

MEDICAID HOME AND COMMUNITY-BASED WAIVER
SCOPE OF SERVICES
FOR
PERSONAL CARE I (PC I) SERVICES

A. Objectives

The objectives of PC I Services are to preserve a safe and sanitary home environment, assist clients with home care management duties and to provide needed supervision of Medicaid home and community-based waiver clients.

B. Conditions of Participation

1. Agencies desiring to be a provider of PC I services must have demonstrated experience in providing PC I or a similar service.
2. Agencies of PC I 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 aide's transportation time to and from the client.
2. The Provider shall annually provide to CLTC a list of regularly scheduled holidays, and the Provider shall not be required to furnish services on those days. The PC I 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 I Provider agency may be closed for not more than four (4) consecutive 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. Under no circumstances will any type of skilled medical service be performed. Services to be provided include:
 - a. meal planning and preparation
cleaning
laundry
shopping
home safety
errands
escort services
 - b. Limited assistance with financial matters, such as delivering payments to designated recipients on behalf

of clients. Receipts for payment should be returned to client.

- c. Assistance with communication which includes, but is not limited to, placing phone within client's reach and physically assisting client with use of the phone, and orientation to daily events.
- d. Observing and reporting on client's condition.

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 aides in terms of his/her ability to carry out assigned duties and his/her ability to relate to the client;
 - c. Able to assume responsibility for in-service training for aides by individual instruction, group meetings, or workshops;
2. Aides 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. Fully ambulatory;
 - d. Capable of following a care plan with minimal supervision.
 - e. Be at least 18 years of age.
 - f. Have documented record of having completed six (6) hours of training in the areas indicated in Section D.1.b. aide training, prior to providing services or documentation of personal, volunteer or paid experience in the care of adults, families and/or the disabled, home management, household duties, preparation of food, and be able to communicate observations verbally and in writing;
 - g. Have at least six (6) hours prorated, in-service training annually in the following areas:

1. Maintaining a safe, clean environment and utilizing proper infection control techniques;
 2. Following written instructions;
 3. Providing care including individual safety, laundry, meal planning, preparation and serving, and household management;
 4. First aid;
 5. Ethics and interpersonal relationships;
 6. Documenting services provided;
 7. Home support, e.g.,
 - cleaning
 - laundry
 - shopping
 - home safety
 - errands
 - observing and reporting the client's condition
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/Service Coordinator will authorize PC I 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 PC I 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/Service Coordinator to discuss the possibility of having these duties included in the Service Plan/Authorization. **Under no circumstances will any type of skilled medical service be performed by an aide.** The decision to modify the duties to be performed by the aide is the responsibility of the Case Manager/Service Coordinator, and the Service Plan/Authorization must be amended accordingly. This documentation will be maintained in the client folders.

2. The Case Manager/Service Coordinator 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 PC I services must:
 - a. Provide an initial visit prior to the start of PC I services for the purpose of reviewing CLTC plan of care, developing a task list for the aide and giving the client written information regarding advanced directives.
 - b. Provide on-site supervision at least once every 365 days for each client and phone and/or on-site contact with the client at least once every 120 days. Supervisors will make phone contacts or conduct on-site supervision more frequently if warranted by complaints or suspicion of substandard performance by the aide.
 - c. 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.
 - d. Supervisors will provide assistance to aides as necessary.

- e. Supervisors will be immediately accessible by phone and/or beeper during any hours services are being provided under this contract. If the PC I 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 PC I services on the date negotiated with the Case Manager/Service Coordinator 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/Service Coordinator 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 PC I services.
 - 2. Client dies, is institutionalized or moves out of the service area.
 - 3. Client no longer wishes to participate in a program of PC I services.
 - 4. Knowledge of the client's Medicaid ineligibility or potential ineligibility.
 - c. The provider will maintain a record keeping system which documents:
 - 1. **For CLTC clients:** 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.
 - 2. **For DDSN MR/RD clients:** The delivery of services and units provided in accordance with the service authorization. The provider will maintain daily logs reflecting the PCI services provided by the aides for the clients and the actual amount of time expended for the service. The daily logs must be initialed daily by the client/family member and the aide, and must be signed weekly by the client/family and signed by the Supervisor at least once every two weeks.
 - d. The Provider must have an effective written back-up service provision plan in place to ensure that the client receives the PC I services as authorized. Whenever the Provider determines that services cannot

be provided as authorized, the Case Manager/Service Coordinator must be notified by telephone immediately.

- e. For CLTC clients only: CLTC will furnish the provider weekly with a list of missed visits as identified by Care Call. The provider must indicate the reason for the missed visit on the report and return the completed form to CLTC by close of business the following week. A missed visit is defined as follows: when the client is at home waiting for scheduled services and the services are not delivered. A missed visit report is not required for DDSN clients.
- f. Whenever two consecutive attempted visits occur, the local CLTC/DDSN 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.
- g. The Provider will inform clients of their right to complain about the quality of PC I services provided and will give clients information about how to register a complaint. Complaints which are made against aides will be assessed for appropriateness and 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. An annual operating budget, including all anticipated revenue and expenses related to items which would under generally accepted accounting principles be considered revenue and expense items, must be submitted to SCDHHS prior to the signing of the initial contract with SCDHHS. The Provider agency must maintain an annual operating budget which shall be made available to SCDHHS upon request.
7. The Provider shall acquire and maintain liability insurance and worker's 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 shall furnish annually a copy of the current insurance policies to the DHHS.
8. 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 and/or its agents.
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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