

## Fee for Service

### EPSDT Personal Care Services vs. Home Health Services (including Extended Skilled Nursing Services also known as Extended Home Health)

EPSDT Personal Care Services (PCS)	Home Health
<ul style="list-style-type: none"> <li>▪ Services include: Basic personal care, including toileting, grooming, bathing, and assistance with dressing. Assistance with eating and food preparation. Performance of incidental household chores for the beneficiary only.</li> <li>▪ Does not cover any medical tasks, medication administration, or NG tube feeding.</li> <li>▪ Accompanying, NOT TRANSPORTING beneficiaries to medical appointments.</li> <li>▪ EPSDT PCS is not to function as a substitute for childcare arrangements or to provide respite care to the primary caregiver.</li> <li>▪ Must be prior authorized by BHSF/Gainwell for beneficiaries with Legacy Medicaid and by the Managed Care Organizations (MCO) for beneficiaries with an MCO for their physical health services. Documentation that must accompany PCS request: PA-14, Daily Time Schedule, EPSDT-PCS Form 90, Plan of care approved by the physician, Social Assessment and any supporting documentation.</li> <li>▪ Ages: birth through 20</li> <li>▪ Services provided by a Medicaid enrolled Personal Care Services provider.</li> </ul>	<p style="text-align: center;"><b>Covered Home Health Services Include:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Skilled Nursing</b> (Intermittent or part-time);</li> <li>▪ <b>Home Health Aide Services</b> are provided in accordance with the POC as recommended by an authorized healthcare provider;</li> <li>▪ <b>Extended Skilled Nursing Services</b> is nursing care provided to beneficiaries under the age 21 who are considered “medically fragile.” This service is administered by a registered nurse (RN) or a licensed practical nurse (LPN) and provided for over 3 hours a day per visit. It is part of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and may include services such as tube feeding, catheter maintenance and medication administration. Beneficiaries may be eligible for Extended Skilled Nursing Services even if they attend school outside the home.</li> <li>▪ <b>Rehabilitation Services</b> are physical, occupational and speech therapies, including Audiology services that can be provided in the home, an outpatient facility, an Early Intervention Center, a rehabilitation center and at school.</li> </ul> <p style="text-align: center;"><b>Prior Authorization</b></p> <ul style="list-style-type: none"> <li>▪ Extended Skilled Nursing Services must be prior authorized unless the visit is less than 3 hours per day.</li> <li>▪ A prescription is needed from the authorizing healthcare provider stating the number of hours requested and a letter of medical necessity justifying the reason for Extended Skilled Nursing Services.</li> <li>▪ All rehabilitation services must be prior authorized.</li> </ul>

### **Early and Periodic Screening, Diagnostic and Treatment Personal Care Services**

1. 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 Personal Care Services

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 – Personal Care Services.
2. EPSDT personal care services **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 physician signs and dates the form. The physician's signature must be an original 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 – Personal Care Services include 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**

Personal care services 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). Personal care services 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.

To further clarify, the following **persons are prohibited** from serving as the direct service worker for the beneficiary:

- **Father;**
- **Mother;**
- **Sister/brother;**
- **In-law;**
- **Grandparent;**
- **Any individual acting as a parent or guardian of the beneficiary including:**
  - **Curator;**
  - **Tutor;**
  - **Legal guardian;**
  - **Beneficiary's responsible representative;**
  - **or Person to whom the recipient has given Representative and Mandate authority (Power of Attorney).**