



TOBY DOUGLAS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

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Index: EPSDT

**TO:** ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)  
ADMINISTRATORS, MEDICAL CONSULTANTS, AND STATE  
SYSTEMS OF CARE DIVISION STAFF

**SUBJECT:** EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT –  
PRIVATE DUTY NURSING AND PEDIATRIC DAY HEALTH CARE,  
TREATMENT AUTHORIZATION REQUESTS AND SERVICE  
AUTHORIZATION REQUESTS

The purpose of this letter is provide clarification on requesting authorization for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Skilled Nursing Services.

EPSDT is a Medi-Cal benefit for individuals younger than 21 years of age who have full-scope Medi-Cal eligibility. The California Children's Services (CCS) Program may authorize EPSDT supplemental service requests for skilled nursing services; Private Duty Nursing (PDN) also known as shift nursing from a Registered Nurse (RN) or a Licensed Vocational Nurse (LVN) and/or Pediatric Day Health Care (PDHC) services under the EPSDT benefit as defined in California Code of Regulations, Title 22, Section 51184(k)(1)(B).

### **Fee-For-Service**

For individuals with full-scope Medi-Cal, providers must submit a Treatment Authorization Request (TAR) for PDN and PDHC services. In addition to the TAR, providers must also submit the following medical documentation:

- Plan of Treatment (POT) signed by a physician (within 30 days);
- Nursing Assessment (within 30 days);
- Medical information supporting the nursing services requested, i.e. medication record, discharge summary notes, and treatment notes.

**Medi-Cal Managed Care Plans with Carved-Out CCS**

For individuals enrolled in a Medi-Cal Managed Care Plan (MCP) with carved-out CCS who are in need of PDN services that are related to their CCS-eligible medical condition and/or have been previously referred to the CCS Program for case management and authorization of services, a referral will need to be made to the CCS Program for review and authorization of a Service Authorization Request (SAR). Providers should fax a SAR for PDN to the Los Angeles Office – EPSDT Unit at (916) 440-5758.

In addition to the SAR, the provider must also submit the following medical documentation:

- Plan of Treatment (POT) signed by a physician (within 30 days);
- Nursing Assessment (within 30 days);
- Medical information supporting the nursing services requested, i.e. medication record, discharge summary notes, and treatment notes.

For PDHC services, providers must seek authorization through the MCP. If the MCP denies authorization as a non-covered service, the provider may then seek authorization and reimbursement through Medi-Cal using the TAR process.

For additional information contact the Los Angeles – EPSDT Unit at:

Department of Health Care Services  
Systems of Care Division  
Los Angeles Office – EPSDT Unit  
Telephone: (855) 347-9227  
Fax: (916) 440-5758  
Email: [EPSDT@dhcs.ca.gov](mailto:EPSDT@dhcs.ca.gov)

**Note:** Any email sent to the EPSDT Unit containing protected health information (PHI) or personal information (PI) should be sent via secure or encrypted email.

Sincerely,

**ORIGINAL SIGNED BY LOUIS R. RICO, CHIEF**

Louis R. Rico, Chief  
Systems of Care Division