pennsylvania
DEPARTMENT OF HUMAN SERVICES

DHS BULLETIN

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SUBJECT:

Referring Children to the County Intellectual Disability and Autism Programs

BY:

Kristin Ahrens, Deputy Secretary
Office of Developmental Programs

BY:

Tracey Campanini, Deputy Secretary
Office of Child Development and Early Learning

BY:

Sally Kozak, Deputy Secretary
Office of Medical Assistance Programs

BY:
BY:

Jonathan Rubin, Deputy
Jonathan Rubin, Deputy Secretary
Office of Children, Youth and Families

BY:

Kristen Houser, Deputy Secretary
Office of Mental Health and Substance Abuse Services

SCOPE:

County Children and Youth Social Service Agencies
Private Children and Youth Social Service Agencies
County Mental Health/Behavioral Health (MH/BH) Programs
County Intellectual Disability and Autism Programs
Physical Health Managed Care Organizations – Special Needs Units
Service/Supports Coordination Organizations and Agencies
Infant Toddler and Preschool Early Intervention (EI) Programs

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The Appropriate Developmental Programs Regional Office

Visit the Office of Developmental Programs Website

PURPOSE:

The purpose of this bulletin is to provide guidance to the county and private children and youth social service agencies, county MH/BH programs, EI programs, and managed care organizations on the process for referring children to the county intellectual disability and autism (ID/A)[1] program when a child has a diagnosis of an intellectual disability, developmental disability, and/or autism (ID/DD/A) (see Attachment 1 for information regarding eligibility and diagnostic criteria) or when it is suspected that a child may have one of these diagnoses. Referring the child to the county ID/A program can provide eligible children and their families with access to information, services, and supports in the community, as well as assistance with preparing for life's transitions through childhood into adulthood.

BACKGROUND:

The Department of Human Services (DHS) wants to improve services and supports to all children and their families or legal guardians[2] so that children can grow to adulthood living in a home with loving adults. The Office of Developmental Programs (ODP), the Office of Child Development and Early Learning (OCDEL), the Office of Children, Youth, and Families (OCYF), the Office of Mental Health and Substance Abuse Services (OMHSAS), and the Office of Medical Assistance Programs (OMAP) work closely together to ensure children with ID/DD/A and their families have access to high quality services that support the child's growth and development. Please see Attachment 2 for further information about each DHS Office addressed in this bulletin.

DISCUSSION:

There are many benefits for children with ID/DD/A to be registered with the county ID/A program. The county ID/A program can help identify supports and services needed for the child and family to live an everyday life. For this reason, when county and private children and youth social service agencies, county MH/BH programs, EI programs, and managed care organizations become aware of a child who has a diagnosis of ID/DD/A or is suspected of having a diagnosis of ID/DD/A (as outlined in Attachment 1), the child and family should be informed that there are services through the county ID/A program that may be beneficial to the child and family. In addition, Attachment 3 should be shared with the child and family to help them understand the importance of registering with the county ID/A program. Along with sharing Attachment 3, it is also recommended that the following talking points be shared with the child and family:

- Enrolling in the county ID/A program can provide access to information and a connection to a network of family support.
- Enrolling in the county ID/A program can provide access to a range of non-medical in home and community services and other services, such as services through the Medical Assistance (MA) or the educational system.
- Enrolling in the county ID/A program is not required; it is optional and can occur at any time during an individual's life.

[1] For the purpose of this bulletin, the county ID/A program is addressed separately from the county MH/BH program to explain the different responsibilities of each program.

[2] Throughout this bulletin, where "family" is referenced this also includes legal guardians.

- Enrolling in the county ID/A program during childhood will support the child's transition from existing services to other appropriate services. When the child reaches the age of 21, services through the school district end and some services through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit of MA will be discontinued (see Attachments 2 and 3).

