
CHAPTER 30: PERSONAL CARE SERVICES

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EPSDT – PCS PROVIDER REQUIREMENTS**Standards of Participation**

PCS must be provided by a licensed PCS agency that is duly enrolled as a Medicaid provider. Agencies providing EPSDT–PCS shall conform to all applicable Medicaid regulations as well as all applicable laws and regulations by federal, state and local governmental entities regarding wages, working conditions, benefits, Social Security deductions, Occupational Safety and Health Administration (OSHA) requirements, liability insurance, Worker’s Compensation, occupational licenses, etc. Agencies shall comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

EPSDT–PCS shall only be provided to EPSDT beneficiaries and only by a staff member of a licensed personal care attendant (PCA) agency enrolled as a Medicaid PCS provider.

A copy of the current PCA license must accompany the Medicaid application for enrollment as a PCS provider.

Copies of current licenses shall be submitted to Louisiana Medicaid Provider Enrollment thereafter, as they are issued for inclusion in the enrollment record. The provider’s enrollment record shall include a current PCA license at all times.

PCS shall be authorized only when provided by a licensed PCS agency which is duly enrolled as a Louisiana Medicaid provider and certain out-of-state providers located only in the trade areas of Arkansas, Mississippi, and Texas.

Provider agencies shall comply with the policies and procedures contained in the PCS provider manual for the EPSDT–PCS program.

Electronic Visit Verification

The agency shall use an electronic visit verification (EVV) system for time and attendance tracking and billing for EPSDT-PCS.

EPSDT-PCS providers identified by Bureau of Health Services Financing (BHSF) shall use the following:

1. The (EVV) system designated by the Department; or

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2. An alternate system that has successfully passed the data integration process to connect to the designated EVV system, and is approved by the Department.

Reimbursement for services may be withheld or denied if an EPSDT-PCS provider fails to use the EVV system, or uses the system not in compliance with Medicaid's policies and procedures for EVV.

Staffing

The licensed PCS agency is responsible for ensuring that all direct service workers (DSW) providing EPSDT-PCS meet all training requirements applicable under state law and regulations. Individuals who provide coverage in the PCS worker's absence must meet all staffing requirements for the PCS worker or supervisor.

Providers must conduct criminal background checks on the direct care and supervisory staff. A worker may be assigned to provide services to a beneficiary prior to the results of the criminal background check under the direct supervision of a permanent employee or in the presence of a member of the immediate family of the beneficiary or a caregiver designated by the immediate family of the beneficiary as outlined in R.S. 40:1300.52(C)(2). If the results of any criminal background check reveal that the employee was convicted of any offenses as described in R.S. 40:1300.53, pursuant to the statutory revision authority of the Louisiana State law institute, the employer shall not hire or may terminate the employment of such person.

EPSDT-PCS services shall be provided by an individual who meets the following qualifications:

1. Must be at least 18 years of age at the time the offer of employment is made;
2. Must have the ability to read and write in English, and to carry out directions promptly and accurately; and
3. Must pass a criminal background check.

The following persons are prohibited from serving as the DSW for the beneficiary:

1. Father;
2. Mother;
3. Sister/brother;
4. In-law;
5. Grandparent;

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6. Curator;
7. Tutor;
8. Legal guardian;
9. Beneficiary's responsible representative; or
10. Person to whom the beneficiary has given representative and mandate authority (Power of Attorney).

The 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 he/she is living in the beneficiary's home solely because his/her presence in the home is necessitated by the amount of care required by the beneficiary.

If the provider proposes **involuntary transfer, discharge of a beneficiary, or if a provider closes** in accordance with licensing standards, the following steps must be taken:

1. The provider shall give written notice to the beneficiary and the responsible representative, if known, at least 30 calendar days prior to the transfer or the discharge;
2. Written notice shall be made via certified mail, return receipt requested and shall be in a language and manner that the beneficiary understands;
3. A copy of the written discharge/transfer notice shall be put in the beneficiary's record;
4. When the safety or health of beneficiaries or provider staff is endangered, written notice shall be given as soon as possible before the transfer or discharge;

The written notice shall include the following:

1. A reason for the transfer or discharge;
2. The effective date of the transfer or discharge;
3. An explanation of a beneficiary's right to personal and/or third party representation at all stages of the transfer or discharge process;

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4. Contact information for Disability Rights Louisiana;
5. Names of provider personnel available to assist the beneficiary and family in decision-making and transfer arrangements;
6. The date, time and place for the discharge planning conference;
7. A statement regarding the beneficiary's appeal rights;
8. The name of the director, current address and telephone number of the Division of Administrative Law (DAL); and
9. A statement regarding the beneficiary's right to remain with the provider and not be transferred or discharged if an appeal is timely filed.

Provider transfer or discharge responsibilities shall include:

1. Holding a transfer or discharge planning conference with the beneficiary, legal representative, support coordinator (if applicable), and advocate, if such is known;
2. Developing discharge options that will provide reasonable assurance that the beneficiary will be transferred or discharge to a setting that can be expected to meet his/her needs;
3. Preparing an updated service plan, as applicable, and preparing a written discharge summary that shall include, at a minimum, a summary of the health, behavioral issues, social issues and nutritional status of the beneficiary; and
4. Providing all services required prior to discharge that are contained in the final update of the service plan, as applicable, and in the transfer or discharge plan.

NOTE: The requirements above do not apply when the beneficiary is being discharged from the EPSDT-PCS program by the Louisiana Department of Health (LDH).

Failure of the provider to meet the minimum standards shall result in a range of required corrective actions including, but not limited to, the following:

1. Removal from the Freedom of Choice listing;
2. A citation of deficient practice;

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3. A request for corrective action plan; and/or
4. Administrative sanctions.