

**ASSOCIATION OF COMMUNITY MENTAL HEALTH AUTHORITIES OF ILLINOIS
POSITION PAPER ON BEHAVIORAL HEALTH REHABILITATION SUPPORTS
THROUGH EPSDT**

(Early and Periodic Screening, Diagnosis and Treatment)

Early and Periodic Screening, Diagnosis and Treatment (EPSDT), is an entitlement (Title XIX) under the Federal Medicaid program, which requires states to provide “necessary health care, diagnostic services, treatment, and other measures...to correct or ameliorate defects and physical and mental illnesses and conditions...” All medically necessary services must be provided to eligible children, including intensive home, community and school-based services for children with serious emotional disturbance and developmental disabilities*.

EPSDT has been used in a number of states as the centerpiece for behavioral health intervention and supports for children and adolescents with serious emotional disturbance (SED) and developmental disabilities. It has been effectively used to provide home, community and school-based behavioral rehabilitative and therapeutic services necessary to avoid costly and ineffective out-of-community hospitalization and/or residential care. Essential components of these systems include: case management, Wraparound services with non-traditional supports, and Behavioral Health Rehabilitation Services delivered in the home, school and community. These services involve trained personnel including paraprofessionals working under the scope of practice and supervision of licensed clinicians who can deliver medically necessary treatment to children and their families efficiently and cost-effectively. It should also be noted that class action lawsuits have been initiated to force states to make EPSDT available for SED children and adolescents, and the legal precedents have been established.

Unfortunately, in Illinois we continue to rely on expensive out-of-community residential treatment to address the needs of children and adolescents with the most critical behavioral health issues. Our juvenile justice and child welfare systems have become the default service option for families with youth most at risk for extrusion from their home and community. Many families unable to access appropriate services have been forced to relinquish guardianship in order to obtain residential treatment for their children through the Illinois Department of Children and Family Services (DCFS). Most recently, the age threshold for DCFS guardianship of delinquent minors has been raised to 15-years in response to the absence of appropriate home, community and school based interventions and supports.

Despite a clear need for such services to support children with SED and developmental disabilities at home and in school, physicians, psychologists, and other licensed practitioners of the healing arts do not prescribe or recommend them because limited structure exists in Illinois to finance and deliver these services through EPSDT. Whereas other states have used EPSDT to develop extensive provider networks capable of providing a full range of effective home-based services, Illinois has chosen to rely on the Medicaid Rehabilitation Option (Part 132) as its primary financing strategy for public behavioral health services. This choice limits both the scope of services available and the providers who have access to Part 132.

The need for a more intensive home, school and community treatment/supports continuum has been established in two recent reports. A 2003 study on an IDHS Real Choice systems change

grant from the Centers for Medicare and Medicaid Services to develop recommendations geared to improving community based services reported that “Illinois faces several challenges to improving the community services available to ICG program recipients and to other children who could benefit from intensive home and community services.” In the 2008 annual report for the Individual Care Grant for Mentally Ill Children program (ICG-MI), only 68 out of 371 applications for ICGs returned for eligibility determination were granted. While the most likely explanation would be that the clinical documentation did not demonstrate evidence of severely impaired reality testing in accordance to the ICG-MI Administrative Rule: 135, most of the children were hospitalized numerous times, had a major mental illness under Axis I, and would meet criteria for medical necessity for intensive home, school and community supports.

The **Association of Community Mental Health Authorities of Illinois** (ACMHAI) strongly supports utilization of EPSDT to meet the needs of children and adolescents with SED. We do not believe current policies in Illinois which utilize costly, restrictive, and out-of-community care are consistent with the concept of “appropriate and least restrictive care.” ACMHAI would like to work with the Governor, the Illinois Department of Healthcare and Family Services (the state Medicaid agency) and the Department of Human Services (DHS) to develop an intensive system of Behavioral Health Rehabilitation Services (BHRS) in the home, school and community financed through EPSDT. For this to occur, consideration should be given to the following:

- Illinois will need to make a policy decision to pursue an expansion of EPSDT for children and adolescents with SED. This process would include shifting emphasis and General Revenue Funding (GRF) to support BHRS in the home, school and community. Developing an effective BHRS provider network will assure that all children and adolescents will have access to appropriate and least restrictive services designed to prevent unnecessary psychiatric hospitalization and out-of-community treatment. In addition, this network will provide appropriate levels of transition services for youth returning to the community from hospitalization or residential treatment. Ultimately, these services will result in substantial savings.
- The policy shift to expand BHRS through EPSDT will also support families of children and adolescents with SED by providing appropriate care in the home, school and community and thus eliminating the need for parents to relinquish guardianship to DCFS in order to obtain treatment. Substantial fiscal offsets to the DCFS budget will result.
- The policy shift to expand BHRS through EPSDT will also have a positive impact on the juvenile justice system by reducing the need for the court to assign guardianship of delinquent minors up to age 15 to DCFS. In addition, judges will not be forced to remand juveniles to the Department of Juvenile Justice for “evaluation” because no other viable options exist.
- The Department of Healthcare and Family Services, in collaboration with DHS, should develop a blueprint to address EPSDT outreach, screening, provider training, monitoring and quality improvement for Behavioral Health Rehabilitation Services. In order to make these types of services known to parents and available to eligible children, and to keep children with SED in their homes and communities, we specifically recommend that HFS issue bulletins to explain to parents and licensed practitioners of the healing arts the availability of services, requirements for referrals, and the EPSDT reimbursement

procedures for Behavioral Health Rehabilitation Services, Wraparound and case management.

ACMHAI members are committed to building effective Behavioral Health Rehabilitation Services in our communities through the appropriate use of EPSDT. As local funding organizations, we are interested in partnering with the State of Illinois to build service delivery infrastructure and capacity for children and adolescents with SED. This will require leadership from the Governor's Office.

Illinois is in position to make a positive policy decision which will benefit children and families, or is likely to become the target of a class action lawsuit that can't be won. ACMHAI wants to work in collaboration with the State of Illinois to make the right choice. As local funding authorities, our members remain committed to the development of a system of care for children and adolescents which is community based, client centered and makes the most efficient use of limited financial resources.

*Developmental disabilities include autism spectrum disorders.