



ALCOHOL, DRUG and MENTAL HEALTH SERVICES  
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## **EPSDT Phase I Contract Augmentation** **FREQUENTLY ASKED QUESTIONS**

### **1. What is EPSDT?**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA 89) legislation and includes periodic screening, vision, dental and hearing services. In addition, section 1905(r)(5) of the Social Security Act (the Act) requires that any medically necessary health care service listed at section 1905(a) of the Act be provided to an EPSDT recipient even if the service is not available under the state's Medicaid plan to the rest of the Medicaid population.

### **2. What is an Existing Reporting Unit (RU) Program?**

A Reporting Unit (RU) is an identifier code assigned to providers by BHCS for the purpose of entering service data for each program into the INSYST data system. RUs are used for billing, claiming Medi-Cal revenue from the State and monitoring client demographics and service utilization.

### **3. I do not have an existing EPSDT program, may I still apply for Phase I?**

No. Only Providers with existing EPSDT programs are eligible to apply. You may be eligible to apply for EPSDT Expansion Phase II Request for Proposals (RFP) anticipated to be released in fall 2012. Please visit the BHCS website for the most updated information regarding RFPs:

<http://www.acbhcs.org/Docs/docs.htm#RFP>.

### **4. Can I apply to deliver EPSDT services at a new site?**

No. Phase I is only for expansion of existing EPSDT programs in existing sites. You may be eligible to apply to provide EPSDT services for a new site through the EPSDT Expansion Phase II RFP anticipated to be released in fall 2012.

### **5. May I apply if the existing EPSDT program is not fully implemented?**

No. In order to meet Phase I Minimum requirements, the existing EPSDT program must be fully staffed, at full capacity and demonstrate pent-up need.

### **6. What is an evidence based practice?**

An evidence-based practice has been rigorously researched through at least three independent clinical trials. When the practice is implemented as outlined, the practice can be systematically replicated and renders statistically significant outcomes.

### **7. What is a promising practice?**

Promising practices are practices that have expert consensus or other support but, which have not been as rigorously evaluated scientifically.

### **8. What is the due date for the application?**

Applications are due to [procurement@acbhcs.org](mailto:procurement@acbhcs.org) no later than **5:00 pm on Friday September 14, 2012**. Applications received after that time/date will not be accepted.

### **9. How do I submit an application?**

Last updated: 09/07/12

Please read and follow the posted instructions, complete an application and B-1: Budget Form and Worksheet and submit via email to [procurement@acbhcs.org](mailto:procurement@acbhcs.org) with '**EPSDT Expansion Phase I Application from <Provider Name>**' in the email subject line. The application and B-1: Budget Form and Workbook may be found at: <http://www.acbhcs.org/providers/network/docs.htm>.

**10. When will I hear from BHCS about my application?**

BHCS anticipates providing a status update on progress in the review process to applicants by October 12, 2012.

**11. Who can I contact with questions or concerns about my application?**

Alexandra Arroyo will be the contact person for this process for the Network Office. You may contact her at [AArroyo2@acbhcs.org](mailto:AArroyo2@acbhcs.org) or at 510.383.2764.

**12. What are the requirements if/when a contract augmentation is awarded?**

Contractors will be required to:

- Hire any additional staff no later than 30 days of the Board of Supervisors' approval date of the contract amendment;
- Attain 65 percent productivity no later than 90 from the Board of Supervisors' approval date of the contract amendment;
- Submit FY 11-12 Year-End Cost Reports by September 28<sup>th</sup>, 2012;
- Meet all other contracted requirements.

**13. What is the rate of reimbursement for providing services under the augmentation?**

Unit rates will be determined based on the additional costs and units of service being proposed for children and youth with full-scope Medi-Cal.