
CHAPTER 30: PERSONAL CARE SERVICES

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BENEFICIARY REQUIREMENTS

Long Term – Personal Care Services (LT-PCS) are available to beneficiaries who meet the following criteria:

1. Medicaid financial eligibility;
2. Age 65 years or older, or 21 years of age or older and have a disability that meets Medicaid standards or the Social Security Administration’s disability criteria;
3. Nursing facility level of care requirements as determined by the Level of Care Eligibility Tool (LOCET) AND verified by the interRAI assessment;
4. Requires at least limited assistance with one or more activities of daily living (ADLs). The interRAI assessment defines *limited assistance* for most ADLs as the receipt of physical help or a combination of physical help and weight-bearing assistance during the assessment’s look-back period;
5. Able to participate in their care and be able to direct their care independently, or through a responsible representative;
6. At imminent risk of nursing facility placement according to the following criteria:
 - a. In a nursing facility and could be discharged if community-based services were available;
 - b. Be likely to require nursing facility admission within the next 120 calendar days as determined by the assessment or supporting documentation; or
 - c. Has a primary caregiver who has a disability or is age 70 or older.

Failure of an individual to meet or maintain any of the above listed criteria will result in denial of admission to/discharge from the LT-PCS program.