

APPENDIX A-  
MEDICAID  
SCOPE OF SERVICES  
FOR  
PERSONAL CARE II (PC II), HASCI ATTENDANT CARE and  
HASCI RESPITE SERVICES

A. Objectives

The objectives of the PC II/HASCI Attendant and HASCI Respite services are to restore, maintain, and promote the health status of Medicaid Home and Community-Based waiver participants through home support, medical monitoring, escort/transportation services, and assistance with activities of daily living.

B. Conditions of Participation

1. Agencies desiring to be a provider of PC II/HASCI Attendant and HASCI Respite services must have demonstrated experience in in-home personal care services or a similar service. For providers contracting after July 1, 2011 the owner and administrator of the agency must have at least three (3) years of administrative experience in the health care field.
2. Pursuant to enactment and implementation of House Bill 3012 all providers of personal care services will require a license to provide personal care services.
3. Provider agency must be housed in an office that is in a commercial zone. Office can not be located in a residence/home office. Current providers with residential/home offices must relocate to a commercially zoned office space by July 1, 2012 in order to maintain their contract.
4. Agencies must utilize the automated systems mandated by South Carolina Department of Health and Human Services (SCDHHS) Community Long Term Care (CLTC) Division to document and bill for the provision of services.
5. Providers must accept or decline referrals from SCDHHS or South Carolina Department of Disabilities and Special Needs (SCDDSN) within two (2) working days. Failure to respond will result in the loss of the referral.
6. The provider must verify the participant's Medicaid eligibility upon acceptance of a referral and monthly thereafter to ensure continued eligibility. Providers should refer to the CLTC Services Provider Manual for instructions on how to verify Medicaid eligibility.

7. Providers may use paperless filing systems. When using electronic filing systems any documentation requiring signatures must be signed prior to scanning. Electronic records must be made available upon request, and providers must have a reliable back-up system in the event their computer system shuts down.
8. The provider must agree to use any Competency Test provided by CLTC.

C. Description of Services to be Provided

1. The unit of service is one (1) hour of direct PC II/HASCI Attendant care service/HASCI Respite provided to/for a participant in the participant's place of residence. PC II/HASCI Attendant and/or HASCI Respite may be provided in other locations when the participant's record documents the need and when prior approved by the Case manager /Service Coordinator (CM/SC). Services are not allowed when the participant is in an institutional setting and/or ADHC setting. The amount of time authorized does not include provider transportation time to and from the participant. Services provided without a current, valid authorization are not reimbursable.
2. The number of units and services provided to each participant are dependent upon the individual participant's needs as set forth in the participant's Service Plan/Authorization. If it is determined that a participant requires more than one aide for lifting, transfers, etc., this must be prior approved by SCDHHS/SCDDSN.
3. When services are authorized for more than one SCDHHS/SCDDSN participant in the same home, the provider must document and deliver the total amount of hours authorized for each participant. For example if both participants are authorized for two (2) hours of PCII per day; the aide must provide a total of four (4) hours per day in the home.
4. Under no circumstances will any type of skilled medical service be performed by an aide except as allowed by the Nurse Practice Act and prior approved by a licensed physician. HASCI Attendants and/or HASCI Respite caregivers may provide skilled services as authorized by the county DSN Board Service Coordinator. All skilled needs are determined by RN delegation.
5. Services to be provided include:
  - a. Support for activities of daily living, e.g.,
    - eating
    - bathing (bed bath, bench shower, sink bath)
    - personal grooming including dressing
    - personal hygiene

- provide necessary skin care
- meal planning and preparation
- assisting participants in and out of bed
- repositioning participants as necessary
- assisting with ambulation
- toileting and maintaining continence

- b. Home support, e.g.,
  - cleaning
  - laundry
  - shopping
  - home safety
  - errands
- c. Monitoring of the participant's condition e.g., the type of monitoring that would be done by a family member such as monitoring temperature, checking pulse rate, observation of respiratory rate, and blood pressure.
- d. Monitoring medication (for example, informing the participant that it is time to take medication as prescribed by his, or her, physician and as written directions on the box, or bottle, indicate). The aide cannot administer the medicine; however, this does not preclude the aide from handing the medicine container to the participant.
- e. Escort services when necessary. Transportation may be provided when necessary and included in the participant's Service Plan/Authorization. The provision of transportation is optional and will depend on the provider's policy in this regard.
- f. Strength and balance training.

