

APPENDIX A-
MEDICAID HOME AND COMMUNITY-BASED WAIVER
SCOPE OF SERVICES
FOR
ADULT DAY HEALTH CARE SERVICES

A. Objective

The objective of Adult Day Health Care (ADHC) services is to restore, maintain, and promote the health status of Medicaid Home and Community-Based waiver participants through the provision of ambulatory health care and health-related supportive services in an ADHC center.

B. Conditions of Participation

1. The ADHC provider must maintain a current Adult Day Care license from the South Carolina Department of Health and Environmental Control (SCDHEC) or an equivalent licensing agency for an out-of-state provider.
2. Providers must use the automated systems mandated by Community Long Term Care (CLTC) to document and bill for the provision of services.
3. Providers must accept or decline referrals from SCDHHS or SCDDSN within two (2) working days. Failure to respond will result in the loss of the referral.
4. The provider will be responsible for verifying the participant's Medicaid eligibility when it has accepted 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.
5. 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.

C. Description of Services to Be Provided

1. The unit of service will be a participant day of ADHC services consisting of a minimum of five (5) hours at the center. The five (5) hours does not include transportation time. The unit of service will be a minimum of four (4) hours when the participant has a scheduled medical appointment requiring him or her to leave early or arrive late. If a participant arrives late or leaves early due to a medical appointment, the provider must notify the CM/SC Note: When a participant needs to be at the center for more than five (5) hours per day due to no one being at home to care for participant, the ADHC must allow the participant to remain at the center for up to eight (8) hours.

2. The ADHC center must operate at least eight (8) hours a day Monday through Friday. The hours of operation may be any eight (8) hours between 7:00 am and 6:00 pm. The provider understands and accepts that any deviation in hours or days of operation during the contract period requires notice to and approval by the Department Head of Provider Relations and Compliance, Division of CLTC Waiver Management in order for the services to be covered.
3. The number of days a participant attends each week is determined through the Medicaid Home and Community-Based waiver service plan and indicated on the current service authorization.
4. The provider must either provide directly, or make sub-contractual arrangements (only nurses can be sub-contracted), for some but not all of the following non-billable services which are included in the daily rate:
 - a. Daily nursing services performed by an RN or under the supervision of an RN as permissible under State law to monitor vital signs as needed; to observe the functional level of the participant and note any changes in the physical condition of each participant; to supervise the administration of medications and observe for possible reactions; to teach positive health measures and encourage self-care; to coordinate treatment plans with the physician, therapist, and other involved service delivery agencies; to supervise the development and implementation of a care plan; to appropriately report to the participant's physician and/or the CM/SC any changes in the participant's condition. The RN must approve the documentation of the services provided.
 - b. Supervision of, assistance with and training in personal care and activities of daily living including dressing, personal hygiene, grooming, bathing and clothing maintenance.
 - c. Daily planned therapeutic activities to stimulate mental activity, communication and self-expression. These include reality orientation exercises, crafts, music, educational and cultural programs, games, etc.
 - d. One meal and one snack per day with the meal meeting 1/3 of the daily recommended dietary allowances (RDA) for this age group as adopted by the United States Department of Agriculture. Special diets prescribed by the attending physician must be planned and prepared with consultation from a registered dietitian as needed.
5. The provider will incorporate in the center's operational procedures adequate safeguards to protect the health and safety of the participants in the event of a medical or other emergency.

D. Staffing

1. The minimum staffing requirements must be consistent with SCDHEC licensing requirements (ie. one direct-care staff for every eight participants). In addition to the minimum staffing standards required by SCDHEC licensing, the following staffing standards for nurses and case managers apply whenever Home and Community-Based waiver participants are present. All nurse staffing and care must be provided in accordance with the South Carolina Nurse Practice Act. Should the RN position become vacant, the ADHC Provider must notify the local CLTC office no later than the next business day. The Director of the Division of CLTC Waiver Management must approve any deviations from these staffing patterns in writing.

For 1-44 Home and Community-Based waiver ADHC participants: one RN must be present as follows:

1 – 10 participants	2 hours minimum
11 – 20 participants	3 hours minimum
21 – 25 participants	4 hours minimum
26 – 35 participants	5 hours minimum
36 – 44 participants	6 hours minimum

For 45 – 88 Home and Community-Cased waiver ADHC participants: one RN and one additional RN or LPN must be present for a minimum of five hours whenever Home and Community-Based waiver participants are present.

For 89 - 133 Home and Community-Based waiver ADHC participants:

- a. one RN and two additional RNs or LPNs; or
 - b. one RN, one additional RN or LPN and one case manager.
- Required nursing and case management staff must be present for a minimum of five hours whenever Home and Community-Based waiver participants are present.

