

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Medical and Remedial Care and Services
42 CFR 440.167

Personal Care Services

Definition

Personal care services are services furnished to a beneficiary who is not an inpatient, or resident of a hospital, nursing facility, intermediate care facility for persons with intellectual disabilities, or an institution for mental disease. Services are:

1. Authorized for the beneficiary by a physician in accordance with a plan of treatment or otherwise authorized for the beneficiary in accordance with a service plan approved by the State;
2. Provided by an individual who is qualified to provide such services and who is not a legally responsible relative; and
3. Furnished in a home, and at the State's option, in another location.

Services must be provided in accordance with an approved plan of care and supporting documentation. These services must be coordinated with other Medicaid services being provided to the beneficiary and will be considered in conjunction with those other services.

Personal Care Services Worker Qualifications:

The worker must be at least 18 years of age at the time the offer of employment is made and have the ability to read and write in English as well as to carry out directions promptly and accurately.

The provider must ensure that all agency staff that works directly with the beneficiary are appropriately informed of and trained on the beneficiary service plan and/or plan of care.

The following persons are prohibited from serving as the direct service worker for the beneficiary:

1. Beneficiary's spouse,
2. Beneficiary's curator,
3. Beneficiary's tutor,
4. Beneficiary's Legal guardian,
5. Beneficiary's responsible representative, or
6. Person to whom the beneficiary has given Representative and Mandate authority (Power of Attorney).

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The Department has in place mechanisms to monitor the quality of the services provided. These include, but are not limited to, review of critical incident reports and quarterly meetings to review and address any quality assurance issues that have been identified.

Assessment

An initial assessment shall be performed for each beneficiary requesting personal care services. The assessment shall be utilized to identify the beneficiary's long-term care needs, preferences, the availability of family and community supports, and to develop the plan of care. Each beneficiary shall be re-assessed at least once every 18 months.

Prior Authorization

Personal care services must be prior authorized. Requests for prior authorization must be submitted to the Bureau of Health Services Financing (BHSF) or its designee.

Covered Services

Personal care services provide assistance with the distinct tasks associated with the performance of the activities of daily living (ADLs) and the instrumental activities of daily living (IADLs). Assistance may be either the actual performance of the personal care task for the beneficiary or prompting and reminding so the beneficiary performs the task by him/herself.

ADLs are those personal, functional activities required by the beneficiary. ADLs include tasks such as: eating, bathing, dressing, grooming/personal hygiene, transferring (the manner in which a beneficiary moves from one surface to another - excludes getting on and off the toilet and getting in and out of the tub/shower), , ambulation, toileting and bed mobility.

IADLs are those activities that are considered essential for sustaining the beneficiary's health and safety, but may not require performance on a daily basis. IADLs include light housekeeping, food preparation and storage, grocery shopping, laundry, assisting with scheduling medical appointments when necessary, accompanying beneficiary to medical appointments when necessary, assisting the beneficiary with accessing transportation, medication reminders and medically non-complex tasks where the direct service worker has received the proper training.

The State has complied with the Electronic Visit Verification (EVV) System requirements for personal care services authorized under 1905(a) authority as of January 1, 2020.

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Emergency and nonemergency medical transportation are separate covered Medicaid services available to all beneficiaries. Non-medical transportation is not required component of personal care services; however, providers may choose to furnish transportation for beneficiaries during the course of providing personal care services.

Personal care services for eligible children are described in Attachment 3.1-A, Item 4.b. EPSDT Services.

Service Delivery

Personal care services shall be provided in the beneficiary's home or in another location outside of the beneficiary's home if the provision of these services allows the beneficiary to participate in normal life activities pertaining to the IADLs cited in the plan of care. Place(s) of service must be documented in the plan of care.

The beneficiary's home is defined as the beneficiary's place of residence including his/her own home or apartment, a boarding house, or the house or apartment of a family member or unpaid primary caregiver. A hospital, an institution for mental disease, a nursing facility or an intermediate care facility for persons with intellectual disabilities are not considered to be the beneficiary's home.

The provision of services outside of the beneficiary's home does not include trips outside of the borders of the state without approval of the Department's Office of Aging and Adult Services (OAAS) or its designee. The LA Department of Health utilizes OAAS for prior authorization of personal care services, which are required for services out of state.

Beneficiaries are not permitted to live in a home or property owned, operated, or controlled by an owner, operator, agent, or employee of a licensed provider of long-term care services, and providers are prohibited from providing and billing for services under these circumstances. Beneficiaries may not live in the home of their direct support worker unless the direct support worker is related to the beneficiary and it is the choice of the beneficiary.

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Service Limitations

Effective September 5, 2010, personal care services shall be limited to 32 hours per week. Authorization of service hours shall be considered on a case by case basis as substantiated by the beneficiary's plan and supporting documentation.

IADLs cannot be performed in the beneficiary's home when he/she is absent from the home unless it is approved by OAAS or its designee on a case-by-case basis.

There shall be no duplication of services.

Persons designated as the personal representative of a beneficiary receiving services under Long Term-Personal Care Services (LT-PCS) may not be the paid direct service worker of the beneficiary they are representing.