

MEDICAID HOME AND COMMUNITY-BASED WAIVER
SCOPE OF SERVICES
FOR
COMPANION SERVICES

A. Objectives

The objectives of Companion services are to provide short term relief for caregivers and to provide needed supervision of Medicaid home and community-based waiver clients.

B. Conditions of Participation

Agencies of Companion services must agree to participate in the Care Call monitoring and payment system.

C. Description of Services to be Provided

1. The Unit of Service is one (1) hour of direct services provided in the client's residence (except when shopping, laundry services, etc. must be done off-site or escort services are provided). The amount of time authorized does not include the companion's transportation time to and from the client.
2. The Provider shall provide to CLTC a list of regularly scheduled holidays, and the Provider shall not be required to furnish services on those days.
3. The number of units and services provided to each client are dependent upon the individual client's needs as set forth in the client's Service Plan/Authorization.
4. Services to be provided include:
 - a. Socialization - Reading, conversation, assistance with mail and other interaction with client as appropriate.
 - b. Assistance with or supervision of meal/snack preparation.
 - c. Assistance with or supervision of client laundry. (Washing clothes & linens)
 - d. Assistance with or supervision of client's shopping
 - e. Incidental light house keeping. (Dusting, sweeping or other light chores to maintain client in a safe clean environment.)
 - f. Sitting service focusing on the client including supervision, orientation, making appropriate contact in case of emergency.

D. Staffing

The provider must maintain individual records for all employees. The Provider must provide all of the following and may make sub-contractual arrangements for some but not all of the following:

1. A supervisor who meets the following requirements:
 - a. High school diploma or equivalent;
 - b. Capable of evaluating companions in terms of their ability to carry out assigned duties and their ability to relate to the client;
 - c. Able to assume responsibility for in-service training for companions by individual instruction, group meetings, or workshops;
2. Companions who meet the following minimum qualifications:
 - a. Able to read, write and communicate effectively with client and supervisor.
 - b. Able to use the Care Call IVR system.
 - c. Capable of following a care plan with minimal supervision.
 - e. Be at least 18 years of age.
 - f. Must complete 4 hours prorated relevant in service training each year in the following areas:
 1. Maintaining a safe, clean environment and utilizing proper infection control techniques;
 2. Following written instructions
 3. Ethics and interpersonal relationships;
 4. Documenting services provided;
 5. Other areas of training as appropriate.
3. Agency staff may be related to clients served by the agency within limits allowed by the South Carolina Family Caregiver Policy. Copies of this policy are available upon request.
4. PPD Tuberculin Test

No more than ninety (90) days prior to employment, all staff having direct client contact shall have a PPD tuberculin skin test, unless a previously positive reaction can be documented. The two-step procedure is advisable for initial testing in those who are new employees in order to establish a reliable baseline. [If the reaction to the first test is classified as negative, a second test should be given one to three weeks after the first test. If the second test is classified as negative, the person is considered as being uninfected. A positive reaction to a third test (with an increase of more than 10mm) in such a person within the next few years, is likely to represent the occurrence of infection with *M. Tuberculosis* in the interval. If the reaction to

the second of the initial two tests is positive, this probably represents a boosted reaction, and the person should be considered as being infected.]

In lieu of a PPD tuberculin test no more than 90 days prior to employment, a new employee may provide certification of a negative tuberculin skin test within the 12 months preceding the date of employment and certification from a licensed physician or local health department TB staff that s/he is free of the disease.

Employees with reactions of 10mm and over to the pre-employment tuberculin test, those with newly converted skin tests, and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment must be given, and the person must not be allowed to work until declared noncontagious by a licensed physician.

Routine chest radiographs are not required on employees who are asymptomatic with negative tuberculin skin tests.

Employees with negative tuberculin skin tests shall have an annual tuberculin skin test.

New employees who have a history of tuberculosis disease and have had adequate treatment shall be required to have certification by a licensed physician or local health department TB staff (prior to employment and annually) that they are not contagious. Regular employees who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician or local health department TB staff, and must not return to work until they have been declared noncontagious.

Preventive treatment should be considered for all infected employees having direct client contact who are skin test positive but show no symptoms of tuberculosis. Routine annual chest radiographs are not a substitute for preventive treatment. Employees who complete treatment, either for disease or infection, are exempt from further routine radiographic screening, unless they develop symptoms of tuberculosis. Employees who do not complete adequate preventive therapy should have an annual assessment for symptoms of tuberculosis.

Post exposure skin tests should be provided for tuberculin negative employees within twelve (12) weeks after termination of contact to a documented case of infection.

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.