D. Staffing

- 1. The provider must provide all of the following staff members; supervisory nurses may be provided through subcontracting arrangements:
  - a. A registered nurse(s) (RN) or licensed practical nurse(s) (LPN) who meets the following requirements:
    - i. Currently licensed by the S.C. State Board of Nursing.
    - ii. Capable of evaluating the aide's competency in terms of his or her ability to carry out assigned duties and his/her ability to relate to the participant.

- iii. Able to assume responsibility for in-service training for aides by individual instruction, group meetings or workshops.
- iv. Must have had background and/or training on the complex treatment issues regarding the care of the head and spinal cord injured.
- v. Provider will verify nurse licensure at time of employment and will ensure that the license remains active at all times during employment. Provider must maintain a copy of the current license in the employee's personnel file. Nurse licensure can be verified at the State Board of nursing website.

<http://www.llr.state.sc.us/pol.asp>

b. Aides who meet the following minimum qualifications:

- i. Able to read, write, and communicate effectively with participant and supervisor.
- ii. Able to use the Care Call IVR system.
- iii. Capable of assisting with the activities of daily living.
- iv. Capable of following a care plan with minimal supervision.
- v. Have a valid driver's license if transporting participants. The provider must ensure the employee's license is valid while transporting any participants by verifying the official highway department driving record of the employed individual. A copy of the driving record must be maintained in the employee's personnel file.
- vi. Are at least 18 years of age.
- vii. Have passed competency testing or successfully completed a competency training and evaluation program performed by an RN or LPN prior to providing services to Home and Community-Based waiver participants. The competency evaluation must contain all elements of the PC II services in the Description of Services listed above. The competency training should also include training on appropriate record keeping and ethics and interpersonal relationships.

If an LPN performs the competency evaluation, the LPN must be supervised by an RN and report all competency evaluation

results to the RN supervisor. The LPN and the supervising RN, as a confirmation of the delegation of this responsibility, must sign and date the form in addition to the LPN. All signatures must be original, signature stamps are not acceptable.

Proof of the competency evaluation must be recorded and filed in the personnel record prior to the aide providing care to waiver participants. The Division of CLTC has developed a form called "Competency Evaluation Documentation" form which must be used to document the competency evaluation. The CLTC form may be obtained from the CLTC Central Office or on our website at

<http://www.scdhhs.gov/insidedhhs/bureaus/BureauofLongTermCareServices/BECOMINGAcltcPROVIDER.asp>

All aides including those who are Certified Nursing Assistant's (CNA), are required to complete the competency testing or training and evaluation outlined above.

- viii. Have a minimum of ten (10) hours relevant in-service training per calendar year (The annual ten-hour requirement will be on a pro-rated basis during the aide's first year of employment). Documentation shall include topic, name and title of trainer, training objectives, outline of content, length of training, list of trainees, and location. Topics for specific in-service training may be mandated by SCDHHS CLTC Division. In-service training may be furnished by the nurse supervisor while the aide is furnishing care to the participant. Additional training may be provided as deemed necessary by the Provider. All instructor- led and self- study training programs, not on the prior approved list must be approved for content and credit hours by SCDHHS prior to being offered. Self-study training hours may not exceed six of the ten in-service annual training hours. The Provider shall submit proposed programs not on the prior approved list to the SCDHHS CLTC Central Office at least forty-five (45) days prior to the planned implementation. All approved training topics are at the SCDHHS agency website:

[http://www.scdhhs.gov/insidedhhs/bureaus/BureauofLongTermCareServices/pc\\_2.asp](http://www.scdhhs.gov/insidedhhs/bureaus/BureauofLongTermCareServices/pc_2.asp)

- ix. Aides must complete a training program in the following areas:

- Confidentiality, accountability and prevention of abuse and neglect.
  - Fire safety/disaster preparedness related to the specific location of services.
  - First aid for emergencies, monitoring medications, and basic recognition of medical problems.
  - Documentation and record keeping.
  - Ethics and interpersonal relationships.
  - Orientation to traumatic brain injury, spinal cord injury and similar disability.
  - Training in lifting and transfers.
2. Agency staff may be related to participants served by the agency within limits allowed by the South Carolina Family Caregiver Policy. The following family members cannot be a paid caregiver:
1. The spouse of a Medicaid participant;
  2. A parent of a minor Medicaid participant;
  3. A step parent of a minor Medicaid participant;
  4. A foster parent of a minor Medicaid participant;
  5. Any other legally responsible guardian of a Medicaid participant

Family members who are primary caregivers will not be reimbursed for HASCI Respite services. All other qualified family members can be reimbursed for their provision of PCI, PCII and HASCI Attendant Care services.

