

 <p>Behavioral Health Department Alameda County Health</p>	<p>Signed by:  By: BA167CA0C0D444A... Karyn L. Tribble, PsyD, LCSW, Director</p>
<p>POLICY TITLE</p> <p>Early and Periodic Screening Diagnosis and Treatment (EPSDT) Notification</p>	<p>Policy No: 403-6-1</p> <p>Date of Original Approval: 1/7/2014</p> <p>Date(s) of Revision(s): 9/27/2021, 1/27/2026</p>

PURPOSE

This policy establishes the requirements for notifying members under age 21 placed in Skilled Nursing Facilities (SNF), Institutions for Mental Disease (IMD), Mental Health Rehabilitation Centers (MHRC), and Short Term Residential Therapeutic Programs (STRTPs) and their guardians of available Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Specialty Services such as: Eating Disorder Services, Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), Therapeutic Behavioral Services (TBS), and other services in accordance to Specialty Mental Health Services (SMHS) regulations.

AUTHORITY

- [California Code of Regulations \(CCR\), Title 9, §1810](#)
- [Department of Mental Health Information Notice 08-38](#)
- [Department of Mental Health Letter 01-07](#)
- [Department of Mental Health Letter 04-04](#)
- [Department of Mental Health Letter 04-11](#)

SCOPE

All Alameda County Behavioral Health Department (ACBHD) County-Operated programs, in addition to entities, individuals, and programs providing mental health and substance use disorder (SUD) services under a contract or subcontract with ACBHD are required to adhere to this policy.

BACKGROUND

Early and Periodic Screening Diagnostic and Treatment (EPSDT) is a Medi-Cal benefit for individuals under the age of 21 who have full-scope Medi-Cal eligibility. This benefit allows for periodic screenings to determine health care needs. Based upon the identified health care need and diagnosis, treatment services are provided to correct or ameliorate defects and chronic conditions. EPSDT services include all services covered by Medi-Cal. In addition to the regular Medi-Cal benefits, a member under the age of 21 may receive additional medically necessary services.

- **Early:** Assessing and identifying problems early.

- **Periodic:** Checking children's health at periodic, age-appropriate intervals.
- **Screening:** Medi-Cal provides or arranges for screening services for medical, dental, vision, hearing, mental health, substance use disorders, as well as developmental and specialty services. EPSDT covers a broad spectrum of preventative, screening, and treatment services to promote early identification and intervention.
- **Diagnostic:** When a screening indicates the need for further evaluation and follow-up, EPSDT covers diagnostic services. Necessary referrals should be made without delay and with necessary follow-up to ensure a complete diagnostic evaluation is received whenever potential risk is identified.
- **Treatment:** Any necessary health care services to control, correct, or improve health problems discovered by any screening and diagnostic procedures are provided.

SPECIALTY SERVICES

- ICC: ICC is a service that is responsible for facilitating assessment, care planning and coordination of services, including urgent services. ICC requires a designated mental health coordinator whose role is to work within the Child and Family Team (CFT) to ensure that plans from the system partners are integrated to comprehensively address member centered goals and objectives.
- IHBS: IHBS are typically delivered within the context of the CFT under ICC. They are individualized strength-based interventions designed to ameliorate mental health conditions that interfere with a youth's functioning.
- TBS: TBS are supplemental SMHS covered under the EPSDT benefit. TBS is intended to reduce acute and persistent challenging behaviors that put youth at risk of needing a higher level of care and also assists caregivers in managing and reducing those behaviors by teaching strategies to encourage behaviors that enable the youth to succeed in their current environment.

For more details on eligibility criteria and referral information, please go to this link: [Child & Youth Services \(0 – 24 Years\) – Alameda County Behavioral Health](#).

POLICY

ACBHD will provide EPSDT Medi-Cal members under 21 (or their guardians, if under 18), information about EPSDT services:

1. At the time of admission to a SNF with a Specialized Treatment Program (STP) for the mental disordered, or a MHRC that has been designated as an IMD or
2. At the time of placement in a STRTP.

