

MEDICAID HOME AND COMMUNITY-BASED WAIVER SCOPE OF SERVICES

FOR

PERSONAL CARE, HASCI AGENCY ATTENDANT CARE, HASCI AGENCY RESPITE, ID/RD AGENCY RESPITE, CS AGENCY RESPITE SERVICES, and MCC UNSKILLED RESPITE

A. Objectives

The objectives of the Personal Care, HASCI Agency Attendant Care, HASCI Agency Respite, ID/RD Agency Respite, CS Agency Respite, and MCC Respite services are to restore, maintain, and promote the health status and preserve a safe and sanitary home environment of Medicaid Home and Community- Based waiver participants through home support, medical monitoring, escort/transportation services, and assistance with activities of daily living and instrumental activities of daily living.

B. Conditions of Participation

1. Agencies desiring to be a provider of Personal Care, HASCI Agency Attendant Care, HASCI Agency Respite, ID/RD Agency Respite, CS Agency Respite, and MCC Respite services must have an owner and/or administrator that has demonstrated experience in In-Home personal care services or a similar service. The owner or administrator of the agency must have at least three (3) years of administrative experience in the health care field. If the owner is also the administrator, he or she is required to have at least three (3) years of administrative experience in the health care field.
2. Pursuant to S.C. § Code 44-70-10 all providers of personal care services require a license to provide personal care services. Providers are required to renew their license annually. Providers who do not maintain their in-home care provider license must be terminated. Providers who are not licensed by the South Carolina Department of Public Health (SCDPH) will not be allowed to enroll as a Medicaid provider for these services. If the provider loses their SCDPH in-home care license for any reason, the provider must voluntarily terminate their contract with SCDHHS immediately. With voluntary termination, the provider will be able to recontract once required documentation is obtained and provided to SCDHHS. If there is an involuntary termination due to lack of licensing, the provider must wait 6 months prior to reapplying for the SCDHHS Contract.
3. Provider agencies must be housed in an office that is in a commercially zoned or unzoned area.
4. The provider must ensure that, when serving participants, its aide and supervisors display a photo identification badge identifying the provider and the employee.

5. Agencies must utilize the automated systems mandated by the South Carolina Department of Health and Human Services (SCDHHS) to document and bill for the provision of services. Providers must log into the Phoenix Provider Portal (SCDHHS).
6. Providers must accept or decline referrals from SCDHHS within two (2) working days. Failure to respond will result in the loss of the referral.
7. The provider must verify the participant's Medicaid eligibility when it accepts an authorization and monthly thereafter to ensure continued eligibility. Agencies can verify Medicaid eligibility for SCDHHS participants in the Phoenix Provider Portal on their dashboard or by utilizing the Medicaid Web Tool. Providers must also refer to the [Administrative and Billing Manual](#) for additional information on eligibility determination.
8. Providers may use paperless filing systems. 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. Electronic records must meet all scope requirements and requirements outlined in the [Administrative and Billing Manual](#)
9. The provider must agree to use any competency evaluation provided by SCDHHS.

C. Description of Services to be Provided

1. For SCDHHS, the unit of service is one (1) hour of direct Personal Care, and MCC Unskilled Respite, services provided in the participant's place of residence and/or natural environment. For Office of Intellectual and Developmental Disabilities (OIDDD), the unit of service is fifteen (15) minutes for Personal Care, HASCI Agency Attendant Care, HASCI Agency Respite, ID/RD Agency Respite, CS Agency Respite.
2. Personal Care, HASCI Agency Attendant Care, HASCI Agency Respite, ID/RD Agency Respite, CS Agency Respite, and MCC Unskilled Respite and services may be provided in other locations when the participant's record documents the need and when prior approved by the case manager/care coordinator (CM/CC). Services are not allowed when the participant is in an institutional setting, Adult Day Health Care (ADHC) and/or Pediatric Medical Day Care setting. The amount of time authorized does not include provider transportation time to and from the participant. Services provided without a current, valid authorization are not reimbursable.
3. The number of units and services provided to each participant are dependent upon the individual participant's needs as set forth in the participant's Service Plan/Authorization. If it is determined that a participant requires more than one aide for lifting, transfers, etc., this must be prior approved by SCDHHS/OIDD.
4. When services are authorized for more than one SCDHHS/OIDD participant in the same home, the provider must document and deliver the

total amount of hours authorized for each participant. For example, if both participants are authorized for two (2) hours of Personal Care per day; the aide must provide a total of four (4) hours per day in the home or natural environment.

