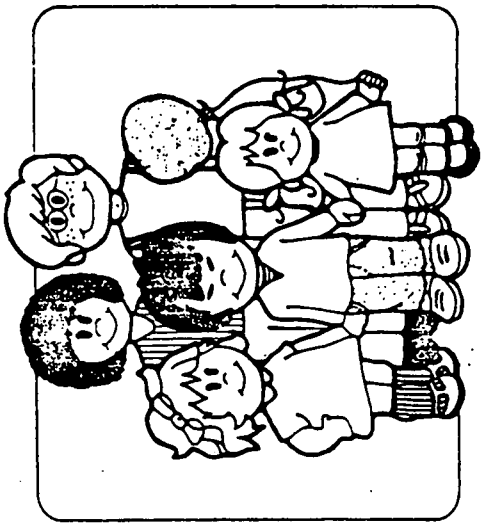
4. This pamphlet will replace: DSHS 13-335(x)
   13-400
   13-405
   14-197

What is EPSDT?

It is a free preventive health service designed to identify and treat health problems before they do lasting harm. EPSDT provides young people with periodic health check-ups and follow-up treatment when needed.

Who is eligible?

EPSDT services are available free for children under 21 who are in "categorically needy programs," such as AFDC, Refugee Assistance, foster care and SSI. If your children are eligible for EPSDT your medical coupons will be marked "CNP." Your local Department of Social and Health Services Community Service Office can tell you whether you are eligible.



1. Please sign that you have received the EPSDT pamphlet.
2. Return to financial worker.

- I have received the EPSDT pamphlet.

PRINT NAME _____ SIGNATURE _____ DATE _____

- I want to talk to a caseworker about EPSDT services.

☐ Yes ☐ No

DSHS 22-19 A(s) Rev. 1/84)

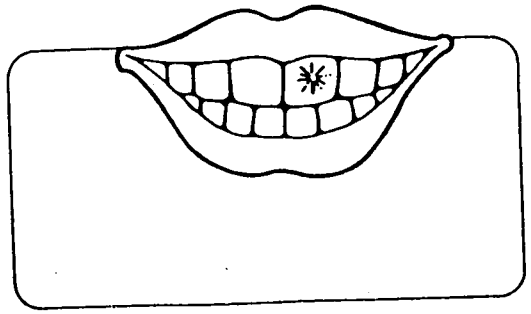
What does screening include?

The screening includes:
1. Health and developmental history.
2. An unclothed examination, head to toe.
3. Immunizations.
4. Food and Nutrition Information
5. Vision and Hearing Testing
6. Ears, Nose and Throat Examination.
7. Blood Test.
8. Urine Test.
9. Separate Dental Examination for Children 3 Years and Over.

What about dental care?

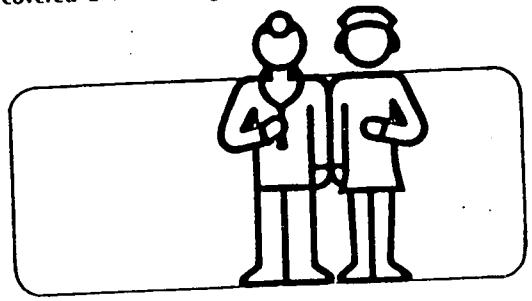
A visit to the dentist is important for all children 3 years and older. A dentist will check and fix your child's teeth free under this program.

You may choose to obtain dental services for your child whether or not your child receives other EPSDT services.



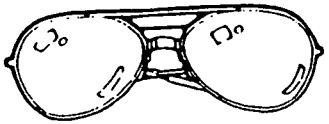
What happens after the examination or screening?

If your doctor feels your child needs follow-up medical treatment, the treatment will be free if it is covered under the regular Medicaid program.



Why should I have my child screened through the EPSDT program?

Frequently, problems are found that are just beginning to develop, when they can be corrected easily.



If glasses are prescribed, they will be free also. Hearing aids are provided by Crippled Children's Services.

How often should my child be screened?

1. Children over 1 year of age should be screened once a year, because they are growing and developing so rapidly.
2. Babies should be screened five times during their first year of life. Your baby's doctor, health department or clinic will decide the best schedule for your baby.

Do I have to decide now to take my child in for a screening?

No. You may receive EPSDT services at any time while you are in a categorically needy medical program. Your eligibility is not affected if you decide not to take advantage of this service.

How can my children get their free EPSDT check-up?

By asking your doctor, health department or clinic if they accept medical coupons and if they provide EPSDT screening. If you need help in choosing a provider call your local Department of Social and Health Services office for information. You may also call 1-800-562-3022 (toll free) for assistance in locating a doctor.

1·800·562·3022

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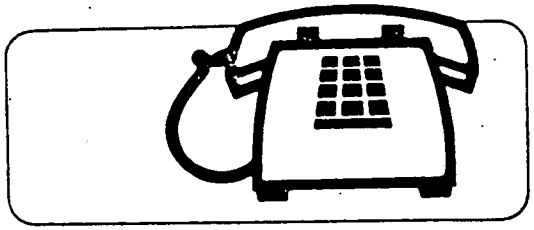

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