

INDIVIDUAL ATTENDANT CARE PROVIDER STANDARDS AND DUTIES

Minimum Qualifications

Attendant Care providers, i.e., attendants, must meet the following minimum qualifications:

- a. Demonstrate an ability to read, write and speak English.
- b. Fully ambulatory;
- c. Capable of aiding in the activities of daily living; physically capable of performing duties which may require physical exertion such as lifting, transferring, etc. if necessary;
- d. Capable of following a service plan with participant and/or representative supervision;
- e. Be at least 18 years of age;
- f. Capable of following billing procedures and completing required paperwork;
- g. No known conviction for abuse, neglect, or exploitation of adults (as defined in the Omnibus Adult Protection Act, S.C. Code Ann. Title 43, Chapter 35) or of children (as defined in the Children's Code, S.C. Code Ann. Title 63, Chapter 7);
- h. No known conviction for any crime against another person;
- i. No known felony conviction of any kind;
- j. No known conviction of any kind concerning the misuse or abuse of any public assistance program (including, but not limited to, fraudulently obtaining benefits, engaging in fraudulent billing practices, and embezzling or otherwise misusing public assistance funds in any manner);
- k. No exclusion from the Medicare or Medicaid Programs;
- l. Upon request will provide references to the participant and/or representative;
- m. All Attendants shall submit the results of a PPD tuberculin (TB) skin test that was administered within one year prior to the Attendants Medicaid enrollment date. All attendants whose PPD skin test is over a year old at the time of actual enrollment must have a new PPD skin test to remain enrolled and to be eligible to serve participants as an attendant. The two-step procedure is advisable for initial testing in order to establish a reliable baseline. (If the reaction to the first test is classified as negative, a second test should be given a week later. 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).

Attendants with reactions of 10mm and over to the pre-enrollment 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 should 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 attendants who are asymptomatic with negative tuberculin skin tests.

Attendants with negative tuberculin skin tests shall have an annual tuberculin skin test. Forty-five (45) days prior to the expiration date, USC-CDR will notify active enrolled attendants of the expiration of their TB test results. If the attendant has not submitted the required information by the expiration date, USC-CDR will notify the CLTC Central Office. Current services of the attendant will be terminated after reasonable notice (2 weeks) to participants has been given so participants can find replacement services. The CLTC Compliance Office will suspend new referrals to the attendant effective on the date suspension is submitted.

New attendants who have a history of a positive TB skin test shall send a copy of their most recent chest x-ray and complete a signs and symptoms questionnaire, or have certification by a licensed physician or local health department TB staff prior to enrollment as a Medicaid provider that they are not contagious. Attendants 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.

Preventative treatment should be considered for all infected attendants having direct participant contact who have positive skin tests but show no symptoms of tuberculosis. Routine annual chest radiographs are not a substitute for preventative treatment. Attendants who complete treatment, either for disease or infection, may be exempt from further routine radiographic screening unless they develop symptoms of tuberculosis. Attendants with a history of a positive TB skin test will be required to complete a tuberculosis signs and symptoms questionnaire to assess for Tuberculosis annually.

Post exposure skin test should be obtained for tuberculin negative attendants within 12 weeks after termination of contact to a documented case of infection.

Attendants needing additional information should contact the Tuberculosis Control Division, Department of Health and Environmental Control, 2600 Bull Street, Columbia, SC 29201 (phone 803-898-0558).

Minimum Training Requirements:

The following are the minimum training requirements for attendants:

1. Prior to the first authorization being issued, all attendants who have been matched with their first participant are required to attend Care Call/billing training in the CLTC office which covers the geographical area where the participant resides.
2. Training may be furnished by the licensed nurse of USC-CDR while the attendant is furnishing care to the participant. USC-CDR may also identify additional training needs and assist the attendant with locating training to address those needs. Participant-specific training for the attendant and/or participant/representative may be provided as deemed necessary based on the professional judgment of the licensed nurse of USC-CDR or when the participant/representative or attendant requests assistance with training related to specific tasks.

Supervision:

The attendant will be supervised by the participant or representative for whom the safety and efficacy of participant/representative supervision has been certified by the licensed nurse of USC-CDR. The licensed nurse of USC-CDR will determine when a participant or representative is no longer certified to provide supervision for the attendant.

Infection Control:

The attendant must adhere to basic infection control procedures at all times while providing attendant care services.

