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CHAPTER 82 - HEALTH SUPPORT SERVICES

82.10 Definition

82.14 Eligibility

82.20 Goals

82.46 Early & Periodic Screening, Diagnosis and Treatment (EPSD&T)

CHAPTER 82 - HEALTH SUPPORT SERVICES

0400 - Program Code from SSRS

82.10 DEFINITION (WAC 388-15-200)

Health support services to direct individuals and families to physicians and other health services to help them to attain and maintain a favorable condition of health. Such services also include helping them to identify and understand their health needs, seek medical aid and follow through on medical recommendations. Part of the service may be contacting relatives and friends to enlist their help and encouragement in supporting individuals in following through on their health plans; coordination with Title XIX services or contacting physicians or other health providers to gain a better understanding of the client's medical situation. Where approriate, arranging for homemaker service, chore service, home nursing or home health aides may be a component of health support services. Early and Period Screening, Diagnosis and Treatment is a mandatory health support service to be offered eligible individuals under age 21 to evaluate their state of health and to detect and correct medical conditions that would interfere with their future health.

82.14 ELIGIBILITY

Individuals eligible for Health Support Services are recipients of Aid to Families with Dependent Children, individuals whose needs are taken into account in determining the needs of AFDC recipients, recipients of SSI or state supplementation or recipients of Medicaid and other individuals whose gross income does not exceed 80% of the state median gross income for a family of four, adjusted for family size. (See Chapter 10.08.)

82.20 GOALS

Health Support Services may be provided to meet the following goals; however, only one goal may be pursued at any one time. Goals may be changed at any appropriate time, and the goal change reflected in a revision of the DSHS 14-140(X), Primary Recipient Form. It may also be necessary to revise the DSHS 14-141(X), Social Services Record to change or add services provided (see Chapter 99).

1. Achieving or Maintaining Economic Self Support

    a. That is, assisting individuals to secure whatever medical services are necessary to help them become self supporting in whole or in part.

    b. Activities to accomplish this goal may be:

(1) Exploring health needs with client and identifying specific service needs.

(2) Providing information about and referring individuals and families to medical and health care resources.

(3) Encouraging and assisting client to seek needed medical care.

(4) Encouraging and assisting client to follow medical recommendations.

(5) Offering and arranging for family planning services.

2. Achieving or Maintaining Self Sufficiency

a. That is, assisting individuals to secure those medical services which will enable them to gain or regain the ability to take care of themselves to the greatest degree possible. Chore services, homemaker service or home health aide services may be an appropriate adjunct to the individual's health plan. Referral and follow up for EPSDT must also be included in these services.

b. Activities to accomplish this goal may be:

(1) Exploring health needs with client and identifying specific service needs.

(2) Providing information about and referring individuals and families to medical and health care resources.

(3) Encouraging and assisting client to seek medical care.

(4) Encouraging and assisting client to follow medical recommendations.

(5) Planning with relatives or friends to assist client in securing and using medical services, including EPSDT services for children.

(6) Contacting physicians, nurses or other health services providers as necessary.

(7) Arranging for transportation.

(8) Involving community health services as needed; e.g., public health nurse, visiting nurse service, mental health, etc.

(9) Counseling with client, relatives or friends concerning attitudes toward client's mental and physical condition.

(10) Arranging for homemaker or chore service.

(11) Arranging for friendly visitors or reassurance phone call service.

(12) Helping secure meals service, or other additional requirements.

(13) Conferring with staff of mental hospitals or schools for the retarded.

(14) Conferring with family home sponsors, NH and ICF staff regarding client needs.

(15) Recording adequately on appropriate forms.

(16) Reviewing and reassessing service activity as needed.

3. Preventing or Remedying Neglect, Abuse or Exploitation

a. That is, arranging for medical services and remedial medical care for individuals whose health has been damaged by neglect, abuse or excessive exploitation.

b. Activities to accomplish this goal may be:

(1) Encouraging and assisting client to seek needed medical care.

(2) Encouraging and assisting client to follow medical recommendations.

(3) Planning with relatives or friends to assist client in securing and using medical services, including EPSDT services for children.

(4) Contacting physicians, nurses or other health service providers as necessary.

(5) Arranging for transportation.

(6) Involving community health services as needed; e.g., public health nurse, visiting nurse service, mental health, etc.

(7) Counseling with client, relatives or friends concerning attitudes toward client's mental and physical condition.

(8) Arranging for homemaker or chore service.

(9) Conferring with staff of mental hospital or schools for the retarded.

(10) Conferring with family home sponsors, NH or ICF staff regarding client needs.

(11) Aiding client in getting appliances and other optional resources through the DSHS systems.

(12) Arranging for additional requirements.

