Provider Compliance Office Hours

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South Carolina Department of Health and Human Services (SCDHHS)
June 16, 2026

Welcome

- Chat can be accessed in the top left corner of your screen.
- If you do not have access to the chat box, please email BOQTraining@scdhhs.gov.
- We will get started shortly.

Purpose

- What is a compliance review?
  - ➢ Required office hours
  - ➢ Office closure procedures
  - ➢ Compliance review process
- Competency Evaluation & Annual In-Service training
- Back Up Plan & Emergency Plan
- Provider Q&A session
- We would love to know any topics that you would like us to discuss during these monthly meetings.
- Email BOQTraining@scdhhs.gov with any suggestions or include on the survey at the end of the meeting.

Purpose *(cont.)*

- Provider compliance wants to ensure you understand the scope of service requirements and what is expected of you as a provider.
- We want you to feel confident in providing services the way your scope and contract requires.
- We can only guarantee that you receive the proper guidance when you reach out to us.
  - ➢ Reach out at anytime with questions or concerns to BOQTraining@scdhhs.gov.

What is a Compliance Review?

- Provider compliance is a team of reviewers that will conduct a site visit at your office.
- We review your participant, staff and administrative records to ensure compliance within the scope of services.
- Reviews are conducted during normal working hours and are unannounced.
  - Compliance reviews are conducted during core hours, 10 a.m. to 4 p.m.
  - Lunch breaks are permitted; however, business operations may not be closed, and coverage must be arranged to ensure continuous availability.
- The sanction for not maintaining office hours per the scope of services can be found in the compliance section of the policy manual.
- Provider compliance may conduct a special review based upon complaints or provider conduct.

Compliance Review Process

- After the site visit, reviewers will do a quality review of all records.
- Providers will receive a review report of the identified deficiencies. Additional information/guidance is provided by the compliance reviewer.
- For any questions about your review, please reach out to your assigned reviewer.
  - Providers are not always guaranteed to have the same reviewer.

What is a Universal Review?

- Phoenix automatically creates a universal review that measures the nurse supervisor's use of the Electronic Visit Verification (EVV) while conducting the initial, 30-day and ongoing supervisory visits. In addition, this measures whether the aide is present during a supervisory visit at least once every 12 months.
- Report automatically generated in Phoenix.
- It is generated every six months for the general knowledge of the provider.
- SCDHHS does not require provider to respond to the universal review.
- The universal review is also generated as a portion of the compliance review.
- When an official compliance review is completed, the provider is required to respond to those findings.
- Those reviews will be listed in Phoenix as one of the following:
  - Initial
  - Routine
  - Special

Corrective Action Plan

- If your score is above 50 you will be required to submit a CAP.
- This CAP must address all identified deficiencies and outline the steps your agency will take to ensure the deficiency does not occur in the future.
- Disputes can be submitted with your CAP for consideration. Policy dictates that anything not available at the time of the site visit cannot be accepted.
- Once a CAP has been received, the compliance reviewer will review the information submitted, determine if any points can be returned and send the final findings with a response explaining any changes in score and/or the reason why scores were not changed.

CAP Response

- The CAP response and final findings for your agency must be reviewed by the Compliance Action Committee prior to any required sanctions being imposed.
  - ➢ The Compliance Action Committee involves upper leadership; this committee is separate from reviewers.
- Since the Compliance Action Committee meets once a month, this could affect the amount of time before you receive notification of the final findings.
- Once the CAP response and final findings have been approved, the documents will be sent to you via Phoenix and a final findings email will be sent to you.
  - ➢ Documents may include a final findings letter, CAP response and the final review report.

Competency Evaluation Documentation

- All aides must pass the Competency Evaluation prior to hire. The Competency Evaluation must be conducted by the RN/LPN and documented on the Competency Evaluation Documentation form that can be found in the Phoenix Provider Portal Help section.
  - Form must be completed in its entirety **prior** to services being provider.
  - Aide must pass all sections of the Competency Evaluation before they can provide services.
  - Competency Evaluation Form must be maintained in the employee's personnel file.

