



EPSDT – PERSONAL CARE SERVICE PLAN

DATE _____

TYPE OF REVIEW: INITIAL REVISION ANNUAL

PROCEDURE CODE: S5125 (15 minute unit)

UTILIZATION REVIEW INFORMATION

AUTHORIZATION # _____ REVIEWER _____ TOTAL ANNUAL UNITS _____

Approved _____ from _____ to _____
Term of Plan

SERVICE SPAN OF DATES – BEGIN DATE: _____ END DATE: _____ TOTAL UNITS FOR ENTIRE SPAN OF DATES: _____

RECIPIENT INFORMATION

Recipient Name _____ Recipient Social Security Number _____ Date of Birth _____ M F Gender _____ Primary Diagnosis _____

Recipient Address (include city, state and zip code) _____ Recipient Phone _____ Signature of Case Manager / Agency RN _____

AGENCY INFORMATION

Agency Name _____ Provider Number _____ Provider Address (include city, state and zip code) _____ Provider Phone _____

TASK	M	T	W	TH	F	S	S	COMMENTS
Assistance With Self-Administered Medication								
Cognitive Assistance (Cuing and Prompting)								
Eating (feeding, cuing, prompting, serving food – does not include any type of feeding that requires professional training)								
Household Services								
Hygiene/Grooming/Bathing								
Meal Preparation								
Minor Maintenance of Assistive Device(s) and DME								
Mobility Assistance								
Skin Care								
Support Services (transporting, caring for service animals, shopping)								
TOTAL UNITS (15 minute increments)								