ADDENDUM II

RHODE ISLAND DEPARTMENT OF HEALTH

DIVISION OF FAMILY HEALTH

Medicaid/EPSDT Administrative Activities

Department of Human Services (DHS) described the broad range of activities necessary to manage and administer the Medicaid/Early Periodic Screening, Diagnosis and Treatment (EPSDT) services for women, young children, and children with special health care needs. The Medicaid program provides a specified group of mandatory and optional services that include but are not limited to ambulatory services provided by federally qualified health centers, physician services, family planning services, laboratory services, prescription drugs, case management services, pediatric services, and hearing and language disorder services. Included in the list of mandatory services are EPSDT services for individuals under age twenty-one which include but are not limited to regular and periodic health, developmental, and mental health screening and vision, hearing and dental screening.

The Social Security Services Act requires that any of the core group of mandatory services, including EPSDT required to treat or ameliorate a defect, physical mental illness of a condition must be offered to the categorically and medically needy. The Social Security act also allows for the provision for an array of optional services to those covered under Medicaid.

The administrative activities related to the Medicaid/EPSDT programs include all activities designed to assure the availability, accessibility, and coordination of required health care resources. Administration includes activities that are necessary for the proper and efficient administration of the Medicaid/EPSDT programs.

The Division of Family Health has several important roles and functions in the administration of Medicaid/EPSDT activities. This Addendum lists the functions in seven categories. These functions are to be used in the accounting of Division of Family Health activities that would be eligible for federal financial participation.

The administrative activities include coordinating and care planning to assist individuals to enroll in a program, and arrange for and provide a support plan of care. It also includes program planning and development to establish strategies and model projects to close service gaps. It covers activities that assure needed services are provided in a timely and efficient manner and that duplicated and unnecessary services are avoided. Specifically, billing for the above activities will not include costs for activities currently being provided in accordance with the Head Start, Early Intervention and Adolescent Pregnancy Medicaid agreements.

These administrative activities, and the responsibility of staff members, are described more fully below:

Outreach and Intensive Informing

This function is to be used by all staff when performing activities that inform individuals about health programs financed by Medicaid, how to access the health programs and assist individuals in applying for them. Activities include a combination of oral and written informing methods that describe the range of services available through the programs and the benefits of preventive or remedial care offered by these programs.
X Informing individuals, agencies, potential providers, practitioners, and community groups about specific Medicaid programs through a combination of written and oral methods.

X Promoting the need for preventive and remedial care through oral and written methods of intensive informing, including operation of the child health tracking system.

X Providing information to individuals about the causes and prevention of active and communicable diseases and of high risk behaviors that lead to disease or poor health outcomes.

X Assisting individuals in understanding the value of routine preventive care, including EPSDT.

X Assisting individuals in understanding and identifying health problems or conditions and in recognizing the value of preventive and remedial care as it relates to these conditions.

X Preparing for, and coordinating accident and disease prevention activities.

X Preparing for, and coordinating health promotion and treatment maintenance activities.

X Working with other agencies to develop methods for the early identification of individuals at risk of poor health outcome.

X Informing Medicaid eligible individuals served by the agency about their eligibility for Medicaid program.

X Providing information to caretakers so that they may better understand what to expect in terms of their children or parents' age-appropriate growth and development and how to provide more effective care.

X Designing and carrying out strategies to inform high-risk population groups of programs that will benefit them.

X Operating a central immunization registry for access by clients and providers to promote timely completion of these preventive services.

X Completing the paperwork necessary to perform the above activities.

X Traveling relating to the above activities.

Facilitating Medicaid Application

This function is to be used by all staff when performing activities that inform individuals about the Medicaid program and how to access it, and assisting individuals in applying for Medicaid.

Examples of activities that are considered to be part of eligibility determination are:

X Collecting information that is needed for the eligibility determination such as verification of the person's resources, social security number, citizenship, and earned and unearned income.
Assisting individuals in filling out and processing eligibility forms for Medicaid.

Assisting in collecting information for the re-determination of eligibility.

Traveling related to the above activities.

**Care Planning and Coordination Activities**

This function is to be used by all staff when assisting individuals to enroll in a program and when performing activities that lead to and support a plan of care where not part of a billable service.

