EPSDT Support Coordination Service Logs

The **LSCIS Service Log** should be used to document and provide a narrative of activities related to the request for EPSDT services including all support coordination activities and all contacts with the provider, the beneficiary, and the PAL. A separate LSCIS service log should be used to document activity related to a specific prior authorized service.

Service Logs are a chronology of events and contacts which support justification of critical support coordination elements for Prior Authorization (PA) of services in the LSCIS system. All contacts with beneficiary, provider, PAL, MCO, LDH Program Staff Line, SRI, etc. should be documented on a service log.

LSCIS Service Log Coding

Place:
02 Home *(participant's home)*
12 School *(participant's school)*
13 Support Coordination Agency
10 Service Provider's Place of Business *(PCS provider, OT provider, etc.)*
99 Other Community Location *(your/SC's home, library, etc.)*

Type of Contact:
1 In Person
2 Telephone
3 Written *(e-mail or fax)*
6 Documentation Only *(will automatically put 98 None as service participant. Non-billable services that you want to document anyways.)*
8 Telehealth

Activity:
51 Intake *(3-day contact after linkage)*
52 Initial Assessment *(Initial face-to-face visit to complete Initial CPOC)*
53 Reassessment *(Quarterly Review meetings)*
54 Annual Assessment *(Annual face-to-face CPOC visits)*
55 Service Planning *(catch-all)*
57 Follow-up Monitoring *(Monthly Contacts)*
60 Transition / Closure
67 EPSDT PA Tracking *(services related to obtaining a service need or Prior Authorization)*
68 EPSDT Provider Follow-up *(15 and 35 day provider contacts)*
69 EPSDT PAL Referral *(35 and 60 day PAL Referrals)*
70 EPSDT Appeal Follow-up *(20 and 90 day contacts)*
80 EPSDT Medicaid Managed Care Appeal Follow-up *(20 day contact)*

Service Participants:
01 Recipient
02 Parent or Legal Guardian *(including non-legal custodians if you have affidavit on file, authorized representative if you have form on file, DCFS guardians, foster parents if you have documentation from DCFS authorizing them to be the EPSDT contact on file, etc.)*
03 Other Family Member or Essential Other *(non-legal guardians)*
08 Health Care Providers *(doctor's offices)*
09 Community Services / Resources
10 Program Office *(OCDD, LDH, OBH)*
11 Medicaid Eligibility Office
13 Medicaid Provider
14 Non-Medicaid Other Provider
15 PAL *(LDH PAL or MCO PAL)*

16 Advocacy Representative
17 Nurse Consultant
18 SRI
20 MCO *(MCO Case Manager, Member Services Line, etc.)*
99 Other

Intake

The support coordinator must make contact with the beneficiary and/or legal guardian within 3 business days of the referral to the Support Coordination Agency. At that time, an appointment should be set up to discuss what support coordination is and how it can benefit the individual. The individual should be asked about formal information documents they may have or can obtain prior to the CPOC assessment, including the current IEP, current PDHC Plan of Care and current EHH Plan of Care as applicable.

Timeline:
Within 3 business days of linkage to SCA.

Type of Contact:
Can be completed: 1 In Person, 2 Telephone, 8 Telehealth

Activity:
51 Intake

Service Participants:
01 Recipient - If beneficiary is a competent major, contact must be made with 01 Recipient.
02 Parent or Legal Guardian - If beneficiary is a minor, contact must be made with 02 Parent or Legal Guardian.

Initial Assessment

A face-to-face in-home visit to develop the CPOC. At minimum, the beneficiary, legal guardian/authorized representative and SC must be present.

Timeline:
Within 10 calendar days of linkage to SCA.

Place:
CPOC meetings must be held face-to-face at the beneficiary's home.
02 Home (participant's home)

Type of Contact:
1 In Person

Activity:
52 Initial Assessment

Service Participants:
01 Recipient must be present.
02 Parent or Legal Guardian must be present if beneficiary is a minor, is legally interdicted, or is a competent major that cannot direct own care.
+ Code anyone else present at the meeting.

Reassessment

The support coordinator must complete an EPSDT CPOC Quarterly Review with the beneficiary and parent/legal guardian each quarter in order to identify:

- Service needs and status through review of the CPOC
- Additional services requested
- Scheduling issues (update the Typical Weekly Schedule)
- If the beneficiary is progressing with the current services and/or IEP services.
- FOC and information regarding the requirements to obtain a PA for the services requested was given to the family/beneficiary.
- Completion of the EPSDT CPOC Quarterly Review located in LSCIS.

