MEDICAID
SCOPE OF SERVICES
FOR
PERSONAL CARE II (PC II) and HASCI ATTENDANT CARE

A. Objectives

The objectives of the PC II/HASCI Attendant Service are to restore, maintain, and promote the health status of Medicaid home and community-based waiver clients through home support, medical monitoring, escort/transportation services, and assistance with activities of daily living.

B. Conditions of Participation

1. Agencies desiring to be a provider of PC II/HASCI Attendant services must have demonstrated experience in providing PC II/HASCI Attendant or a similar service.

2. Agencies of PC II services must agree to participate in the Care Call monitoring and payment system for services under CLTC Waivers.

C. Description of Services to be Provided

1. The Unit of Service is one (1) hour of direct PC II/HASCI Attendant service provided to/for a client in the client's place of residence. PC II/HASCI Attendant services may be provided in other locations when the client's record documents the need and when prior approved by the CLTC Area Administrator/DSN Service Coordinator unless otherwise stipulated in Medicaid policy. The amount of time authorized does not include provider transportation time to and from the client.

2. The Provider shall annually provide to CLTC a list of regularly scheduled holidays, and the Provider shall not be required to furnish services on those days. The PC II/HASCI Attendant Provider agency 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, a PC II/HASCI Attendant Provider agency may be closed for not more than four (4) consecutive days.

3. The number of units and services provided to each client are dependent upon the individual client’s needs as set forth in the client's Service Plan/Authorization.

4. Under no circumstances will any type of skilled medical service be performed except when HASCI Attendant Care is authorized by the county DSN Board and overseen by RN delegation. Services to be provided include:

   a. Support for activities of daily living, e.g.,
- eating
- bathing (bed bath, bench shower, sink bath)
- personal grooming including dressing
- personal hygiene
- provide necessary skin care
- meal planning and preparation
- assisting clients in and out of bed
- reposition clients as necessary
- assisting with ambulation
- toileting and maintaining continence

b. Home support, e.g.,
- cleaning
- laundry
- shopping
- home safety
- errands

c. Monitoring of the client's condition e.g., the type of monitoring that would be done by a family member such as monitoring temperature, checking pulse rate, observation of respiratory rate, and blood pressure.

d. Monitoring medication (for example, informing the client that it is time to take medication as prescribed by his, or her, physician and as written directions on the box, or bottle, indicate). The aide is not responsible for giving the medicine; however, this does not preclude the aide from handing the medicine container to the client.

e. Escort services when necessary. Transportation may be provided when necessary and included in the client's Service Plan/Authorization. The provision of transportation is optional and will depend on the provider's policy in this regard.

f. Strength and balance training.

D. **Staffing**

The Provider must provide all of the following (some, but not all of which, may be provided through subcontracts):

1. A registered nurse(s) or licensed practical nurse(s) who meets the following requirements:

   a. Currently licensed by the S.C. State Board of Nursing.

   b. At least one (1) years experience as a registered nurse or licensed practical nurse in public health, hospital or long term care nursing.
c. Capable of evaluating the aide in terms of his or her ability to carry out assigned duties and his/her ability to relate to the client.

d. Able to assume responsibility for in-service training for aides by individual instruction, group meetings or workshops.

e. LPNs must have had background and/or training on the complex treatment issues regarding the care of the head and spinal cord injured when serving HASCI waiver clients.

2. Aides who meet the following minimum qualifications:

a. Able to read, write, and communicate effectively with client and supervisor.

b. Able to use the Care Call IVR system.

c. Fully ambulatory.

d. Capable of aiding in the activities of daily living.

e. Capable of following a care plan with minimal supervision.

f. Be at least 18 years of age

g. Have passed competency testing or successfully completed a competency training and evaluation program performed by an RN or LPN prior to providing services to home and community-based waiver clients. The competency must contain all elements of the PC II services in the Description of Services listed above. The competency should also include appropriate record keeping and ethics and interpersonal relationships. If the competency evaluation is performed by an LPN, the LPN must be supervised by an RN and report all competency evaluation results to the RN supervisor. The RN must sign the form, in addition to the LPN, as a confirmation of the delegation of this responsibility.

