

APPENDIX A

MEDICAID HOME AND COMMUNITY-BASED WAIVER SCOPE OF SERVICES FOR CASE MANAGEMENT SERVICES

A. Objective

The objective of Case Management is to provide service counseling and support and to assist Participants in coping with changing needs and with making decisions regarding long term care. Case Management also ensures continued access to appropriate and available services.

B. Conditions of Participation

1. The Provider must have demonstrated experience in the health and human service field.
2. The Provider must be able to provide Case Management in a county(s) specified geographic area. Case Managers servicing multiple area offices must designate a CLTC office for training and meetings.
3. The Provider and provider staff must be independent of the service delivery system and not a provider of services which could be incorporated into a CLTC participant's plan of care, including but not limited to CLTC waiver services, home health services, and nursing facility services.
4. The Provider will be responsible for provision of all supplies and tools necessary to carry out case management functions. The Provider will be responsible for assuring each Case Manager has a laptop computer meeting SCDHHS specifications.
5. The Provider and provider staff must not be employed by, consulting to, or contracted with any company providing services which could be included in a plan of care.
6. The Provider will ensure that Case Managers do not service members of his/her own immediate family.
7. The Provider will ensure Case Managers are available by telephone to Participants and SCDHHS staff Monday through Friday, 8:30 A.M. to 5:00 P.M., and, if there is other employment, the Provider will guarantee accessibility to the program. Case Managers must also be available to meet with SCDHHS staff in area offices, upon reasonable notice, for certain purposes, including, but not limited to:
 - a. discussing quality assurance findings
 - b. participating in team staffings

- c. attending training and meetings on policy updates
 - d. conducting case transfers
 - e. team staff new cases within two (2) days of receiving referral, excluding Saturday and Sunday;
 - f. check voice mail at least twice daily Monday-Friday, excluding holidays;
 - g. returns calls related to Participant care within twenty-four (24) hours of message, excluding Saturday and Sunday,
 - h. sync with the Phoenix System prior to any field activity to verify services and daily if any work has been performed;
 - i. report all missing charts to Area Administrator/Lead Team immediately;
 - f. check and respond to e-mails daily, Monday-Friday
8. The Provider will ensure that each Case Manager utilizes the Care Call monitoring and payment system. Care Call billing must be completed at the time of the Case Management activity. For monthly contacts, this means that the Care Call documentation should be completed immediately after the contact is made. For home visits, the documentation should be completed while in the Participant's home.
 9. The Provider will ensure that each Case Manager providing Case Management services uses the Phoenix System to document Case Management activities and produce all necessary reports.
 10. The Provider will ensure that each Case Manager meets the Training Requirements set out in Article F of this document.

C. Description of Services to Be Provided

The unit of service will be one (1) calendar month, or any portion there of, commencing on the date that the Participant is entered into Case Management. This unit will include all necessary Case Management activities performed during that month.

1. The Provider shall submit to SCDHHS a list of regularly scheduled holidays and the Provider shall not be required to furnish services on those days. The Provider 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, the Provider may be closed for not more than four (4) consecutive days.
2. Case Management activities must be performed within reasonable hours as set forth in the Policy and Procedure Manual.

3. The Case Manager must use professional judgment in allotting a sufficient amount of time to complete each participant-related activity for which she/he is billing, including Monthly Contacts and Initial, Quarterly, and Re-evaluation Visits. If Care Call shows that the amount of time spent to complete the billed activities for a particular day does not meet CLTC's expectations of the time necessary to complete those activities, then in SCDHHS' sole discretion, CLTC may conduct an investigation and may recoup payments for those activities from the Provider.

D. Case Management

1. Cases will be assigned in accordance with the Participant's choice.
2. Provider must notify SCDHHS within two (2) days of its intent to accept or decline a referral for Participant service. Once a case is accepted, team staffing must occur within two (2) days.
3. Case Management services to be provided include the following activities:
 - a. Initial visit as first billable activity unless it has already been completed or a monthly contact is the appropriate action based on Participant need.
 - b. Developing, monitoring and ongoing evaluation of the service plan, to include team staffing.
 - c. Authorizations for waiver services (including initial authorization, changes, and terminated authorizations). Contact with chosen Provider must be made prior to issuance of authorization.
 - d. Ongoing problem solving to address Participant's needs.
 - e. Resource assessment and development with referrals to other agencies, as needed.
 - f. Service coordination to include coordination of community-based support and participation in interagency case staffings.
 - g. Case monitoring, monthly or more often as appropriate.
 - h. Reevaluation to include team staffing with state staff.
 - i. Level of care review and determination.
 - j. Service counseling with participant and families.
 - k. Case termination and transfer.