PROCEDURE

I. Psychiatric Hospitals including SNFs and MHRCs designated as IMDs

SNFs and MHRCs designated as IMD sites serving Alameda County members will distribute the Department of Health Care Service (DHCS) EPSDT Service Notice brochure to members as follows:

- a. Psychiatric sites within Alameda County will make available, to each member under 21, the EPSDT Service Notice brochure (see Appendix).
- b. Compliance with this policy will be through Quality Assurance (QA) contract requirements.
- c. The ACBHD QA Department will ensure that all psychiatric hospital sites have access to the policy and EPSDT Service Notice brochure as a downloadable PDF on the ACBHD website that may be printed and distributed to members via this link <https://bhcsproviders.acgov.org/providers/Main/Index.htm>

II. STRTPs

Alameda County Medi-Cal members placed in STRTPs will be provided the EPSDT Service Notice brochure by their placing social worker.

- a. All STRTP placements must be reviewed by the Children's Interagency Placement Review Committee (IPRC)
- b. Following the IPRC STRTP review meeting, the EPSDT Service Notice brochure will be attached to the STRTP approval form and forwarded by the IPRC agency representative to the placing agency or Mental Health worker coordinating the placement.
- c. The worker will give a copy of the brochure and TBS information to the youth and/or their caregiver, parent, guardian, or dependency worker during placement.

Probation, Social Service and Mental Health placement workers will be notified by the departmental IPRC representative from the placing agency (School District, Mental Health, Probation or Social Services) that downloadable PDF copies of this EPSDT policy, the EPSDT Service Notice brochure, and specialty services information are available on the ACBHD provider website and can be printed and distributed to members via this link:

<https://bhcsproviders.acgov.org/providers/Main/Index.htm>

NON-COMPLIANCE

Procedures to be completed in the event of policy non-compliance:

- I. Where individuals do not abide by the procedures, the direct supervisor and Child and Young Adult System of Care (CYASOC) (InfoACBH.CYASOC@acgov.org) will be notified to take corrective action, including reviewing the policy and/or other disciplinary action.
- II. Definition of non-compliance: Any failure to abide by the stated policy.

- III. Reports of non-compliance can be made in writing or verbally to supervisors, and staff shall not face retribution for reporting non-compliance.
- IV. Reports of non-compliance shall be communicated to supervisors and CYASOC within 72 hours to ensure timely response and corrective action.
- V. Any communication that contains protected health information or otherwise confidential information should be sent through secure methods such as email with secure encryption, include the following format: type “ENCRYPT” into the subject line of the email correspondence.
- VI. Should an emergency situation arise where conformance with this policy is impractical, the supervisor(s) and Division Director will be notified immediately.

CONTACT

ACBHD Office	Current As Of	Email
Child and Young Adult System of Care (CYASOC)	1/26/26	InfoACBHCYASOC@acgov.org
Contracts Unit (CU)	1/26/26	Contracts@acgov.org
Billing and Benefits Support Unit (BBSU)	1/26/26	provider.relations@acgov.org
Utilization Management (UM)	1/26/26	Utilizationmanagement@acgov.org
Quality Assurance (QA)	1/26/26	QAOffice@acgov.org
Quality Improvement (QI)	1/26/26	QITeam@acgov.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBHD Staff
- ACBHD Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Donna Fone, Quality Assurance Administrator

Original Date of Approval: 1/7/2014 by Aaron Chapman, MD, Interim Mental Health Director

Revision Author	Reason for Revision	Date of Approval by (Name, Title)
Laphonsa Gibbs, Director, CYASOC	Updated per ACBHD's policy to review P&P triennially.	1/27/2026 by Karyn L. Tribble, PsyD, LCSW, Behavioral Health Director
Lisa Carlisle, Director, CYASOC	Updated to meet new state requirements.	9/27/2021 by Karyn L. Tribble, PsyD, LCSW, Behavioral Health Director

DEFINITIONS

Term	Definition
Children's Interagency Placement Review Committee (IPRC)	A team comprised of representatives from the county placing agencies with statutory authority for the care, custody, and control of a child, and a representative from the county Mental Health Plan (MHP).
Early and Periodic Screening Diagnosis and Treatment (EPSDT)	Medi-Cal services for members under the age of 21 that correct or improve mental health problems that a physician or other health care provider finds, even if the health problem will not go away entirely.
Institution for Mental Disease (IMD)	Any hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services.
Mental Health Rehabilitation Center (MHRC)	A 24-hour program which provides intensive support and rehabilitative services designed to assist persons, 18 years or older, with mental disorders who would have been placed in a state hospital or another mental health facility to develop skills to become self-sufficient and capable or to increase levels of independence and functioning.
Skilled Nursing Facility (SNF)	A type of nursing home recognized by the Medicare and Medicaid systems as meeting long term health care needs for individuals who have potential to function independently after a limited period of care.
Short Term Residential Therapeutic Program (STRTP)	A residential facility operated by a public agency or private organization that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision to children and non-minor dependents. The care and supervision provided shall be non-medical, excepts as otherwise permitted by law.

