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**CHAPTER 30: PERSONAL CARE SERVICES**

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### **COVERED SERVICES**

This section provides information about the services that are covered in the Long Term-Personal Care Services (LT-PCS) program. For the purpose of this policy, when reference is made to “individual” or “recipient”, this includes that person’s responsible representative, legal guardian(s) and/or family member(s), as applicable, who are assisting that person in obtaining services.

LT-PCS may be received through the Medicaid State Plan, in conjunction with the Adult Day Health Care (ADHC) Waiver or Supports Waiver.

**NOTE: For these ADHC Waiver recipients, support coordinators work with recipients to coordinate their waiver services and LT-PCS. For these Supports Waiver recipients, the support coordinators will coordinate LT-PCS in terms of their daily schedule; however, LT-PCS is accessed separately through the Medicaid State Plan.**

### **Service Definitions**

ADLs are personal functions or basic self-care tasks which are performed by an individual in a typical day. They include the following tasks:

- Bathing
  - Verbal reminder to take a bath;
  - Preparation of the bath;
  - Assistance transferring in and out of the bath/shower; and/or
  - Physical assistance with bathing and/or drying off.
- Grooming
  - Verbal reminder to do the task;
  - Assistance with shaving;
  - Application of make-up and/or body lotion or cream;
  - Brushing or combing hair;
  - Brushing teeth; and/or
  - Other grooming activities.

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- Dressing
  - Verbal reminder to dress;
  - Physical assistance with putting on/taking off clothing; and/or
  - Assistance with prosthetic devices.
- Ambulation
  - Supervision or assistance with walking; and/or
  - Supervision or assistance with assistive devices. (e.g. wheelchair, walker, etc.).
- Eating
  - Verbal reminder to eat;
  - Cutting up food;
  - Assistance with feeding; and/or
  - Assistance with adaptive feeding devices.
- Transferring
  - Assistance with moving body weight from one surface to another; and/or
  - Assistance with moving from a wheel chair to a standing position.

**NOTE: Assistance provided to get on/off commode is a subtask of toileting. Assistance getting into/out of tub or shower is a subtask of bathing.**

- Toileting
  - Verbal reminder to toilet; and/or
  - Assistance with bladder and/or bowel requirements, including bedpan routines and changing pads or adult briefs (if required).
- Bed Mobility
  - Assistance with repositioning while in bed;
  - Moving to and from a laying position; and/or
  - Turning in bed.

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IADLs are routine tasks that are considered essential but may not require performance on a daily basis. **The purpose of providing assistance or support with these tasks is to meet the needs of the recipient, NOT the needs of the recipient's household.**

IADL tasks include:

- Laundry
  - Recipient's clothing and bedding
- Meal preparation and storage for the recipient
- Shopping with or without the recipient (for items specifically for the recipient)
  - Groceries;
  - Personal hygiene items;
  - Medications; and/or
  - Other personal items.
- Light housekeeping
  - Vacuuming;
  - Mopping floors;
  - Cleaning bathroom and kitchen;
  - Making the recipient's bed; and/or
  - Making sure that pathways are free from obstructions.
- Assistance with scheduling (making contacts and coordinating) medical appointments including but not limited to the following:
  - Physicians;
  - Physical Therapists;
  - Occupational Therapists; and/or
  - Speech Therapists.
- Accompanying the recipient to medical appointments and providing assistance throughout the appointments
- Assistance in arranging medical transportation depending on the needs and

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preferences of the recipient with:

- Medicaid emergency medical transportation;
  - Medicaid non-emergency medical transportation;
  - Public transportation; and/or
  - Private transportation.
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- Medication reminders with self-administered prescription and non-prescription medication that is limited to:
    - Verbal reminders;
    - Assistance with opening the bottle or bubble pack;
    - Reading the directions from the label;
    - Checking the dosage according to the label directions; and/or
    - Assistance with ordering medication from the drug store.

**NOTE: The worker is NOT allowed to give medication to the recipient. This includes taking medicine out of a bottle to set up pill organizers.**

- Medically non-complex tasks where the direct service worker (DSW) has received the proper training pursuant to Louisiana Revised Statutes 37:1031-1034.

**NOTE: Emergency and non-emergency medical transportation is a covered Medicaid service and is available to all recipients. Non-medical transportation is NOT a required component of LT-PCS. However, providers MAY CHOOSE to furnish transportation for recipients during the course of providing LT-PCS. If transportation is furnished, the provider must accept all liability for their employee transporting a recipient. It is the responsibility of the provider to ensure that the employee has a current, valid driver's license and automobile liability insurance. Refer to HCBS Provider Licensing Standards for complete details.**

### Service Limitations

Recipients are limited to the weekly approved amount of LT-PCS hours indicated in the POC and based on the results of the assessment. In no case may the amount of services exceed 32 hours per week.

