

## **Personal Care (PC) Early and Periodic Screening, Diagnosis and Treatment (EPSDT) FAQs:**

### **#1. What is required for PC services under EPSDT?**

The DMAS-7, DMAS-7A and the DMAS-99 are required. The physician's office completes the DMAS-7. An MD, NP, PA or DO can sign this form. A specialty provider can sign the DMAS-7, it does not have to be the Primary Care Physician. The agency or service facilitator must send recent MD progress notes and/or Discharge Summary. The agency or service facilitator completes both the DMAS 7-A and the DMAS-99.

The provider who signs the DMAS 7 does not need to be a Medicaid provider (unless he/she is billing for a service).

### **#2. How often do we need to update the DMAS 7 and DMAS 7A?**

Both forms require a yearly update.

### **#3. What is the role of the Care Coordinator?**

The MCO care coordinator's role is to assess needs and help provide appropriate services to members. The MCOs will ensure that their care coordinators, provider representatives and customer service representatives are familiar with the change and to answer questions from providers and members/families.

### **#4. If the current authorization extends beyond 9/1/2018, do I have to do anything?**

Providers will not need to complete the DMAS 7 for all Medicaid covered children currently authorized to receive PC until their existing service authorization is up for renewal and they are applying for a renewal of services or an increase in hours after September 1.

Providers will also need to use the DMAS-7 for all new requests for personal care services for Medicaid covered children starting on September 1.

### **#5. Will DMAS be providing training to services facilitators and agencies regarding the EPSDT requirements for PC services? If so, when and where?**

The following resources are available to assist providers:

- EPSDT Personal Care Services Manual
- 12/15/17 Medicaid Memo, "Clarification of Authorization Policies for EPSDT Private Duty Nursing, Personal/Attendant Care and EPSDT School-Based Private Duty Nursing for All Medicaid Fee-for-Service Members"
- Direct questions related to the completion of the DMAS-7 and the DMAS 7-A to the DMAS Medical Support Unit at 804-786-8056.

### **#6. Can PC through EPSDT be a stand-alone service?**

Yes, it can be a stand-alone service.

**#7. Will Fee for Service PC be reviewed thru EPSDT or will Fee for Service continue thru the waiver along with respite?**

All PC services for individuals under age 21 will be reviewed through EPSDT only.

**#8. Will DMAS or the Managed Care Organizations be responsible for informing individuals of these changes?**

The care coordinator PC provider, or services facilitator should notify the individual of the changes. Please refer to the 7/11/2018 DMAS Provider Memo titled “Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services and CCC Plus Waiver — Effective September 1, 2018” The memo may be accessed via the DMAS web portal.

**#9. Are all the MCOs contracted with DMAS involved with this change?**

Yes.

**#10. Will the member’s waiver be switched to EPSDT?**

EPSDT is not a waiver, it is a Medicaid benefit. The individual will continue to be enrolled in the waiver.

**#11. Who performs the authorization review process?**

Reviews will be performed by the MCO or KePro if Fee for Service

**#12. What would an agency need to do and how will they be made aware of members that move from CCC Plus waiver to EPSDT?**

The members are not being moved. EPSDT is not a waiver, it is a Medicaid benefit. Providers should verify eligibility of each member monthly to check for any changes in their health plan.

**#13. Will plans or DMAS issue an authorization in advance?**

The authorizations will be issued in the same manner by both DMAS and the MCOs. Providers are to submit new requests for services with all documentation to the plan in which they are currently enrolled or KePro if Fee for Service.

**#14. Can a provider charge the member for completion of the DMAS-7?**

No. Under current policy, this is not allowed.

**#15. Does EPSDT show up on the monthly eligibility check?**

There is nothing on eligibility verification that will say EPSDT. The EPSDT program is Medicaid’s comprehensive and preventive child health program for individuals under the age of 21.

**#16. What forms are required?**

The DMAS-7, the DMAS 7-A, and the DMAS-99 are required. The agency or service facilitator is responsible for completion of the 7-A and 99.

**#17. What will happen to the member’s services if the documents are not received by September 1 for renewal services?**

Providers will not need to complete the DMAS 7 for all Medicaid covered children currently authorized to receive PC until their existing service authorization is up for renewal and they are applying for a renewal of services or an increase in hours after September 1.

Authorization requests received on or after September 1 will require the completed EPSDT documentation.

**#18. Who is responsible for submitting the authorization forms?**

The agency or services facilitation provider is responsible.

**#19. The 7A is different from the 97A/B in regards to the ADLs. There is no longer an area for grooming or turning and changing position, nor is there a section for medical appointments or for work/school/social. How do we capture these on the EPSDT forms?**

The DMAS 7 and 7-A include ADLs that would capture grooming. Special Maintenance on the DMAS 7-A includes range of motion that would capture turning and/or change in position.

The DMAS-99 addresses PC provided at the school. The PC attendant taking the member to medical appointments is captured on the DMAS 7.

**#20. What are the requirement for supervision hours to be approved for a child?**

*EPSDT supplement, Personal Care, Page 15*

*Medically Necessary Supervision in EPSDT Personal Care and Attendant Care:*

EPSDT allows supervision hours when it is medically necessary for the member to receive supervision due to a health condition. Disruptive behaviors such as aggression, self-injury, elopement/wandering, impulsivity, property destruction, etc. may require constant supervision from a personal care assistant to maintain the child's safety in addition to the hours required for ADL/IADL supports. The behaviors must be documented on the DMAS-7.

If there is clear, objective documentation as to why the caregiver in the home is unable to provide adequate supervision required to maintain the child's safety then the medically necessary supervision may be provided in the home while parents or caregivers are present. For example, a parent is the sole caregiver available and there are multiple children in addition to the member in the home during the time the supervision hours are being requested. When a child has such extensive behavioral challenges it may be wise to refer the child for other services such as EPSDT Behavioral Therapy and/or other relevant behavioral health services. Children with extensive behavioral challenges who meet EPSDT Personal care criteria may receive Personal Care services as part of the overall Person Centered Plan of Care.

**#21. If personal care is the only service someone under 21 now uses, will they lose the CCC Plus Waiver unless they use other CCC Plus Waiver services.**

Individuals will continue to be enrolled in the CCC Plus waiver while receiving these EPSDT services. No action will be taken to remove these individuals from the waiver even if they go more than 30 days without

receiving waiver services. An individual must continue to have at least one authorized waiver service to remain in the waiver which may include respite. The CCC Plus manual will be revised to incorporate this information.