

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

A. Objective

The objective of the services is to provide skilled medical monitoring, direct care, and intervention to maintain the client through home support. This service is necessary to avoid institutionalization.

B. Condition of Participation

1. Agencies of Medicaid nursing 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 hour of direct nursing care provided to the client. The amount of time authorized does not include travel time.
2. The number of units and services provided to each client will be dependent upon the needs as established, or approved, by CLTC/DDSN.
3. Nursing services will provide skilled medical services as ordered by the physician and will be performed by a registered nurse (RN) or licensed practical nurse (LPN) who will perform their duties in accordance with state law.

D. Staffing

The provider must maintain individual records for all employees.

1. The RN or LPN must meet the following requirements:
 - a. Supervised by an RN;
 - b. Licensed by the State of South Carolina to practice nursing;
 - c. Have at least one year experience in public health, hospital, or long term care nursing; and,
 - d. Have necessary experience and expertise to perform the skilled services ordered by the physician; and,
 - e. Have a minimum of six hours relevant in-service training per year (based on date of employment) for each nurse.

f. 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).

2. In addition, services must also adhere to the following:
 - a. The RN supervisor will be accessible via beeper/phone at all times the RN or LPN is on duty; and,
 - b. The RN supervisor will decide the frequency of supervisory visits based on his/her professional knowledge of the client's situation and health status; however, this may be no less frequently than every 90 days for LPNs and 180 days for RNs. These visits will include a re-evaluation of the client's condition as well as updating of the plan of care.

E. Conduct of Service

The provider must maintain documentation showing that it has complied with the requirements of this section. An individual client record must be maintained.

1. CLTC/DDSN will authorize nursing services by designating the amount, frequency, and duration of service for clients in accordance with the client's Plan of Service. This documentation will be maintained in the client's file.
2. CLTC/DDSN will review the client's Plan of Service within three days of receipt of the provider's request to modify the plan.
3. CLTC/DDSN will notify the provider immediately if a client becomes medically ineligible for services and will make every effort to verify Medicaid eligibility on a monthly basis. However, the provider should refer to the language in the DHHS Community Long Term Care Services Provider Manual on pages 1-6 regarding the provider's responsibility in checking the client's Medicaid eligibility.
4. Prior to the initiation of nursing services, the provider will conduct an assessment and develop a plan of care. This must be done by an RN. If services are to be provided by an LPN, the plan of care must be developed

by the RN supervisor. The provider must send the plan of care to CLTC/DDSN which includes treatment plan and goals. If applicable, recommendations to change the service schedule from the initial authorization may be sent to CLTC/DDSN.

5. The provider will be responsible for procuring the direct care skilled nursing orders from the physician. The physician's orders must be updated at least every 90 days and maintained in the client record.
6. Nursing services must begin on the date negotiated by CLTC/DDSN and the nursing services provider. Payment will not be made for nursing services provided prior to the authorized start date.
7. The provider must have a back up plan in the event the scheduled nurse cannot complete the client visit.
8. The provider will notify CLTC/DDSN within two working days of the following client changes:
 - a. Client's condition has changed and the Plan of Service no longer meets the client's needs or the client no longer needs nursing services;
 - b. Client is institutionalized, dies or moves out of the service area;
 - c. Client no longer wishes to receive the nursing service; or
 - d. Knowledge of the client's Medicaid ineligibility or potential ineligibility.
9. A summary of services provided must be sent to CLTC/DDSN monthly.

F. Administrative Requirements

1. The provider agency shall designate an individual to serve as the agency administrator. This does not have to be a full time position; however, the designated administrator must have the authority and responsibility for the direction of the provider agency. The provider agency shall notify DHHS within three working days in the event of a change in the agency administrator, address, or telephone number.
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. A copy of this shall be forwarded to DHHS at the time the contract is implemented. Any future revisions or modifications shall be distributed to all staff of the provider agency and to DHHS.
3. The provider agency must have written by-laws or equivalent which are defined as "a set of rules adopted by the provider agency for governing the agency's operations." Such by-laws, or equivalent, shall be made readily

available to staff of the provider agency and shall be provided to DHHS upon request.

4. Administrative and supervisory functions shall not be delegated to another agency or organization.
5. A governing body or designated persons so functioning shall assume full legal authority for the operation of the provider agency. A listing of the members of the governing body shall be made available to DHHS upon request.
6. An annual operating budget, including all anticipated revenues and expenses related to items which would under generally accepted accounting principles be considered revenue and expense items, must be submitted to DHHS prior to the signing of the initial contract with DHHS. The provider agency must maintain an annual operating budget which shall be made available to DHHS upon request.
7. The Provider agency must acquire and maintain for the duration of the contract liability insurance and worker's compensation insurance to protect all paid and volunteer staff, including board members, from liability and/or injury incurred while acting on behalf of the agency. The Provider agency shall furnish annually a copy of the insurance policies to SCDHHS.
8. The Provider shall maintain an office open 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.
9. The provider must develop and maintain a state approved policy and procedure manual which describes how it will perform its activities in accordance with the terms of the contract.

Effective July 1, 2005