3. PPD Tuberculin Test

Please refer to Department of Health and Environmental Control (DHEC) website, Regulation 61-75 – Standards for Licensing page 11 of 36 section b. 1-6 for PPD Tuberculin test requirements.

<http://www.scdhec.gov/health/licen/hladcinfo.htm>

Providers needing additional information should contact the Tuberculosis Control Division, Department of Health and Environmental Control, 1751 Calhoun Street, Columbia, S.C. 29201 phone (803) 898-0558.

4. Individual records must be maintained that document that each staff member has met all staffing requirements.

5. A criminal background check is required for all potential employees to include employees who will provide direct care to SCDHHS/SCDDSN participants and all administrative/office employees (office employees required to have background checks include: administrator, office manager, nurse supervisor, and persons named on organizational chart in management positions). All criminal background checks must include all data for the individual with no limit on the timeframe being searched. Criminal background checks that cover a specific time period such as seven or ten year searches are not acceptable. The criminal background check must include statewide (South Carolina) data. Potential employees with felony convictions within the last ten (10) years cannot provide services to SCDHHS/SCDDSN participants or work in an administrative/office position. Potential employees with non-violent felonies dating back ten (10) or more years can provide services to SCDHHS/SCDDSN participants under the following circumstances:

- Participant/responsible party must be notified of the aide's criminal background, i.e. felony conviction, and year of conviction;
- Provider must obtain a written statement, signed by the participant/responsible party acknowledging awareness of the aide's criminal background and agreement to have the aide provide care; this statement must be placed in the participant record.

Potential administrative/office employees with non-violent felony convictions dating back ten (10) or more years can work in the agency at the provider's discretion.

Hiring of employees with misdemeanor convictions will be at the provider's discretion. Employees hired prior to July 1, 2007 and continuously employed since then will not be required to have a criminal background check.

6. Providers will be required to check the CNA registry and the Office of Inspector General (OIG) exclusions list periodically for all staff. A copy of the search results page must be maintained in each employee's personnel file. Anyone appearing on either of these lists is not allowed to provide services to Waiver participants or participate in any Medicaid funded programs. The website addresses are listed below:

CNA Registry - [www.pearsonvue.com](http://www.pearsonvue.com)

OIG Exclusions List - <http://www.oig.hhs.gov/fraud/exclusions.asp>

#### E. Conduct of Service

The provider must maintain documentation showing that it has complied with the requirements of this section.

