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CHAPTER 30: PERSONAL CARE SERVICES

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## SECTION 30.7: LT-PCS - SERVICE DELIVERY

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**SERVICE DELIVERY****Plan of Care**

The Plan of Care 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 Plan of Care to correlate with the needs identified in the in-home assessment. The Plan of Care will describe each routine or activity listed including:

- The specific activities of daily living (ADL) and instrumental activities of daily living (IADL) 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 plan 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 Plan of Care and should not be more than the units specified in the plan. Where service delivery differs from the Plan of Care, the provider should document the reason 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 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 Plan of Care. Recipients have the flexibility to use the weekly LT-PCS units 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 12:00 p.m. the following Sunday.**

All variations from the Plan of Care must be documented in the recipient's record. Documentation examples include the following:

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- Monday, April 22, 2013: Ms. Jones called and declined services for today since her sister was visiting from Houston.
- Wednesday, April 24, 2013: Ms. Jones declined assistance with bathing and dressing today. She chose to stay in her pajamas. She stated she was not feeling well and chose to stay in bed. Her clothing was laundered today at her request.
- Friday, April 26, 2013: Went grocery shopping today with Ms. Jones rather than Wednesday since she was not feeling well Wednesday.

During brief periods (less than 30 days duration) the provider may deviate from the Plan of Care. A description of the extenuating circumstances requiring a temporary deviation from the plan must be documented.

Whenever 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 Plan of Care 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.

**Service Log**

A separate service log must be kept for each recipient. Reimbursement is only payable for services documented in the service log. Providers are required to use the standardized weekly service log (OAAS-PF-10-010) for documentation of LT-PCS. (See Appendix D for information on accessing this form).

The worker must record the following information on the service log:

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- The time the service began each day with his/her signed initials and the time service ended with his her signed initials. The LT-PCS task performed as indicated by the worker's signed initials on the day it was performed,
- The total number of hours worked that day,
- Documentation of any circumstances that require change in the LT-PCS Plan of Care,
- The justification for not performing any task identified in the LT-PCS Plan of Care,
- The location where the LT-PCS task is performed if not performed in the recipient's home, and
- Any observation the worker believes should be noted and reported to the supervisor.

The provider's office staff may complete all other portions of the service log, including, but not limited to:

- Provider agency name,
- Recipient name,
- Recipient date of birth,
- Weekly date range, beginning on Sunday and ending the following Saturday,
- Dates for the respective days of the week in which services are scheduled to be performed,
- Total hours of LT-PCS performed for that week.

All portions of the service log must be completed.

The provider's office staff may not change any of the documentation entered by the LT-PCS worker. Any errors made by the LT-PCS worker must be corrected by him/her using the appropriate error correction method.

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Service logs must be completed daily as tasks are performed. Service logs may not be completed prior to the performance of a task. The service log must be signed and dated by the worker and by the recipient or responsible representative after the work has been completed at the end of the week. The direct service worker's name should include his/her printed (legible) name, his/her signature, and the date he/she signed the form. Photocopies of previously completed weekly service logs will not be accepted.

**Interruption of Services**

A recipient may have his/her services interrupted for a period not to exceed **30 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.

**Discontinuation of Services**

A provider must provide written notification to the recipient or the responsible representative when discontinuing services for good cause. The notice must be sent at least 30 days before the date on which the services are to be discontinued and should address the reason for discontinuation.

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

- Upon the recipient's request,
- If the recipient's hospitalization is expected to last more than 30 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). The provider must make a documented, reasonable effort to notify the recipient and/or the personal representative of the unsafe working conditions

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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 days).

If services are discontinued, the provider must notify the access contractor **within 24 hours**. (See Appendix F for contact information)