

MEDICAID HOME AND COMMUNITY-BASED WAIVER
SCOPE OF SERVICES
FOR
RESPITE CARE IN A COMMUNITY RESIDENTIAL CARE FACILITY

A. Objective

The objective of Respite Care Services in a Community Residential Care Facility (CRCF) is to provide temporary care for Medicaid waiver clients who live at home and are cared for by their families or other informal support systems.

B. Conditions of Participation

Providers of respite services in a CRCF must meet all Department of Health and Environmental Control (DHEC) standards for licensure and must comply with all requirements of this scope of service.

C. Description of Services to be Provided

1. Respite care will be provided in a licensed CRCF which is contracted with the South Carolina Department of Health and Human Services (SCDHHS) to provide respite services to Medicaid waiver clients.
2. The facility must be wheelchair accessible as well as equipped with a handicapped bathroom.
3. The Unit of Service will be a patient day which is defined as a twenty-four (24) hour period, including the day of admission and excluding the day of discharge.
4. The number of units of service provided to each client is dependent upon the individual client's needs as set forth in the client's service plan, which is established or approved by the case manager or service coordinator.
5. Respite care services will be based on the physician's orders.
6. This service will not be authorized for: (1) clients who are dependent upon oxygen or mechanical ventilator; (2) Clients who require tube feedings; or (3) Clients who are diagnosed with either dementia or traumatic brain injury and have a history of wandering, unless there is documentation that appropriate safety measures are in place and until reviewed and approved by the CLTC/DDSN state office prior to admission; (4) clients who meet the Medicaid Nursing Facility skilled level of care (LOC) will not be authorized for this service until it is determined by the CLTC/DDSN State Office that the client does not require the daily attention of a nurse. This determination must be made prior to admission.

D. Staffing

At a minimum the Provider shall employ, either directly or through contractual arrangements, the minimum numbers of types of personnel necessary to maintain licensure of the facility at the appropriate level of care. In addition, the facility must be staffed by awake and dressed staff when a Medicaid home and community based waiver client is in the facility. At a minimum a certified nursing assistant must be on duty at all times when a Medicaid home and community based waiver client is in the facility.

E. Conduct of Services

1. Upon request of the Case Manager/Service Coordinator for Respite Care Services, the Provider will secure a prior admission agreement with the primary caregiver or responsible party. This agreement will set forth the scheduled period of placement, specifying admission and discharge dates, and will include a statement of understanding for the responsible party to resume care of the client after the authorized respite period.

2. The per diem rate will include all those items and supplies associated with patient care, except prescribed drugs and personal items. These items cannot be billed to Medicaid or the client by the Respite Care provider.

An example of items included in the per diem rate is: non-durable medical equipment, such as diapers and underpads.

Items that are to be supplied by the client and/or the responsible party are prescription and non-prescription medications and personal care items such as soap, mouthwash, deodorant, shampoo, and clothing.

3. Services will be provided in keeping with the client's needs and the Provider will establish a client file, which includes the physician's respite orders, home and community based waiver authorization, the facility's plan of care, and documentation of all care and services provided.

4. The Provider will notify the Case Manager/Service Coordinator within twenty-four (24) hours if the client is admitted to the hospital, dies, returns home or no longer requires Respite Care Services.

5. The Case Manager/Service Coordinator will authorize Respite Care Services by designating the amount, frequency and duration of the services for clients in accordance with the client's service plan. Services must not be provided prior to the authorized start date as stated on the service authorization form.

6. The Case Manager/Service Coordinator will use The ADHC and Respite

Services SCDHHS Form #122 to obtain the physician's order for Respite Care, which includes the client's medical history and the physical examination report (systems check-off that is not over 30 days old) from the physician. SCDHHS Form #122 will be sent to the provider prior to or at the time of the client's admission to Respite Care. In accordance with DHEC licensure regulations for CRCF's, a report of medical exam by a physician no more than 30 days before admission is required. This report will be provided on SCDHHS form #122 prior to or at the time of the client's admission to respite care.

E. 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 SCDHHS within three (3) working days in the event of a change in the agency Administrator, address, or phone 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 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 agency must have written bylaws or equivalent which are defined as "a set of rules adopted by the Provider agency for governing the agency's operations." Such bylaws or equivalent shall be made readily available to staff of the Provider agency and shall be provided to SCDHHS 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 SCDHHS 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 agency shall acquire and maintain during the life of the contract liability insurance to protect all paid and volunteer staff, including board members, from liability incurred while acting on behalf of the agency. Upon request, the Provider agency shall furnish a copy of the insurance policy to SCDHHS.

Effective July 1, 2005