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EPSDT – PCS COVERED SERVICES

Personal care services are defined as tasks that are medically necessary when physical or cognitive limitations due to illness or injury necessitate assistance with eating, toileting, bathing, bed mobility, transferring, dressing, locomotion, personal hygiene, and bladder or bowel requirements.

Service Definitions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) – Personal Care Services (PCS) include the following tasks:

1. Basic personal care, including toileting, grooming, bathing, and assistance with dressing;~~;~~
2. Assistance with bladder and/or bowel requirements or problems, including helping the beneficiary to and from the bathroom or assisting the beneficiary with bedpan routines, but excluding catheterization;
3. Assistance with eating and food, nutrition, and diet activities, including preparation of meals for the beneficiary only;~~;~~
4. Performance of incidental household services, only for the beneficiary, not the entire household, which are essential to the beneficiary's health and comfort in his/her home. This does not include routine household chores such as regular laundry, ironing, mopping, dusting, etc., but instead arises as the result of providing assistance with personal care to the beneficiary. Examples of such activities are:
 - a. Changing and washing the beneficiary's- soiled bed linens;~~;~~
 - b. Rearranging furniture to enable the beneficiary to move about more easily in his/her own home; ~~and~~;
 - c. Cleaning the beneficiary's eating area after completion of the meal and/or cleaning items used in preparing the meal, for the beneficiary only.
5. Remind/prompt an EPSDT eligible beneficiary who is over 18 years of age about self-administered medication;
- ~~5.6.~~ Accompanying, not transporting, the beneficiary to and from his/her physician and/or medical appointments for necessary medical services; ~~and~~;

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- 6.7. Assisting the beneficiary with locomotion in their place of service, while in bed or from one surface to another. Assisting the beneficiary with transferring and bed mobility.

Intent of Services include the following:

1. EPSDT PCS shall not be provided to meet childcare needs nor as a substitute for the parent or guardian in the absence of the parent or guardian~~;~~
2. EPSDT PCS shall not be used to provide respite care for the primary caregiver~~;~~
and;
3. EPSDT PCS provided in an educational setting shall not be reimbursed if these services duplicate services that are provided by or shall be provided by the Department of Education.

Location of Service

EPSDT – PCS shall be provided in the beneficiary’s home, or if medically necessary, in another location outside of the beneficiary’s home. The beneficiary’s own home includes the following: an apartment, a custodial relative’s home, a boarding home, a foster home, or a supervised living facility.

Institutions such as hospitals, institutions for mental disease, nursing facilities, intermediate care facilities for individuals with intellectual disabilities, (ICF/IIDs) or residential treatment centers are not considered a beneficiary’s home.

Service Limitations

EPSDT – PCS are not subject to service limits. The units of service approved shall be based on the physical requirements of the beneficiary and medical necessity for the covered services.

Hours may not be “saved” to be used later or in excess of the number of hours specified according to the approval letter.

Excluded Services

The following services are not appropriate for personal care and are not reimbursable as EPSDT – PCS:

1. Insertion and sterile irrigation of catheters (although changing of a catheter bag is allowed);

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2. Irrigation of any body cavities which require sterile procedures;
3. Application of dressing, involving prescription medication and aseptic techniques; including care of mild, moderate or severe skin problems;
4. Administration of intradermal , subcutaneous, intramuscular or intravenous injections ~~of fluid into veins, muscles or skin;~~
5. Administration of medicine ~~(an EPSDT PCS worker may only remind/prompt about self administered medication to an EPSDT eligible beneficiary who is over the age of 18);~~
6. Cleaning of the home in an area not occupied by the beneficiary;
7. Laundry, other than that incidental to the care of the beneficiary;

Example: Laundering of clothing and bedding for the entire household as opposed to simple laundering of the beneficiary's clothing or bedding.

8. Skilled nursing services as defined in the state Nurse Practices Act, including medical observation, recording of vital signs, teaching of diet and/or administration of medications/injections, or other delegated nursing tasks;
9. Teaching a family member or friend how to care for a beneficiary who requires frequent changes of clothing or linens due to total or partial incontinence for which no bowel or bladder training program for the patient is possible;
10. Specialized nursing procedures such as:
 - a. Insertion of nasogastric feeding tube;
 - b. In-dwelling catheter;
 - c. Tracheotomy care;
 - d. Colostomy care;
 - e. Ileostomy care;
 - f. Venipuncture; and
 - g. Injections.

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11. Rehabilitative services such as those administered by a physical therapist;~~5~~
12. Teaching a family member or friend techniques for providing specific care;~~5~~
13. Palliative skin care with medicated creams and ointments and/or required routine changes of surgical dressings and/or dressing changes due to chronic conditions;~~5~~
14. Teaching of signs and symptoms of disease process, diet and medications of any new or exacerbated disease process;~~5~~
- 14.15. Specialized aide procedures such as:
 - a. Rehabilitation of the beneficiary (exercise or performance of simple procedures as an extension of physical therapy services);~~5~~
 - b. Measuring/recording the beneficiary's vital signs (temperature, pulse, respiration and/or blood pressure, etc.), or intake/output of fluids;~~5~~
 - c. Specimen collection; and~~5~~
 - d. Special procedures such as non-sterile dressings, special skin care (non-medicated), decubitus ulcers, cast care, assisting with ostomy care, assisting with catheter care, testing urine for sugar and acetone, breathing exercises, weight measurement, enemas.~~5~~
- 15.16. Home IV therapy;~~5~~
- 16.17. Custodial care or provision of only instrumental activities of daily living tasks or provision of only one activity of daily living task;~~5~~
- 17.18. Occupational therapy;~~5~~
- 18.19. Speech pathology services;~~5~~
- 19.20. Audiology services;~~5~~
- 20.21. Respiratory therapy;~~5~~
- 21.22. Personal comfort items;~~5~~

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~~22.23.~~ Durable medical equipment;

~~23.24.~~ Oxygen;

~~24.25.~~ Orthotic appliances or prosthetic devices;

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~~25,26.~~ Drugs provided through the Louisiana Medicaid pharmacy program;

~~27.~~ Laboratory services; and

~~26.~~ Social work visits;

~~27.~~

~~29,28.~~