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CHAPTER 30: PERSONAL CARE SERVICES

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## SECTION 30.7: LT-PCS - SERVICE DELIVERY

PAGE(S) 3

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**SERVICE DELIVERY****Plan of Care/Plan of Care Revisions**

The Office of Aging and Adult Services (OAAS) or its designee will develop the Plan of Care (POC) to correlate with the recipient's needs identified in the interRAI assessment. Those tasks/activities covered under long-term personal care services (LT-PCS) will be outlined in the POC and includes the following:

- The specific activities of daily living (ADLs) and instrumental activities of daily living (IADLs) tasks in which the individual requires assistance;
- How the LT-PCS worker is to perform the ADL and/or IADL tasks (e.g. assist or cue the recipient, etc.); and
- The frequency of service for each task/activity:
  - The number of days per week each task/activity will be performed; and
  - The preferred time of day to accomplish each task/activity (when the time is pertinent, such as when to prepare meals).

This POC will be sent by the Long-Term Care (LTC) Access contractor to the chosen provider in the provider notice packet.

Even though the recipient's POC shows an amount of time per task/activity, and the system captures the data in this format, LT-PCS approvals are **NOT** based on the time per task/activity.

Following the identified time per task/activity is **NOT** a requirement and it is not necessary to document any deviation from the time per task/activity. **The focus is on documenting that the task/activity required in the POC is actually performed.**

Weekly units of service must not be more than the units specified in the POC. Recipients have the flexibility to use the weekly LT-PCS units (hours) according to their preferences and personal schedule within the prior authorized week.

Where service delivery **significantly** differs from the POC, the worker must document the reason for the deviation on the service log and describe the reason(s)/justification(s)). (See Section 30.8 – Record Keeping of this manual chapter.)

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**CHAPTER 30: PERSONAL CARE SERVICES**

---

**SECTION 30.7: LT-PCS - SERVICE DELIVERY****PAGE(S) 3**

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During brief periods (less than 30 calendar days duration), the provider may deviate from the POC. A description of the extenuating circumstances requiring a temporary deviation from the POC must be clearly documented in the LT-PCS Service Log and the log **must** reflect the services that were actually performed.

If POC deviations extend beyond 30 calendar days **or** there are continuous deviations from the POC **or** when an apparently permanent change in the recipient's level of functioning and/or an availability of other supports is noted, the recipient or responsible representative should request a status change assessment to determine if the POC needs to be revised. Status change assessments may result in the number of hours approved being decreased, increased, or remaining the same.

**Location of Service**

LT-PCS must be provided in the recipient's home or can be provided 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 ADLs and IADLs cited in the 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.

The provision of LT-PCS outside of the recipient's home does not include trips outside of the borders of the state without written prior approval of OAAS or its designee, through the POC or otherwise.

**Interruption of Services**

A recipient may go without services up to **30 calendar days** being discharged from the program.

Interruption of services is permissible under the following circumstances:

- An acute care hospital admission;
- Temporary stay in another type of care facility (e.g. nursing facility, rehabilitation hospital, etc.); or
- A temporary stay outside the home (e.g., a vacation, etc.).

Reimbursement is not available during service interruption periods.

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CHAPTER 30: PERSONAL CARE SERVICES

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## SECTION 30.7: LT-PCS - SERVICE DELIVERY

PAGE(S) 3

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**Discontinuation of Services**

A provider must give written notification to the recipient or the responsible representative when discontinuing services for a good cause (Refer to Section 30.6 – Provider Requirements of this manual chapter.) This notice must be written and delivered in accordance with all LDH rules.

A provider may discontinue services to a recipient without a 30 calendar day notice under the following circumstances:

- Upon the recipient's request;
- If the recipient's hospitalization is expected to last more than 30 calendar days, the provider may terminate services because of the unavailability of the recipient to receive services. When the recipient is discharged and returns home, he/she may choose the same provider or another provider to continue receipt of services;
- Unsafe working conditions prevent the worker from performing his/her duties or threaten the worker's personal safety (e.g., unsanitary conditions, illegal activities in the home, etc.). The provider must make a documented, reasonable effort to notify the recipient and/or the personal representative of the unsafe working conditions in the home and attempt to resolve the problem. At the same time, OAAS, or its designee, should be notified of the provider's concerns for staff's safety;
- The recipient no longer meets the Medicaid financial eligibility criteria;
- The recipient no longer meets LT-PCS program requirements;
- The recipient is incarcerated or placed under the supervision of the judicial system;
- The recipient is admitted to a long-term care facility; or
- The recipient moves out of the service area (permanently or for a period over 30 calendar days).

If services are to be discontinued, the provider must notify the LTC Access contractor **within 24 hours prior to action being taken.** (See Appendix F of this manual chapter for contact information.)