
CHAPTER 30: PERSONAL CARE SERVICES

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**LONG-TERM – PERSONAL CARE SERVICES (LT-PCS)
SERVICE DELIVERY****Plan of Care/Plan of Care Revisions**

The Office of Aging and Adult Services (OAAS) or its designee will develop the plan of care (POC) to correlate with the beneficiary's needs identified in the interRAI [Home Care \(iHC\)](#) assessment. Those tasks/activities covered under Long-Term - Personal Care Services (LT-PCS) will be outlined in the POC and include the following:

1. Specific activities of daily living (ADL) and instrumental activities of daily living (IADL) tasks in which the individual requires assistance; and
2. How the LT-PCS worker is to perform the ADL and/or IADL tasks (e.g. assist or cue the beneficiary, etc.).
3. Frequency of service for each task/activity:
 - a. Number of days per week each task/activity will be performed; and
 - b. Preferred time of day to accomplish each task/activity (when the time is pertinent, such as when to prepare meals).

This POC will be sent by the Long Term Care (LTC) Access contractor to the chosen provider in the provider notice packet.

LT-PCS approvals are **NOT** based on the time per task/activity.

The focus is on documenting that the task/activity required in the POC is actually performed.

Weekly units of service must not be more than the units specified in the POC. Beneficiaries have the flexibility to use the weekly LT-PCS units (hours) according to their preferences and personal schedule within the prior authorized week.

During brief periods (less than 30 calendar days duration), the provider may deviate from the POC.

If POC deviations extend beyond 30 calendar days **or** there are continuous deviations from the POC **or** when an apparently permanent change in the beneficiary's level of functioning and/or an availability of other supports is noted, the beneficiary or responsible representative should request a status change assessment to determine if the POC needs to be revised. Status change assessments may result in the number of hours approved being decreased, increased, or remaining the same.

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Location of Service

LT-PCS must be provided in the beneficiary's home or can be provided in another location outside of the beneficiary's home if the provision of these services allows the beneficiary to participate in normal life activities as they pertain to ADL and IADL cited in the POC. Services that are provided in the beneficiary's home must be provided while the beneficiary is present. The beneficiary's home is defined as the place where the beneficiary resides such as: a house, apartment, a boarding house, or the house or apartment of a family member or unpaid primary caregiver. When a beneficiary visits a hospital's emergency room (ER), the LT-PCS worker may provide assistance until the beneficiary is admitted to the hospital.

When a beneficiary plans to go on a trip/travel outside of Louisiana, but still within the United States, while receiving LT-PCS, they must submit a written request to OAAS at least 24 hours prior to the anticipated trip/travel (when applicable). OAAS must approve the request prior to the out of state service delivery (when applicable). The provision of LT-PCS outside of the beneficiary's home does not include trips outside of the borders of the state without written prior approval of OAAS or its designee, through the POC or otherwise.

Requests for LT-PCS to be provided outside of the borders of Louisiana must be made at least 24 hours prior to traveling out of state. These requests must be sent to OAAS.Inquiries@LA.gov and include the following:

1. Participant's first and last name;
2. Participant's date of birth (DOB);
3. Span and/or duration of the trip;
4. Physical address where services will be provided out of state; and
5. Reason(s) why services must be provided out of state.

OAAS and/or its designee regularly monitors and audits out of state delivery. Out of state service delivery without documented approval will be referred to the Louisiana Department of Health (LDH) Program Integrity Section for fraud review.

Medicaid does NOT cover or pay for services provided outside of the United States.

Interruption of Services

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A beneficiary may go without services up to **30 calendar days** without being discharged from the program.

Interruption of services is permissible under the following circumstances:

1. An acute care hospital admission;
2. Temporary stay in another type of care facility (e.g. nursing facility, rehabilitation hospital, etc.); or
3. A temporary stay outside the home (e.g., a vacation, etc.).

Reimbursement is not available during service interruption periods.

Discontinuation of Services

A provider must give written notification to the beneficiary or the responsible representative when discontinuing services for a good cause. (Refer to Section 30.6 – Provider Requirements of this manual chapter). This notice must be written and delivered in accordance with all LDH rules.

A provider may discontinue services to a beneficiary without a 30 calendar day notice under the following circumstances:

1. Upon the beneficiary's request;
2. If the beneficiary's hospitalization is expected to last more than 30 calendar days, the provider may terminate services because of the unavailability of the beneficiary to receive services. When the beneficiary is discharged and returns home, they may choose the same provider or another provider to continue receipt of services;
3. Unsafe working conditions prevent the worker from performing their duties or threaten the worker's personal safety (e.g., unsanitary conditions, illegal activities in the home, etc.). The provider must make a documented, reasonable effort to notify the beneficiary and/or the personal representative of the unsafe working conditions in the home and attempt to resolve the problem. At the same time, OAAS, or its designee, should be notified of the provider's concerns for staff's safety;
4. Beneficiary no longer meets the Medicaid financial eligibility criteria;
5. Beneficiary no longer meets LT-PCS program requirements;

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6. Beneficiary is incarcerated or placed under the supervision of the judicial system;
7. Beneficiary is admitted to a LTC facility; or
8. Beneficiary moves out of the service area (permanently or for a period over 30 calendar days).

If services are to be discontinued, the provider must notify the LTC Access contractor **within 24 hours prior to action being taken.** (See Appendix B of this manual chapter for contact information).