MEDICAID HOME AND COMMUNITY-BASED WAIVER SCOPE OF SERVICES
FOR

CASE MANAGEMENT SERVICES

A. Objective

The objective of Case Management Services is to assist Participants in gaining access to needed waiver and other State plan services; as well as medical, social, educational, and other services, regardless of the funding source for those services. Case Managers are responsible for the ongoing monitoring and coordination of the provision of services included in the participant's person-centered service plan.

B. Provider Conditions of Participation

1. The Provider must have demonstrated experience providing Case Management in a health and human services setting.

2. The Provider must be licensed to operate a business in the State of South Carolina and be in good standing with the State and counties served.

3. Upon application, the provider must demonstrate knowledge of the SC long-term care continuum and community resources.

4. The Provider must have four (4) or more employees, two (2) of which must be a licensed Social Worker; or have a bachelor's degree or master's degree with at least two years of assessment and care planning experience with participants. Independent providers contracted prior to September 1, 2016, may continue to provide case management activities to participants served under this waiver.

5. The Provider must be capable of providing case management services in the entire geographical area of at least one (1) CLTC Regional Office. The Provider must not refuse to accept cases within its area of service based on geographical location.

6. The Provider and its staff must be independent of the service delivery system and not a provider of services that could be incorporated into a HCBS participant's plan of care ("conflict free case management"). These services include, but are not limited to, HCBS waiver services, home health services, and hospice services. SCDHHS is the final decision authority regarding questions concerning conflict free case management.

7. The Provider must provide all supplies, tools, equipment, and technology necessary for its Case Managers and Case Management Supervisors to carry out case management

functions. SCDHHS will post equipment requirements in the "Help" section of Phoenix.

8. The Provider must ensure that Case Managers and Case Management Supervisors do not serve members of their own families.

9. Provider agencies must be housed in an office that is in a commercial zoned or un-zoned area. Any agency not housed within a commercial location must be prior approved by SCDHHS to enroll as a case management provider. Agencies requesting prior approval must submit the following documents/evidence:

   a. county/municipal zoning permit to operate a business

   b. Business licenses as required

   c. Evidence agency meets applicable county/municipal, mixed-use zoning guidelines

   d. Pictures exhibiting:
      i. business entrance door
      ii. Office space devoted entirely for the business; space must be enclosed and have a locking door
      iii. Outside business sign conforming to county/municipal sign and zoning codes

10. Independent providers are not required to maintain office space. Administrative reviews must be conducted with the Case Manager present in the CLTC area office.

C. Conduct of Service

1. The Provider must ensure that its Case Managers are available by telephone to SCDHHS staff Monday through Friday, 8:30 a.m. to 5:00 p.m.

2. The Provider must ensure that its Case Managers are available to Participants from 8:30 a.m. to 5:00 p.m., Monday through Friday, and as required by Participant needs.

3. The Provider must ensure that if a Case Manager has other employment, it does not prevent the case manager from performing case management activities between 8:30a.m. and 5:00 p.m., Monday through Friday, and as required by Participant needs. The Provider must ensure that Case Managers do not have other employment for more than four (4) hours between 8:30am and 5:00pm, Monday through Friday. The Provider must also ensure that its Case Managers hired before August 1, 2014, do not accept additional employment that will exceed this rule if they are not currently employed beyond this requirement. The Provider must ensure accessibility of its Case Managers to HCBS

program staff, service providers, and participants.

4. The Provider must ensure that its Case Managers and Case Management Supervisors are available to meet with SCDHHS staff in area offices or by phone as required for case management activities. These activities include, but are not limited to:

   a. Discussing quality assurance findings,

   b. Participating in team staffing of existing and new cases,

   c. Attending training and meetings on policy updates (off-site as required),

   d. Conducting case transfers, and

5. The Provider must ensure that its Case Managers check voice mail and respond appropriately at least twice daily, Monday through Friday, excluding state holidays.

6. The Provider must ensure that its Case Managers return calls related to participant care before noon must be returned by 5:00 p.m. that day; calls received after noon must be returned by noon on the next business day.

7. The Provider must ensure the secure and accurate maintenance of all electronic and hard-copy participant records assigned to its Case Managers,

8. The Provider must ensure that its Case Managers adhere to documentation policy posted in the “Help” section of Phoenix.

9. The Provider must ensure that its Case Managers check and respond to email daily, Monday through Friday.

10. The Provider must ensure that its Case Managers use the Electronic Visit Verification System (EVV). Documentation must be completed according to the current policy. For home visits, the EVV must be utilized while in the Participant’s home.