4. Preventing or Reducing Inappropriate Institutional Care

a. That is, assisting individuals to secure and use those medical services that will enable them to remain in their own homes or other community based care. Such services, in addition to services by a physician or other health provider, may include arranging for home health aid, homemaker or chore service.

b. Activities to accomplish this goal may be:

(1) Exploring health needs with client and identifying specific service needs.

(2) Providing information about and referring individuals and families to medical and health care resources.

(3) Encouraging and assisting client to seek needed medical care.

(4) Encouraging and assisting client to follow medical recommendations.

(5) Contacting physicians, nurses or other health service providers as necessary.

(6) Arranging for transportation.

(7) Involving community health services as needed; e.g., public health nurse, visiting nurse service, mental health, etc.

(8) Counseling with client, relatives or friends concerning attitudes toward client's mental and physical condition.

(9) Arranging for homemaker or chore service.

(10) Arranging for friendly visitors or reassurance phone call service.

(11) Helping secure meals or other additional requirements.

(12) Conferring with staff of mental hospitals or schools for the retarded.

5. Providing services to individiuals in mental institutions. (See Chapter 38.54)

82.46 EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSD&T)

1. Eligibility

The Department will make EPSD&T services available to eligible children and young people under the age of 21. Such persons are:

a. Recipients of AFDC or Supplemental Security Income.

b. Persons in families eligible for AFDC but who have not applied for same.

c. Individuals eligible for:

(1) Medical Assistance (MA)
(2) H Program Medical Aid (H)

d. A child receiving foster care, however; those children receiving services only must apply for EPSD&T screening under the H program.

e. An individual receiving protective services under the age of 21 and when such care is a part of, but subservient to the individual Protective Service Plan. If such individual is receiving services only, there must be an application for medical care under the H Program made by him or on his behalf.

2. Nature of the Program

EPSD&T is intended to direct attention to the importance of preventive health services and early detection and treatment of disease in children and young people eligible for Medicaid.

a. The purpose of EPSD&T is to identify health deviations (handicapping conditions and health problems) which if not detected and treated could lead to chronic illness and disability thus hindering the individual's future health, education and welfare.

b. Screening is the use of quick, simple procedures to differentiate from the apparently well, those persons who have a disease or abnormality and to identify those in need of more definitive study (diagnosis) and/or care (treatment). There is freedom of choice in obtaining screening services from among participating providers. The following services are included in the program:

(1) Medical history

(2) Assessment of physical growth

(3) Developmental assessment (physical and mental)

(4) Inspection for obvious physical defects

(5) Inspection of ears, nose, mouth, teeth and throat

(6) Visual screening; auditory testing

(7) Screening for cardiac abnormalities

(8) Screening for anemia (including sickle cell trait)

(9) Urine screening

(10) Blood pressure (children 12 years of age or older)

(11) Assessment of immunization status and updating immunization.

c. The medical provider considering the child's or young person's age and the periodicity tables in the Medicaid Plan, will encourage and schedule further screening appointments with the parent or responsible person.

d. The medical provider in view of the screening findings may schedule or refer the person for diagnosis and/or treatment. The use of health support services may be requested of the ESSO.

3. Outreach

Community Services Division, through the ESSO's, carries out the responsibility for early casefinding; to create awareness of existing health care services and stimulate the use of these services.

The outreach plan includes but is not limited to the following:

a. Written explanation of the EPSD&T program for the client in the form of a letter, and/or a warrant enclosure, pamphlets, etc.

b. Explanation and offer of the EPSD&T program is given by the intake workers, the service workers, social service assistants, volunteers and/or trained indigenous workers, or other social service personnel having direct contact with the recipient, and/or his family.

c. Coverage by the news media (T.V., radio, newspapers, bulletins including those of churches, lodges, organizations). Requesting assistance in disseminating this information from other city, state or private community agencies such as the local health departments, the mental health groups, Employment Security, libraries, crippled children's services, Head Start, children and youth projects, school health programs, day care centers, voluntary health agencies, Salvation Army, medical, dental and optometric schools and clinics, developmental disability projects, etc.

d. Follow-up initial contacts with community agencies by presentation of the program to local groups. Displays, pamphlets, leaflets, posters, and participation in community organizations, programs, Open House's, etc. can all contribute to the interpretation of the program.

e. Knowledgeable people of the local social service and medical divisions meeting with the major organizations and agencies to explain the program and gain their cooperation and active support for the program.

f. The outreach program will make special efforts to reach the bilingual population by using:

(1) Bilingual literature explaining the program and encouraging participation, such as leaflets, pamphlets, application forms, etc.

(2) Interpreters where possible. A special effort to recruit volunteers, case aides, or other social service personnel who are bilingual. Survey qualifications of present staff to learn what languages they are able to read, write and/or speak. Make an effort to use them for interpretation as needed - if not for individual clients for explanation of program to non-English speaking groups.