5. Under no circumstances will any type of skilled medical service be performed by an aide. HASCI Agency Attendants or HASCI Respite caregivers may provide skilled services as authorized by the Service Coordinator. All skilled needs for HASCI services are determined by RN delegation. All skilled needs for MCC services must be determined by a physician, nurse practitioner or physician's assistant.
6. Personal Care Services can be provided to include:
 - a. Support for activities of daily living, e.g.,
 - eating
 - bathing (bed bath, bench shower, sink bath)
 - personal grooming including dressing
 - personal hygiene
 - providing skin care (applying lotion, oil, etc.)
 - meal planning and preparation
 - assisting participants in and out of bed
 - repositioning participants as necessary
 - assisting with ambulation
 - toileting and maintaining continence
 - b. Home support, e.g.,
 - cleaning
 - laundry
 - shopping
 - home safety
 - errands
 - c. Monitoring of the participant's condition such as but not limited to the type of monitoring that would be done by a family member such as monitoring temperature, checking pulse rate and observation of

respiratory rate.

- d. Monitoring medication (for example, 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). **The aide cannot administer the medicine**; however, this does not preclude the aide from handing the medicine container to the participant. HASCI Agency Attendants or HASCI Respite caregivers may give medication as authorized by the Service Coordinator. All skilled needs for HASCI services are determined by RN delegation.
- e. Escort to medical appointments when necessary. Transportation may be provided when necessary and included in the participant's Service Plan/Authorization. The provision of transportation is optional and will depend on the provider's policy.
- f. Strength and balance training.
- g. Limited assistance with financial matters such as, but not limited to, delivering payments to designated recipients on behalf of the participant. Receipts for payment must be returned to the participant.
- h. Assistance with communication which includes, but is not limited to, placing the phone within participant's reach and physically assisting participant with use of the phone, and orientation to daily events.

D. Staffing

1. The provider must provide all the following staff members:

Note: Supervisory nurses may be provided through contracting arrangements:

- a. A registered nurse(s) (RN) or licensed practical nurse(s) (LPN) who meets the following requirements:
 - i. Currently licensed by the S.C. Board of Nursing
 - ii. Capable of evaluating the aide's competency in terms of his or her ability to carry out assigned duties and his/her ability to relate to the participant
 - iii. Able to assume responsibility for in-service training for aides by individual instruction, group meetings or workshops
 - iv. The provider must verify nurse licensure at time of employment and must ensure that the license always remains active and in good standing during employment. The provider must maintain a copy of the current license verification in the employee's personnel file. Nurse licensure can be verified at the State Board

of nursing website:

<https://verify.llronline.com/LicLookup/Nurse/Nurse.aspx?div=17>

- b. Aides who meet the following minimum qualifications:
- i. Able to read, write, and communicate effectively with participant and supervisor
 - ii. Able to use the Electronic Visit Verification (EVV) System
 - iii. Capable of assisting with the activities of daily living
 - iv. Capable of following a care plan with minimal supervision.
 - v. Have a valid driver's license if transporting participants. The provider must ensure the employee's license is valid while transporting any participants by verifying the official highway department driving record of the employed individual initially and every two (2) years during employment. Copies of the initial and subsequent driving records must be maintained in the employee's personnel file.
 - vi. Are at least 18 years of age
 - vii. Have passed competency testing or successfully completed a competency training and evaluation program performed by a RN or LPN prior to providing services to Home and Community-Based waiver participants. The competency evaluation must contain all elements of the PC services in the Description of Services listed above. The competency training must also include training on the following required training topics:
 - 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, dementia, and similar disability
 - Training in lifting and transfers

If an LPN performs the competency evaluation, the LPN must be supervised by a RN and report all competency evaluation results to the RN supervisor. The LPN and the supervising RN, as a confirmation of the delegation of this responsibility, must sign and date the form. All signatures must be original, signature stamps are not acceptable.

Proof of the competency evaluation must be recorded and filed in the personnel record prior to the aide providing care to waiver participants. Community Options has developed a form called [Competency Documentation Form](#) which must be used to document the competency evaluation results.

All aides, including those who are Certified Nursing Assistants (CNA), are required to complete the competency testing or training and evaluation outlined above.