E. Conduct of Service

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

1. The Case Manager will authorize Companion services by designating the amount, frequency and duration of service for clients in accordance with the client's Service Plan/Authorization which will have been developed in consultation with the client and others involved in the client's care. The Case Manager/Service Coordinator must update the Service Plan/Authorization yearly and send to the provider. The Provider must adhere to those duties which are specified in the Service Plan/Authorization in developing the Provider task list. This provider task list must be developed by the supervisor. If the Provider identifies Companion duties that would be beneficial to the client's care but are not specified in the Service Plan/Authorization, the Provider must contact the Case Manager to discuss the possibility of having these duties included in the Service Plan/Authorization. **Under no circumstances will any type of skilled medical service or hands on care be performed by a companion.** The decision to modify the duties to be performed by the companion is the responsibility of the Case Manager, and the Service Plan/Authorization must be amended accordingly. This documentation will be maintained in the client folders.
2. The Case Manager will review a client's Service Plan within three (3) working days of receipt of the Provider's request to modify the Service Plan.
3. The Case Manager/Service Coordinator will notify the Provider immediately if services to a client are to be terminated. However, the Provider should refer to the language in the Community Long Term Care Services Provider Manual on page 1-6 regarding the provider's responsibility in checking the client's Medicaid eligibility status.
4. As part of the conduct of service, the supervisor of Companion services must:
 - a. Perform an initial visit to the clients home within 90 days of the start of services and provide on-site supervision at least once every 365 days thereafter for each client and phone contact with the client or responsible party as needed.
 - b. Each supervisory visit will be documented in the client's file and recorded in care call. The Supervisor's report of the on-site visits will include, at a minimum:
 1. Documentation that services are being delivered consistent with the Service Plan/Authorization;
 2. Documentation that the client's needs are being met;

3. Reference to any complaints which the client or family member/responsible party has lodged; and,
 4. A brief statement regarding any changes in the client's service needs.
 - c. Supervisors will provide assistance to companions as necessary.
 - d. Supervisors will be immediately accessible by phone and/or beeper during any hours services are being provided under this contract. If the Companion supervisory position becomes vacant, DHHS must be notified no later than the next business day.
5. In addition, the Provider must maintain an individual client record that documents the following items:
 - a. The Provider will initiate Companion services on the date negotiated with the Case Manager and indicated on the Medicaid home and community-based waiver 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 Provision Form/Authorization.
 - b. The Provider will notify the Case Manager within two (2) working days of the following client changes:
 1. Client's condition has changed and the Service Plan/Authorization no longer meets client's needs or the client no longer appears to need Companion services.
 2. Client dies, is institutionalized, or moves out of the service area.
 3. Client no longer wishes to participate in a program of Companion services.
 4. Knowledge of the client's Medicaid ineligibility or potential ineligibility.
 - c. The Provider will maintain a record keeping system which documents the delivery of services in accordance with the CLTC Service Plan. The provider shall not ask the client/responsible person to sign any log or task sheet. Task sheets must be reviewed every two (2) weeks by the supervisor.
 - d. Whenever two consecutive attempted visits occur, the local CLTC 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

client is not at home or refuses services.

- e. The Provider will inform clients of their right to complain about the quality of Companion services provided and will give clients information about how to register a complaint. Complaints which are made against companions will be assessed for appropriateness and for investigation by the Provider. All complaints which are to be investigated will be referred to the Supervisor who will take any appropriate action.

F. Administrative Requirements

1. The Provider shall designate an individual to serve as the administrator for services who shall employ qualified personnel and ensure adequate staff education, in-service training, and employee evaluations. This does not have to be a full-time position, however, the designated administrator will have the authority and responsibility for the direction of services for the provider Agency. The Provider shall notify the Department of Health and Human Services (DHHS) within three (3) working days in the event of a change in the administrator, address, telephone number, or of an extended absence of the agency administrator.
2. The organization, administrative control and lines of authority for the delegation of responsibility down to the hands-on client care level staff shall be set forth in writing. This shall be readily accessible to all staff and shall include an organizational chart that includes names. A copy of this shall be forwarded to SCDHHS at the time the contract is implemented. Any future revisions or modifications shall be distributed to all staff of the Provider agency and to SCDHHS.
3. The Provider must have written bylaws or equivalent which are defined as "a set of rules adopted by the Provider organization for governing the organization's operations." Such bylaws shall be available to staff of the Provider and the DHHS upon request.
4. Administrative and supervisory functions shall not be delegated to another organization.
5. A governing body or designated persons shall assume full legal authority for the operation of the Provider. A listing of the members of the governing body shall be available to the DHHS upon request.
6. The Provider shall acquire and maintain liability insurance and workers compensation insurance during the life of this contract to protect all paid and volunteer staff, including board members, from liability and/or injury incurred while acting on behalf of the Provider. The Provider agency shall annually furnish a copy of the current insurance policies to the DHHS.

7. The Provider will develop and maintain a State approved Policy and Procedure Manual which describes how activities will be performed in accordance with the terms of the contract and which includes the agency's emergency plan. (This emergency plan is specific to weather, fire, floods, etc.) The policy and procedure manual shall be available during office hours for the guidance of the governing body, personnel, and to the DHHS upon request.
9. The Provider shall conform to applicable federal, state, and local health and safety rules and regulations, and have an on-going program to prevent the spread of infectious diseases among its employees.
10. The Provider agency shall ensure that key agency staff, including the agency administrator or Supervisor, be accessible in person, by telephone, or by beeper during compliance review audits conducted by SCDHHS.
11. The Provider shall maintain an office open and available by telephone during normal business hours and staffed with qualified personnel. Client records must be maintained at the address indicated in the contract and must be made available, upon request, for review by SCDHHS.

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