Timeline:

One quarterly review must be completed each quarter following linkage to SCA.

Place:

- CPOC meetings must be held face-to-face at the beneficiary's home.
- At least one Quarterly Review must occur face-to-face each calendar year and may be completed at the location of the beneficiary's or parent/legal guardian's choosing.
- Two Quarterly Reviews that are not the initial or annual plan of care visit may be conducted virtually when the following conditions are met:
    1. The beneficiary/family is in agreement that a virtual visit is in the best interests of the beneficiary;
    2. The support coordinator is in agreement that a virtual visit is in the best interests of the beneficiary;
    3. The provider agencies are in agreement that a virtual visit is in the best interests of the beneficiary;
    4. The legally responsible individual or family members living in the home are not paid caregivers;
    5. Technology is available to complete the visit with direct observation of the beneficiary and the home;
    6. There is evidence that the requirements for the quarterly visit can be completed virtually.

Type of Contact:

1 In Person (Must have at least one face-to-face Quarterly Review per calendar year.)
8 Telehealth (Maximum of two telehealth Quarterly Review meetings per calendar year.)

Activity:

53 Reassessment

Service Participants:

01 Recipient must be present.

02 Parent or Legal Guardian must be present if beneficiary is a minor, is legally interdicted, or is a competent major that cannot direct own care.
+ Code anyone else present at the meeting.

Annual Assessment

A face-to-face in-home visit to complete an Annual CPOC. At minimum, the beneficiary, legal guardian/authorized representative and SC must be present.

Timeline:
Cannot be conducted more than 90 calendar days prior to the expiration of the CPOC. An approvable CPOC must be submitted to SRI no later than 35 calendar days prior to the CPOC expiration date.

Place:
CPOC meetings must be held face-to-face at the beneficiary's home.
02 Home (participant's home)

Type of Contact:
1 In Person

Activity:
54 Annual Assessment

Service Participants:
01 Recipient must be present.
02 Parent or Legal Guardian must be present if beneficiary is a minor, is legally interdicted, or is a competent major that cannot direct own care.
Code anyone else present at the meeting.

Service Planning

Type of Contact:
1 In Person, 2 Telephone, 3 Written, 6 Documentation Only, 8 Telehealth (Skype/FaceTime)

Activity:
55 Service Planning (catch-all)

Service Participants:
01 Recipient, 02 Parent or Legal, 08 Health Care Providers, 10 Program Office, 13 Medicaid Provider, 15 PAL, 18 SRI, 20 MCO, etc.

Follow-up Monitoring / Monthly Contact

Required monthly contact with the beneficiary and/or legal guardian to assure implementation of services identified in the CPOC. ***Do not use this Activity code if you did not complete a

monthly contact with the beneficiary/legal guardian regarding the status of implementation of services. If was just a quick contact, code it as 55 Service Planning.***

Type of Contact:
1 In Person, 2 Telephone, 8 Telehealth (Skype/FaceTime)

Activity:
57 Follow-up Monitoring

Service Participants:
01 Recipient - If beneficiary is a competent major, contact must be made with 01 Recipient unless you have an Authorized Representative form on file.
02 Parent or Legal Guardian - If beneficiary is a minor, is legally interdicted, or is a competent major that cannot direct own care, contact must be made with 02 Parent or Legal Guardian.

Transition / Closure

Contact with the beneficiary and/or legal guardian to ease the transition to other services or care systems. Transition/closure decisions should be reached with the full participation of the beneficiary when possible. If the beneficiary becomes ineligible for services, the support coordinator must notify the beneficiary immediately. You must inform the beneficiary to contact SRI if they want to access EPSDT SC in the future and give them SRI's 800-364-7828 contact number. LDH requires a toll-free number for the beneficiaries. This must be documented in the case closure or service logs. Instruct all beneficiaries to update their contact information on the Request for Services Registry.

Type of Contact:
1 In Person, 2 Telephone, 8 Telehealth (Skype/FaceTime)

Activity:
60 Transition / Closure

Service Participants:
02 Parent or Legal Guardian - If beneficiary is a minor, is legally interdicted, or is a competent major that cannot direct own care, contact must be made with 02 Parent or Legal Guardian.
01 Recipient - If beneficiary is a competent major, contact must be made with 01 Recipient unless you have an Authorized Representative form on file.