- viii. Have a minimum of ten (10) hours of relevant in-service training per calendar year to include mandatory annual training topics. The annual 10-hour requirement will be pro-rated based on the month of hire for the first calendar year of employment. Training must be conducted under the supervision of the nurse supervisor. Documentation shall include topic, name and title of trainer, training objectives, outline of content, length of training, list of trainees, and location. This documentation must be maintained in an annual in-service manual for all employees. In addition, each staff member's personnel file must contain a summary of their in-service training for the year.

Providers are to maintain a summary including the date of the training, the subject or title of the training, signature and title of the trainer, signature of employee, and the total number of in-service hours earned. SCDHHS has developed a form called [In-Service Documentation Form](#) which must be used to document in-service training. Topics for specific in-service training may be mandated by SCDHHS. In-service training may be furnished by the nurse supervisor while the aide is furnishing care to the participant. Additional training may be provided as deemed necessary by the Provider. All instructor-led and self-study training programs, not on the prior approved list must be approved for content and credit hours by SCDHHS prior to being offered. Self-study training hours may not exceed six (6) of the ten (10) in-service annual training hours. The Provider shall submit proposed programs not on the prior approved list to the SCDHHS Community Options Central Office at least forty-five (45) days prior to the planned implementation. All approved training topics are at the SCDHHS agency website:

[Approved In-Service Training Topics](#)

2. Agency staff 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. The spouse of a Medicaid participant (including married but separated);
 - b. A parent of a minor Medicaid participant;
 - c. A stepparent of a minor Medicaid participant;
 - d. A foster parent of a minor Medicaid participant;
 - e. Any other legally responsible adult or legal guardian of a Medicaid participant

Family members who are primary caregivers will not be reimbursed for, HASCI Agency Respite, ID/RD Agency Respite, CS Agency Respite, and MCC Respite. All other qualified family members can be reimbursed for their provision of Personal Care, 7 HASCI Attendant Care, HASCI Agency Respite, ID/RD Agency Respite, CS Agency Respite, and MCC Respite.

3. PPD Tuberculin Test

Please refer to the Department of Public Health (DPH) website for PPD Tuberculin test requirements.

<https://dph.sc.gov/sites/scdph/files/media/document/R.61-75.pdf> For additional information, providers must contact the Tuberculosis Control Division, Department of Public Health, 1751 Calhoun Street, Columbia, SC 29201, phone (803) 898-0558.

4. Individual records must be maintained that document that each staff member has met all staffing requirements. Required documentation must be filed in the personnel file within fifteen (15) days of employment or of receipt. Employee records must contain at minimum
 - a. the employee application/resume,
 - b. background checks,
 - c. CNA registry check,
 - d. OIG report,
 - e. SCDHHS competency evaluation documentation form, and
 - f. in-service training documentation for the employee.

Other documents must be maintained in the file as applicable: PPD testing, driver's license and driving record, and nurse's license validation.

5. A State Law Enforcement Division (SLED) criminal background check is required for all employees prior to hire and at least every two years thereafter to include employees who will provide direct care to SCDHHS/OIDD participants and all administrative/office employees (office employees required to have SLED background checks include: administrator, office manager, nurse supervisor, and persons named on organizational chart in management positions). All SLED criminal background checks must include all data for the individual with no less than a ten (10) year timeframe being searched. The SLED criminal background check must include statewide data. The statewide data must include South Carolina and any other state or states the worker has resided in within the prior (10) ten years. Potential employees with felony convictions within the last ten (10) years cannot provide services to SCDHHS/OIDD participants or work in an administrative/office position. Potential employees with non-violent felonies dating back ten (10) or more years can provide services to SCDHHS/OIDD participants under the following circumstances:

- Participant/responsible party must be notified of the aide's SLED criminal background, i.e., felony conviction, and year of conviction;
- The provider must obtain a written statement, signed by the participant/responsible party acknowledging awareness of the aide's SLED criminal background and agreement to have the aide provide care; this statement must be placed in the participant record.

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Potential administrative/office employees with non-violent felony convictions dating back ten (10) or more years can work in the agency at the provider's discretion.

Hiring employees with misdemeanor convictions will be at the provider's discretion. Employees hired prior to July 1, 2007, and continuously employed since then will not be required to have a SLED criminal background check.