Competency Evaluation

COMPETENCY EVALUATION DOCUMENTATION

(for Personal Care Aides participating in CLTC programs)

Aide's Name____________________ SSN # __________

Testing Agency____________________

Test Administered By ____________________

Must be RN or LPN

Title and Nurse License Number ____________________

TEST RESULTS

AREA TESTED	PASSED/FAILED	DATE
Observation, Reporting and Documentation of patient status and the Care of Service provided		
Reading and Recording Temperature, Pulse and Respiration		
Confidentiality, accountability, and prevention of abuse and neglect		
Basic First Aid to include monitoring for side effects of medications and recognition of basic medical problems		
Basic Infection Control Procedures		
Fire safety/disaster preparedness		
Maintenance of a clean, safe and healthy environment		
Recognizing emergencies and knowledge of emergency procedures		
Appropriate and safe techniques in assisting in bathing, dressing, toileting, and any other activity of daily living		
Safe transfer techniques and ambulation		
Normal range of motion and positioning		
Ways to work with the physical, emotional, and developmental needs of the populations served by the agency, including the need for respect for the patient, his or her privacy, and his or her property		
Orientation to traumatic brain injury, spinal cord injury; and similar disabilities		
Adequate nutrition and fluid intake		
Meal Planning and Preparation		
Shopping		
Transportation and Escort Services		
Any other task that the agency may choose to have the PCA perform		

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If retesting was required on any of the above components, document below the remedial instruction provided and the date(s) retested.

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CERTIFICATION STATEMENT

It is hereby certified that the competency evaluation documented by this form meets the requirements of the competency training and evaluation program as outlined in the Community Long Term Care Scope of Services for Personal Care Aide and was administered by an instructor/evaluator who meets the requirements of such regulations.

Instructor/Evaluator____________________
(Signature) (Date)

RN Supervisor____________________
(Signature) (Date)

If RN is instructor, only one signature is needed.

If LPN is Instructor, RN must supervise

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Annual In-Service Training

- After hire, all aides must receive **10 hours** of in-service training per calendar year.
  - Training must be documented on the Annual In-Service Training Documentation Form that can be located in Help Section of Phoenix Provider Portal and maintained in the employee's personnel file.
  - Training must be conducted under the supervision of the nurse supervisor.
  - Training for the first year is pro-rated based on the month of hire.

Annual In-Service training *(cont.)*

Prorated In-service Hours Required by Month Employed	
Month Hired	**Hours Required**
January	10
February	10
March	9
April	8
May	7
June	6
July	5
August	5
September	4
October	3
November	2
December	1

Annual In-Service Training *(cont'd)*

ANNUAL IN-SERVICE DOCUMENTATION

(for Personal Care Aides participating in CLTC programs)

Aide's Name____

Testing Agency ____

TITLE OF TRAINING	DATE	HOURS EARNED	SIGNATURE AND TITLE OF TRAINER	SIGNATURE OF EMPLOYEE
Confidentiality, accountability and prevention of abuse and neglect				
Fire safety/disaster preparedness				
First aid to include monitoring for side effects of medications and recognition of medical problems				
Documentation and Record Keeping				
Ethics and Interpersonal relationships				
Orientation to traumatic brain injury, spinal cord injury, and similar disability				
Lifting and Transfers				

My signature below certifies that the above listed trainings have occurred under my supervision.

________________________________ ________________

Nurse Supervisor Signature Date

November 1, 2022

TITLE OF TRAINING	DATE	HOURS EARNED	SIGNATURE AND TITLE OF TRAINER	SIGNATURE OF EMPLOYEE

Back-up Plan

- A back-up plan is a written document in place to ensure that the participant receives services as authorized. If a provider determines that services cannot be provided as authorized, the CM must be notified by telephone for OIDD or Phoenix conversations for SCDHHS participants immediately.
  - Telephone calls must be documented in the participant's record.
  - The provider must maintain documentation of the use of the backup plan in the participant's file

Emergency Plan

- An emergency plan is a reactive, safety-focused strategy designed to save lives and protect property during a crisis.
- The purpose is to guide immediate actions to secure safety and minimize damage during an event such as hurricanes, floods, or wildfires.
- The emergency plan consists of the following:
  - Clear evacuation routes
  - Emergency contacts
  - Safety equipment and procedures (fire extinguishers, first aid kits, and emergency supplies)
  - Special Accommodations
  - Shelter in Place Plans
  - Training & Drills

Questions

Survey


SOUTH CAROLINA
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QUIS SEPARABIT
MELIOREM LAPSA LOCAVIT
1776
DUM SPIRO SPERO
SPES