EPSDT PA Tracking

Services related to obtaining a service need such as:

- Locating providers
- Freedom of Choice
- Referral to Provider

- Any contact with the participant, provider, PAL, LDH Program Staff Line, FI/MCO, physician, etc. related to PA tracking that does not need to go in a pink box on the tracking log.
- The receipt or the approval, denial or reduction of services.
- Notice of Insufficient Documentation: If a Notice of Insufficient Prior Authorization Documentation is received the SC should document the contact with the family and offer to assist with obtaining the additional information and their response, contact with the provider to obtain or have them submit additional information, if no additional information was available, and all SC activities to follow through with the PA request until the PA is either approved or denied based on medical necessity.
- Assisting with appeals: SC must document the required contacts and offer of assistance with the appeals when a PA is totally or partially denied. If assistance is requested, document coordination of documents and filing of the appeal, if documents were sent to the appeal office, or if no documentation was available.

Type of Contact:
1 In Person, 2 Telephone, 3 Written, 8 Telehealth

Activity:
67 EPSDT PA Tracking

Service Participants:
01 Recipient, 02 Parent or Legal, 08 Health Care Providers, 10 Program Office, 13 Medicaid Provider, 15 PAL, 18 SRI, 20 MCO, etc.

Service Need:
Select the appropriate service need from the drop-down box.

EPSDT Provider Follow-up

Contact with a Medicaid Provider to follow-up on the status of prior authorized services.

Within 15 calendar days from Referral to Provider to make sure they are working on the request and to see if assistance is needed in obtaining documentation to support the request.

Within 35 calendar days from Referral to Provider to find out the status of the PA request being sent to the FI/MCO.

Type of Contact:
1 In Person, 2 Telephone

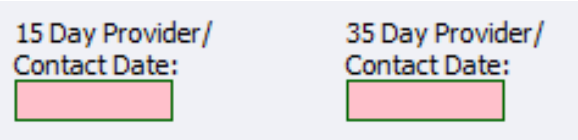
Activity:
68 EPSDT Provider Follow-up
P/P Contact:
15 - if it's a 15day provider contact

35 - if it's a 35day provider contact

Service Participants:
13 Medicaid Provider

Service Need:
Select the appropriate service need from the picklist.

The date of service will be populated into the corresponding tracking log field:



EPSDT PAL Referral

SC completes *Appendix V-2 – Referral to PAL* and sends it to the PAL for Untimely PA Packet Submission or for Untimely PA Notice.

Timeline:
35 Day PAL/Untimely PA Packet Submission: If PA packet is not submitted to FI/MCO within 35 calendar days of Referral to Provider.
60 Day PAL/Untimely PA Notice: If PA decision is not received within 60 calendar days of date of choice of provider.

Type of Contact:
3 Written

Activity:
69 EPSDT PAL Referral

P/P Contact:
35 - if it's a 35day PAL Referral
60 - if it's a 60day PAL Referral

Service Participants:
15 PAL

Service Need:
Select the appropriate service need from the picklist.

The date of service will be populated into the corresponding tracking log field:

Date of Referral to
PAL (Untimely PA Notice):
/ /

EPSDT Appeal Follow-up

Contact with the beneficiary and/or legal guardian to follow up on the status of the Department of Administrative Law appeal for FFS services if the family chooses to appeal, and for MCO services after the MCO Appeal is exhausted and the family chooses to appeal to the Department of Administrative Law.

Timeline:
20 Day Appeal Follow Up: If an appeal is requested, the SC must check on the appeal status and see if additional assistance is needed within 20 calendar days from the date the appeal request is filed.
90 Day Appeal Follow Up: If an appeal is requested, the SC must check the appeal status within 90 calendar days from the date the appeal request is filed.

Type of Contact:
1 In Person, 2 Telephone, 8 Telehealth (Skype/FaceTime)

Activity:
70 EPSDT Appeal Follow-up

P/P Contact:
20 - if it's a 20day Appeal Follow Up
90 - if it's a 90 day Appeal Follow Up

Service Participants:
02 Parent or Legal Guardian - If beneficiary is a minor, is legally interdicted, or is a competent major that cannot direct own care, contact must be made with 02 Parent or Legal Guardian.
01 Recipient - If beneficiary is a competent major, contact must be made with 01 Recipient unless you have an Authorized Representative form on file.

Service Need:
Select the appropriate service need from the picklist.

The date of service will be populated into the corresponding tracking log field:

EPSDT MCO Appeal Follow-up

Contact with the beneficiary and/or legal guardian to follow up on the status of the MCO appeal.

Timeline:
If an appeal is requested, the SC must check on the MCO appeal status within 20 calendar days from the date the appeal request is filed.

