
CHAPTER 30: PERSONAL CARE SERVICES

SECTION 30.7: LT-PCS - SERVICE DELIVERY

PAGE(S) 3

SERVICE DELIVERY**Plan of Care**

The plan of care (POC) identifies the recipient's physical dependency needs that are covered in the Long-Term Personal Care Services (LT-PCS) program. The Office of Aging and Adult Services (OAAS) or its designee will develop the POC to correlate with the needs identified in the in-home assessment. The POC will describe each routine or task/activity listed including:

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

This POC will be sent to the chosen provider for implementation.

Service Delivery and Plan of Care Revisions

Weekly units of service should be delivered in accordance with the POC and should not be more than the units specified in the POC. Where service delivery **significantly** differs from the POC, the worker should document the reason for the deviation on the service log and describe the reason(s)/justification(s), *e.g.*, services were not provided because recipient refused services.

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

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

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

CHAPTER 30: PERSONAL CARE SERVICES

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

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.** (See Section 30.8 - Record Keeping for details on completing the service log.)

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 service 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.

Back-up Plan

Providers must have a written back-up plan to provide services if the primary worker is unable to report to work. This plan must include a toll-free telephone number with 24 hour availability manned by an answering service that allows the recipient to contact the provider if the worker fails to show up for work. Providers must also have a pool of on-call or substitute workers available to ensure that services to the recipient will not be interrupted. On call or substitute workers must meet the same qualifications as the regular LT-PCS workers before they can provide services to the recipient.

This policy governing back-up plans **must** be made available to recipients and/or their personal representative when the Agreement to Provide Services form is being completed.

Interruption of Services

A recipient may have his/her services interrupted for a period not to exceed **30 calendar days** without his/her services being terminated by the provider agency.

Services may be interrupted for the following circumstances:

- A hospital admission; or
- A temporary stay outside the home (e.g., a vacation).

Reimbursement is not available during service interruption periods.

CHAPTER 30: PERSONAL CARE SERVICES

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

Discontinuation of Services

A provider must provide written notification to the recipient or the responsible representative when discontinuing services for good cause. This notice must be written and delivered in accordance with all LDH rules. The notice must be sent at least 30 calendar days before the date on which the services are to be discontinued, should address the reason for discontinuation and include an explanation of appeal rights for the recipient.

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 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 the program requirements for LT-PCS;
- 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 discontinued, the provider must notify the access contractor **within 24 hours**. (See Appendix F for contact information.)