4. Case Management services must be provided in accordance with the CLTC Services Provider manual, the CLTC program policies and procedures, the applicable SCDHHS policies and procedures, and the applicable federal and state statutes and regulations. All of the foregoing provisions, policies, procedures, statutes and regulations (together with any subsequent amendments) are hereby incorporated as an integral part of this Scope of Service.
5. Once a case has been relinquished or transferred to another provider, Provider must cease any contact with the Participant and/or responsible party.

E. Staffing – Provider must adhere to the following provisions related to staffing:

1. Case Managers must not have a felony conviction of any kind. Hiring of employees with misdemeanor convictions will be at the discretion of the Provider. Employees hired prior to July 1, 2007 will not be required to have a criminal background check.
2. Case Managers must have a current valid driver's license.
3. Case Managers must have demonstrated skills in computer hardware/software access and usage.
4. When servicing Participants, Case Managers must display a picture identification badge identifying agency/organization or independent status.
5. Routine ongoing Case Management will be conducted by one of the following:
 - a. Social Workers licensed by the state of South Carolina
 - b. Individuals with a Bachelors degree in Social Work or a Masters degree in Social Work who are not licensed but have at least two (2) years experience in a health or social related field
 - c. Registered nurses currently licensed by the state of South Carolina or by a state that participates in the Nursing Compact.
 - d. Professional Counselors currently licensed by the state of South Carolina
 - e. Certified Geriatric Care Managers
 - f. An individual who does not meet any of the requirements of a – e above, but was enrolled and active, or hired through by the Provider prior to July 1, 2007 and has been employed continuously since that time.
 - g. All Case Managers who have professional licenses must comply with the continuing education requirements necessary for their specific licensure.

h. All Case Managers who do not have professional licenses must have a minimum of ten (10) hours relevant in-service training per calendar year (The annual ten-hour requirement will be on a pro-rated basis during the first year of employment). Documentation shall include topic, name and title of trainer, training objectives, outline of content, length of training, location, and outcome of training. Topics for specific in-service training may be mandated by SCDHHS.

6. Case Managers must agree to accept a minimum of thirty-five (35) cases and cannot carry a caseload of over eighty-five (85) cases without the approval of CLTC. Once a case has been accepted, it must be retained by the assigned Case Manager for ninety (90) days unless otherwise requested by Participant choice.

7. PPD Tuberculin Test

The Provider must comply with the PPD Tuberculin test requirements found on the Department of Health and Environmental Control website, Regulation 61-75—Standards for Licensing at www.scdhec.gov/health/licen/hladcinfo.htm

If Provider requires additional information, Provider should contact the Tuberculosis Control Division, Department of Health and Environmental Control, 1751 Calhoun Street, Columbia, S.C. 29201 (telephone: (803) 898-0558).

8. Personnel folders: Individual records will be maintained to document that each member of the staff has met the above requirements

F. Case Management Training

1. All Case Managers must attend Medicaid sponsored case management training and obtain passing scores on all Competency tests administered by Medicaid.

2. Case Managers identified by quality reviews as needing remedial training must attend training and obtain passing scores on all competency tests.

3. Case Managers who do not obtain passing scores on all competency tests must not be assigned any Medicaid cases.

4. All new Case Managers must attend SCDHHS CLTC orientation and complete forty (40) hours of training before being assigned cases.

5. Case Managers must attend all policy training given by regional trainers in their region during the first twelve (12) months of servicing Participants.

6. All new Case Managers must complete forty (40) hours of SCDHHS CLTC training within two (2) consecutive weeks of beginning of training.

7. If the Case Manager is not in the first or second training cycle after attending SCDHHS CLTC orientation, then the Case Manager must attend another orientation session to be eligible for training.
8. First month case assignments must be coordinated with the regional trainer to ensure adequate case coverage with no assignments of re-evaluations to any new employee without prior authorization.

G. Compliance

Sanction Process for Case Management Providers that will apply when providers do not adhere to the minimum standards set forth by CLTC. CLTC will review provider compliance with case management program requirements on an ongoing basis. Failure to comply with the requirements will result in the application of sanctions to include case load reduction, suspension, recoupment, and/or termination.

1. **Recoupment:** Case Management services that have been billed but are out of compliance with policy and procedures may be recouped from the Provider.
2. **Case load reductions:** The case manager's case load will be reduced at a minimum of 10 percent (10%) for a minimum of sixty (60) days. Case managers must comply with corrective action plans before any cases are reassigned.
3. **Suspension:** The case management provider is removed from provider choice list. The provider will not be allowed to be listed on the participant's choice list for the duration of the sanction. The minimum period of suspension is one month. Providers who are suspended must complete corrective action plans before suspension is lifted.
4. **Termination:** The cancellation of the provider's enrollment in the Medicaid (CLTC) program resulting in denial of Medicaid participation of a period of three (3) years. After two (2) suspensions for any reason, a third suspension in a two year period will result in sanctioning of the provider indicated above.