If the child and family are interested in services through the county ID/A program, the county and private children and youth social service agency, the county MH/BH program, EI program, or managed care organization should refer that child and family to their local county ID/A program, and as necessary, assist the child and family in making contact with the local county ID/A program (see Attachment 2 for county ID/A program contact information). If the referring agency has information about the child relating to diagnosis, adaptive skills testing, or any information that could help the county ID/A program in determining eligibility for services and permission is granted to share the information, this information should be shared with the county ID/A program to assist with a smooth transition (see Attachment 1 regarding eligibility and diagnostic criteria).

EI Referral Process

An infant, toddler, or preschooler who is eligible to receive EI services will be assigned a service coordinator. The service coordinator is responsible for coordinating and monitoring needed services and supports for the child and the child's family. If the child has a diagnosis of ID/DD/A or is suspected of having a diagnosis of ID/DD/A, the EI service coordinator should discuss with the family the potential services and supports available through the county ID/A program and the benefit of registering the child with the county ID/A program. With the family's consent, the EI service coordinator or lead will refer the child to the county ID/A program by contacting the ID/A program and following the referral process. When a child does not have a diagnosis of ID/DD/A, but a diagnosis of ID/DD/A is suspected, the EI service coordinator should refer the child to the county ID/A program, which will provide a list of resources that can assist the child and family with obtaining the necessary test and/or assessment to determine whether the child has a diagnosis of ID/DD/A.

Children may receive Targeted Support Management (TSM) through ODP to complete the following activities listed below, even if the child is receiving service coordination services through OCDEL:

- Completion of the Prioritization of Urgency of Need for Services (PUNS) instrument; and
- Planning for transitions from congregate settings.

OCYF County Referral Process

Child development screenings and subsequent referrals to the county ID/A program will benefit children and youth by resulting in appropriate intervention and services for children who are in the early stages of development. OCYF recommends that county and private children and youth social service agencies refer all children age 5 and a half years of age and older (if the child and family are interested in services) to the child's local county ID/A program when it is evident or suspected that the child may have a diagnosis of ID/DD/A.

Children may also be eligible to receive EI services. County and private children and youth social service agencies are required to assess all children under the age of three, who have been a subject of a substantiated report of child abuse or neglect, and refer eligible children to the EI program, when the EI program is not currently involved with the child (34 C.F.R.§303.321). DHS strongly recommends that this requirement be extended up to and including age five and one-half for all children who are served by the child welfare system.

This includes children the county or private children and youth social service agency have identified as having a diagnosis or ID/DD/A or are suspected of having a diagnosis of ID/DD/A as a result of the Ages & Stages Questionnaires® (ASQ™) and Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE™) screenings, as well as children who may not have the ASQ™ and ASQ:SE™ completed but it is evident or suspected by the agency that the child may has a diagnosis of ID/DD/A (see Attachment 2 for more information).

Eligible children under the age of three should be referred directly to the EI program in a timely manner, but no later than two working days after the child has been identified (55 Pa. Code §4226.24(e)(2)). For children ages three to 5.5 years of age, the county or private children and youth social service agency should refer that child to the Preschool EI program. If at any time the county or private children and youth social service agency cannot determine after reviewing Attachment 2 whom to contact to refer the child, the county should also contact CONNECT. When a referral is made to EI or EI is already involved with the child and family, a referral to the county ID/A program is not required because the EI program should refer the child to the county ID/A program.

County MH/BH Referral Process

Children may receive services from both the county MH/BH program and the county ID/A program. When a county MH/BH program becomes aware of a child that could benefit from services through the county ID/A program and the child and family are interested in receiving services through the county ID/A program, a referral should be made to the county ID/A program.

When a child has a diagnosis of ID/DD/A or is suspected of having a diagnosis, of ID/DD/A, the designated county MH/BH program staff[3] should inform the child and family of the potential to receive services and supports through the county ID/A program and the benefit of the referral with the child and family (see bulleted list in the Discussion section and Attachment 3).

If the child and family are interested in receiving services through the county ID/A program, the designated county MH/BH staff should contact the county ID/A program. When a child does not have a diagnosis of ID/DD/A, but a diagnosis of ID/DD/A is suspected, the county MH/BH staff should refer the child to the county ID/A program, which will provide a list of resources that can assist them with obtaining the necessary test and/or assessment to determine whether the child has a diagnosis of ID/DD/A.

