

EPSDT Personal Care Services vs. Home Health Services

EPSDT Personal Care Services (EPSDT PCS)	Home Health
<p>These are <i>non-medical</i> support services for children and youth under age 21.</p> <p>What EPSDT PCS includes:</p> <ul style="list-style-type: none"> ▪ Help with basic daily needs: toileting, grooming, bathing, dressing, eating, and food preparation. ▪ Light household chores for the child only. ▪ No medical tasks (no giving medicine, tube feeding, or skilled nursing). ▪ Staff can accompany the child to medical appointments but cannot provide transportation. <p>What EPSDT PCS is <u>not</u>:</p> <ul style="list-style-type: none"> ▪ Not a replacement for childcare or babysitting ▪ Not respite care for the parent/caregiver <p>Eligibility</p> <ul style="list-style-type: none"> ▪ Birth through age 20. ▪ Services must be age-appropriate – tasks to be performed by the EPSDT PCS provider are things the child would normally do on their own at their age, if not for being disabled due to illness or injury. ▪ EPSDT PCS providers must be Medicaid-enrolled. <p>Prior Authorization (Pre-Approval)</p> <ul style="list-style-type: none"> ▪ Must be pre-approved by Medicaid Fee-for-Service or your Healthy Louisiana health plan. ▪ Approval requests must include: PA-14, copy of beneficiary’s Medicaid eligibility card, prescription from attending practitioner (physician, advance practice nurse, or physician assistant), EPSDT PCS Form 90, Plan of Care approved by the practitioner, Social Assessment, Daily Schedule and any supporting documentation to support the medical necessity of request. 	<p>These are <i>medical services</i> provided in the home by trained health professionals.</p> <p>What Home Health includes:</p> <ul style="list-style-type: none"> ▪ Skilled Nursing (intermittent or part-time): less than three hours of nursing care per day; must be prescribed by an authorizing healthcare provider. ▪ Home Health Aide Services: help with personal care, under the doctor’s plan of care. ▪ Extended Skilled Nursing Services: For medically fragile children under age 21 who need more than 3 hours/day of nursing care. Includes tasks like tube feeding, catheter care and giving medicine. ▪ Rehabilitation Services: Therapies (physical, occupational, speech therapies, audiology) provided in the home. <p>Prior Authorization (Pre-Approval)</p> <p><i>Medicaid Fee-for-Service:</i></p> <ul style="list-style-type: none"> ▪ Most Home Health services must be pre-approved by Medicaid. <ul style="list-style-type: none"> ○ Exception: Skilled Nursing visits for less than 3 hours per day don’t need pre-approval (still require prescription). ▪ Approval requests must include: a prescription and letter of medical necessity from the authorizing healthcare provider. <p><i>Healthy Louisiana Health Plan:</i></p> <ul style="list-style-type: none"> ▪ Check with their child’s health plan to see if pre-approval is required. ▪ Call the Member Services number on the back of your child’s health plan card.

How to Get EPSDT PCS Services

1. Pick a Provider.

- Choose an EPSDT PCS provider.
- Give them a copy of your Medicaid card.

2. Visit your main doctor.

- Bring these papers from your doctor to your Support Coordinator or EPSDT PCS provider:
 - **Prescription for PCS**
 - Must come from attending practitioner (physician, advance practice nurse, or physician assistant)
 - Must be done at the start and every 6 months (or sooner if the plan changes)
 - Must have practitioner's original or electronic signature (no stamps)
 - Cannot be signed by a RN
 - Prescription must say PCS (not PCA)
 - **Form 90**
 - Completed by the attending practitioner (physician, advance practice nurse, or physician assistant)
 - Dated within the last 90 days
 - Must show the beneficiary requires assistance with at least 2 activities of daily living
 - Must document a face-to-face medical assessment was completed
 - **Other medical papers**
 - Any additional records supporting medical necessity i.e., independent assessment information, well child visit notes, relevant office visit notes dated within the last 12 months, a comprehensive history and physical, etc.

3. Meet with your EPSDT PCS Provider.

- The provider will meet with you to develop a plan of care and complete these forms:
 - [Prior Authorization Form \(PA-14\)](#)
 - [Plan of Care](#) -prepared by EPSDT PCS provider with attending practitioner approval/signature; the Time Requested to Complete Activity must match the time requested per the form 90.
 - [Social Assessment](#)
 - [Daily Schedule](#)

4. EPSDT PCS Provider Sends Request.

- Once all of the papers are ready, your EPSDT PCS provider sends a request to your insurance for approval.

5. Medicaid Reviews Request.

- Medicaid decides if EPSDT PCS is **approved, denied or if they need more information.**
- If approved, services start.
- If denied, you can appeal by following the letter's instructions.
- If more info is needed, send it in so Medicaid can review again.

EPSDT PCS Rule Information

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.

Beneficiary Qualifications

Conditions for Provision of EPSDT PCS

1. The person must be an 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 PCS.
2. EPSDT PCS **must be prescribed by the beneficiary's attending practitioner** initially and every 180 days thereafter (or rolling six months), and when changes in the Plan of Care occur. The practitioner should only sign a fully completed plan of care which shall be acceptable for submission to BHSF only after the practitioner signs and dates the form. The practitioner's signature must be an original or electronic signature and not a rubber stamp.

Place 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.

Services

EPSDT PCS includes the following tasks:

- Basic personal care, including toileting, grooming, bathing, and assistance with dressing.
- 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.
- Assistance with eating and food, nutrition, and diet activities, including preparation of meals for the beneficiary only.
- 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:
 - Changing and washing the beneficiary's soiled bed linens.
 - Rearranging furniture to enable the beneficiary to move about more easily in his/her own home.
 - Cleaning the beneficiary's eating area after completion of the meal and/or cleaning items used in preparing the meal, for the beneficiary only.
- Accompanying, **not transporting**, the beneficiary to and from his/her physician and/or medical appointments for necessary medical services.
- 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:

- 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.
- EPSDT PCS shall not be used to provide respite care for the primary caregiver.
- 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.

Provider Qualifications

EPSDT PCS must be provided by a licensed personal care services agency which is duly enrolled as a Medicaid provider.

Staff assigned to provide personal care services shall not be a member of the beneficiary's immediate family.

(Immediate family includes father, mother, sister, brother, spouse, child, grandparent, in-law, or any individual acting as parent or guardian of the beneficiary.) EPSDT PCS may be provided by a person of a degree of relationship to the beneficiary other than immediate family, only if the relative is not living in the beneficiary's home, or, if she/he is living in the beneficiary's home solely because her/his presence in the home is necessitated by the amount of care required by the beneficiary.

Again, the following people are **not allowed** to be the paid EPSDT PCS worker for the child:

- **Father;**
- **Mother;**
- **Sister;**
- **Brother;**
- **In-law** (father-in-law, sister-in-law, etc.);
- **Grandparent** (grandmother, great-grandfather, etc.);
- **Any individual acting as a parent or guardian of the beneficiary including:**
 - Curator;
 - Tutor;
 - Legal guardian;
 - Beneficiary's responsible representative (the person legally responsible for making decisions for the beneficiary); or
 - Person to whom the recipient has given Representative and Mandate authority (Power of Attorney).