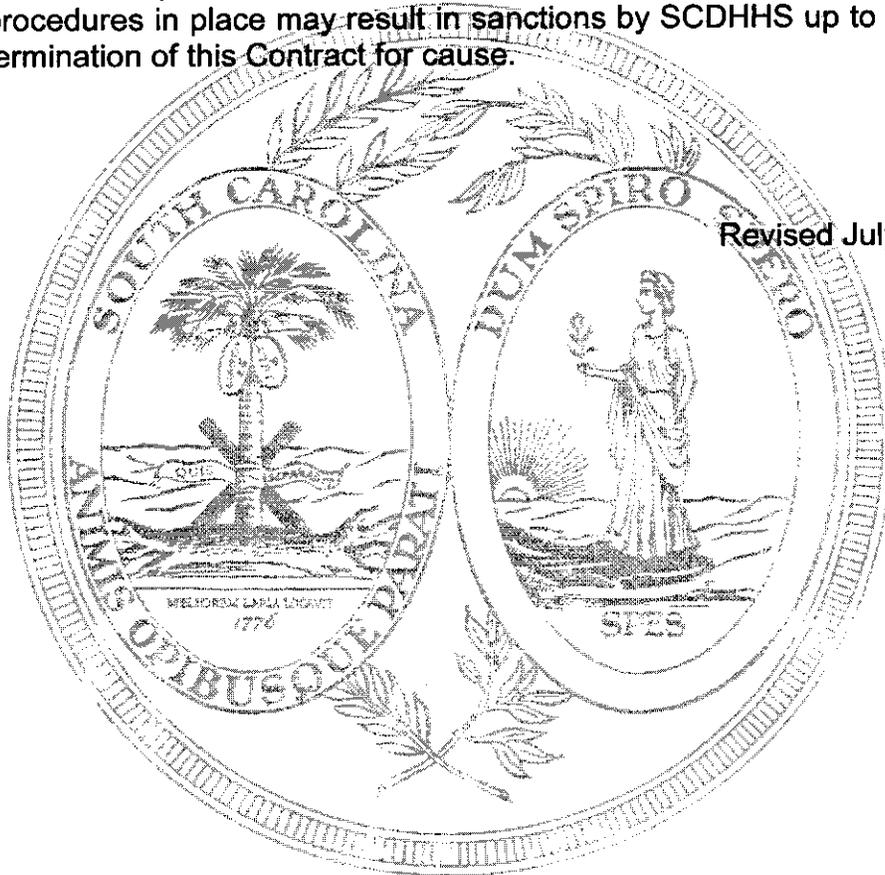
H. Administrative Requirements

1. The Provider must maintain an up-to-date organizational chart that is available to each employee.
2. The Provider must maintain written bylaws (or the equivalent) for governing the Provider's operations.
3. The Provider shall not enter into any subcontract without prior written approval from SCDHHS.
4. The Provider must assure SCDHHS that a governing body or person(s) so functioning shall assume full legal authority for the operation of the provider agency.

5. The Provider shall acquire and maintain, during the life of the contract, general liability insurance and worker's compensation insurance as required in Article IX paragraph D. The Provider is required to list SCDHHS-CLTC as certificate holder for notice purposes on all insurance policies using the following address: Post Office Box 8206, Columbia, South Carolina, 29202-8206.
6. The Provider will be responsible for continuing Case Management activity for all cases in each caseload for the entire month. Should the Provider be unable to cover a case(s), the Provider shall immediately notify SCDHHS/CLTC in writing.
7. The Provider must have an effective written back-up service provision plan in place to ensure that the participant receives the Case Management services as authorized. Whenever the Provider determines that services cannot be provided as authorized, the Area Administrator/Lead Team Case Manager must be notified by telephone immediately.
8. All participant records will be maintained in the CLTC office and will be available to CLTC and to the Provider during normal working hours, as needed. The files will be retained and archived pursuant to the record retention requirements of this contract and state archiving policies.
9. Upon request by SCDHHS, the Provider will be responsible for appropriate participation in the SCDHHS Appeals and Hearings process with respect to appeals of any action involving the Provider within the scope of this contract.
10. The Provider will conduct an on-site supervisory visit within fifteen (15) days or sooner as requested by CLTC Central Office of a request by the CLTC Area Administrator and/or Central Office when problems have been identified.
11. The Provider is subject to recoupment for payments made for services as a result of authorizations issued by provider staff not consistent with CLTC policies and procedures and in accordance with the CLTC Case Management Recoupment Guidelines.
12. The Provider must disclose to SCDHHS the names and relationships of any relatives of the Provider or its staff who provide items or services to Medicaid Participants. For purposes of this Contract, the Provider means all owners, partners, managing employees, directors and any other person involved in the direct management and/or control of the business of the Provider. The Provider's staff includes everyone who works for or with the Provider, including independent contractors, in the provision of or billing for services described in this Contract. Relatives means persons connected to the Provider by blood or marriage.