Special Needs Unit (SNU) Referral Process

Any child or family member with a child enrolled with a Physical Health–Managed Care Organization (PH-MCO) may self-refer to the PH-MCO's SNU. The PH-MCO's SNU should discuss the benefits of enrolling with the county ID/A program with the member and family (Attachment 3 should be given to the family) and offer to provide assistance with the referral to the county ID/A program.

County ID/A Program Registration and Eligibility Process

[3] For example: the Child and Adolescent Social Service Program (CASSP) coordinator, children specialist, a behavioral health specialist, etc.

After a referral has been made to the county ID/A program and the child and family have expressed interest in receiving services, the county ID/A program will determine eligibility for services, which includes confirming a diagnosis of:

- an intellectual disability,
- an autism spectrum disorder, or
- developmental disability.

If the child does not have the documentation needed to assess eligibility, the county ID/A program will provide a list of resources that can assist the child and family with obtaining the necessary documents. The county ID/A program can also work with the county MH/BH program to assist with resources for additional services for the child and family.

During the registration and eligibility process for services, the county ID/A program or TSM provider should offer families information about the Charting the LifeCourse framework and tools that were developed by the UMKC Institute for Human Development, UCEDD (see Attachment 3). The Charting the LifeCourse framework has core principles and values that assist people to envision a good life and have high expectations for the future (see Attachment 3). In order to support the child and the child's family, the county ID/A program will offer an array of resources that support the important role of the family as well as enhance the child's quality of life throughout the child's lifespan. From the moment a child and family reach out for assistance, applying the values and principles from the Chartering the LifeCourse framework ensures a more positive experience and improved outcomes as the child and the family begin to navigate through the service system.

Targeted Support Management (TSM):

TSM services will help a child gain access to needed medical, social, educational, and other services that align with the vision and expectations for the child in having a good everyday life (please reference https://www.dhs.pa.gov/Services/Disabilities-Aging/Pages/Everyday-Lives.aspx). When a child is determined eligible for TSM services, the county ID/A program is responsible for informing the child and family of their right to choose any willing and qualified TSM provider. The child's information will be given to the chosen TSM provider. Within 45 days of accepting the referral, the TSM provider will complete a PUNS instrument (which is a tool used to promote discussions with children and their families about their needs), if needed. Once the child is determined eligible for TSM services, the child will receive a Supports Coordinator who will assist with accessing supports and services for the child that are consistent with the child's and family's vision and expectation for the child.

Please note:

When a child is already registered and receiving case management through the county EI program, the child may also receive TSM to complete the following activities:

- completion of the PUNS instrument, and
- planning for transitions from congregate settings.

Base Funding:

Base Funding is state funding that is given to the county ID/A program. The county ID/A program has the discretion to choose how to use these funds when other funding and capacity is not available through one of

ODP's waivers. If Base Funds are available and the child is eligible for these funds, the county ID/A program will assist the child and family with needed services and supports that are available through Base Funding.

Intellectual Disability, Developmental Disability and Autism Waivers:

If the child is found to be eligible for waiver services, the county ID/A program will offer the individual and the family the application (DP 457) for the Medicaid Home and Community Based Waiver Program. The county ID/A program will also complete a PUNS assessment, if appropriate. If there are immediate needs for waiver services as indicated on the PUNS, and capacity is available, the child will be enrolled in a waiver for ODP services. If waiver capacity is not available, the child will be put on a waiting list to receive services in the future once capacity becomes available. During the time the child is waiting for ODP waiver services, the individual will be assisted in enrolling in TSM, if applicable and appropriate.

