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**CHAPTER 30: PERSONAL CARE SERVICES**

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**RECIPIENT CRITERIA**

Conditions for provisions of EPSDT – Personal Care Services (PCS) are as follows:

- **Medicaid Eligibility**

The person must be a categorically eligible Medicaid recipient birth through 20 years of age (EPSDT eligible) and have been prescribed EPSDT – PCS as medically necessary by a physician. The physician shall specify the health/medical condition which necessitates EPSDT – Personal Care Services.

- **Medical Necessity**

An EPSDT eligible must meet medical necessity criteria as established by the Bureau of Health Services Financing (BHSF) which shall be based on criteria equivalent to at least an Intermediate Care Facility 1 (ICF-1) level of care; and be impaired in at least two activities of daily living tasks, as determined by BHSF.

To establish medical necessity, the parent or guardian must be physically unable to provide personal care services to the child.

If the parent(s) is in the home and is not providing care to the EPSDT eligible, medical documentation for the parent or guardian must be submitted with the request so that BHSF may determine that the parent(s) is physically unable to provide personal care services to the child.

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.

- **Available Supports**

When determining whether a recipient qualifies for EPSDT – PCS, consideration must be given not only to the type of services needed, but also the availability of family members and/or friends who can aid in providing such care. EPSDT – PCS are not to function as a substitute for child care arrangements.

- **Physician Referral**

EPSDT – PCS must be prescribed by the recipient's attending physician initially and every 180 days after that (or rolling six months), and when changes in the Plan of Care occur.

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The Plan of Care 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.