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**CHAPTER 30: PERSONAL CARE SERVICES**

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**SECTION 30.2: LT-PCS - COVERED SERVICES****PAGE(S) 6**

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**COVERED SERVICES**

Long Term-Personal Care Services (LT-PCS) are defined as those services that provide assistance with the distinct tasks associated with the performance of the activities of daily living (ADL) and the instrumental activities of daily living (IADL). Once program requirements are met, assistance may be either the actual performance of the personal care task for the individual or supervision and prompting so the individual performs the task by himself/herself.

**Service Definitions**

ADL are personal, functional activities required by the recipient. They include the following tasks:

- Bathing – verbal reminder to take a bath, preparation of the bath, assistance 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;
- Dressing – verbal reminder to do the task, and/or physical assistance with putting on clothing;
- Ambulation –assistance with walking (regardless of assistive device);
- Eating – verbal reminder to eat, cutting up food, partial assistance with feeding, and/or assistance with adaptive feeding devices (not to include tube feeding);
- Transferring – assistance with moving from one surface to another (excluding on/off commode and into/out of tub or shower);
- Toileting – verbal reminder to toilet, assistance with bladder and/or bowel requirements, including bedpan routines and changing pads or adult briefs, if required. This does not include insertion or removal of a catheter; and
- Bed mobility.

IADL are routine tasks that are considered essential, but may not require performance on a daily basis. These tasks include:

- Laundry;

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CHAPTER 30: PERSONAL CARE SERVICES

---

## SECTION 30.2: LT-PCS - COVERED SERVICES

PAGE(S) 6

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- Meal preparation and storage;
- Shopping;

**NOTE: The recipient does not have to accompany the worker to the store.**

- Light housekeeping tasks (vacuuming, mopping floors, cleaning bathroom and kitchen, making the bed). The worker should make sure that pathways are free from obstructions;
- Assistance with scheduling medical appointments when necessary;
- Accompanying the recipient to medical appointments when necessary;

**NOTE: These medical appointments include, but are not limited to appointments for physician visits, physical therapy, occupational therapy, and speech therapy.**

- Assisting the recipient with accessing transportation;
- Medication oversight – assistance with self-administration of prescription and non-prescription medication. This assistance 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.

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**CHAPTER 30: PERSONAL CARE SERVICES**

---

**SECTION 30.2: LT-PCS - COVERED SERVICES****PAGE(S) 6**

---

**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.

**Location of Service**

LT-PCS must be provided in the recipient's home or in another location outside of the recipient's home if the provision of these services allows the recipient to participate in normal life activities as they pertain to the IADL cited in the plan of care (POC). Services that are provided in the recipient's home must be provided while the recipient is present. The recipient's home is defined as the place where the recipient resides such as a house, apartment, a boarding house, or the house or apartment of a family member or unpaid primary caregiver.

**NOTE:** LT-PCS cannot be provided in a hospital, an institution for mental disease, a nursing facility, an adult day health care center or an intermediate care facility for individuals with an intellectual disability.

Services rendered outside of the recipient's home do not include trips outside of the borders of the state without written prior approval from the Office of Aging and Adult Services (OAAS) or its designee, through the POC or otherwise. The recipient's written request shall include a detailed explanation and must be sent to OAAS, or its designee, at least 24 hours prior to the anticipated travel, when applicable.

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 provider of LT-PCS, 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 in Appendix D for further clarification.)

The place of service must be documented in the POC and service log.

**Service Limitations**

LT-PCS are limited to no more service hours than those which are approved in the POC in any week.

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**CHAPTER 30: PERSONAL CARE SERVICES**

---

**SECTION 30.2: LT-PCS - COVERED SERVICES****PAGE(S) 6**

---

For tasks that a recipient can complete without physical assistance or difficulty, assistance shall be limited to prompting or reminding the recipient to complete the task.

Minor children are not considered part of the informal supports available to a recipient.

There shall be no duplication of services. LT-PCS may not be provided while the recipient is admitted to or attending a program which provides in-home ADL or IADL assistance or while attending a program or setting where such assistance is available to the recipient. 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.

**Excluded Services**

LT-PCS **does not** include:

- Insertion and sterile irrigation of catheters, although changing and emptying the catheter bag is allowed;
- Irrigation of any body cavities which require sterile procedures;
- Application of dressing, involving prescription medication and aseptic techniques, including care of mild, moderate or severe skin problems;
- Skilled nursing services as defined in State Nurse Practices Act, including medical observation, recording of vital signs, teaching of diet and/or administration of medications/injections, or other delegated 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), measuring/recording patient vital signs (temperature, pulse, respiration and/or blood pressure, etc.) or intake/output of fluids, specimen collection, or special procedures such as non-sterile dressings, special skin care (non-medicated), decubitus ulcers, cast care, assisting with ostomy care, assisting with catheter care, testing urine for sugar and acetone, breathing exercise, weight measurement, or enemas;

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**CHAPTER 30: PERSONAL CARE SERVICES**

---

**SECTION 30.2: LT-PCS - COVERED SERVICES****PAGE(S) 6**

---

- Administration of medication;
- Rehabilitative services such as those performed by an occupational therapist, speech therapist, audiologist or respiratory therapist;
- Laundry, other than that incidental to the care of the recipient. Example: Laundering of clothing and bedding for the entire household as opposed to simple laundering of the recipient's clothing or bedding;
- Food preparation or shopping for groceries or household items other than items required specifically for the health and maintenance of the recipient, and not for items used by the rest of the household;
- Housekeeping in areas of the house not used by the recipient;
- Companionship; 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 ADL and IADL. It is not a time-oriented sitting or supervision service.**

**LT-PCS and Hospice**

Recipients who elect hospice services may choose 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 care giver 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 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. Once the hospice program requirements are met, LT-PCS can be utilized for those personal care tasks covered in the LT-PCS program for which the recipient requires assistance.

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**CHAPTER 30: PERSONAL CARE SERVICES**

---

**SECTION 30.2: LT-PCS - COVERED SERVICES****PAGE(S) 6**

---

**Shared LT-PCS**

LT-PCS may be provided by one DSW for up to three recipients with LT-PCS being provided as part of their Adult Day Health Care (ADHC) Waiver Services. The ADHC 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. Recipients who choose to share services must agree to sign a confidentiality consent form to facilitate the coordination of services. (See Appendix D for information on accessing this form.)