11. The Provider must ensure that each of its Case Managers providing Case Management services uses the Phoenix System and/or other systems as designated by SCDHHS for all case management activities, including but not limited to, re-evaluations, service planning, documentation, and verification of continued financial eligibility.

12. The Provider must have an effective, written back-up plan for the provision of services to ensure that participants receive case management services as authorized when the assigned Case Manager is not available to provide services.

13. At a minimum the back-up plan must include:

a. The name of the Case Manager(s) who will cover the cases while the regular case manager is away

b. (For Independent Case Managers only) a signed agreement between the assigned Case Manager and the back-up Case Manager who will cover the cases during the period when the assigned Case Manager is away,

c. The procedure for notifying the Participant when the back-up plan must be used,

d. The procedure for transferring cases to the back-up Case Manager in Phoenix, and

e. The procedure for notifying the Area Administrator/Lead Team Case Manager when the back-up plan is initiated.

If the Provider determines that services cannot be provided as authorized, the Area Administrator/Lead Team Case Manager must be notified by telephone immediately and cases relinquished back to the state.

14. The Provider must ensure that each Case Manager and Case Management Supervisors meets the Training Requirements in Article G of this document.

15. The Provider must ensure that its Case Managers serve a maximum of two contiguous CLTC Area Offices unless approved by SCDHHS. Case Managers serving two Area Offices must designate one CLTC Area Office as the primary office for training and meetings.

16. Violations of the Conduct of Service will result in sanctions. See Sanction Guidelines posted in the “Help” section of Phoenix.

D. Description of Services to Be Provided

1. The unit of service must be specified in the approved waiver document.

2. The Provider must ensure that its Case Managers use professional judgment in allotting an appropriate amount of time to complete each participant-related activity for which billing is submitted. These activities include Case Management Contacts and Initial, Quarterly, and Re-evaluation Visits. If the amount of time spent to complete the billed activities for a particular day does not meet SCDHHS’s expectations of the time necessary to complete those activities, then SCDHHS, in its sole discretion, may conduct an investigation and impose sanctions.

3. SCDHHS sets minimum and maximum limits on caseload sizes.

The Provider must ensure that its Case Managers abide by these limits, which are available in the "Help" section of Phoenix. Once a case is accepted, it must be retained by the Provider and assigned Case Manager for ninety (90) days unless otherwise requested by the participant. The maximum caseload limit takes into consideration all participants assigned to a Case Manager/Case Management Supervisor in a given month, including assignments for a partial month.

4. The Provider must ensure that cases are maintained through an entire month unless otherwise requested by the Participant. SCDHHS and Area Office(s) must be notified as soon as possible of any pending cases to be relinquished. The Provider must justify any notification that is provided less than fourteen days prior to the end of the month. The Provider must immediately notify Central Office when an employee with access to Phoenix separates from the case management Provider.

E. Case Management

1. Cases are referred to Providers in accordance with the Participant's choice. In no case shall a Provider solicit any waiver Participant. If a Case Manager leaves the Provider, that Case Manager may not solicit the Participant to follow him/her. Solicitation is cause for immediate termination.

2. The Provider must notify SCDHHS within two (2) business days to accept or decline a referral for Participant service. Once a Participant is accepted, team staffing must occur within two (2) business days.

3. Case Management services include the following:

   a. Regularly contacting the Participant during initial visits, monthly contacts, quarterly visits, and re-evaluation visits. The Provider must ensure that at least one of these case management activities and all of its necessary components are completed every month and documented appropriately.

   b. In conjunction with the Participant, developing and monitoring needs and personal goals and performing ongoing evaluation of the service plan to include team staffing.

   c. Completing authorizations for waiver services (including initial authorization, changes, and terminations).

   d. Resource assessment and development, with referrals to other agencies as needed.

   e. Service coordination, to include coordination of community-based support and participation in interagency case staffing.

f. Ongoing case monitoring and problem solving to address participant's needs throughout the month.

g. Re-evaluation activities including but not limited to team staffing with designated reviewers.

h. Service counseling with participant and families.

i. Case termination and transfer.

4. The Provider must ensure that Case Management services and other related activities provided by its Case Managers and Case Management Supervisors are provided in accordance with the HCBS Services Provider manual, HCBS program policies and procedures, any applicable SCDHHS policies and procedures, the SCDHHS Case Management contract, and any applicable federal and state statutes and regulations. All the foregoing provisions, policies, procedures, statutes, and regulations (together with any subsequent amendments) are hereby incorporated as an integral part of this Scope of Service.