APPENDICES

- EPSDT Service Notice

Alameda County Behavioral Health Department

Medi-Cal Services for Children and Young Adults:



This notice is for children and young adults (under age 21) who qualify for Medi-Cal EPSDT services and their caregivers or guardians

What are EPSDT Services?

- EPSDT mental health services are Medi-Cal services that correct or improve mental health problems that your doctor or other health care provider finds, even if the health problem will not go away entirely. EPSDT mental health services are provided by county mental health departments.
- These problems may include sadness, nervousness, or anger that makes your life difficult.
- You must be under age 21 and have full scope Medi-Cal to get these services.

How to get EPSDT Services for yourself (under age 21) or your child?

Ask your doctor or clinic about EPSDT services. You or your child may receive these services if you and your doctor, or other health care provider, clinic (such as the Child Health and Disability Prevention Program), or county mental health department agree that you or your child need them. You may also call your local county mental health department directly. The call is free. For Alameda County Medi-Cal beneficiaries, please call ACCESS line at 1-800-491-9099.

Types of EPSDT Services

Some of the services you can get from your county mental health department are:

- Individual therapy
- Group therapy
- Family therapy
- Crisis counseling
- Case management
- Medication Evaluation & Support

Counseling and therapy services may be provided in your home, in the community, or in another location.

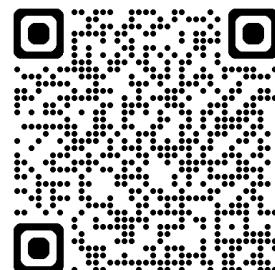
Your county mental health department, and your doctor or provider will decide if the services you ask for are medically necessary.

County mental health departments *must* approve your EPSDT services.

Every county mental health department has a toll-free phone number so that you can call for more information and ask for EPSDT mental health services. For Alameda County Medi-Cal beneficiaries, please call ACCESS line at 1-800-491-9099.

Are there any specialized services available?

For more information about Child & Youth Crisis Services, School Based Behavioral Health Services, and Specialty Services (such as Eating Disorder Services, Intensive Care Coordination, Therapeutic Foster Care, Intensive Home-Based Services and Therapeutic Behavioral Services), please visit [Child & Youth Services \(0 – 24 Years\) – Alameda County Behavioral Health](#) or scan the QR code below.



Who can I talk to about EPSDT mental health services?

Your doctor, psychologist, counselor, social worker, or other health or social services provider can assist you with finding EPSDT mental health services. For children and young adults in a group home or residential facility, talk to the staff about getting additional EPSDT services.

For children in foster care, consult the child's court-appointed attorney. You can also call your county mental health department directly.

What if I don't get the services I want from my county mental health department?

You can file an appeal with your county mental health department if they deny the EPSDT services requested by your doctor or provider. You may also file an appeal if you think you need mental health services, and your provider or county mental health department does not agree.

Call the county mental health department's toll-free number to talk to a Problem Resolution (grievance/ appeal) coordinator for information and help. You may also call the county patients' rights advocate, or the Department of Health Care Services, Mental Health Ombudsman Office.

You can ask for a state hearing within 90 days after exhausting the county mental health department's appeal process by doing one of the following:

- **Call** 1-800-952-5253, or
for TTY 1-800-952-834
- **Fax** 916-651-5210; or 916-651-2789
- **Write**

California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430.

Need More Information?

If you or your family need more information about the EPSDT Services provided through Alameda County Behavioral Health Department, please contact the following:

- **Alameda County ACCESS**
1-800-491-9099
- **Health Insurance HELP LINE**
1-888-346-1605
- **Alameda Health General Public Health insurance Enrollment Support**
1-800- 422-9495
- **Problem Resolution (grievance/appeal)**
1-800-799-0787
- **Disability Rights California**
1-800-776-5746
- **Department of Health Care Services Mental Health Ombudsman's Office**
1-800-896-4042
- **Department of Health Care Services website**
www.dhcs.ca.gov