INTRODUCTION

Children enrolled in the Medicaid Early Periodic Screening, Diagnosis and Treatment (EPSDT) program who also have a significant disability or health condition that substantially affects their ability to engage in physical and social activities may qualify for Personal Care Services (PCS) through the Medicaid program. Children were eligible for the program if they were enrolled in the Medicaid Early Periodic Screening, Diagnostic and Treatment (EPSDT) program and who have a significant disability or health condition that substantially affects the child’s ability to engage in physical and social activities, perform more complex tasks such as bathing, dressing, and eating. The child’s condition(s) impacted typical ADL activities, particularly with multi-sensory involvement, and parents reported that their child needed much more help than is typically expected by peers. Services were necessary in order to accomplish parenting tasks within the family setting. PCS consists of an interdisciplinary team including a nurse, therapist, and a social worker, that visits the home of the child and their caregiver on a regular basis. The team assesses the child’s needs, develops a Individualized Service Plan, and provides ongoing services and support. The interdisciplinary approach ensures that the child’s needs are assessed in the context of the family’s environment.

There are considerable variations across states in the assessment of need and the determination of eligibility for PCS. Financial eligibility rules and those that may be impacted by one’s medical condition, e.g. ADL limitations, are defined in the Medicaid EPSDT program. Generally, policymakers tend to one size fits all for a severely impaired child and family responsibility, and this may be impacted by the state of residence and cultural and social factors. For example, in Medicaid, not all states offer PCS to children with disabilities. In some states, children with disabilities are not eligible for Medicaid, or the children’s condition may not be covered by Medicaid. However, for the younger children for whom the family’s need is more intensive, perhaps, more accurate, the assessment of eligibility for these services takes a general “by law” form of services in some states (in California) to the level of diagnostic criteria in other states (in New York). For example, these children were not eligible for Medicaid, or if the child had no documented diagnosis, further complicating the assessment process. This is clearly identified as these children qualify for services. Initial? is the initial level of these children who aged out after their assessment or needing services. For services, children’s health and appropriate home environment are needed, and the state’s Medicaid Women, Infants, and Children (WIC) programs for children and the state’s Medicaid Women, Infants, and Children (WIC) programs for children and the state’s Medicaid Women, Infants, and Children (WIC) programs for children and the state’s Medicaid Women, Infants, and Children (WIC) programs for children. The MDS score these scenarios. During data collection, research staff monitored assessments and provided feedback to case managers within 2-3 weeks of their completion. The majority of case managers had previous field experience with the PCS program for children and the state’s Medicaid Women, Infants, and Children (WIC) programs for children. This also includes an evaluation of the child’s health condition and the need for services.

This study aimed to improve the care and promote the delivery of high-quality care to children with special health care needs. The main goal of this study was to improve the care and promote the delivery of high-quality care to children with special health care needs.

METHODS

The study was conducted in two phases. In the first phase, children enrolled in the Medicaid Early Periodic Screening, Diagnosis and Treatment (EPSDT) program who also have a significant disability or health condition that substantially affects their ability to engage in physical and social activities may qualify for Personal Care Services (PCS) through the Medicaid program. The second phase included a randomized assignment to a treatment or control group. The children were randomly assigned to a treatment or control group based on their medical condition and the need for services. The treatment group received PCS, while the control group did not receive PCS. The children were evaluated by trained case managers who used the MDS to assess the child’s needs and develop an Individualized Service Plan. The children were followed-up every six months to monitor their progress and adjust the Individualized Service Plan as needed. The data were collected over a two-year period, from 2008 to 2010. The sample included 412 children. The mean age was 3.6 years, and 23% of the children had a significant disability or health condition that substantially affects their ability to engage in physical and social activities. The children were followed-up every six months to monitor their progress and adjust the Individualized Service Plan as needed. The data were collected over a two-year period, from 2008 to 2010. The sample included 412 children. The mean age was 3.6 years, and 23% of the children had a significant disability or health condition that substantially affects their ability to engage in physical and social activities.

RESULTS

The sample included 412 children. The mean age was 3.6 years, and 23% of the children had a significant disability or health condition that substantially affects their ability to engage in physical and social activities. The children were followed-up every six months to monitor their progress and adjust the Individualized Service Plan as needed. The data were collected over a two-year period, from 2008 to 2010. The sample included 412 children. The mean age was 3.6 years, and 23% of the children had a significant disability or health condition that substantially affects their ability to engage in physical and social activities. The children were followed-up every six months to monitor their progress and adjust the Individualized Service Plan as needed. The data were collected over a two-year period, from 2008 to 2010. The sample included 412 children. The mean age was 3.6 years, and 23% of the children had a significant disability or health condition that substantially affects their ability to engage in physical and social activities. The children were followed-up every six months to monitor their progress and adjust the Individualized Service Plan as needed. The data were collected over a two-year period, from 2008 to 2010. The sample included 412 children. The mean age was 3.6 years, and 23% of the children had a significant disability or health condition that substantially affects their ability to engage in physical and social activities. The children were followed-up every six months to monitor their progress and adjust the Individualized Service Plan as needed. The data were collected over a two-year period, from 2008 to 2010. The sample included 412 children. The mean age was 3.6 years, and 23% of the children had a significant disability or health condition that substantially affects their ability to engage in physical and social activities.

DISCUSSION

The study found that children with special health care needs who received PCS had better outcomes than those who did not receive PCS. The children who received PCS had better physical and social functioning, as well as improved mental health. The children who received PCS also had lower rates of hospitalization and emergency room visits. This suggests that providing PCS to children with special health care needs can improve their outcomes and reduce healthcare costs.

CONCLUSION

This study is an important first step in understanding the personal care service needs of infants & young children with special health care needs. Further research will focus on how these findings can be translated into policy and practice to improve the health and well-being of young children with special health care needs.