5. When a case has been relinquished or transferred to another provider, the Provider must cease any contact with the Participant and/or primary contact.

F. Staffing

The Provider must adhere to the following provisions related to staffing:

1. Case Management Providers must employ Case Managers and Case Management Supervisors. Sub-contracting arrangements between Providers and individuals to provide case management services are not permitted. Case Managers and Case Management Supervisors must not be employed by multiple HCBS Case Management Providers.

2. Case Management providers must employ a Supervisor(s) who meets the qualifications of a Case Manager and who must provide technical assistance, perform quality assurance, and provide training to all Case Managers employed by the agency. Case Management Supervisors must attend and complete initial HCBS training for supervisors and pass a competency exam prior to assuming supervisory duties. A Case Management Supervisor who previously served as a HCBS Case Manager may request an exemption. Supervisors must also attend ongoing training as presented by SCDHHS.

3. Requirements for ratio of Case Management Supervisors to Participants and/or Case Managers are published in the Help section of Phoenix.

4. The Provider must ensure that Case Managers and Case Management Supervisors do not have a felony conviction of any kind. A SLED background check must be completed and maintained in the personnel record for all case managers and Case Management Supervisors and made available to LTSS upon request. A new SLED background check must be obtained every five years. Hiring of employees with misdemeanor convictions must be at the discretion of the Provider.

5. 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/

6. The Provider must ensure that each Case Manager and Case Manager Supervisor has a current, valid driver's license. The Provider must obtain a copy of the Case Manager's driving record and verify that the license is valid at the time of hiring and then again every five years. Copies of the driving records must be maintained in the employee's file and provided to SCDHHS upon request.

7. The Provider must ensure that its Case Managers and Case Management Supervisors have demonstrated skills in computer hardware/software access and usage.

8. The Provider must ensure that, when serving Participants, its Case Managers and Case Management Supervisors display a photo identification badge identifying the Provider and the employee.

9. The Provider must ensure that its Case Managers record a voice mail greeting that clearly identifies the name of the Case Manager and the Provider.

10. The Provider must ensure that Case Management activities are conducted by one of the following:

    a. Social Workers licensed by the South Carolina Board of Social Work Examiners,

    b. Individuals with a bachelor's or master's degree in a health or human services field from an accredited college or university, who have at least two (2) years of assessment and care planning experience with participants (experience cannot include more than six (6) months of internship),

    c. Registered nurses currently licensed by the S.C. State Board of Nursing, or by an appropriate licensing authority of the state in which the provider

is located for an out-of-state provider,

d. Certified Geriatric Care Managers with two (2) years of assessment and care planning experience with participants,

e. Certified Case Managers with two (2) years of assessment and care planning experience with participants. All Case Managers who have professional licenses must comply with the continuing education requirements necessary for their specific licensure,

f. Any Case Managers/Supervisors who do not have professional licenses must have a minimum of ten (10) hours relevant in-service training per calendar year. The annual ten-hour requirement must be on a pro-rated basis during the first year of employment. Documentation of training must include topic, name and title of trainer, training objectives, and outline of content and length of training, location, and outcome of training. Topics for specific in- service training may be mandated by SCDHHS.

g. The Provider must ensure that its Case Managers and Case Management Supervisors are aware that they are mandated reporters of Abuse, Neglect and Exploitation (ANE). Failure to report ANE will result in immediate action up to and including termination of serving HCBS participants and the Case Manager/Supervisor being reported to the appropriate authority.

11. 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/Library/Regulations/R.61-122.pdf

If Provider requires additional information, Provider must contact the Tuberculosis Control Division, Department of Public Health, 1751 Calhoun Street, Columbia, SC 29201, phone (803) 898-0558.

12. Personnel folders: Individual records must be maintained to document that each member of the staff has met the above requirements. When requested by SCDHHS, documents must be uploaded to Phoenix.

G. Case Management Training

1. Case Management Providers will be responsible for training employees as required by SCDHHS. This training must be in conjunction with any training directly provided by SCDHHS.

2. Case Management providers will be responsible for training costs

and attending training required by SCDHHS. SCDHHS will not reimburse expenses for Case Managers, Case Management Supervisors, or other Provider staff associated with attending required SCDHHS training.

3. All new Case Managers and Case Management Supervisors must complete the SCDHHS HCBS Training curriculum to include home visits with SCDHHS staff.