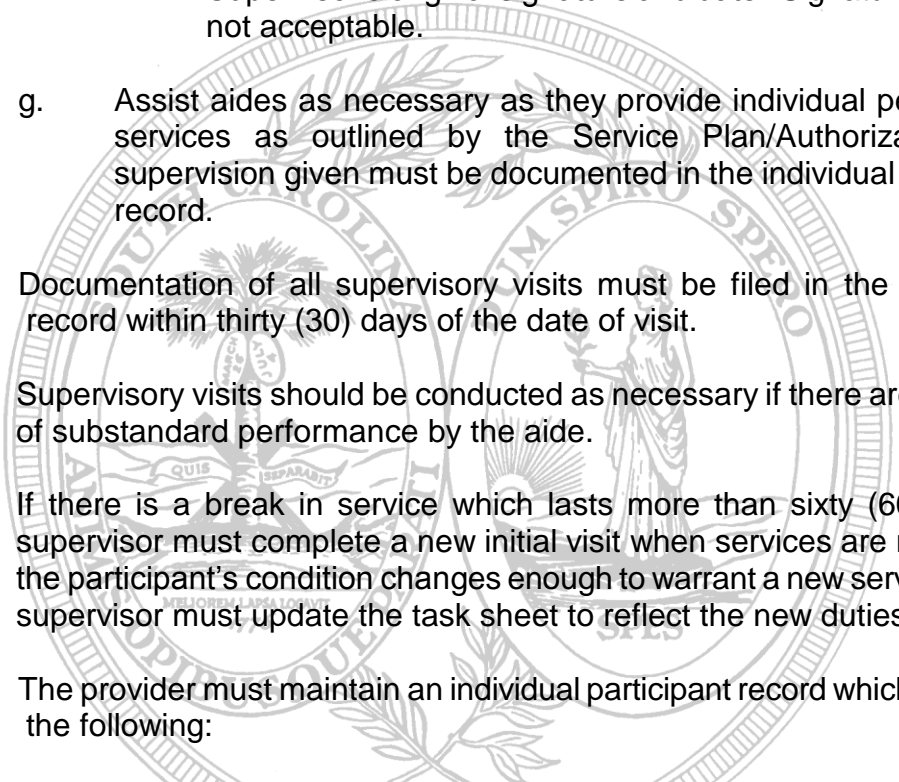
1. The provider must obtain a Service Plan/Authorization for PCII/HASCI Attendant care and/or HASCI Respite services from the CM/SC. The authorization will designate the amount, frequency and duration of service for participants in accordance with the participant's Service Plan/Authorization. The provider must obtain an updated SCDHHS CLTC Service Plan from the case manager yearly. The provider will receive new authorizations only when there is a change to the authorized service amount, frequency or duration. The provider must adhere to those duties which are specified in the Service Plan/SCDDSN/HASCI Authorization in developing the provider task list. This provider task list must be developed by an RN or LPN. If the provider identifies PC II/HASCI Attendant and/or HASCI Respite service duties that would be beneficial to the participant's care but are not specified in the Service Plan/SCDDSN/HASCI Authorization, the provider must contact the CM/SC to discuss the possibility of having these duties included in the Service Plan/SCDDSN/HASCI Authorization. The CM/SC will make the decision as to whether the Service Plan/Authorization should be amended to include the additional service duty. This documentation will be maintained in the participant files. For CLTC participants, no skilled services may be performed by an aide except as allowed by the Nurse Practice Act and prior approved by a licensed physician. For HASCI participants, skilled services may be performed if authorized by the Service Coordinator and overseen by RN or LPN delegation.
2. As part of the conduct of service, PC II/HASCI Attendant and/or HASCI Respite services must be provided under the supervision of an RN or LPN who meets the requirements as stated in this Scope and who will:
  - a. visit the participant's home prior to the start of PC II/HASCI Attendant and/or HASCI Respite services. This visit by the provider's nurse must be recorded in Care Call from the participant's home at the time of the visit and documented in the record. If the participant has already been receiving another similar service (i.e. personal care I) a new initial visit is required prior to the start date of personal care II service. The purpose of this visit is to:
    - i. review the Service Plan/Authorization and develop a task list for the aide (this task list must be developed prior to the provision of PC II/HASCI Attendant and/or HASCI Respite services),
    - ii. give the participant written information regarding advanced directives,



- iii. inform participants of their right to complain about the quality of PC II/HASCI Attendant and/or HASCI Respite services provided.

The supervisor will give participants information about how to register a complaint. Complaints against aides must be investigated by the provider and appropriate action taken. Documentation must be maintained in the participant and aide's file.

- a. Nurse supervisors and/or aides may not discuss services authorized by SCDHHS or SCDDSN with the participant. If participants of any waiver ask about either the level of service they are receiving or the different services offered in one of the waivers the nurse supervisor and/or aide must refer that participant back to their case manager/service coordinator for additional information.
- b. Be accessible by phone and/or beeper during any hours services are being provided under this contract. If the nurse supervisor position becomes vacant, SCDHHS must be notified no later than the next business day.
- d. Provide and document supervision of, training for, and evaluation of aides.
- e. Make a supervisory visit to the participant's place of residence within thirty (30) days after the PC II/HASCI Attendant service is initiated.
- f. After the thirty (30) day supervisory visit, make a supervisory visit to the participant's place of residence at least once every four months for each participant. Four (4) month supervisory visits must be conducted by the end of the fourth month. The aide must be present during at least one of the supervisory visits during each 12 month period. For the HASCI Attendant care service, all supervisory visits scheduled will be arranged in consultation with the DSN Board Service Coordinator and documented in the participant record. For SCDHHS/SCDDSN participants, supervisory visits, including the initial visit, must be documented in the participant record and recorded in Care Call, for CLTC only, from the participant's home at the time of the visit. In the event the participant is inaccessible during the time the supervisory visit would have normally been made, the visit must be completed within five (5) working days of the resumption of PC II/HASCI Attendant services. The supervisor's report of the on-site visits must include, at a minimum:
  - i. Documentation that services are being delivered consistent with the Service Plan/Authorization;