Proof of the competency evaluation must be recorded in the personnel file. The Division of CLTC has developed a form called "Competency Evaluation Documentation" which may be used to document the competency evaluation. An initial copy of the CLTC form may be procured by contacting the CLTC Central Office. If the CLTC form is not used to document the competency evaluation, then a form containing at a minimum the information requested on the CLTC form must be used.

h. 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 aide’s first year of employment). Documentation shall include topic, name and title of trainer, training objectives, outline of content, length of training, list of trainees, location, and outcome of training. Topics for specific in-service training may be mandated by CLTC. In-service training may be furnished by the Nurse supervisor while the aide is furnishing care to the client. Additional training may be provided as deemed necessary by the Provider. Any self study training programs must be approved for content and credit hours by CLTC prior to being offered and may not exceed six of the ten in-service annual training hours. The Provider shall submit proposed program(s) to the CLTC Central Office at least forty-five (45) days prior to the planned implementation.

i. When providing attendant services for HASCI waiver participants, aides must complete a training program in the following areas, as appropriate, depending on the needs of the participant.

- Confidentiality, accountability and prevention of abuse and neglect.
- Fire safety/disaster preparedness related to the specific location of services.
- First aid for emergencies, monitoring medications, and basic recognition of medical problems.
- Documentation and record keeping.
- Ethics and interpersonal relationships.
- Orientation to traumatic brain injury, spinal cord injury and similar disability.
- Training in lifting and transfers

3. Agency staff may be related to clients served by the agency within limits allowed by the South Carolina Family Caregiver Policy. Copies of this policy are available upon request.

4. 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 non-contagious 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 non-contagious.

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).

5. An ongoing infection control program must be in effect.
6. Personnel folders: Individual records will be maintained to document that each member of the staff has met the above requirements.

7. A criminal background check will be required for all potential employees who will provide direct care to CLTC/DDS/HASC participants. At a minimum, the criminal background check must include statewide data. Potential employees with felony convictions cannot be hired. Hiring of employees with misdemeanor convictions will be at the discretion of the provider. Employees hired prior to July 1, 2006 will not be required to have a criminal background check.

E. Conduct of Service

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

1. The Case Manager/Service Coordinator will authorize PC II/HASC Attendant services by designating the amount, frequency and duration of service for clients in accordance with the client's Service Plan/Authorization which will have been developed in consultation with the client and others involved in the client's care. The Case Manager/Service Coordinator must update the Service Plan/Authorization yearly and send to the provider. The Provider must adhere to those duties which are specified in the Service Plan/Authorization in developing the Provider task list. This provider task list must be developed by an RN or LPN. If the Provider identifies PC II/HASC Attendant duties that would be beneficial to the client's care but are not specified in the Service Plan/Authorization, the Provider must contact the Case Manager/Service Coordinator to discuss the possibility of having these duties included in the Service Plan/Authorization. **For CLTC clients, under no circumstances will any type of skilled medical service be performed by an aide.** For HASCI clients, skilled services may be performed if authorized by the county DSN Board and overseen by RN delegation. The decision to modify the duties to be performed by the aide is the responsibility of the Case Manager/Service Coordinator, and the Service Plan/Authorization must be amended accordingly. This documentation will be maintained in the client folders.

2. The Case Manager/Service Coordinator will review a client's Service Plan within two (2) working days of receipt of the Provider's request to modify the Service Plan.

3. The Case Manager/Service Coordinator will notify the Provider immediately if services to a client are to be terminated. However, the Provider should refer to the language in the Community Long Term Care Services Provider Manual on page 1-6 regarding the provider's responsibility in checking the client's Medicaid eligibility status.
4. As part of the conduct of service, PC II/HASCI Attendant services must be provided under the supervision of the registered nurse or licensed practical nurse (as noted on the User’s Guide/Nurse Supervisor Locator Form) who meets the requirements as stated in the scope and will:

a. After the registered nurse or medical doctor has participated in the initial assessment, the provider’s RN or LPN visits the client’s home, prior to the start of PC II/HASCI Attendant services, for the purpose of reviewing the CLTC plan of care, developing a task list for the aide and giving the client written information regarding advanced directives. This task list must be developed prior to the provision of PC II/HASCI Attendant services.

b. Be immediately accessible by phone and/or beeper during any hours services are being provided under this contract. If the nurse supervisor position becomes vacant, SCDHHS must be notified no later than the next business day.

c. Provides and documents supervision of, training for, and evaluation of aides within the Nurse Supervisor's assigned geographical area of responsibility as submitted to and approved by the SCDHHS.

d. Make a supervisory visit to the client’s place of residence within thirty (30) days after the PC II/HASCI Attendant service is initiated. After the thirty (30) day Supervisory visit, make a Supervisory visit to the client’s place of residence at least once every four months for each client. The aide must be present during at least one of the Supervisory visits during each 12 month period. For the HASCI Attendant Care service, all Supervisory visits scheduled will be negotiated with the DSN Board Service Coordinator and documented in the client record. For CLTC clients, supervisory visits must be documented in the client record and recorded in Care Call. The Supervisor's report of the on-site visits will include, at a minimum:

1. Documentation that services are being delivered consistent with the Service Plan/Authorization;

2. Documentation that the client’s needs are being met;

3. Reference to any complaints which the client or family member/responsible party has lodged; and,

4. A brief statement regarding any changes in the client’s service needs.

e. Supervisory visits should be conducted as necessary if indicated by substandard performance of the aide.
f. Assist aides as necessary as they provide individual personal care services as outlined by the Service Plan/Authorization. Any supervision given must be documented in the individual client's record.

