
CHAPTER 30: PERSONAL CARE SERVICES

SECTION 30.15: PCS RECIPIENT CRITERIA**PAGE(S) 1**

RECIPIENT CRITERIA

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

- 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.

- 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.

- Physician Referral

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

The Plan of Care 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.