Type of Contact:
1 In Person, 2 Telephone, 8 Telehealth

Activity:
80 EPSDT Medicaid Managed Care Appeal Follow-up

P/P Contact:
20 - if it's a 20-day Medicaid Managed Care Appeal Follow Up

Service Participants:
01 Recipient - If beneficiary is a competent major, contact must be made with 01 Recipient unless you have an Authorized Representative form on file.
02 Parent or Legal Guardian - If beneficiary is a minor, is legally interdicted, or is a competent major that cannot direct own care, contact must be made with 02 Parent or Legal Guardian.

Service Need:
Select the appropriate service need from the picklist.

The date of service will be populated into the corresponding tracking log field:

Assisting with Appeals:

SC must document the required contacts and offer of assistance with the appeals when a PA is totally or partially denied. If assistance is requested, document coordination of documents and filing of the appeal, if documents were sent to the appeal office, or if no documentation was available. Refer to Appeals section in this Handbook, *Appendix P – Appeal Brochure, Appendix AA-2 – PA Tracking Timelines,* and LSCIS PA tracking log.

Notice of Insufficient Documentation (NOID):

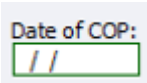
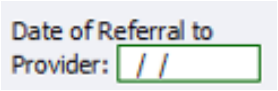
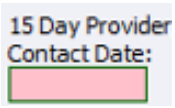
If a Notice of Insufficient Prior Authorization Documentation is received the SC should document the contact with the family and offer to assist with obtaining the additional information and their response, contact with the provider to obtain or have them submit additional information, if no additional information was available, and all SC activities to follow

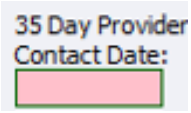
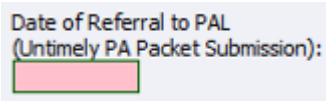
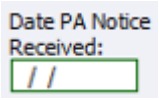
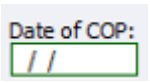
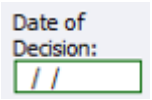
through with the PA request until the PA is either approved or denied based on medical necessity.

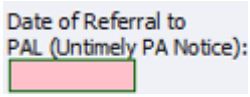
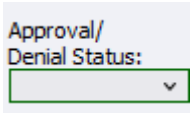
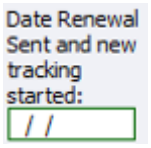
EPSDT Tracking Required Actions

Once a service need has been added to the CPOC and checks Medicaid and Requires PA Tracking, the SC will start to receive tracking required action.

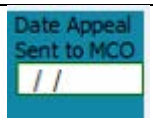
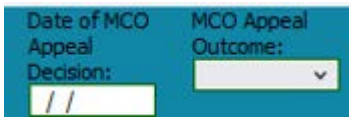
A positive number of days indicates the number of days left to complete the action timely. A negative number of day indicates the number of days the action is overdue.

Tracking Message	**Required Action / Timeline / Tracking Log Field**	**Form**
Must open a tracking log.	Open a Tracking Log in LSCIS and select the service need from the picklist. Follow the prompts until PA is either approved or denied based on medical necessity, and when approved, make sure the services are provided as authorized.	
Alert: No choice of provider.	SC offers a freedom of choice and provides any needed medical forms. Complete ongoing follow-up with the beneficiary on a regular, as-needed basis. Address any barriers related to locating a willing and able provider. 	Service Log
Send Referral to Provider.	Within 3 days of date of choice of provider, SC sends Referral to Provider - check box 1. Make a Referral. 	Appendix V-1 – Referral to Provider Service Log
Complete 15 day provider contact.	Within 15 days of Referral to Provider, SC completes a provider contact to check on PA packet status. Offer to assist. 	Service Log

Complete 35 day provider contact.	Within 35 days of Referral to Provider, SC completes a provider contact to check on PA packet status. Offer to assist. Obtain PA packet and enter date packet submitted to FI/MCO. 	Service Log
Send Referral to PAL for untimely PA packet submission.	If PA packet is not submitted to the FI/MCO within 35 days of Date of Referral to Provider, SC sends Referral to PAL – check box 1. Untimely PA Packet Submission. Offer assistance to the provider in obtaining documentation needed to support the request. 	Appendix V-2 – Referral to PAL Service Log
Obtain PA notice. (Date packet submitted to FI/MCO indicates the PA decision should be completed.)	Complete ongoing follow-up to obtain PA decision notice which is issued within 10 calendar days from date packet submitted to FI/MCO, or within 25 calendar days if it's a DME request. 	Service Log
Alert: PA not issued within 60 days of choice of provider.	PAs should be issued within 60 days of date of choice of provider. Complete ongoing follow-up with all parties until a PA is either approved or denied based on medical necessity. Address any barriers. Offer freedom of choice.  	Service Log

