

MEDICAID HOME AND COMMUNITY-BASED WAIVER SCOPE OF SERVICES

FOR

ATTENDANT CARE (SELF-DIRECTED)

A. Overview

Attendant Care is hands-on care of both a supportive and health related nature. Supportive services are those which substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. Services are self-directed by the participant or appointed employer of record. Self-direction includes the supervision of the attendant's employment as well as the scheduling of services. A fiscal intermediary contracted by SCDHHS is utilized to process payment to attendant.

B. Minimum Qualifications

1. Attendant Care providers, (attendants), must meet the following minimum qualifications:
 - a. Demonstrate an ability to read, write and communicate with the participant and/or Employer of Record.
 - b. Fully ambulatory;
 - c. Capable of aiding in 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. Have no known conviction for any of the following:
 - 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);
 - no known conviction for any crime against another person;
 - Have no known felony conviction of any kind;
 - h. 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) No exclusion for Medicare or Medicaid Programs;

- i. Upon request the attendant must provide references to the participant and/or representative;

- j. Tuberculosis Screening

Prior to the attendant's Medicaid provider enrollment date, the attendant must provide evidence of having a single Blood Assay for Mycobacterium tuberculosis (BAMT) or a baseline two-step Tuberculin Skin Test in the following manner:

1. With a documented negative Tuberculin Skin Test or a BAMT result within the previous twelve (12) months, attendants may have a BAMT or a single Tuberculin Skin Test, administered and read, to serve as the baseline prior to provider enrollment.
2. Without documented negative Tuberculin Skin Test or a Blood Assay for TB result within the previous twelve (12) months, attendant shall have a BAMT or a two-step Tuberculin Skin Test, administered and read prior to provider enrollment.

After known exposure to a person with potentially infectious TB disease without the use of adequate personal protection, the attendant must ensure his or her TB status is determined in a manner prescribed in the current Centers for Disease Control and Prevention and SC Department of Public Health tuberculosis guidelines. If TB is present, the attendant must report any known or suspected cases of TB disease to the local SC Department of Public Health's Public Health Clinic. A listing is located here: [Public Health Clinics | South Carolina Department of Public Health](#).

- k. Annual Risk Assessment

Attendants must submit a [Health Care Personnel \(HCP\) Baseline Individual TB Risk Assessment annually](#) to remain eligible to serve as an attendant. Forty-five (45) days prior to the expiration of the annual assessment, the University of South Carolina Center for Disability Resources (USC-CDR) will notify active enrolled attendants of the expiration of their annual TB risk assessment. Attendants are considered at increased risk for TB if any of the statements on the risk assessment are marked "Yes." Attendants determined on the assessment to be at risk for TB must provide evidence of a single BAMT or a baseline two-step Tuberculin Skin Test with the annual risk assessment. If the attendant does not submit the annual TB risk assessment, USC-CDR must notify SCDHHS. SCDHHS will suspend the provider in the Phoenix Resource Directory and notify the CM. The CM will notify the participant that current services for attendant must be terminated in ten (10) business days to allow participants time

to secure replacement services. SCDHHS will terminate the attendant's enrollment as provider once termination of services is complete.

Attendants needing additional information must contact the Tuberculosis Control Division, Department of Public Health, 400 Otarre Parkway, Cayce, SC 29033-3751 phone (803) 898-0558.

2. Attendant may be related to participants served by the agency within limits allowed by the South Carolina Family Caregiver Policy. The following family members cannot be a paid caregiver:
 - a. A parent of a minor Medicaid participant;
 - b. A stepparent of a minor Medicaid participant;
 - c. A foster parent of a minor Medicaid participant;
 - d. Person who has the legal responsibility of utilizing their own assets for the care of the Medicaid participant (legally responsible adult)

C. 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 Electronic Visit Verification (EVV) System/billing training in the SCDHHS Area office which covers the geographical area where the participant resides.
2. Training may be furnished by the USC-CDR licensed nurse (USC nurse) while the attendant is furnishing care to the participant. The USC nurse 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 USC nurse or when the participant/representative or attendant requests assistance with training related to specific tasks.

D. Supervision

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

E. Infection Control

The attendant must always adhere to basic infection control procedures while providing attendant care services.

