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CHAPTER 30: PERSONAL CARE SERVICES

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## SECTION 30.2: LT-PCS - COVERED SERVICES

PAGE(S) 8

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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 “beneficiary”, 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 beneficiaries, support coordinators work with beneficiaries to coordinate their waiver services and LT-PCS. For these Supports Waiver beneficiaries, 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, which includes the following:
  - 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, which includes the following:
  - Verbal reminder to do the task;
  - Assistance with shaving;
  - Application of make-up and/or body lotion or cream;

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CHAPTER 30: PERSONAL CARE SERVICES

---

## SECTION 30.2: LT-PCS - COVERED SERVICES

PAGE(S) 8

---

- Brushing or combing hair;
- Brushing teeth; and/or
- Other grooming activities.
- Dressing, which includes the following:
  - Verbal reminder to dress;
  - Physical assistance with putting on/taking off clothing; and/or
  - Assistance with prosthetic devices.
- Ambulation, which includes the following:
  - Supervision or assistance with walking; and/or
  - Supervision or assistance with assistive devices. (e.g. wheelchair, walker, etc.).
- Eating, which includes the following:
  - Verbal reminder to eat;
  - Cutting up food;
  - Assistance with feeding; and/or
  - Assistance with adaptive feeding devices.
- Transferring, which includes the following:
  - 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.**

---

CHAPTER 30: PERSONAL CARE SERVICES

---

## SECTION 30.2: LT-PCS - COVERED SERVICES

PAGE(S) 8

---

- Toileting, which includes the following:
  - 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, which includes the following:
  - Assistance with repositioning while in bed;
  - Moving to and from a laying position; and/or
  - Turning in bed.

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 beneficiary, NOT the needs of the beneficiary's household.**

IADL tasks include the following:

- Laundry, such as the following:
  - Beneficiary's clothing and bedding.
- Meal preparation and storage for the beneficiary;
- Shopping with or without the beneficiary, for items specifically for the beneficiary, such as the following:
  - Groceries;
  - Personal hygiene items;
  - Medications; and/or
  - Other personal items.
- Light housekeeping, such as the following:

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**CHAPTER 30: PERSONAL CARE SERVICES**

---

**SECTION 30.2: LT-PCS - COVERED SERVICES****PAGE(S) 8**

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- Vacuuming;
- Mopping floors;
- Cleaning bathroom and kitchen;
- Making the beneficiary'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 beneficiary to medical appointments and providing assistance throughout the appointments;
- Assistance in arranging medical transportation depending on the needs and preferences of the beneficiary with the following:
  - Medicaid emergency medical transportation;
  - Medicaid non-emergency medical transportation;
  - Public transportation; and/or
  - Private transportation.
- Medication reminders with self-administered prescription and non-prescription medication that is limited to the following:

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CHAPTER 30: PERSONAL CARE SERVICES

---

## SECTION 30.2: LT-PCS - COVERED SERVICES

PAGE(S) 8

---

- 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 beneficiary. 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 beneficiaries. Non-medical transportation is NOT a required component of LT-PCS. However, providers MAY CHOOSE to furnish transportation for beneficiaries during the course of providing LT-PCS. If transportation is furnished, the provider must accept all liability for their employee transporting a beneficiary. 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

Beneficiaries 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.

**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 beneficiary can complete without difficulty or the need for physical assistance, the assistance should be limited to prompting or reminding the beneficiary to complete the task. IADLs

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CHAPTER 30: PERSONAL CARE SERVICES

---

## SECTION 30.2: LT-PCS - COVERED SERVICES

PAGE(S) 8

---

may not be performed in the beneficiary's home when the beneficiary 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. LT-PCS may not be provided while the beneficiary 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 beneficiary goes to the Emergency Room department, the LT-PCS worker may provide assistance up until the time the beneficiary 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 beneficiary:

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

LT-PCS beneficiaries 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. Beneficiaries may not live in the home of their DSW unless their direct service worker is related to the beneficiary. (See link for "*Who Can Be a Direct Service Worker (DSW 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.

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CHAPTER 30: PERSONAL CARE SERVICES

---

## SECTION 30.2: LT-PCS - COVERED SERVICES

PAGE(S) 8

---

LT-PCS **does not** include the following:

- 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 beneficiary 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 beneficiary 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.**

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

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**CHAPTER 30: PERSONAL CARE SERVICES**

---

**SECTION 30.2: LT-PCS - COVERED SERVICES****PAGE(S) 8**

---

**LT-PCS and Hospice**

Beneficiaries 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 beneficiary'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 beneficiary, the beneficiary'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 beneficiary's daily needs are being met. This will involve coordinating tasks where the beneficiary 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 beneficiary requires assistance.

**Shared LT-PCS**

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

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

Sharing of the DSW must be agreed upon by each beneficiary and only when the health and welfare of each beneficiary can be reasonably assured. Shared LT-PCS must be identified in the approved POC for each beneficiary. Reimbursement rates are adjusted accordingly. Due to the requirements of privacy and confidentiality, beneficiaries 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*).