
CHAPTER 30: PERSONAL CARE SERVICES

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BENEFICIARY CRITERIA

Conditions for provisions of Early and Periodic Screening, Diagnostic, 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 that necessitates EPSDT-PCS;
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 not for being disabled due to illness or injury; and
3. **Practitioner Referral**
EPSDT–PCS shall be prescribed by the beneficiary’s attending practitioner initially, every 180 days after that (or rolling six months), and when changes in the Plan of Care (POC) occur. The 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.