Description of Services to be Provided

1. The Unit of Service is authorized in one (1) hour increments and will consist of direct Attendant Care services provided in the participant's home (except when services such as laundry, shopping or escort must be done off-site). The amount of time authorized does not include the attendant's transportation time to and from the participant's home.
2. The number of units and service provided to each participant is dependent upon the individual participant's needs as set forth in the participant's approved Service Plan. Services must be participant specific and for the direct benefit of the participant.

3. Attendant Care services include:
 - a. Support for activities of daily living e.g., assistance with bathing, dressing, feeding, personal grooming, personal hygiene, transferring and mobility;
 - b. Meal or snack preparation, planning and serving, cleaning up afterwards, following specially prescribed diets as necessary and encouraging participants to adhere to any specially prescribed diets;
 - c. General housekeeping includes cleaning, laundry, and other activities as needed to maintain the participant in a safe and sanitary environment; Housekeeping only includes areas specific to the participant such as the participant's bedroom, bathroom, etc.
 - d. Assistance with communication which includes, but is not limited to, placing a phone within participant's reach and physically assisting participant with use of the phone, and orientation to daily events;
 - e. Monitoring medication, e.g., the type that would consist of informing the participant that it is time to take medication as prescribed by his or her physician and as written directions on the box or bottle indicate. It does not mean that the attendant is responsible for giving the medicine; however, it does not preclude the attendant from handing the medicine container or medicines already set up in daily containers to the participant.

Record Keeping

The attendant shall maintain an individual participant record for each participant. This participant record is subject to the confidentiality rules for all Medicaid providers and shall be made available to CLTC upon request. This record shall include the following:

1. Current and historical Service Provision Forms specifying units and services/duties to be provided;
 2. The CLTC participant's Service Plan;
 3. The attendant will complete a daily log reflecting the attendant care services provided for the participant and must submit the logs to the appropriate entity at appropriate times for review.
- and
4. A copy of the participant's back-up plan for service provision when the primary attendant is unable to provide services. (The participant/representative must make prior arrangements with family members, other formal or informal supports

or another enrolled attendant for care provision in the absence of the primary attendant).

Conduct of Services

1. The attendant will initiate attendant care services on the date agreed upon by the participant/representative, attendant and the case manager. This date will be the start date on the written authorization for services. Services provided prior to the authorized start date as stated on the Service Provision Form will not be reimbursed.
2. The case manager will authorize attendant care services by designating the authorized units of services in accordance with the participant's Service Plan. The attendant must adhere to those duties. The participant and/or representative will self-direct the provision of care and coordinate with the attendant for the time for service delivery and specific tasks to be performed. The amount of time authorized does not include transportation time to and from the participant's home.
3. If the attendant or the participant/representative identify attendant care duties that would be beneficial to the participant's care but are not specified in the CLTC service plan, the attendant or participant/representative must contact the case manager to discuss the possibility of having these duties included in the service plan. The decision to modify the duties to be performed by the attendant is the responsibility of the case manager.
4. The attendant will notify the case manager immediately of the following participant changes:
 - a. Participant's condition has changed and the Service Plan no longer meets participant's need or the participant no longer appears to need attendant care services.
 - b. Participant/representative no longer appears capable of providing supervision for the attendant.
 - c. Participant/representative no longer wants to serve as Employer of Record/ representative.
 - d. Participant dies or moves out of the service area.
 - e. Participant/representative no longer wishes to receive attendant care services.
 - f. Knowledge of the participant's Medicaid ineligibility or potential ineligibility.

5. The attendant will notify Adult Protective Services if he/she has knowledge of, or reason to believe that the participant has been or is likely to be abused, neglected or exploited.
6. The participant must have an effective back-up service provision plan in place to ensure that the participant receives services in the absence of the primary attendant. However, if/when the attendant determines that services cannot be provided by the attendant as authorized, the attendant must immediately notify the case manager and the participant/representative by telephone .
7. When two consecutive attempted visits occur, the local CLTC office must be notified immediately. An attempted visit is when the attendant arrives at the home and is unable to provide the assigned tasks because the participant is not at home or refuses services.
8. For all participants the attendant is responsible for verifying the participant's Medicaid eligibility each month.
9. The attendant will notify the case manager immediately if the attendant wishes to terminate as the provider.
10. The attendant is responsible for giving participants a written description of the state law concerning advance directives in accordance with the Patient Self-Determination Act. USC-CDR will assist attendants in meeting this requirement.
11. The attendant shall adhere to all SCDHHS policies, procedures and Medicaid provider manuals including policies regarding billing, claims adjustments, Fiscal Intermediary requirements, etc.
12. The attendant must comply with all Care Call requirements for all participants.