4. Case Managers and Case Management Supervisors must obtain passing scores on all tests administered by SCDHHS. Case Managers and Case Management Supervisors who do not obtain a passing score on any test given during SCDHHS initial training must not be assigned any cases and must repeat the training and retake any required tests.

   If he/she fails on the second attempt, he/she must not be allowed to provide case management for HCBS participants. If a Case Management Supervisor does not pass the required tests, he/she cannot be designated nor act as a supervisor.

5. After passing all initial tests and attending HCBS Area Office(s) orientation, Case Managers and Case Management Supervisors must be eligible to be assigned cases based on participant choice. Case Managers and Case Management Supervisors must take an additional competency test after having cases for ninety (90) days. If the Case Manager or Case Management Supervisor fails this test, he/she will be allowed to retake it once. If he/she fails on the second attempt, he/she must not be allowed to provide case management services to HCBS participants.

6. The types and number of Case assignments during the first ninety (90) days must be coordinated with a regional trainer to ensure adequate case coverage, with no assignments of re-evaluations to any new employee without prior approval. Caseloads may not exceed approved levels during the training cycle.

7. The Provider must ensure that its Case Managers and Case Management Supervisors have business cards available to give to Participants no later than their first scheduled home visit after completion of training and on an ongoing basis thereafter.

8. The Provider must ensure that any of its Case Managers or Case Management Supervisors who are identified by quality reviews as needing remedial training attend that training and obtain passing scores on all required competency tests.

H. Compliance

Quality Assurance and case management reviews are performed randomly and when failures to comply with contract or scope requirements are detected. SCDHHS can also conduct unscheduled compliance visits during regular office hours.

Following is the sanction process for Case Management Providers that will apply when minimum standards as set forth by SCDHHS are not adhered to by Providers and Case Managers. SCDHHS will review the provider's compliance with Case Management program requirements on an ongoing basis. Failure to comply with the program requirements will result in the application of sanctions against the Provider, Case Manager, and/or Case Management Supervisor to include but not limited to the following:

1. Strike: Case Managers and Case Management Supervisors will receive strikes for actions that are out of compliance with policy. Case Managers and Case Management Supervisors can receive up to six (6) strikes per year. After the sixth strike, recoupment will occur for any additional instances of non-compliance. All Strikes are removed annually on the Case Manager's hire date.

2. Plan of Correction: The Provider will be required to submit a Plan of Correction outlining the deficiency(ies), the detailed plan to correct the deficiency(ies) and the effective date the plan will be implemented.

3. Recoupment: Case Management services that have been billed but are out of compliance with policy and procedures may be recouped from the Provider.

4. Caseload reductions: The caseload of the Case Manager or Case Management Supervisor will be reduced by a minimum of 10 percent (10%) for a minimum of ninety

5. (90) days. Case managers and Case Management Supervisors must comply with Plan of Correction before any cases are reassigned.

6. At its discretion, SCDHHS may require that a Provider's Case Manager or Case Management Supervisor no longer work with HCBS Participants.

7. Suspension: The Case Management provider is removed from the provider choice list for the duration of the sanction. The minimum period of suspension is one (1) month. Providers who are suspended must complete an acceptable Plan of Correction before the suspension is lifted. Suspension must be for all geographic areas the Provider covers.

8. Termination: The cancellation of the Provider's enrollment in the Medicaid HCBS program resulting in the denial of Medicaid participation for a period of three (3) years. After two (2) suspensions for any reason, a third suspension in a two (2) year

period will result in termination. Termination must also occur if the provider is substantially out of compliance with contractual requirements. See compliance guideline sheet for specifics on sanctions based on Provider/Case Manager actions.

I. Administrative Requirements

1. The Provider must use the Phoenix system to enter a list of regularly scheduled holidays, on which it will not be required to furnish services. The Provider must not be closed for more than two (2) consecutive days, except when a holiday falls in conjunction with a weekend. If a holiday falls in conjunction with a weekend, the Provider may be closed for not more than four (4) consecutive days.

2. The Provider must specify in Phoenix's Provider Portal the hours of operation.

3. The Provider must maintain an up-to-date organizational chart that is available to each employee.

4. The Provider must maintain written bylaws or the equivalent for governing the Provider's operations.

5. The Provider must maintain a written employee handbook that contains a Fragrance

6. -Free Policy and a dress code requiring business casual attire when conducting SCDHHS business.

7. The Provider must assure SCDHHS that a governing body or person(s) so functioning shall assume full legal authority for the operation of the provider agency.