Attachments:

- Attachment 1 - Diagnostic and Eligibility Information for Services Through the County ID/A Program
- Attachment 2 - Department of Human Services: Office Overview and Resources
- Attachment 3 - Understanding the Importance of Registering with the County Intellectual Disability/Autism (ID/A) Program

Attachment 1: Diagnostic and Eligibility Information for Services Through the County Intellectual Disability and Autism (ID/A) Program

Diagnostic and Eligibility Information for Services Through the County ID/A Program

To be eligible for services through the county ID/A program, an individual must have one or more of the diagnoses listed below. Please reference the Office of Developmental Program's (ODP) bulletin titled *Individual Eligibility for Consolidated, P/FDS, and Community Living Waivers* (bulletin number 00-19-04 or its successor), ODP's bulletin titled *Targeted Support Management for Individuals Served by the Office of Developmental Programs* (bulletin number 00-22-01 or its successor), and 55 Pa. Code § 4210.101a (relating to clarification of eligibility determinations – statement of policy) for detailed information about the eligibility process.

Developmental Disability

For TSM and ODP's Waivers, as well as for base-funding which is used at the discretion of the county ID/A program:

- A condition of substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in an intellectual disability or autism, the disability manifested prior to the age of 9, and the disability is likely to continue indefinitely; or
- A medically complex condition that is a chronic health condition which affects three or more organ systems and requires medically necessary skilled nursing intervention to execute medical regimens to use technology for respiration, nutrition, medication administration or other bodily functions.

In addition to the above criteria of a diagnosis of a Developmental Disability, there must be:

- Documentation that there are substantial adaptive skills deficits in three or more of the following areas of major life activity: self-care, understanding and use of language, learning, mobility, self-direction and/or capacity for independent living based on a standardized adaptive functioning test; and
- A recommendation for an Intermediate Care Facility/Other Related Conditions (ICF/ORC) level of care based on a medical evaluation.

Intellectual Disability

For base-funding, TSM, and ODP's Waivers:

- The diagnosis of Intellectual Disability is based on the results of standardized intellectual psychological testing, which reflects a full-scale score of 70 or below (based on 2 or more standard deviations below the mean);
- Documentation that the intellectual disability occurred prior to age 22;
- Documentation that there are substantial adaptive skills deficits in three or more of the following areas of major life activity for waiver eligibility or two or more of the following areas of major life activity for TSM and base-funded services eligibility: self-care,

understanding and use of language, learning, mobility, self-direction, and/or capacity for independent living based on a standardized adaptive functioning test; and

- Be recommended for an Intermediate Care Facility/Intellectual Disability (ICF/ID) level of care based on a medical evaluation (this does not apply to base-funding or TSM).

<u>Autism</u>

For TSM and ODP's Waivers, as well as for base-funding which is used at the discretion of the county ID/A program:

- Documentation that the diagnosis of autism is based on the results of a diagnostic tool;
- Documentation that the autism diagnosis occurred prior to age 22;
- Documentation that there are substantial adaptive skills deficits in three or more of the following areas of major life activity: self-care, understanding and use of language, learning, mobility, self-direction, and/or capacity for independent living based on a standardized adaptive functioning test; and
- Be recommended for an ICF/ORC level of care based on a medical evaluation (this does not apply to base-funding).

Department of Human Services: Office Overview & Resources

Office of Developmental Programs (ODP) – County Mental Health/Intellectual Disability and Autism Programs
Office Information: • https://www.dhs.pa.gov/Services/Disabilities-Aging/Pages/Intellectual-Disabilities-Services.aspx • https://www.myodp.org/ Eligibility and Contact Information: • https://www.dhs.pa.gov/Services/Disabilities-Aging/Pages/Eligibility-Intellectual-Disabilities.aspx County Mental Health/Intellectual Disabilities (MH/ID) Program Office Contact Information: • https://www.hcsis.state.pa.us/hcsis-ssd/ServicesSupportDirectory/CountyContacts The Charting the LifeCourse Tools and Resources: • http://www.lifecoursetools.com/lifecourse-library/lifecourse-framework/

The mission of ODP is to support individuals with an intellectual disability, developmental disability, or autism to achieve greater independence, choice, and opportunity in their lives. ODP provides a wide array of services to children and adults through base-funding, targeted support management, and Medicaid Home and Community Based-Service Waivers. Some examples of services available through ODP are available at https://www.dhs.pa.gov/Services/Disabilities-Aging/Pages/Available-Disability-Services.aspx.