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- ii. Documentation that the participant's needs are being met;
    - iii. Reference to any complaints which the participant or family member/responsible party has lodged;
    - iv. A brief statement regarding any changes in the participant's service needs; and,
    - v. Supervisor's original signature and date. Signature stamps are not acceptable.
  - g. Assist aides as necessary as they provide individual personal care services as outlined by the Service Plan/Authorization. Any supervision given must be documented in the individual participant's record.
  3. Documentation of all supervisory visits must be filed in the participant's record within thirty (30) days of the date of visit.

Supervisory visits should be conducted as necessary if there are indications of substandard performance by the aide.

If there is a break in service which lasts more than sixty (60) days, the supervisor must complete a new initial visit when services are resumed. If the participant's condition changes enough to warrant a new service plan, the supervisor must update the task sheet to reflect the new duties.
  4. The provider must maintain an individual participant record which documents the following:
    - a. The provider will initiate PC II/HASCI Attendant and/or HASCI Respite services on the date negotiated with the CM/SC and indicated on the Medicaid authorization. Services must not be provided prior to the authorized start date and must be provided according to the schedule as indicated on the Service Plan/Authorization.
    - b. The provider will notify the CM/SC within two (2) working days of the following:
      - i. Participant's condition has changed and the Service Plan/Authorization no longer meets participant's needs or the participant no longer appears to need PC II/HASCI Attendant and/or HASCI Respite services.
      - ii. Participant is institutionalized, dies or moves out of the service area.

- iii. Participant no longer wishes to receive PC II/HASCI Attendant and/or HASCI Respite services.
  - iv. Knowledge of the participant's Medicaid ineligibility or potential ineligibility.
- c. The provider will maintain a record keeping system which documents:
- i. **For SCDHHS (CLTC) participants:** The delivery of services in accordance with the SCDHHS CLTC Service Plan. The provider shall not ask the participant/responsible party to sign any log or task sheet. The task sheet must be reviewed, signed, with original signature (signature stamps are not acceptable), and dated every two weeks by the supervisor. Task sheets must be filed in the participant's record within 30 days of service delivery.
  - ii. Task sheets/Daily logs can include multiple services on the same sheet as long as the services can be easily identified and tasks performed can be distinguished. For example if a participant receives PCII and PCI services, both can be documented on the same sheet as long as each service can be easily identified.
  - iii. **For SCDDSN participants:** The delivery of services and units provided must be in accordance with the Authorization. The provider will maintain daily logs reflecting the PCII/HASCI Attendant and/or HASCI Respite services provided by the aides for the participants and the actual amount of time expended for the service. The daily logs must be initialed daily by the participant or family member and the aide, and must be signed weekly by the participant or family member and signed with original signature (signature stamps are not acceptable), and dated by the supervisor at least once every two weeks. Daily logs must be filed in the participant's record within 30 days of service delivery. Daily logs must be made available to SCDHHS/SCDDSN upon request.
  - iv. All active participant records must contain at least two (2) years of documentation to include task sheets, service plans, supervisory visit documentation, any complaints, etc. Per Medicaid policy all records must be retained for at least five (5) years. Active records must contain **all** authorizations.