5. In addition, the Provider must maintain an individual client record which documents the following items:

a. The Provider will initiate PC II/HASCI Attendant services on the date negotiated with the Case Manager/Service Coordinator and indicated on the Medicaid authorization. Services must not be provided prior to the authorized start date and must be provided according to the schedule as indicated on the Service Provision Form/Authorization.

b. The Provider will notify the Case Manager/Service Coordinator within three (3) working days of the following client changes:

- Client's condition has changed and the Service Plan/Authorization no longer meets client's needs or the client no longer appears to need PC II/HASCI Attendant services.
- Client is institutionalized, dies or moves out of the service area.
- Client no longer wishes to receive PC II/HASCI Attendant services.
- Knowledge of the client's Medicaid ineligibility or potential ineligibility.

c. The Provider will maintain a record keeping system which documents:

1. **For CLTC clients:** The delivery of services in accordance with the CLTC Service Plan. The provider shall not ask the client/RP to sign any log or task sheet. The task sheet must be reviewed signed and dated every two weeks by the supervisor.

2. **For DDSN MR/RD and HASC1 clients:** The delivery of services and units provided in accordance with the service authorization. The provider will maintain daily logs reflecting the PCII/HASCI Attendant services provided by the aides for the clients and the actual amount of time expended for the service. The daily logs must be initialed daily by the client/family member and the aide, and must be signed weekly by the client/family and signed and dated by the Supervisor at least once every two weeks.

d. The Provider must complete the initial thirty (30) day and subsequent supervisory visits which include at a minimum assurance that the
services are being delivered consistent with the service plan in an appropriate manner, assurance that the client's needs are being met, and a brief statement regarding the client's condition. The summary review must be maintained in the client record. In the event the client is inaccessible during the time the visit would have normally been made, the review must be completed within five (5) working days of the resumption of PC II/HASCI Attendant services.

e. The Provider must have an effective written back-up service provision plan in place to ensure that the client receives the PC II/HASCI Attendant services as authorized. Whenever the Provider determines that services cannot be provided as authorized, the Case Manager/Service Coordinator must be notified by telephone immediately.

f. **For CLTC clients only:** CLTC will furnish the provider weekly with a list of missed visits as identified by Care Call. The provider must indicate the reason for the missed visit on the report and return the completed form to CLTC by the close of business the following week. A missed visit is defined as follows: When the client is at home waiting for scheduled services and the services are not delivered. A missed visit report is not required for DDSN clients.

g. Whenever two consecutive attempted visits occur, the local CLTC/DDSN office must be notified. An attempted visit is when the aide arrives at the home and is unable to provide the assigned tasks because the client is not at home or refuses services.

h. The Provider will inform clients of their right to complain about the quality of PC II/HASCI Attendant services provided and will give clients information about how to register a complaint. Complaints which are made against aides will be assessed for appropriateness for investigation by the Provider. All complaints which are to be investigated will be referred to the Nurse Supervisor who will take any appropriate action.

F. **Administrative Requirements**

1. The Provider agency shall designate an individual to serve as the agency administrator who shall employ qualified personnel and ensure adequate staff education, in-service training and employee evaluations. 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, phone number or an extended absence of the agency administrator.
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 that includes names. 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 annually furnish a copy of the current insurance policies to SCDHHS.

8. The Provider will develop and maintain a State approved Policy and Procedure Manual which describes how activities will be performed in accordance with the terms of the contract and which includes the agency's emergency plan. (This emergency plan is specific to weather, fire, floods, etc.) The policy and procedure manual shall be available during office hours for the guidance of the governing body, personnel, and to the DHHS upon request.

9. The Provider shall conform to applicable federal, state, and local health and safety rules and regulations, and have an on-going program to prevent the spread of infectious diseases among its employees.

10. The provider agency shall ensure that key agency staff, including the agency administrator or the Nurse Supervisor, be accessible in person, by phone, or by beeper during compliance review audits conducted by SCDHHS and/or its
agents.

11. The provider agency shall maintain an office which is open and available by telephone during normal business hours and staffed with qualified personnel. Client records must be maintained at the address indicated in the contract and must be made available, upon request, for review by SCDHHS.

Effective July 1, 2006