

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 clients 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 Department of Health and Environmental Control (DHEC) or equivalent licensing agency for an out-of-state provider.
2. Agencies of Adult Day Health Care services must agree to participate in the Care Call monitoring and payment services.

C. Description of Services to Be Provided

1. The Unit of Service will be a client-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 four (4) hours when the participant has a medical appointment requiring him or her to leave early or arrive late. The Case Manager must be notified within three (3) working days when a participant arrived late or left early due to a medical appointment. Individuals authorized under the Mental Retardation/Related Disabilities (MR/RD) waiver, the client-day may be less if the individual's condition so warrants and the provider is advised accordingly on the DDSN service authorization.
2. The ADHC center must be open Monday through Friday at least eight hours a day. The hours of operation may be any eight hours between 7:00 am and 6:00 pm. The Provider shall annually provide to SCDHHS, Division of CLTC a list of regularly scheduled holidays and the Provider shall not be required to furnish services on those days. A copy of this list will be posted in a visible location at the day care center. Any deviation in hours or days of operation during the contract period requires prior approval by the Department Head of Provider Relations and Compliance, Division of CLTC Waiver Management.
3. The number of days a client attends each week is determined through the Medicaid home and community-based waiver service plan and indicated on the service authorization.
4. The Provider must either provide directly, or make sub-contractual arrangements, 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 client and note any changes in the physical condition of each client; 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 client's physician and/or the Case Manager/Service Coordinator any changes in the client's condition. Documentation of service provision must be approved by the RN.
- b. Supervision of, Assistance with and Training in Personal Care and Activities of Daily Living including dressing, personal hygiene, grooming, bathing and maintenance of clothing.
- 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 a Snack per day with the meal meeting 1/3 of the daily recommended dietary allowances (RDA) for this age group as adopted by 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.
- e. Client Transportation to and from the center must be provided by the Provider for all clients-who reside within fifteen (15) miles of the center using the most direct route, door to door, from the center to the client's place of residence or other location as agreed to by the provider and as indicated on the service authorization. The mode of transportation must be an enclosed vehicle with adequate ventilation, heat, air conditioning, and provision for wheelchair bound clients as needed.

Providers who are directly providing transportation to clients will provide assistance to the client from the door of the client's residence to the vehicle and from the vehicle to the door of the client's residence or other location as agreed to by the provider and as indicated on the service authorization.

5. The Provider will incorporate in the procedures for operation of the center adequate safeguards to protect the health and safety of the clients in the event of a medical or other emergency.

#### D. Staffing

1. The minimum staff requirements must be consistent with licensing requirements (one direct-care staff for every eight participants). In addition to

the minimum staffing standards required by licensing, whenever home and community-based waiver clients are present the following staffing standards for nurses and case managers apply. All nurse staffing and care must be provided within the scope of 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. Any deviations from these staffing patterns must be approved in writing by the (SCDHHS), Director, Division of CLTC Waiver Management.

For 1-35 home and community-based waiver ADHC clients: one RN must be present as follows:

1 – 10 clients	2 hours minimum
11 – 20 clients	3 hours minimum
21 – 25 clients	4 hours minimum
26 – 35 clients	5 hours minimum

For 36 – 60 home and community-based waiver ADHC clients: one RN and one additional RN or LPN must be present for a minimum of five hours whenever home and community-based waiver clients are present.

For 61 – 90 home and community-based waiver ADHC clients:

- 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 clients are present.

For 91-or more home and community-based waiver ADHC clients:

- 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 clients are present.

2. The ADHC provider must have on staff a Nursing Supervisor with the following qualifications:
  - a. Registered Nurse (RN) currently licensed by the S.C. State Board of Nursing or appropriate licensing authority of the state in which the ADHC provider is located for an out-of-state provider; and
  - b. Minimum of one year experience in a related health or social services program; and
  - c. Minimum of one year administrative or supervisory experience.
3. For ADHC providers with 61 or more home and community based waiver clients who employ a case manager to meet staffing requirements of section D. 3 and D.4, the case manager must have a bachelor's degree in health or human science with case management study.

4. Aides working at the ADHC must meet minimum staffing requirements consistent with licensing requirements.
5. Drivers employed by ADHC who transport home and community-based waiver clients must have a valid drivers license and be certified in first aid.
6. 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) 898-0685).

#### 7. Personnel Records

Provider must maintain individual personnel records, for each employee, including contracted personnel, which document the qualifications necessary to meet part 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 Case Manager/Service Coordinator will request ADHC services by authorizing the amount, duration and frequency of service for clients in accordance with the client's needs. Services must be provided as authorized.
2. The Case Manager/Service Coordinator will obtain the signed and dated physician's order for ADHC and a physical examination report (SCDHHS Form #122) that is not over sixty (60) days old. The report must include recommendations regarding limitations of activities, special diet, and medications. This will be sent to the provider prior to or at the time of admission to ADHC. Subsequent physical examinations or periodic health screening to determine the client'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 will be responsible for procuring the subsequent physical examination reports.
3. The Case Manager/Service Coordinator will notify the Provider immediately if a client becomes medically ineligible for Medicaid home and community-based waiver services. The Case Manager/Service Coordinator will make every effort to verify Medicaid eligibility on a monthly basis. However, the Provider should refer to the language in the Community Long Term Care

Services Provider Manual regarding the provider's responsibility in checking the client's Medicaid card.

4. The Case Manager/Service Coordinator will review a client's needs within three (3) working days of receipt of a written request from the Provider to modify the CLTC Service Plan/DDSN Service Authorization.
5. Providers must have a daily schedule/activity plan that provides for the delivery of all required services to all clients.
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 client and staff member. A separate log will be maintained indicating staff in attendance and arrival and departure times.

In addition, the provider must maintain an individual client record that documents the following items:

8. The Provider will initiate ADHC services on the date negotiated with the Case Manager/Service Coordinator and indicated on the Medicaid home and community-based waiver authorization. The case manager/service coordinator must be notified should services not be initiated on that date. Services provided prior to the Medicaid authorization date are not reimbursable.
9. The Provider will notify the Case Manager/Service Coordinator within two (2) working days of the following client changes:
  - a. Client's condition has changed or the client no longer appears to need ADHC services.
  - b. Client is institutionalized, dies or moves out of service area.
  - c. Client no longer wishes to participate in ADHC services.
  - d. Knowledge of the client's Medicaid ineligibility or potential ineligibility.
  - e. Client does not attend the day care on an authorized day and provider has not been notified of reason for absence.
10. The Provider will maintain a record keeping system which establishes a client profile in support of the units of ADHC services delivered, based on the Medicaid home and community-based waiver authorization. Individual client records must be maintained and contain the Medicaid home and community-based waiver authorization, the ADHC's care plan (which is approved and signed by the RN), the Medicaid home and community-based waiver CLTC Mode of Transportation form, the Physician Orders(DHHS Form 122), and

daily documentation of all care and services provided. In addition, for CLTC authorized services, the ADHC care plan must be based on the CLTC Service Plan and the CLTC Service Plan must be maintained in the client record.

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 SCDHHS 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 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 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.

**Effective July 1, 2006**