F. Description of Services to be Provided

1. The unit of service is authorized in one (1) hour increments and must 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 attendant must clock in and out at the participant's residence. The attendant may then leave the home and provide a task as outlined in the participant's service plan. Attendant clock out at a location other than the participant's residence must be due to the provision of a task outlined in the participant's service plan.
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. If the assessed need for services exceeds 40 hours per week, every effort must be made to identify a separate attendant to provide the services over 40 hours per week. If an attendant is authorized to provide services for more than one participant, every effort must be made to ensure that the attendant does not exceed 40 hours per week for the combined hours for all participants.
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. Complete shopping and/or essential errands for the participant
 - e. Escorting the participant to covered Medicaid medical services. Attendants are not allowed to provide transportation. Participants can utilize non-emergency medical transportation or other transportation must be arranged.
 - f. Assistance with communication which includes, but is not limited to, placing a phone within participant's reach, physically assisting participant with use of the phone, and orientation to daily events;
 - g. Monitoring medication, e.g., informing the participant that it is time to take

medication as prescribed by his or her physician/prescriber 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

G. 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 SCDHHS upon request. This record shall include the following:

1. Current and historical Service Provision Forms (Service Authorization) specifying units and services/duties to be provided;
2. The HCBS participant's Service Plan;
3. The attendant must complete a daily log reflecting the attendant care services provided for the participant and must submit the logs to the Area Office at appropriate times for review;

[Attendant Care Log](#)

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).

H. Conduct of Services

1. The attendant must initiate attendant care services on the date agreed upon by the participant/representative, attendant and the CM. This date must 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 must 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 must 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 identifies attendant care duties that would be beneficial to the participant's care but are not specified in the participant's 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 must 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 must 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.
7. 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.
8. When two consecutive attempted visits occur, the CM must be notified immediately. An attempted visit occurs 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.
9. The attendant must notify the CM immediately if the attendant wishes to terminate as the provider.

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 must assist attendants in meeting this requirement.

10. The attendant shall adhere to all SCDHHS policies, procedures and Medicaid provider manuals including policies regarding billing, claims adjustments, fiscal intermediary requirements, etc.
11. The attendant must comply with all Electronic Visit Verification (EVV) System requirements for all participants.

I. Skilled Services Provided by an Approved Attendant

The waiver service definition for attendant care allows a participant or the designee to self-direct “skilled service activities” performed by the attendant with approval from the participant’s physician, nurse practitioner or physician assistant. These activities are considered “health maintenance activities” which could be performed by the participant if the individual were physically and mentally capable. With physician, nurse practitioner, or physician assistant approval, attendants may provide skilled services which are considered health maintenance activities for participants in HCBS waivers that include attendant care services.

When a referral is being made to USC-CDR for Attendant Care, and the participant requests that the attendant provide skilled service activities, the waiver case manager must include a comment on the referral stating “Participant/representative has requested a skilled service to be provided.”

For existing referrals, already in process with USC-CDR, when a skilled service need has been identified, the waiver case manager must note in the comment section on the referral, ***“Participant/representative has requested a skilled service to be provided” AND email USC-CDR to notify them of the change in the referral.*** UAP will not receive a Phoenix notification that there is a change to the referral.

US-CDR must send the SCDHHS Form A-1 “Medicaid Home Community-based Waiver Prescriber’s Statement For Participant Directed Attendant Care” and a copy of the legislation to the assigned **CM**, who must provide the form and a copy of the legislation to the participant or attendant’s Employer of Record. The Participant or Employer of Record or Designee is responsible for obtaining the prescriber’s approval/signature.

Once the signed Prescriber’s Statement has been received, the **CM** must scan the form into Phoenix scans under the Attendant scan tag and email USC-CDR to notify the form has been returned and scanned. The USC nurse must complete the attendant match visit once this notification is received by email.

The following list of services are examples of activities which may be appropriate for the attendant to perform. *This list is not all inclusive.*

- Tracheostomy care
- Ventilator Care - taking on and off the vent
- Suctioning- tracheostomy/ oral
- Finger stick blood glucose monitoring
- Wound care
- Enteral feedings (PEG or Nasogastric)
- Bowel program
- Ostomy care
- Catheter care

Any other skilled service requested by the participant/Employer of

Record/Designee or physician/nurse practitioner/physician assistant requires SCDHHS approval.

NOTE: ***If the participant*** changes physician, nurse practitioner, or physician assistant and the prescriber who signed the SCDHHS Form A-1 is no longer involved in the participant's care, a new SCDHHS Form A-1 is required.

If the service is directed by the Employer of Record (EOR) instead of the participant and the EOR is no longer able to direct the skilled service activities performed by the attendant, a SCDHHS Form A-1 is required.