For 134 - or more Home and Community-Based waiver ADHC participants:

- c. one RN and three additional RNs or LPNs; or,
 - d. one RN, and two additional RNs or LPNs and one case manager.
- Required nursing and case management staff must be present for a minimum of five hours whenever Home and Community-Based waiver participants are present.

2. The provider must have a nursing supervisor on staff with the following qualifications:
 - a. A Registered Nurse (RN) currently licensed by the S.C. State Board of Nursing, by a state that participates in the Nursing Compact, or by an appropriate licensing authority of the state in which the ADHC provider is located for an out-of-state provider; and

- b. A minimum of one year's experience in a related health or social services program; and
- c. A minimum of one year's administrative or supervisory experience.

Providers are required to verify nurse licensure and license status initially and upon renewal. A copy of the current license must be maintained 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>

- 3. For ADHC providers with 89 or more Home and Community-Based waiver participants who employ a case manager to meet staffing requirements of section D. 1, the case manager must have a bachelor's degree in health or social services.
- 4. Aides working at the ADHC center must meet minimum staffing requirements consistent with SCDHEC licensing requirements.
- 5. The provider must check the CNA abuse registry and the OIG exclusions list for all staff at the center. 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

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

- 6. PPD Tuberculin Test –

Please refer to SCDHEC 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).

- 7. 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 employee's criminal background, i.e. felony conviction, year of conviction.
- Documentation signed by the participant/responsible party acknowledging awareness of the employee's criminal background and agreement to attend the center 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 center 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.

8. Personnel Records

The provider must maintain personnel records, for each employee, including contracted personnel, which document the qualifications necessary to meet parts C.4 and D of this contract.

E. Conduct of Services

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

1. The provider will be notified by the CM/SC of the pending referral.
2. The provider will obtain the DHHS form 122DC from the physician and notify the CM/SC of its receipt. The form must include recommendations regarding limitations of activities, special diet, and medications. The CM/SC will authorize the amount, duration and frequency of services for the participants in accordance with the participants' needs. Subsequent physical examinations or periodic health screening to determine the participant's ability to continue in the program will be required at least every two years. These must contain the same elements as the initial physical examination report. The ADHC provider is responsible for procuring the initial and all subsequent physical examination reports. A blank copy of this form can be obtained on the SCDHHS website:

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

3. For CLTC waiver participants, the provider's RN will prepare a care plan for the participant that is based on the CLTC service plan. When there is a change in the CLTC service plan that will affect the ADHC service, the provider's RN must update their care plan to reflect the change.

For DDSN waiver participants, the Service Coordinators will submit a service authorization. The service authorization, in addition to DHHS Form 122DC obtained by the ADHC provider, should be used to develop a care plan.

4. The provider will initiate ADHC services on the date negotiated with the CM/SC and indicated on the Medicaid Home and Community-Based waiver service authorization. The CM/SC must be notified if services are not initiated on that date. Services provided prior to the service authorization date are not reimbursable.
5. The provider must have a daily schedule/activity plan that provides for the delivery of all required services to all participants.
6. The provider will develop and maintain a Policy and Procedure Manual which describes how activities will be performed in accordance with the terms of the contract.
7. The provider will maintain a daily attendance log documenting the arrival and departure times of each participant. A separate log will be maintained indicating staff in attendance and their arrival and departure times.
8. The provider will notify the CM/SC within two (2) working days of the following participant changes:
 - a. Participant's condition has changed or the participant no longer appears to need ADHC services.
 - b. Participant is institutionalized, dies or moves out of service area.
 - c. Participant no longer wishes to participate in ADHC services.
 - d. Provider becomes aware of the participant's Medicaid ineligibility or potential ineligibility.
 - e. Participant does not attend the day care on an authorized day and Provider has not been notified of reason for absence.
9. The provider will maintain a record keeping system which establishes a participant profile in support of the units of ADHC services delivered, based on the Medicaid Home and Community-Based waiver service authorization. Individual participant records must be maintained and contain the service authorization, the ADHC's care plan (which is approved and signed by the

provider's RN), the Medicaid Home and Community-Based waiver CLTC Mode of Transportation form, the DHHS Form 122DC, and daily documentation of all care and services provided. Daily documentation must be made available to SCDHHS/SCDDSN upon request.

For SCDHHS authorized services, the ADHC care plan must be based on the CLTC Service Plan and the CLTC Service Plan must be maintained in the participant file.

For DDSN waiver participants, the ADHC care plan must be based on the service authorization and the DHHS Form 122DC. This information must be maintained in the participant file.

F. Overview of compliance review process

The 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.

Following is a chart that 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. 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

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

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.

G. 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 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 during the life of the contract liability insurance and workers' 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. Each September the provider must provide to SCDHHS, a list of regularly scheduled holidays for the coming year. The provider will not be required to furnish services on those days. A copy of the scheduled holiday list must be posted in a visible location at the center.

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