

APPENDIX A-
MEDICAID HOME AND COMMUNITY-BASED WAIVER
SCOPE OF SERVICES
FOR
INSTITUTIONAL RESPITE CARE

A. Objective

The objective of Institutional Respite Care Services is to provide temporary institutional care for Medicaid waiver clients who live at home and are cared for by their families or other informal support systems.

B. Conditions of Participation

The Institutional Respite Care Provider must maintain a current license from SCDHEC or an equivalent licensing agency for an out-of-state provider.

Providers must accept or decline referrals from CLTC or SCDDSN within two (2) working days. Failure to respond will result in the loss of the referral.

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 Medicaid eligibility.

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. Respite care will be provided in a hospital, nursing facility (NF), or an Intermediate Care Facility for People with Mental Retardation (ICF/MR) that has been approved by the state and is not a private residence.
2. The unit of service will be a patient day. A patient day is defined as a twenty-four (24) hour period, including the day of admission and excluding the day of discharge.
3. Total patient days allowed per fiscal year (July 1 – June 30) is fourteen (14). This includes any Community Residential Care Facility Respite days, if applicable. The 14-day limit does not apply to DDSN waiver participants.

4. The number of units of service provided to each participant is dependent upon the individual participant's needs as set forth in the participant's service plan, which is established or approved by the CM/SC.
5. The per diem rate will include all those items and supplies associated with patient care, except prescribed drugs and personal items. These items cannot be billed by the Provider to Medicaid or the participant.

Examples of items included in the per diem rate are: durable medical equipment, nonprescription drugs, underpads, suctioning equipment and supplies, and NG tube equipment and feeding supplies. Other examples include supplies necessary for dressing changes, ostomy catheters, and tracheostomy care items.

Examples of personal care items are soap, mouthwash, deodorant, shampoo, and clothing.

6. Respite Care Services will be based on the Physician's orders.

D. Conduct of Service

1. The CM/SC will authorize Institutional Respite Care Services by designating the amount, frequency and duration of the services for the participant in accordance with the participant's service plan. Services must not be provided prior to the authorized start date as stated on the service authorization form.
2. Prior to the time of admission to Institutional Respite Care, the CM/SC will send the provider the Respite services form (SCDHHS Form 122RC) which includes the physician's admission order, the participant's medical history, a physical examination report that is not over five (5) days old and the participant's service plan. If it is not possible to obtain the SCDHHS Form 122RC prior to admission, the CM/SC will send a copy of the medical information from the Medicaid waiver assessment form in lieu of the medical history and the provider must obtain a physical examination report within forty eight (48) hours of admission.
3. Upon request of the CM/SC for Institutional Respite Care services, the provider will secure a prior admission agreement with the primary care giver or responsible party. This agreement will set forth the scheduled period of placement, specifying admission and discharge dates, and will include a statement of understanding and agreement for the responsible party to resume care of the participant after the authorized respite period.

4. The provider will establish a participant file which includes the physician's respite orders (SCDHHS Form 122RC), the Home and Community-Based waiver service authorization, the facility plan of care and documentation of all care and services provided.
5. The provider will notify the CM/SC within twenty-four (24) hours if the participant is admitted to the hospital, dies, returns home or no longer requires Institutional Respite Care services.
6. For DDSN waiver participants, institutional respite services may not be billed in conjunction with the residential habilitation service.

E. Administrative Requirements

1. The provider must inform CLTC 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 shall notify SCDHHS within three (3) working days in the event of a change in or the extended absence of the personnel with the above listed authority.
2. The provider must provide SCDHHS with 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 must acquire and maintain for the duration of the contract liability insurance and worker's 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.

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