

Steps to secure EPSDT funding for *Effective Treatment in a Wraparound Cup*® for children

1. The parent enrolls their child with a disability in Medicaid (in 33 states, this is possible without regard to family income). As an enrollee in Medicaid, the child is entitled under Federal law to access to EPSDT funding that is “sufficient in amount, duration and scope to reasonably achieve the purpose for which it is furnished” – see 42 CFR Chapter IV §438.210.
2. If mental health treatment funding is needed, the child must be examined by a Licensed Practitioner of the Healing Arts (LPHA) and diagnosed with a mental illness.
 - a. A psychologist is a LPHA in most states.
 - b. A medical doctor (including a pediatrician or a psychiatrist) can prescribe mental health treatment procedures (behavior modification plans for toileting, eating, etc).
 - c. A licensed clinical social worker is an LPHA in some states and can prescribe mental health treatment in those states.
3. The LPHA writes an evaluation report and if behavioral treatment is prescribed, the LPHA creates a behavioral treatment plan following guidance from me so that it meets the state standards regarding “medical necessity” and established standards for behavioral treatment planning.
 - a. “Medically Necessary” treatment is defined somewhat differently in each state
 - b. All states have to comply with the EPSDT standards funding treatment that will
 - i. Prevent the worsening of the child’s disabling condition *or*
 - ii. Ameliorate (relieve) the child’s disabling condition *or*
 - iii. Enable the child to maintain functioning at a level commensurate with his/her same-aged peers.
 - c. The LPHA prescribes treatment that incorporates the State Definition of Medically Necessary Treatment.
 - d. If a behavioral treatment plan is developed, it describes in-home and/or in-school treatment providers, what they will do, where they will work, when and how.
 - i. Behavior Specialist Consultant (Masters level practitioners who develop and monitor the status of treatment plans).
 - ii. Mobile Therapists (Masters level practitioners who deliver in-home and in-school mental health counseling).
 - iii. Therapeutic Staff Support providers (Bachelors level practitioners who deliver 1:1 intensive, individualized treatment in accordance with the written Treatment Plan).
4. The LPHA delivers the Evaluation Report and the Treatment Plan to the parent of the child with a disability along with supportive evidence.
 - a. www.treatmentplansthatworked.com offers over 500 Behavioral Health Rehabilitation Service (BHRS) Treatment Plans that were successful, with the data that documents it.
 - b. The BHRS Treatment Plan developed for the local child matches the format and scope of the *Effective Treatment in a Wraparound Cup*® model.
 - c. Now, the LPHA has created a Treatment Plan for a local child that describes nonexperimental treatment that has been delivered to children of the same general age, disability, gender, etc as the local child, successfully, for **years** in Pennsylvania, funded entirely by the EPSDT mandate of the Medicaid Act.
5. The parent takes the Evaluation Report and the BHRS Treatment Plan to the State Medicaid Agency and connects with the EPSDT office.
 - a. NO OTHER OFFICE CAN HELP – only the EPSDT office. Do not listen patiently to talk about “waivers” or any other cheap excuses for EPSDT funding.

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- b. The people in the EPSDT office may be the *only* people in the entire State Medicaid Agency who actually know *anything* about EPSDT.
 - c. The parent says *"I want my child to receive this treatment, funded under EPSDT, just like these other children received in Pennsylvania over the past several years."*
6. The State Medicaid Agency can do one of two things:
 - a. Say *"Go to the EPSDT office and knock on their door. They will help you."*
 - b. Say *"We don't do that here."* -- or some variation on that theme. Some examples might include *"We have these waivers for you instead."* or *"The school handles that."* or simply *"Those services don't exist here."*
 - i. If they choose the "B" route, they've probably violated the child's Civil Rights under the Social Security Act, and the Office for Civil Rights (OCR) can investigate that for you.
 - ii. The parent can file a complaint with the OCR and with the Centers for Medicare and Medicaid Services (CMS). This can be done on-line with no legal representation. No cost. Tremendously powerful if it's written correctly. I can help here, too.
 7. The State Medicaid Agency usually offloads their responsibility to a Managed Care Organization (MCO), which can in turn implement its own set of obstacles and impediments. If so, go back to step 6 and cite them in the complaint, too. They are not permitted to create unreasonable obstacles to the delivery of EPSDT funding for "medically necessary" treatment.
 8. The MCO determines that, of the 25 hours prescribed, only 5 are "medically necessary" so they authorize funding for just 5 hours. Go to Step 6 in addition to implementing the Grievance and Appeal process that is embedded in the Medicaid Act. The authorities in the MCO are not used to anyone challenging them. In reality, they have an 18 inch chain around their neck that's bolted to floor, so all they can *really* do is make a lot of noise before being told to back off in the face of public and legal pressure (including the CMS and OCR).
 9. The Grievance and Appeal processes and/or the CMS & OCR Complaint processes work and the authorization for the 25 hours of intensive, individualized treatment is finally granted.
 10. Because the LPHA has been prepped for the battle beforehand, he/she has already recruited the Masters level and Bachelors level staff who will do the work under his/her scope of practice, so when the State says with contempt: *"See, I told you those services don't exist here!"* the LPHA can say *"Sure they do. I supervise them. We can get started tomorrow."* Payments for Medicaid funded BHRS are always made within 30 days, to avoid penalties & interest payments.
 11. The child begins receiving the "medically necessary" BHRS treatment that he/she has needed for a long time. Finally. The child begins to get better (75% of the children we treated over the past 10 years showed progress within 4 months and continued to get better over the course of their treatment; about 90% of the children we've treated have finished treatment within 3 years).
 12. More parents learn about *"Effective Treatment in a Wraparound Cup*[®] as a way to deliver BHRS (mental health treatment & behavior support) to children up to the age of 21 in their homes and schools, and the news spreads....

For more information visit www.abc-pa.org or www.treatmentplansthatworked.com

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