The county Intellectual Disability and Autism (ID/A) program is responsible for receiving referrals and having conversations with referred individuals and their families to discuss their needs, goals, and preferences and review available eligibility and diagnostic documentation to determine eligibility for services. The county ID/A program then uses this information to determine how best to assist the individual and their family including:

- Identifying and making referrals to natural and community supports;
- Offering case management services (referred by ODP as targeted support management and supports coordination services) to eligible individuals; and
- Offering base-funded or waiver services to eligible individuals based on the individual's level of need and resources available.

Office of Child Development and Early Learning (OCDEL) – Infant Toddler and Preschool Early Intervention Program

Office Information:

- https://www.dhs.pa.gov/Services/Children/Pages/Child-Care-Early-Learning.aspx
- https://www.education.pa.gov/Early%20Learning/Pages/default.aspx

County programs may also make referrals by contacting:

- CONNECT: 1-800-692-7288 or help@connectpa.net

EI consists of services and supports designed to help families with children with developmental delays or disabilities. EI services can include information about how children develop, parent or caregiver education, family supports, and developmental and instructional therapies that assist in child development. EI services and supports build upon the natural learning that occurs in a child's first few years of life. EI services and supports promote collaboration among parents, service providers, and others who are involved with the child.

The Federal Individual with Disabilities Education Act (IDEA) requires states to have a comprehensive child find system for infants, toddlers, and preschoolers to ensure children who are eligible for EI services are identified, located, and evaluated (34 C.F.R. §§ 300.111 and 303.302). As part of the child find system, if a child is suspected of having a delay or risk factor that could result in a delay in the child's development, the child should be referred to the local EI program. Pennsylvania Act 212, the Early Intervention Services System Act of 1990, requires families and their eligible children, from birth until the age established by the school district board of directors for admission to the district's first grade, to receive EI services and programs if the child has a developmental delay or a disability diagnosis.

Office of Children, Youth, and Families (OCYF) Program

Office Information:

- https://www.dhs.pa.gov/Services/Children/Pages/Child-Welfare-Services.aspx

Pennsylvania's children welfare system is administered through local county children and youth social service agencies and supervised through OCYF at the state level. The OCYF serves children and families through county administered adoption and foster care services as well as general protective services and works with county and private children and youth social service agencies on child abuse prevention and juvenile justice matters. The goal of OCYF is to ensure children and youth are free from abuse and/or neglect, provide the most effective services to meet the needs of children, youth and families, ensure timely permanency, and promote the provision of quality services for the educational, physical and emotional well-being of children, youth and families. Screening for developmental delays is a critical component to providing the most appropriate services.

The Family First Prevention Services Act (FFPSA) was signed into law on February 9, 2018. The FFPSA reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families and children who are at significant risk of entering foster care. The FFPSA require states, as part of their Title IV-B State Plan, to describe the activities the state or tribe has undertaken to reduce the length of time children in foster care and under age five, are without a permanent family, and the activities the state or tribe has undertaken to address the developmental needs of all vulnerable children under five years of age.

Information Relating to Referral

DHS recommends the ASQ and ASQ:SE to assess and monitor infants, toddlers, and young children. For more information, please reference Bulletin 3490-21-01 "Developmental Evaluation and Early Intervention Referral Policy".

Office of Mental Health and Substance Abuse (OMHSAS)-Behavioral Health Services

Office Information and Field Office Contact Information for Behavioral Health HealthChoices:

- https://www.dhs.pa.gov/contact/DHS-Offices/Pages/OMHSAS-Contact.aspx

Contact Information for Behavioral HealthChoices:

- https://www.dhs.pa.gov/contact/DHS-Offices/Pages/MCO-Information.aspx
- https://www.dhs.pa.gov/providers/Providers/Documents/Managed%20Care%20Information/MA%20MCO%20Directory.pdf ***(Behavioral Health information starts on page 10)***

OMHSAS serves individuals with emotional and behavioral health disorders and helps them live, learn, work, and thrive in their communities. OMHSAS oversees the county Mental Health/Behavioral Health (MH/BH) programs inclusive of the Behavioral Health HealthChoices program that provide mental health and substance abuse treatment services. Under the county MH/BH programs, counties are required to ensure high quality care and timely access to appropriate mental health and drug and alcohol services and facilitate effective coordination with other needed services.