Examples of activities that are considered to be part of this function include:

- Assisting the individual to access EPSDT services.
- Providing translation that assists providers to communicate with eligible persons whose primary language is other than English or that assist them to better understand and access services.
- Gathering information to determine the nature and extent of the individual's health-related condition.
- Coordinating screenings, assessment, examinations, and evaluations which may be required as the result of the information gathering that assist in determining the nature and extent of the individual's health-related condition as well as the kinds of treatment or services needed to improve his/her health outcome.
- Conducting any follow up that may be required as the result of any of the above activities.
- Assisting in developing care plans which are designed to correct or ameliorate health conditions identified in the assessment.
- Arranging for, scheduling or coordinating the delivery of services and resources which may be needed to implement the plan of care.
- Assisting the individual to access and use these services, including advocacy that helps to remove any barriers to service.
- Participating in individual case conferences to review the status of an individual's plan of care.
- Gathering information for and assisting in performing any reassessments needed to evaluate the client's need for continued services.
- Developing referral resources for the individual to use.
- Completing the paperwork necessary to perform the above activities.
- Traveling related to the above activities.

**Interagency Coordination**
This function is to be used by all staff when performing collaborative activities with other agencies to improve the cost effectiveness of the health care service delivery system, improve the availability of services, focus services on specific population groups or geographic areas in need of special attention, or define the scope of each agency's programs.

Examples include:

- Identifying, documenting and disseminating information about health related services provided by other agencies in the community.
- Working with other agencies to identify, promote and develop needed health care services.
- Participating in the development of uniform policies, procedures and protocols between agencies.
- Working with other agencies to evaluate the effectiveness of service delivery systems and needed improvements.
- Developing interagency agreements to maximize effectiveness of service delivery and accessibility to services, and to minimize duplication.
- Participating in regional and statewide provider meetings and workshops.
- Completing paperwork necessary to the performance of these activities.
- Traveling associated with these activities.

**Other Training**

Conduct or participate in training.

Examples include:

- Training and technical assistance that contributes to patient advocacy or which provides information on relevant programs for individuals at risk of poor health outcome.
- Training which improves the skill levels of staff members in assessing and serving the health needs of clients.
- Training that improves the cultural competence of staff.
- Training that improves the delivery of services within the agency.
- Completing paperwork necessary to the performance of these activities.
- Traveling related to these activities.

**Program Planning and Development**

This function is to be used by all staff when performing activities that support the planning and
development of programs.

Examples of activities that may be included in this function are:

- Establishing goals and objectives as part of the program's annual or multiyear plan.
- Developing and reviewing program policies, procedures, standards, protocols, and health-related educational materials.
- Providing information to contract providers on program policy and regulations.
- Developing and assessing the effectiveness of such tools as assessment and referral forms, plan of care documents, etc.
- Developing, maintaining, and analyzing management information systems.
- Analyzing data related to the program.
- Orienting contract providers to the agency's goals and objectives.
- Recruiting and providing technical assistance to subcontractors.
- Negotiating and monitoring subcontracts with providers.
- Monitoring provider capacity and availability.
- Developing resource directories of other health services needed by the program's client population.
- Assessing the service capacity of the system and its providers and identifying gaps in services.
- Developing strategies and model projects to increase system capacity and to close service gaps.
- Conducting and analyzing community needs assessments.
- Completing paperwork necessary to the performance of these activities.
- Traveling associated with these activities.

Quality Management

This function is to be used by all staff for assured activities, such as program monitoring and auditing, that are necessary for proper and efficient Medicaid administration.

- Monitoring the overall effectiveness of programs, including client satisfaction surveys.
- Conducting periodic reviews of protocols.
- Assisting clinical office settings and medical office equipment.
X Maintaining health and safety standards in clinical sites.
X Providing information to staff in the use of outcome measurements.
X Completing paperwork necessary to the performance of these activities.
X Traveling associated with these activities.

SUPERVISION AND STAFF SUPPORT AS NECESSARY TO ENSURE THAT THE ABOVE ACTIVITIES ARE EFFECTIVELY AND EFFICIENTLY COMPLETED BY THE APPROPRIATE STAFF.

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