6. The provider must check the CNA registry for all staff prior to hire then at least every two years thereafter. A copy of the search results page must be maintained in each employee's personnel file. Anyone on the CNA Registry with a revoked license is not allowed to provide services to waiver participants or participate in any Medicaid funded programs. The website addresses are listed below:

CNA Registry: <https://cna365.examroom.ai/registry/?StateCode=SC>

7. The provider must check the OIG exclusions lists for all staff prior to hire then at least every two years thereafter. A copy of the search results page must be maintained in each employee's personnel file. Anyone on the OIG Registry is not allowed to provide services to waiver participants or participate in any Medicaid funded programs. The website addresses are listed below:

OIG Exclusions List: <https://exclusions.oig.hhs.gov/>

E. Conduct of Service

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

1. The provider must obtain a Service Provision Form or Authorization for Personal Care, HASCI Attendant Care, HASCI Agency Respite, ID/RD Agency Respite, CS Agency Respite, or MCC Respite from the CM or CC. The authorization will designate the amount, frequency, and duration of service for participants in accordance with the participant's Service Plan/Authorization. The provider will receive new authorizations only when there is a change to the authorized service amount, frequency, or duration. The current and past Service Authorizations must be printed and placed in the participant's record. Services must not begin prior to the authorized start date.
2. For SCHHS participants, the provider must obtain an updated SCDHHS Service Plan from the case manager prior to the start of services. SCDHHS Service plans are updated in Phoenix annually and available on the provider's dashboard. The provider must maintain the current and annual service plans in the participant's record. The provider must adhere to those duties which are specified in the SCDHHS Service Plan in developing the provider task list. For PCS, a task list must be developed by an RN or LPN Supervisor. If additional tasks are identified that would be beneficial for the participant that are not outlined in the SCDHHS Service Plan, the provider must contact CM to discuss the possibility of having these duties included in the SCDHHS Service Plan. Please note that for OIDD participants, no Service Plan will be provided.
3. As part of the conduct of service, Personal Care, and HASCI Agency Attendant Care, must be provided under the supervision of a RN or LPN who meets the requirements as stated in this Scope and who will:
 - a. Visit the participant's home prior to the start of Personal Care, and HASCI Agency Attendant Care. This visit by the provider's nurse must be recorded in the Electronic Visit Verification (EVV) System from the participant's home at the time of the visit (for SCDHHS participants) and documented in the record. If the participant has already been receiving another similar service a new initial visit is required prior to the start date of personal care services. For OIDD participants, the provider must adhere to those duties which are specified in the participant assessment in developing the provider task list. If there are additional tasks not outlined in the participant assessment for OIDD participants, the provider must contact the CC to discuss the possibility of adding the additional duties to the service authorization. The purpose of this visit is to:
 - i. Develop the list of required tasks to be performed by the aide

based on the needs outlined on the Service Plan/Authorization for the participant. (This list must be developed prior to the provision of PCS, , and HASCI Agency Attendant Care.) Documentation must be maintained in the participant's record

- ii. Give the participant written information regarding advanced directives; the participant is required to sign and date a statement that they have received this information; the nurse supervisor is also required to sign and date the statement.
 - iii. Inform participants of their right to complain about the quality of PCS/HASCI Attendant Care, HASCI Respite, ID/RD Respite, and CS Respite services provided; the participant is required to sign and date a statement that they have received this information; the nurse supervisor is also required to sign and date the statement. The complaint information must contain at a minimum, the name of the person(s) to whom the complaint must be made, that persons' telephone number(s) and address(es). The first point of contact must be a person employed by the provider. The second point of contact must be any related licensing agency (DPH, LLR, etc.)
 - iv. The nurse supervisor must give participants information about how to register a complaint. Complaints against aides must be investigated by the provider and appropriate action taken. Documentation must be maintained in the participant and aide's file.
- b. Nurse supervisors and/or aides may not discuss services authorized by SCDHHS or OIDD with the participant. If participants of any waiver ask about either the level of service they are receiving or the different services offered in one of the waivers the nurse supervisor and/or aide must refer that participant back to their case manager for additional information.
 - c. Be accessible by phone during any hours services are provided under this contract. If the nurse supervisor position becomes vacant, SCDHHS must be notified no later than the next business day by emailing provider-distribution@scdhhs.gov.
 - d. Provide and document supervision of, training for, and evaluation of aides.
 - e. Make a supervisory visit to the participant's place of residence within thirty (30) days after the PCS/HASCI Attendant Care service is initiated.
 - f. After the thirty (30) day supervisory visit, make a supervisory visit to the participant's place of residence at least once every four (4) months for each participant. Four (4) month supervisory visits must be conducted by the end of the fourth month. The aide must be present during at least one (1) of the supervisory visits during each twelve (12)