- The behavioral health system for children, youth, and young adults in Pennsylvania is based on the principles and framework of the Child and Adolescent Service System Program (CASSP) and System of Care (SOC) approach. Both approaches focus on the equal inclusion of the family and youth in the development of appropriate services for the family and youth.
- For mental health and drug and alcohol services, each county contracts with a MCO, who will outline how to access services and benefits available to you.

Office of Medical Assistance Programs (OMAP) – Physical Health Services – Special Needs Unit
Office Information: • https://www.dhs.pa.gov/Services/Assistance/Pages/Medical-Assistance.aspx Contact Information for Physical Health HealthChoices: • http://www.healthchoices.pa.gov/info/about/physical/index.htm Contact Information for Children's Health Insurance Program: • https://www.dhs.pa.gov/CHIP/CHIP-Resources/Pages/Contact-Us.aspx

OMAP oversees an array of services and supports designed to promote the health of children through the Physical Health HealthChoices Program, and Children's Health Insurance Program (CHIP).

- CHIP is a health insurance program for children and teens who are uninsured and ineligible for or enrolled in Medical Assistance.
- The Physical Health HealthChoices Program is the state's mandatory managed care program for Medical Assistance members. Through Physical Health Managed Care Organizations (PH-MCO), members receive quality medical care and timely access to all appropriate physical health services.
- Each PH-MCO is required to implement a Special Needs Unit (SNU) designed to assist members with receiving needed healthcare services, including complex medical services. The SNU can help a child/family with doctor appointments, finding providers, getting connected to a Medical Assistance Transportation Program in the member's county, assisting with interpreter services, coordination with other child and adult serving programs, and other services as needed. Each PH-MCO's SNU can be reached directly via the SNU Hotline or through member services.

Understanding the Importance of Registering with the County Intellectual Disability/Autism (ID/A) Program

About the Handout:

The Department of Human Services (DHS) understands that the human service system is vast and may be confusing to children, families, and other stakeholders who are new to learning about the service system. This document is intended to provide a clear understanding of the county ID/A program and why it is important for children, families, and any individual with an intellectual disability, developmental disability, or autism (ID/D/A) to register with the county ID/A program. County and private children and youth social service agencies, county mental health/behavioral Health (MH/BH) programs, physical health managed care organizations, and infant toddler and preschool early intervention programs should give a child, family member, or any other interested individual this handout if they are interested in services through the county ID/A program.

What is the County Intellectual Disability and Autism (ID/A) Program and Why Should My Child be Registered?