Under no circumstances may LT-PCS units (hours) be “banked,” “borrowed” or “saved” from one prior authorized week to the next. **Service must be given in the week for which it was intended,** based upon the POC.

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**NOTE: A prior authorized week begins at 12:00 a.m. on Sunday and ends at 11:59 p.m. the following Saturday.**

For tasks that a recipient can complete without difficulty or the need for physical assistance, the assistance should be limited to prompting or reminding the recipient to complete the task. IADLs may not be performed in the recipient's home when the recipient is absent from the home.

There shall be no duplication of services. LT-PCS may not be provided while the recipient is attending or admitted to a program or setting that provides in-home assistance with ADLs or IADLs, or while attending or admitted to a program or setting where such assistance is provided. In cases where a recipient goes to the Emergency Room department, the LT-PCS worker may provide assistance up until the time the recipient is admitted to the hospital.

### Service Exclusions

LT-PCS providers may not bill for this service until after the individual has been approved by OAAS or its designee.

The following individuals are **prohibited from being reimbursed** for providing services to a recipient:

- The recipient's spouse;
- The recipient's curator;
- The recipient's tutor;
- The recipient's legal guardian;
- The recipient's designated responsible representative; or
- The person to whom the recipient has given representative and mandate authority (also known as "power of attorney").

LT-PCS recipients are not permitted to receive LT-PCS while living in a home or property owned, operated, or controlled by an owner, operator, agent, or employee of a licensed LT-PCS provider and providers are prohibited from providing and billing for services under these circumstances. Recipients may not live in the home of their DSW unless their direct service worker is related by blood or marriage to the recipient. (See link for *"Who Can Be a Direct Support Worker (DSW"*

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*Flowchart) for PAS and LT-PCS?"* in Appendix A of this manual chapter.) These provisions may be waived with prior written approval by OAAS or its designee on a case by case basis.

LT-PCS **does not** include:

- Administration of medication;
- Insertion and sterile irrigation of catheters;
- Irrigation of any body cavities which require sterile procedures;
- Complex wound care;
- Skilled nursing services as defined in State Nurse Practices Act, including administration of medications/injections, or other non-delegable nursing tasks;
- Teaching a family member or friend how to care for a recipient who requires assistance with ADL;
- Teaching of signs and symptoms of disease process, diet and medications of any new or exacerbated disease process;
- Specialized aide procedures such as rehabilitation of the patient (exercise or performance of simple procedures as an extension of physical therapy services), specimen collection, special skin care, decubitus ulcer care, cast care, testing urine for sugar and acetone;
- Rehabilitative services such as those performed by an occupational therapist, speech therapist, audiologist or respiratory therapist;
- Companionship; and/or
- Continuous or intermittent supervision.

**NOTE: LT-PCS is not designed to provide continuous or intermittent supervision to a recipient while informal caregivers work or are otherwise unavailable. LT-PCS is a task-oriented service tied to ADLs and IADLs. It is not a time-oriented sitting or supervision service.**

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For a list of non-complex tasks that are delegable, see Appendix A *Health Standards Section DSW Guidelines*.

**LT-PCS and Hospice**

Recipients who elect hospice services may choose to elect LT-PCS and hospice services concurrently. The hospice provider and the long term care access services contractor must coordinate LT-PCS and hospice services when developing the recipient's POC. All core hospice services must be provided in conjunction with LT-PCS. When electing both services, the hospice provider must develop the POC with the recipient, the recipient's caregiver and the LT-PCS provider. The POC must clearly and specifically detail the LT-PCS and hospice services that are to be provided along with the frequency of services by each provider to ensure that services are non-duplicative, and the recipient's daily needs are being met. This will involve coordinating tasks where the recipient may receive services each day of the week.

The hospice provider must be licensed by LDH-HSS and must provide all hospice services as defined in 42CFR Part 418 which includes nurse, physician, hospice aide/homemaker services, medical social services, pastoral care, drugs and biologicals, therapies, medical appliances and supplies and counseling in accordance with Hospice licensing regulations.

Once the hospice program requirements are met, then LT-PCS can be utilized for those personal care tasks with which the recipient requires assistance.

**Shared LT-PCS**

LT-PCS may be provided by one DSW for up to three (3) recipients with LT-PCS being provided as part of their Adult Day Health Care (ADHC) Waiver Services. The ADHC Waiver LT-PCS recipients must:

- Live together; and
- Have a common direct service provider.

Sharing of the DSW must be agreed upon by each recipient and only when the health and welfare of each recipient can be reasonably assured. Shared LT-PCS must be identified in the approved POC for each recipient. Reimbursement rates are adjusted accordingly. Due to the requirements of privacy and confidentiality, recipients who choose to share these services must agree to sign a confidentiality consent form to facilitate the coordination of services. (See Appendix A for information on accessing the *Release of Confidentiality for Shared Personal Assistance Services (PAS) or Long Term-Personal Care Services (LT-PCS) form*.)