month period. For SCDHHS/OIDD participants, supervisory visits, including the initial visit, must be documented in the participant record and recorded in the Electronic Visit Verification (EVV) System, for SCDHHS only, from the participant's home at the time of the visit. In the event the participant is inaccessible during the time the supervisory visit would have normally been made, the visit must be completed within five (5) working days of the resumption of Personal Care/HASCI Attendant Care services. The supervisor's report of the on-site visits must include, at a minimum:

- i. Documentation that services are being delivered consistent with the Service Plan/Authorization.
 - ii. Documentation that the participant's needs are being met.
 - iii. Reference to any complaints which the participant or family member/responsible party has lodged.
 - iv. A brief statement regarding any changes in the participant's service needs; and,
 - v. Supervisor's original signature and date. Signature stamps are not acceptable.
- g. 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 participant's record.
4. Documentation of all supervisory visits must be filed in the participant's record within thirty (30) days of the date of visit.
5. Supervisory visits must be conducted as necessary if there are indications of substandard performance by the aide.
6. If there is a break in service which lasts more than sixty (60) days, the supervisor must complete a new initial visit when services are resumed. If the participant's condition changes enough to warrant a new service plan, the supervisor must update the task sheet to reflect the new duties.
7. The provider must maintain an individual participant record which documents the following:
 - a. The provider must initiate Personal Care, HASCI Attendant Care, HASCI Agency Respite, ID/RD Agency Respite, CS Agency Respite, and MCC Respite services on the date agreed upon by the CM, provider, and participant 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 Plan/Authorization.
 - b. If the provider identifies Personal Care, HASCI Attendant Care, HASCI Agency Respite, ID/RD Agency Respite, CS Agency Respite,

and MCC Respite service duties that would be beneficial to the participant's care but are not specified in the SCDHHS Service plan for SCDHHS participants or Service Authorization for OIDD participants, the provider must contact the CM or CC to discuss the possibility of having these duties included in the Service Plan/Authorization. The CM or CC will make the decision as to whether the Service Plan/Authorization should be amended to include the additional service duty.

- c. For SCDHHS participants, no skilled services may be performed by the aide. For OIDD HASCI participants, skilled services may be performed by an aide only as allowed by the Nurse Practice Act. For HASCI participants, skilled service must be ordered by a licensed physician and delegated by an RN for the attendant to perform the skilled service.. The aide must be trained by an RN and the RN must delegate skilled care to the aide. Documentation of the training and delegation must be maintained in both the participant's file and the aide's personnel file. The physician's order, authorization and RN training/delegation must be obtained prior to the aide rendering the service.
- d. The provider must notify the CM or CC within two (2) working days of the following:
 - i. Participant's condition has changed, and the Service Plan no longer meets participant's needs or the participant no longer appears to need PCS//HASCI Attendant Care, HASCI Agency Respite, ID/RD Agency Respite, CS Agency Respite, , and MCCW Respite services.
 - ii. Participant is institutionalized, dies or moves out of the service area.
 - iii. Participant no longer wishes to receive PCS//HASCI Attendant Care, HASCI Agency Respite, ID/RD Agency Respite, CS Agency Respite, , and MCC Respite services.
 - iv. Knowledge of the participant's Medicaid ineligibility or potential ineligibility.
 - v. Report regarding abuse, neglect, or exploitation has been made to the appropriate authorities.
- e. The provider must maintain a record keeping system which documents:
 - i. The delivery of services in accordance with the SCDHHS Service Plan. The provider shall not ask the participant/responsible party to sign any log or task sheet. The task sheet must be reviewed, signed, with original signature (signature stamps are not acceptable), and dated every two weeks by the supervisor. Task sheets must be filed in the

participant's record within 30 days of service delivery.