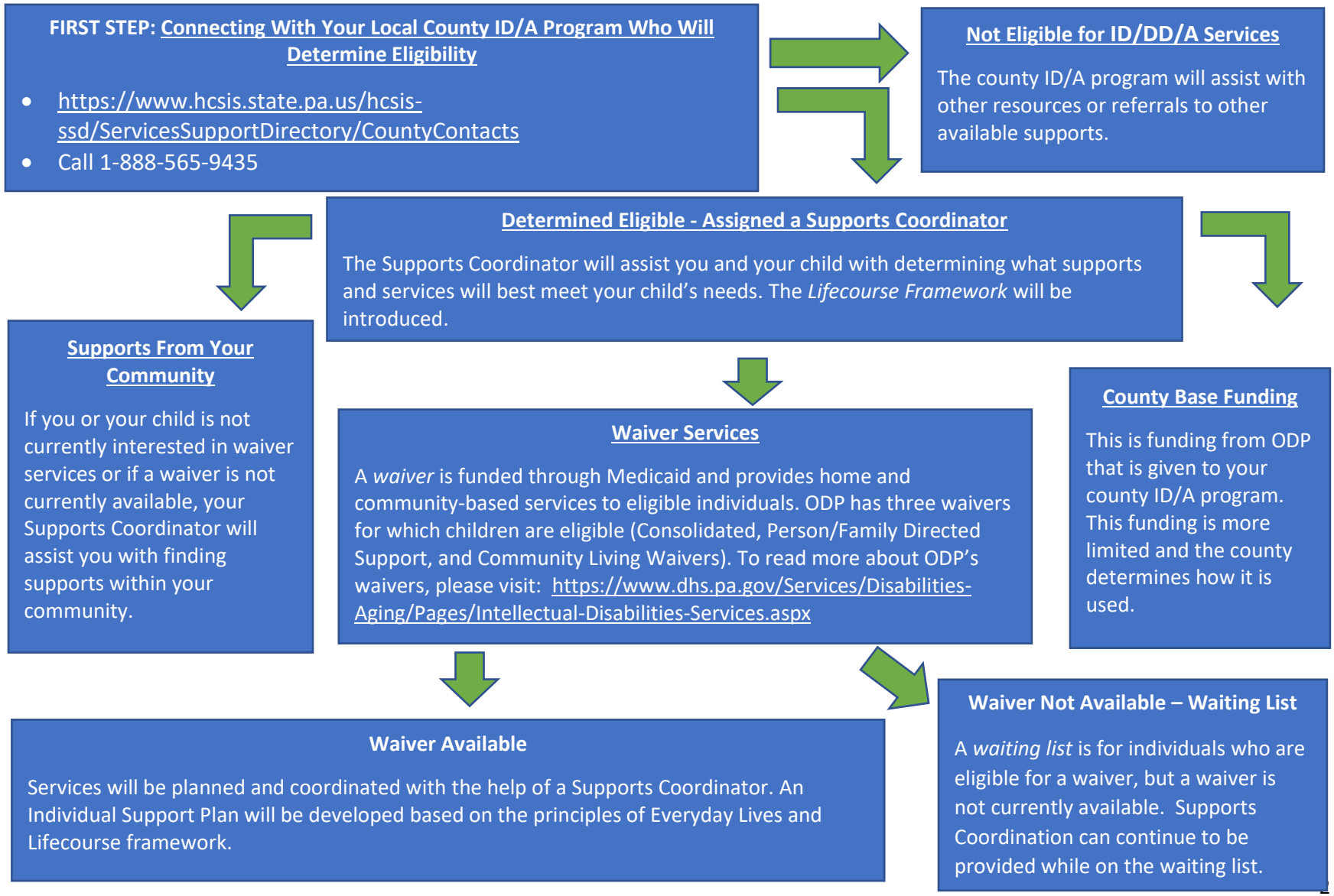
The Department of Human Services has many program offices, one of which is the Office of Developmental Programs (ODP). ODP offers services and supports to individuals with an intellectual disability, developmental disability, or autism (ID/DD/A) throughout the individual's lifespan (starting at birth). In order to receive services and supports, you will need to contact your county ID/A program (see contact information in the next section below or in Attachment 2) which will help you with eligibility, registration, planning, and coordinating supports and services.

There are many benefits to consider when deciding whether to register with the county ID/A program. Once determined eligible by the county ID/A program:

- You can get assistance with planning for a quality and everyday life for your child. This assistance includes being supported to problem-solve and plan using the Charting the LifeCourse framework and tools. The Charting the LifeCourse framework's core principles and values guide people to think differently about supporting individuals with ID/DD/A and their families, which includes creating a vision for a good everyday life. Charting the LifeCourse information and resources can be found at: http://www.lifecoursetools.com/lifecourse-library/foundational-tools/family-perspective/.
- The county ID/A program will assist you and your child with planning and coordinating the appropriate supports or services.
    - Supports or services may consist of non-medical services in your home and community.
- The county ID/A program may provide you with information about services that are available outside of the ODP program, such as Medicaid or the educational system (see more information on other services starting on page 3).
- The county ID/A program can also provide access to information about and a connection to a network of family support (with other families with similar experiences).
    - You may ask your county ID/A program for contact information for family support organizations or groups in your area. These support groups could include your local Arc chapter, Community of Practice for Supporting Families, Disability Rights PA, PA Autism Support and Advocacy Groups, PA Developmental Disabilities Council, the PA Family Network, Parent to Parent of PA, Self-Advocates United as 1, etc.