(3) Community groups for outreach. Surveys will be made of the non-English speaking groups of the community to involve them and/or their leaders in the dissemination of information about the EPSD&T program. They will be encouraged to work closely with the Department of Social and Health Services to insure that their members are knowledgeable and using the services provided by the EPSD&T program.

4. Service Intake

The intake worker makes an effort to insure that parents, guardians or others who have the custody of children understand the nature and purpose of EPSD&T and encourages the use of these services.

a. Interpretation of program must include talking with parents and others legally responsible for the care of children regarding the importance of early and periodic screening, diagnosis and treatment as a preventive physical and mental health measure.

b. Help the parents to become more aware of the physical and mental health needs of their children. Emphasize the importance of early discovery and treatment for the "lazy eye":, for anemia,

for lead poisoning, for ear difficulties, etc.; the importance of immunization as a major tool in preventing disease and disability; the importance of good nutrition, the awareness of caridac abnormalities.

c. Help the parents to avail themselves of these services for their children even though they do not show any symptoms of physical or mental illness or need at the moment.

d. Social services counsels families to overcome fear of doctors and the physical and mental health care system.

e. Facilitate the securing of services by assisting families to arrange for transportation, babysitting, appointments with providers of screening services if appropriate, providing a list of providers to the parent and other services that enable parents to bring or to have their children brought to screening appointments or clinics.

f. Complete the Social Services Application DSHS 14-139(X) item 34. The client must be able to mark statement a and then mark statement b or c.

g. Each child or young person for whom screening is requested is a primary recipient and as such will have established their own service record by the service worker.

h. The social services record for DSHS 14-141(X) initiated utilizing the appropriate health support service code(s).

5. Follow-up

a. ESSO Social Services has responsibility to insure the client receives screening with 60 days of the request for service.

b. If child misses appointment for screening, the provider of screening services with whom the child has an appointment shall notify social services to enable them to take proper action to assure another appointment and facilitate keeping it. Social Services shall contact the family or caretaker to insure the child receives the scheduled screening should the provider fail to notify Social Services.

c. Once the client has received the screening examination the service case may be closed in relation to EPSD&T unless there is a new service request from the client or provider.

6. Diagnosis and Treatment

a. When indicated by screening findings, providers of screening services will provide, or refer eligible children for more definitive diagnostic study and/or treatment.

b. Treatment shall be limited to the same amount, duration, and scope of care available to other recipients of medical assistance (MA), except regardless of any such limitations, eyeglasses, hearing aids and other kinds of treatment for visual and hearing defects, and at least such dental care as is necessary for relief of pain and infection and for restoration of teeth and maintenance of dental health shall be provided for those determined to be in need of such care, subject, however, to such utilization controls as may be imposed by the Department.

c. When indicated, social services should inform the family how they can secure a diagnostic examination.

(1) The provider of screening services may provide the diagnostic study if qualified to do so.

(2) The family may wish to have the child examined by the family physician or by another physician of its choice.

(3) The individual may be referred to any practitioner or facility qualfied to evaluate and diagnose a young person's health problems and who has an agreement on file to provide services under Title XIX. These may be, but are not limited to the following: crippled children's services, maternity and infant care projects, children and youth projects, a neighborhood health center, a comprehensive health service center, a rehabilitation center, and a hospital out-patient Department.

d. Social service staff should be aware that dental problems are so prevalent that most individuals will need a diagnostic evaluation and some treatment.

(1) The examination, diagnosis and treatment planning has to be the responsibility of legally qualified dental practitioners and their auxiliary personnel who have an agreement on file to provide services under Title XIX through Washington Dental Service.

e. Social service staff should be aware that though diagnosis can usually be accomplished on an out-patient basis, the diagnostic procedure may use in-patient facilities if these are needed.

f. When treatment is recommended, medical assistance unit as well as social service staff should be informed of the recommendations resulting from the diagnostic study.

(1) Some families will need assistance in arranging for treatment even when it is included under the State Plan.

(2) For treatment not available under the medicaid program, the social service staff should work with staff members of other agencies as well as their own to assist the family in finding treatment resources outside the medicaid program.

(3) Some individuals will appear eligible to transfer to SSI status. Counseling with the family may be indicated to evaluate these alternative resources.

g. The social service staff of the Department of Social and Health Services shall assist the eligible individual under 21 to accept and make the best use of treatment services provided by:

(1) Being aware of the amount, duration and scope of services provided under Title XIX except that regardless of any limitations in the amount, duration and scope of care, eyeglasses, hearing aids and other kinds of treatment for visual and hearing defects, and such dental care as is necessary for relief of pain and infection and for restoration of teeth and maintenance of dental health must be provided.

(2) Maintenance of dental health should be construed as providing such essential dental services as emergency, preventive and routine treatment, necessary to attain and sustain children in a state of functional oral health free of excessive dental disease.