
CHAPTER 30: PERSONAL CARE SERVICES

SECTION 30.15: EPSDT - PCS ~~RECIPIENT-BENEFICIARY~~
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RECIPIENT-BENEFICIARY CRITERIA

Conditions for provisions of Early and Periodic Screening, Diagnosticis, and Treatment (EPSDT) – Personal Care Services (PCS) are as follows:

1. Medicaid Eligibility:

The person must be a categorically eligible Medicaid beneficiary birth through 20 years of age (EPSDT eligible) and have been prescribed medically necessary, age appropriate EPSDT-PCS by a practitioner (physician, advance practice nurse, or physician assistant). The practitioner shall specify the health/medical condition which necessitates EPSDT – Personal Care Services in accordance with a plan of treatment or otherwise authorized for the individual in accordance with a service plan approved by the State:-

2. Medical Necessity:

-An EPSDT eligible shall meet medical necessity criteria as established by the Bureau of Health Services Financing (BHSF) which shall be based on functional and medical eligibility and impairment in at least two activities of daily living (ADL), as determined by BHSF or its designee. To establish medical necessity, the EPSDT eligible must be of an age at which the tasks to be performed by the PCS provider would ordinarily be performed by the individual, if he/she was not disabled due to illness or injury; and-

3. Physician-Practitioner Referral:

-EPSDT – PCS shall be prescribed by the ~~recipient's-beneficiary's~~ attending practitioner initially and every 180 days after that (or rolling six months), and when changes in the Plan of Care (POC) occur. The ~~Plan-of-Care~~POC shall be acceptable for submission to BHSF only after the practitioner signs and dates the completed form. The practitioner's signature must be an original signature and not a rubber stamp.