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OVERVIEW

Long Term-Personal Care Services (LT-PCS) is an optional home and community- based service (HCBS) under the Medicaid State Plan. This program is designed for Medicaid recipients who require assistance with the activities of daily living (ADLs) and are either in a nursing facility or at imminent risk of nursing facility placement.

The purpose of LT-PCS is to assist individuals with functional impairments with their ADLs. Assistance with instrumental activities of daily living (IADLs) may also be provided if necessary as indicated in the Plan of Care (POC). LT-PCS must be prior authorized and provided in accordance with an approved POC. In addition, the POC must consider the coordination of services including Medicaid services, community services and informal supports being provided to the recipient without any duplication of services. LT-PCS does not replace current support or other assistance, it is meant to supplement other sources. Medicaid is the payer of last resort for any services rendered.

Each individual requesting LT-PCS will undergo a functional eligibility screening, known as the Level of Care Eligibility Tool (LOCET), to determine if the following criteria are met:

- Nursing facility level of care; and
- Nursing facility admission is imminent.

LT-PCS applicants who have been determined to meet the requirements listed above are assessed using a face-to-face interRAI assessment. This assessment is utilized to:

- Verify eligibility qualifications;
- Determine if program requirements are met;
- Determine resource allocation; and
- Identify the individual's need for support in performance of activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

The services offered under the LT-PCS program are provided by a Medicaid enrolled provider that has a valid HCBS license issued by the Department's Health Standards Section (HSS).

This provider manual chapter specifies the requirements for reimbursement for services provided through this program. This document is a combination of federal and state laws and Louisiana

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Department of Health (LDH) policy which provides direction for provision of these services to eligible individuals in the State of Louisiana.

These regulations are established to assure minimum compliance under the law, equity among those served, provision of authorized services and proper fund disbursement. Should a conflict exist between manual chapter material and pertinent laws or regulations governing the Louisiana Medicaid Program, the latter will take precedence.

This manual chapter is intended to provide LT-PCS providers with the information necessary to fulfill their vendor contract with the State of Louisiana. Full implementation of these regulations is necessary for a provider to remain in compliance with federal and state laws and department rules.

Providers should refer to the General Information and Administration manual chapter of the *Medicaid Services Manual* located on the Louisiana Medicaid website (below) for general information concerning topics relative to Medicaid provider enrollment and administration.

<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/GIA/GIA.pdf>

The LDH Bureau of Health Services Financing (BHSF), Office of Aging and Adult Services (OAAS), and Health Standards Section (HSS) are responsible for assuring oversight of the provision of services, licensure compliance, program monitoring, and overall compliance with the rules and regulations.

Services to be provided are specified in the POC which is written by the OAAS designee. The planning team is comprised of the recipient, the assessor, and in accordance with the recipient's preferences, members of the family/natural support system, appropriate professionals and others whom the recipient chooses. The POC contains all services and activities involving the recipient. Notification of approved services is forwarded to the provider by the LTC Access contractor. The data contractor issues prior authorization (PA) to the providers based on the approved POC.