- d. **For SCDHHS (CLTC) participants only:** For all instances in which a participant did not receive an authorized daily service, providers must indicate on the Care Call web site the reason why the service was not delivered. The provider must do this both when the provider was unable to complete the visit and when the participant was not available to receive the visit. For each week in which there are missed visits, the provider must indicate the reason on the web site by the close of business the following week. A missed visit report is not required for SCDDSN/HASCI participants.
  - e. Whenever two consecutive attempted or missed visits occur, the local SCDHHS/SCDDSN office must be notified. An attempted visit is when the aide arrives at the home and is unable to provide the assigned tasks because the participant is not at home or refuses services. A missed visit is when the provider is unable to provide the authorized service. These instances must be documented in the participant record as well as in Care Call.
5. Providers must adhere to all Care Call policies and procedures as indicated in the Care Call Users Manual. The Care Call Users Manual can be obtained from the Care Call website: <https://scc.govconnect.com>

#### F. **Children's Personal Care Requirements**

The requirements listed in this section are in addition to the requirements as listed in this scope for PCII services. Children's PC services are reimbursable when the following conditions are met:

1. Child is under 21
2. Provided in the participant's place of residence
3. Authorized by SCDHHS/SCDDSN

The CM/SC will determine the need for personal care services and develop a service plan that outlines the child's needs. This service plan will only be updated as needed.

#### G. Compliance Review Process

The SCDHHS Division of Long Term Care Waiver Management, Provider Compliance Department has developed this policy for clarification of the provider compliance process. The policy gives detailed information on how provider compliance sanctions are implemented. Provider reviews receive a score based on a sanctioning scale; review scores will determine if the provider will receive a sanction and if so, the level of the sanction. The sanction scoring process was developed to ensure that reviews are equitable and for providers to know what to expect when they are reviewed.

The following chart outlines how reviews are scored:

**Sanction Level**

- Provider compliance review questions in the Scope of Services are classified into three classes, based on (1) the significance of the question regarding to the services, and (2) the potential influences on providers and participants if the requirement was not met. See the example below:

**Severity level: 1=less serious, 2 = serious, 3 = very serious**

Client Service Questions	Possible Answers	Severity level
Was supervisory visit made within 30 days after PC II services initiated?	Y,N,NA	3
Was the initial supervisory visit documented in Care Call?	Y,N,NA	3
Does provider maintain individual client records?	Y,N	2
Did provider give participant written information regarding advanced directives?	Y,N,NA	1

There are five types of sanctions:

- Correction Plan – This is the lowest sanction and indicates the provider is in substantial compliance with the contractual requirements. The provider will be required to submit a corrective action plan outlining how and when deficiencies will be corrected (or have been corrected) and outline a plan of how they will avoid future deficiencies
- 30-day suspension – At this level, new referrals are suspended for 30 days. The provider will also be required to submit a corrective action plan. If the corrective action plan is approved, the suspension is automatically lifted at the end of the 30-day period; indicates moderate deficiencies.
- 60-day suspension – At this level, new referrals are suspended for 60 days. The provider will also be required to submit a corrective action plan. If the corrective action plan is approved, the suspension is automatically lifted at the end of the 60-day period; indicates substantial deficiencies.
- 90-day suspension – Indicates serious and widespread deficiencies; the 90-day suspension of new referrals will only be lifted after an accepted

corrective action plan is received. In addition, an acceptable follow-up review visit will be conducted if warranted.

- Termination – Indicates very serious and widespread deficiencies, generally coupled with a history of bad reviews. Termination is a last resort.

We have developed a system to score reviews based on the percentage of the identified deficiency and number of participants surveyed. Following is an outline of how reviews will be scored:

#### Calculating process

- The level of sanction will be decided based on the total score of the provider's current review and the provider's review history, which is converted from the deficiency percentage.
- Every 5% deficiency counts for 1 point in each class; the total score comes from the total points from each level.
- Since each level has different severity, multiple points will be added on each class's score. Final score = level 3 = unweighted points x 3 + level 2 = unweighted basic points x 2+ level 1 = unweighted points x 1

#### **Example:**

<u>Level</u>	<u>Deficiency percentage</u>	<u>Basic points</u>	<u>Final points</u>
<u>Level 1 (less serious)</u>	<u>28%</u>	<u>5</u>	<u>5x1=5</u>
<u>Level 2 (serious)</u>	<u>20%</u>	<u>4</u>	<u>4x2=8</u>
<u>Level3 (major)</u>	<u>35%</u>	<u>7</u>	<u>7x3=21</u>
<u>Final score</u>			<u>34</u>

Based on the total score a sanction level is determined. If a provider has no deficiencies, they will not be subject to a sanction. Below is a chart that illustrates the sanction that will be imposed based on the final review score:

#### **Score scale & Sanction Level**

<b><u>Sanction Type</u></b>	<b><u>Final score</u></b>	<b><u>With Good History*</u></b>
<b><u>Correction Plans</u></b>	<b><u>0-99</u></b>	<b><u>0-149</u></b>
<b><u>30 Days Suspension</u></b>	<b><u>100-199</u></b>	<b><u>150-249</u></b>
<b><u>60 Days Suspension</u></b>	<b><u>200-299</u></b>	<b><u>250-349</u></b>
<b><u>90 Days Suspension</u></b>	<b><u>300-399</u></b>	<b><u>350-449</u></b>
<b><u>Termination</u></b>	<b><u>&gt;400</u></b>	<b><u>&gt;450</u></b>

Good History is determined based on previous review scores. For example, if a provider's previous review had a total score of **50** and their current review has a

score of **120**, the sanction for the current review will be corrective action rather than 30-day suspension based on the previous review score.

Scores are automatically calculated using a computer generated compliance review program.

Provider records will be reviewed periodically at the provider's office. Onsite visits are un-announced. If the reviewer arrives at the provider's office to conduct a survey and no one is there, the following sanctions will be imposed:

- First time – thirty (30) day suspension of new referrals
- Second time – ninety (90) day suspension of new referrals
- Third time – contract termination.

#### H. Administrative Requirements

1. The provider must inform SCDHHS of the provider's organizational structure including the Provider personnel with authority and responsibility for employing qualified personnel, ensuring adequate staff education, in-service training and employee evaluations. The provider agency shall notify SCDHHS within three (3) working days in the event of a change in the agency administrator, address, phone number or an extended absence of the agency administrator.
2. The provider must provide SCDHHS with a written document showing the organization, administrative control and lines of authority for the delegation of responsibility down to the hands-on participant care level staff at contract implementation. The document should include an organizational chart including names of those currently in the positions. Revisions or modifications to this organizational document must be provided to SCDHHS. It is recommended that this document be readily accessible to all staff.
3. Administrative and supervisory functions shall not be delegated to another agency or organization.
4. The provider agency shall acquire and maintain for the duration of the contract liability insurance and worker's compensation insurance as provided in Article IX, Section D of the Contract. The provider is required to list SCDHHS – CLTC as a Certificate Holder for informational purposes only on all insurance policies using the following address: Post Office Box 8206, Columbia, SC 29202-8206.
5. The provider will develop and maintain a Policy and Procedure Manual that describes how activities will be performed in accordance with the terms of the

requirements of the contract. The Policy and Procedure Manual shall be available during office hours for the guidance of the governing body and personnel and will be made available to SCDHHS upon request.

6. The provider must comply with Article IX, Section Z of the Contract regarding safety precautions. The provider must also have an on-going infectious disease program to prevent the spread of infectious diseases among its employees.
7. The provider shall ensure that key agency staff are accessible in person, by phone, or by beeper during compliance review audits conducted by SCDHHS and/or its agents.
8. The provider will ensure that its office is open and staffed by qualified personnel during the hours of 10:00 am to 4:00 pm., Monday through Friday. Outside of these hours, the Provider agency must be available by telephone during normal business hours, 8:30 am to 5:00 pm, Monday through Friday. Failure to maintain an open and staffed office as indicated will result in sanctions as outlined in section G, last paragraph. The provider must also have a number for emergencies outside of normal business hours. Participant and personnel records must be maintained at the address indicated in the contract and must be made available, upon request, for review by SCDHHS.
9. The provider must have an effective written back-up service provision plan in place to ensure that the participant receives the PC II/HASCI Attendant services as authorized. Whenever the provider determines that services cannot be provided as authorized, the CM/SC must be notified by telephone immediately.
10. The provider shall provide SCDHHS a list of regularly scheduled holidays the coming calendar year each September. The provider shall not be required to furnish services on those days. The PC II/HASCI Attendant and/or HASCI Respite provider agency must not be closed for more than two (2) consecutive days at a time, except when a holiday falls in conjunction with a weekend. If a holiday falls in conjunction with a weekend, a PC II/HASCI Attendant and/or HASCI Respite provider agency may be closed for not more than four (4) consecutive days.

Revised: July 1, 2011