Attachment 3 – Understanding the Importance of Registering with the County Intellectual Disability/Autism (ID/A) Program

How Does My Family Receive Support and/or Services Through the County ID/A Program?



Are There Other Services Available That My Child Can Receive While Waiting for Waiver Services or Receiving County ID/A Services?

There are many other services that may be available to your loved one. Please note, this is not a full list of resources that are available through government funding.

Behavioral Health Services

Through the Medicaid managed care program provided via HealthChoices, there are mental health services and substance use disorder services. For mental health services, each county contracts with a Managed Care Organization (MCO). Once enrolled, the MCO will outline how to access services and benefits that are available. The behavioral Health services are required to be provided by the counties and to facilitate effective coordination with other needed services. These programs also have a children's focused behavioral health system. For more information, please visit https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/default.aspx

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

For children who are enrolled in Medicaid, EPSDT is a benefit that provides comprehensive and preventive health care services (dental, mental health, developmental, and specialty services) for children under the age of 21. To learn more, please visit: https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html#:~:text=PDF%2C%2068.09%20KB)-,The%20Early%20and%20Periodic%20Screening%2C%20Diagnostic%20and%20Treatment%20(EPSDT),who%20are%20enrolled%20in%20Medicaid. The following links includes guidance about eligibility of children for Medicaid and can be used to apply for Medicaid, and how to contact Medical Assistance: https://www.compass.state.pa.us/compass.web/Public/CMPHome and https://www.dhs.pa.gov/Services/Assistance/Pages/Medical-Assistance.aspx

Infant Toddler and Preschool Early Intervention

Early Intervention is a program that is available to children from birth until the age established by the school district board of directors for admission to the district's first grade. The program helps children with developmental delays and disabilities to develop

and learn to their fullest potential using a state-supported collaboration among parents, service practitioners, and others who work with young children. To learn more, please contact the CONNECT Helpline at (800) 692-7288 or help@connectpa.net or visit: https://www.education.pa.gov/Early%20Learning/Early%20Intervention/Pages/default.aspx.

Evidence Based Home Visiting/Community Based Family Centers

Evidence based home visiting programs support parents as their children's first teachers. During voluntary home visits (in-person and virtual), trained professionals meet with families as early as the beginning of pregnancy to promote positive birth outcomes and provide parent education and support. Participation in these programs can lead to improved family health, early literacy, economic security, and positive parenting practices that strengthen families and reduce the likelihood of child maltreatment. Family Centers provide integrated community services to support families in becoming healthier, more knowledgeable and self-sufficient. For more information on programs available please visit:
https://www.education.pa.gov/Early%20Learning/Family%20Support%20Programs/Pages/default.aspx

PA Family Network

The PA Family Network provides information and support its Family Advisors. Support to families is also developed through the "Charting the LifeCourse Tools." The PA Family Network also connects families with other families throughout the state using networking opportunities. For more information, please contact 1-844-PAFAMILY or visit https://www.visionforequality.org/pa-family-network/

Special Needs Units (SNU)

The HealthChoices Program is Pennsylvania managed care program for Medical Assistance members to receive quality physical and behavioral medical care and long-term supports. Through Physical Health Managed Care Organizations (PH-MCOs), members may access the SNU. The SNU assists members with receiving needed healthcare services, including complex medical services. The SNU can help a child and family with doctor appointments, finding providers, getting connected to the Medical Assistance Transportation Program in the member's county, assisting with interpreter services, coordination with other child and adult serving programs, and other services as needed. To learn more and to find information about contacting a PH-MCO's SNU, please visit
http://www.healthchoices.pa.gov/info/about/physical/index.htm