- ii. For SCDHHS, services provided by the personal care aide must also be documented in the Electronic Visit Verification (EVV) System at check out.
- iii. **NOTE:** For SCDHHS participants, the Participant Activity Task Sheet report can be accessed in Phoenix Provider Portal may be utilized as the documentation of the delivery of services if the previously stated criteria is met. However, if a resolution is submitted for a date of service, a task sheet listing services provided must be maintained in the participant's file.
- iv. Task sheets/Daily logs can include multiple services on the same sheet if the services can be easily identified, and tasks performed can be distinguished. For example, if a participant receives PCS and Companion services, both can be documented on the same sheet if each service can be easily identified.
- v. All active participant records must contain at least two (2) years of documentation to include task sheets, service plans, supervisory visit documentation, any complaints, etc. Per Medicaid policy all records must be retained for at least five (5) years. Active records must contain the following:
 - a. **all** service authorizations,
 - b. SCDHHS Service Plans (for SCDHHS participants),
 - c. **Right to Complain** documentation,
 - d. **Advanced Directives** documentation,
 - e. Task Sheets and
 - f. Supervisory Visit Documentation.
- f. **For SCDHHS participants:** For all instances in which a participant did not receive an authorized daily service, providers must indicate on the Electronic Visit Verification (EVV) System website the reason why the service was not delivered. The provider must do this both when the provider was unable to complete the visit and when the participant was not available to receive the visit. For each week in which there are missed visits, the provider must indicate the reason on the website by the close of business the following week. A missed visit report is not required for /OIDD/HASCI/IDRD/CS/PCSC participants.
- g. Whenever two (2) consecutive attempted or missed visits occur, the local SCDHHS/OIDD 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 participant is not at home or refuses

services. A missed visit is when the provider is unable to provide the authorized service. These instances must be documented in the participant's record as well as the Phoenix Provider Portal for SCDHHS participants.

8. Providers must adhere to all Electronic Visit Verification (EVV) System and Phoenix policies and procedures as indicated in the Phoenix EVV Provider User Guidelines, which can be obtained from the Phoenix Provider portal (<https://providers.phoenix.scdhhs.gov/>) in the Help section.

F. Administrative Requirements

1. The provider must inform SCDHHS 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 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 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 must 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 cannot be delegated to another agency or organization. Nurse supervisors must be employed/contracted directly with the provider.
4. The provider agency shall 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 as a Certificate Holder for informational purposes only on all insurance policies using the following address: Post Office Box 8206, Columbia, SC 29202-8206.

Failure to maintain the required insurance will result in termination of your contract with SCDHHS

5. The provider must develop and maintain a Policy and Procedure Manual that describes how activities will be performed in accordance with the terms of the requirements of the contract. The Policy and Procedure Manual shall be available during office hours for the guidance of the governing body and personnel and must be made available to SCDHHS upon request.
6. The provider must comply with Article IX, Section Z of the Contract regarding safety precautions. The provider must also have an on-going

infectious disease program to prevent the spread of infectious diseases among its employees. At minimum, the infectious disease program must include the following

- a. Definition of infectious disease
 - b. How an infectious disease is spread
 - c. How to provide services in a way that prevents the spread of an infectious disease
7. The provider must ensure that key agency staff are accessible in person or by phone during compliance review audits conducted by SCDHHS and/or its agents. Providers are required to keep documentation records, including medical records, in chronological order.
 8. The provider must ensure that its office is open and staffed by qualified personnel during the hours of 10:00 a.m. to 4:00 p.m., Monday through Friday. Outside of these hours, the Provider agency must be available by telephone during normal business hours, 8:30 a.m. to 5:00 p.m., Monday through Friday. Failure to maintain an open and staffed office as indicated will result in sanctions as outlined in section G, last paragraph. The provider must also have a number for emergencies outside of normal business hours. Participant and personnel records must be maintained at the address indicated in the contract and must be made available, upon request, for review by SCDHHS.
 9. The provider must have an effective written back-up plan in place to ensure that the participant receives the PCS, HASCI Attendant Care, HASCI Agency Respite, ID/RD Agency Respite, CS Agency Respite, and MCCW Respite services as authorized. Whenever the provider determines that services cannot be provided as authorized, the Case Manager must be notified by telephone for OIDD or Phoenix conversation 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.
 10. The provider shall update holidays in Phoenix; the provider is not required to furnish services on those days. PCS/HASCI Attendant Care, HASCI Agency Respite, ID/RD Agency Respite, CS Agency Respite, and MCCW Respite 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 PCS/HASCI Attendant Care, HASCI Agency Respite, ID/RD Agency Respite, CS Agency Respite, and MCCW Respite provider agency may be closed for not more than four (4) consecutive days.