The Provider must disclose all such relationships in writing to (insert position title), CLTC, SCDHHS, within thirty (30) days of learning of the relationship. The Provider, in executing this Contract, certifies that it has in place policies, procedures or other mechanisms acceptable to SCDHHS to identify and report these relationships.

Failure to report a relationship timely or to have the appropriate policies and procedures in place may result in sanctions by SCDHHS up to and including termination of this Contract for cause.



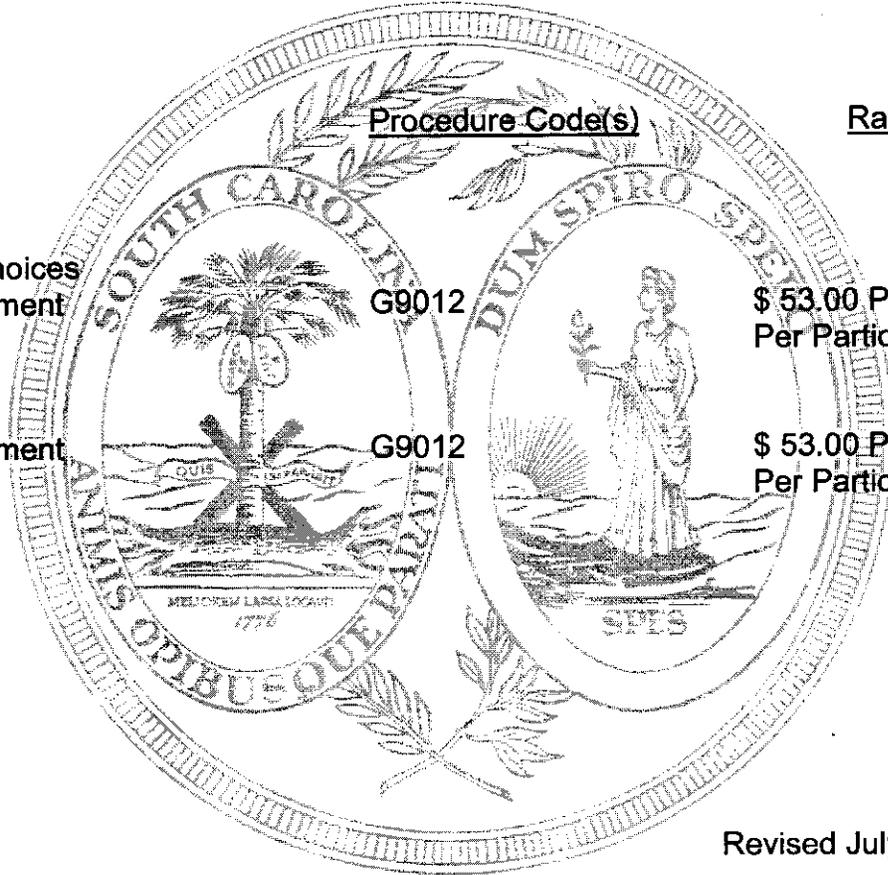
Revised July 1, 2011

APPENDIX B-1

RATES EFFECTIVE JULY 1, 2011- JULY 7, 2011

Provider shall provide the following services at the specified unit rates:

<u>Service(s)</u>	<u>Procedure Code(s)</u>	<u>Rate(s)</u>
Community Choices Case Management	G9012	\$ 53.00 Per Month/ Per Participant
HIV/AIDS Case Management	G9012	\$ 53.00 Per Month/ Per Participant



Revised July 1, 2011

APPENDIX B-1

RATES EFFECTIVE JULY 8, 2011- JUNE 30, 2014

Provider shall provide the following services at the specified unit rates:

<u>Service(s)</u>	<u>Procedure Code(s)</u>	<u>Rate(s)</u>
Community Choices Case Management	G9012	\$ 50.35 Per Month/ Per Participant
HIV/AIDS Case Management	G9012	\$ 50.35 Per Month/ Per Participant

