

CHAPTER 30: PERSONAL CARE SERVICES

APPENDIX A – LT-PCS CORRESPONDENCE

DEPARTMENT OF HEALTH & HOSPITALS
Long Term-Personal Care Services Program

Provider Name
Street Address
City, LA Zip Code

Date
Recipient Name
Recipient Number

PROVIDER NOTICE

Dear \_\_\_\_\_:

This letter is to notify your agency of the following regarding Medicaid Long Term-Personal Care Services (LT-PCS):

- [ ] We have been notified by the above named recipient that your agency was selected and has agreed to provide LT-PCS. Before services can be authorized, you must submit a signed Agreement to Provide Services. This information must be received within 14 days of the date of this notice to the following address/fax:

Affiliated Computer Services
5700 Florida Blvd.
13th Floor
Baton Rouge, LA 70806
Fax: (225) 231-8151
Attn: Long Term-Personal Care Services

- [ ] We notified you on \_\_\_ (date of notice of selection letter) that your agency was selected to provide LT-PCS to the above named recipient. As of this date, we have not received the required information as indicated below:
\_\_\_\_\_ A signed copy of your Agreement to Provide Services.

Since we have been unsuccessful in reaching you by telephone, we are requesting that you contact our office by \_\_\_ (5 days from date of this letter) to discuss this matter. Failure to contact this office may result in the recipient selecting another provider.

- [ ] We have been notified that the above named recipient wishes to change LT-PCS providers. Effective \_\_\_\_\_ your authorization to provide these services to this recipient will end.

NOTE: PRIOR AUTHORIZATION WILL BE EFFECTIVE THE DATE THE AGREEMENT TO PROVIDER SERVICE IS APPROVED. PAYMENT WILL NOT BE MADE FOR SERVICES PROVIDED PRIOR TO THE AUTHORIZATION DATE.

Agency Representative

Phone Number

LT-PCS 3 Provider Notice
Issued 02/13/04
Reissued 03/02/2009

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DEPARTMENT OF HEALTH & HOSPITALS  
Long Term-Personal Care Services Program

Recipient Name  
Street Address  
City, LA Zip Code

Date  
Recipient Name  
Recipient Number  
Recipient Phone Number  
Personal Representative Name

PROVIDER NOTICE – STATUS CHANGE REVIEW

Dear \_\_\_\_\_:

The above named recipient has been approved for additional service units. This change is effective \_\_\_\_\_ through \_\_\_\_\_. Before these services can be authorized, you must submit a signed Agreement to Provide Services. Please submit this information within 3 days to Affiliated Computer Services (ACS) at fax number (225) 231-8151.

**This change will not be implemented until ACS receives an Agreement to Provide Services signed by both the provider agency and the recipient/personal representative.**

**Failure to timely submit this information to ACS may result in the recipient selecting another provider.**

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Phone Number

LT-PCS 3 A Provider Notice-Status Change Review  
Issued 09/02/04  
Reissued 03/02/2009

CHAPTER 30: PERSONAL CARE SERVICES

APPENDIX A – LT-PCS CORRESPONDENCE

DEPARTMENT OF HEALTH & HOSPITALS
Long Term-Personal Care Services Program

Recipient Name
Street Address
City, LA Zip Code

Date
Recipient Name
Recipient Number

PROVIDER NOTICE – REASSESSMENT

Dear \_\_\_\_\_:

- The above named recipient has been approved for personal care services for the new certification period \_\_\_\_\_ through \_\_\_\_\_. Before these services can be authorized, you must submit a signed Agreement to Provide Services. Please submit this information within 5 days of the date of this notice to the following address or fax number:

Affiliated Computer Services
5700 Florida Blvd.
13th Floor
Baton Rouge, LA 70806
Fax: (225) 231-8151
Attn: Long Term -Personal Care Services

- We notified you on \_\_\_\_\_ that the above named recipient was recertified effective \_\_\_\_\_ through \_\_\_\_\_. As of this date, we have not received the required information as indicated below:

\_\_\_\_\_ A signed Agreement to Provide Services

Since we have been unsuccessful in reaching you by telephone, we are requesting that you contact our office by \_\_\_\_\_ to discuss this matter. Failure to contact this office may result in the recipient selecting another provider.

Agency Representative

Telephone Number

LT-PCS 13 C Provider Notice-Reassessment
Issued 05/11/05
Reissued 06/20/2007