CardinalCare
Virginia's Medicaid Program

Personal Care

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit allows the Virginia Department of Medical Assistance Services (DMAS) to provide medically necessary Personal Care services to eligible children under the age of 21 when medically necessary to correct or ameliorate (to make better or more tolerable) diagnosed health conditions or prevent conditions from worsening (maintain). Personal Care services are support services provided in the home or other community settings that are necessary to maintain or improve an individual's current health status. These include help with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), medically necessary supervision and assistance with health maintenance tasks.

The EPSDT Personal Care benefit is defined in the EPSDT Personal Care Services Chapter of the EPSDT Manual Supplement available on the DMAS website at the following link: https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0

Who Is Eligible?

While the EPSDT benefit is available to all Medicaid-eligible children under the age of 21, those children requiring Personal Care Services must meet additional criteria. The services must:

- Be determined to be medically necessary to correct or ameliorate a condition by an appropriately licensed healthcare provider acting within the scope of their license.
- Be pre-approved by DMAS or its contractor (MCO) (prior to the service being rendered).
- Be limited to a specified amount, duration and/or frequency of services as determined by an appropriately licensed professional.

Process for Accessing Services

Families who believe their child may be eligible for Personal Care services should contact their local Medicaid office or Managed Care Organization for specific eligibility requirements and information on how to apply for these services. Health care providers can advocate for children who may benefit from Personal Care services by documenting their medical needs and submitting the necessary paperwork for authorization.

- The individual/family chooses between an Agency or Consumer Directed Services model.
- Providers may be a Personal Care Agency or a Consumer Directed Services Facilitator for those individuals/families who wish to hire and manage their own staff. When searching for providers, Consumer Directed Service Facilitators are labeled as "Case Management-Waiver or Service Facilitation.

DMAS

- The Physician assesses the individual using the **(DMAS-7)** and sends a completed **DMAS-7** to the chosen service provider.
- The provider and individual/family develop a plan of care using the **DMAS 7A** and **DMAS 99** and creates a schedule of services.
- The provider sends documents to Acentra Health for authorization of services and approval of reimbursement Medicaid FFS and the MCO for those in Managed Care.
- If nursing needs are present, a short-term authorization may be issued to ensure the individual cannot be better served in another program such as a Medicaid Home and Community Based Waiver. Individuals already enrolled in a Medicaid Home and Community Based Waiver must first access available services through the waiver.