Send Referral to PAL for untimely PA notice.	If PA decision is not received within 60 calendar days of Date of Choice of Provider, SC sends Referral to PAL – check box 2. Untimely PA Notice. Offer a freedom of choice to the beneficiary. 	Appendix V-2 – Referral to PAL Service Log
Approval/Denial status must be filled in.	Enter Approval/Denial Status. 	PA decision from FI/MCO, verbal information from PAL. Do not take verbal info from provider.
May open renewal tracking log.	**FFS:** 45-60 days prior to PA end date, open Renewal PA tracking log. **MCO** : 20-60 days prior to PA end date, open Renewal PA tracking log. 1. Enter date you start Renewal onto the current tracking log.  2. Bring forward a Renewal tracking log. Keep the Date of Service request the same as the previous tracking log. Enter a new Date of COP. Enter the Provider's name and date of Referral to Provider.	
Must open renewal tracking log.	**FFS:** 45 days prior to PA end date, open Renewal PA tracking log. **MCO:** 20 days prior to PA end date, open Renewal PA tracking log. 1. Enter date you start Renewal onto the current tracking log.	

	Date Renewal Sent and new tracking started: / / 2. Bring forward a Renewal tracking log. Keep the Date of Service request the same as the previous tracking log. Enter a new Date of COP. Enter the Provider's name and date of Referral to Provider.	
MCO Appeal Section		
Explain MCO appeal rights.	**MCO:** Within 4 calendar days from the notice of denial from the MCO: • Explain appeal rights and offer assistance • Explain that the provider can request a peer-to-peer review. • Explain circumstances in which continued benefits are provided on appeal under Managed Care. A member is only entitled to a continuation of benefits pending resolution of an appeal or state fair hearing when a previously authorized benefit is terminated, suspended, or reduced prior to the expiration of the current service authorization. Date MCO Appeal Rights Explained: / /	
Offer to help with MCO appeal.	**MCO:** Within 4 calendar days from the notice of denial from the MCO, SC offer to help with the MCO appeal. Offered to help with MCO Appeal Date: / /	
Appeal must be sent to MCO within 30 days of denial notice.	**MCO:** Follow-up to assure beneficiary does not miss deadline to appeal.	

		
Complete 20 day MCO appeal follow-up.	**MCO:** 20 days from date appeal request filed, contact the beneficiary to check on appeal status. 	Service Log
Obtain final outcome of MCO appeal.	**MCO:** MCO appeal decision is issued within 20 days of appeal. Follow-up to obtain outcome of MCO appeal. 	
DAL Appeal Section - For FFS, and for MCO after MCO appeal has been exhausted.		
Explain DAL appeal rights.	**FFS:** Within 4 calendar days from the notice of denial: • Explain appeal rights • Explain that the provider can request a reconsideration • Explain that services can be continued pending appeal if the appeal is filed within 30 days of the notice of denial if the denial was from a request for renewal of services and the renewal request was submitted 25 days before the expiration of services. **MCO:** Within 4 days of notice of appeal denial from MCO, SC explains DAL State Fair Hearing (SFH) rights and offer assistance to beneficiary. 	Appendix P – Appeal Brochure Service Log

Provide DAL appeal brochure.	**FFS:** Within 4 days of notice of denial, SC provides appeal brochure. **MCO:** Within 4 days of notice of appeal denial from MCO, SC provides appeal brochure. Date Appeal Brochure Provided: / /	Appendix P – Appeal Brochure Service Log
Offer to help with DAL appeal.	**FFS:** Within 4 days of notice of denial, SC offers assistance to beneficiary. **MCO:** Within 4 days of notice of appeal denial from MCO, SC offers assistance to beneficiary. Offered to help with appeal Date: / /	Appendix P – Appeal Brochure Service Log
Complete 20 day appeal follow-up.	**For FFS, and MCO after MCO appeal is exhausted:** 20 days from date appeal filed, check on status of appeal and offer additional assistance with appeal. 20 Day Appeal Follow Up:	Service Log
Complete 90 day appeal follow up.	**For FFS, and MCO after MCO appeal is exhausted:** 90 days from date appeal filed, check on final outcome of appeal. 90 Day Appeal Follow Up:	Service Log
Obtain final outcome of DAL appeal.	DAL appeal decision is issued within 90 days of appeal.	