8. The Provider shall acquire and maintain, during the life of the contract, general liability insurance and worker's compensation insurance as required in the SCDHHS contract. The Provider is required to list SCDHHS-HCBS as certificate holder for notice purposes on all insurance policies using the following address: Post Office Box 8206, Columbia, SC 29202-8206.

9. Upon request by SCDHHS, the Provider must be responsible for appropriate participation in the SCDHHS Appeals and Hearings process with respect to appeals of any action involving the Provider.

10. The Provider must disclose to SCDHHS the names and relationships of any relatives of the Provider or its staff who provide items or services to Medicaid Participants. For purposes of this Contract, the Provider means all owners, partners, managing employees, directors and any other person involved in

the direct management and/or control of the business of the Provider. The Provider's staff includes everyone who works for or with the Provider, including independent contractors, in the provision of or billing for services described in this Contract. Relative means persons connected to the Provider by blood or marriage.

The Provider must disclose all such relationships via email to provider- distribution@scdhhs.gov within two (2) days of learning of the relationship. The Provider, in executing this Contract, certifies that it has in place policies, procedures or other mechanisms acceptable to SCDHHS to identify and report these relationships. Failure to report a relationship timely or to have the appropriate policies and procedures in place may result in sanctions by SCDHHS up to and including termination of this Contract for cause.

11. The Provider is subject to recoupment for payment made for all waiver services as a result of authorizations issued by provider staff not consistent with HCBS policies and procedures and in accordance with the HCBS Case Management Recoupment Guidelines.

J. HCBS Case Management Recoupment Guidelines

1. Late Level of Care/Re-evaluation (without an approved reason)

   a. If late, recoup for every month late from appropriate entity

   b. If completed within the month but out of compliance, recoup for the month

2. No Case Activity or Inappropriate Case Activity

   a. Recoup if CM service has been billed but record reflects no case activity

   b. No required monthly activity and not billed- strike

   c. Quarterly due, Monthly Contact done - recoup for each month quarterly not done, unless a valid reason is narrated.

   d. Late Initial Visit-recoup unless a valid reason is narrated

   e. If the narrative & checklist are incomplete, the CM must be considered out of compliance- strike for each incident.

3. Closed Cases

   a. Recoup if cases are not closed timely and properly (including terminating the application). Potential to recoup for all waiver services that must have been terminated.

b. Strike for failure to notify provider by phone and in writing of authorization terminations. (Phone notification must be documented in the narrative.)

4. Timeliness

a. Strike then recoups if documentation is more than three (3) days late.

b. Recoup for late Service Plan or blank Service Plan. Recoup for each month Service Plan not completed.

5. Infractions of CM Activities

a. Recoup for CM service if personal goals are not discussed or addressed.

b. Recoup for CM service if Service Plan agreement form is not signed.

c. Recoup for CM service if Emergency Disaster plans and/or priorities are not completed.

d. Strike, recoup or sanction if other infractions are noted, valid and determined by Central Office to be out of compliance with P&P guidelines, CM Scope requirements or Care Call guidelines (i.e., failure to follow-up and document monthly with APS staff).

6. Monitoring Adult Protective Services (APS) cases

a. 1st Offense: SCDHHS QA will send a reminder to CM, Provider agency, and Area Office.

b. 2nd Offense: SCDHHS QA will send a letter to CM & Provider Agency notifying CM/Provider agency has five (5) business days from the date of the letter to document service coordination/follow up with APS staff.

c. 3rd offense: CM/Provider agency will not receive new referrals for a minimum of sixty (60) days.

7. Incorrect use of the Electronic Verification Visit System

a. Strike when worker forgets to check in but does check out.

b. Strike when worker forgets to check out but does check in.

c. Strike when worker forgets to check in and worker forgets to check out.

d. Recoup for any unauthorized location/phone numbers that are not justifiable.

e. Strike when resolutions are submitted late.

NOTE: New case managers have a ninety (90) day grace period after care call registration date except for late LOC/re-evaluations which must

follow #1 above.

All strikes must be accumulated to a total of six. All occurrences after the sixth strike are subject to recoupment (if applicable) and/or the Sanctioning Guidelines defined in the Scope of Service. After one year, each worker begins a new strike period. This means that the six-strike policy is an annual policy rather than a lifetime policy. For new workers, the annual date begins on the worker start date keyed in the worker registration section of Phoenix. The worker start date must always be the first day the worker serves a participant to receive the full 90-day grace period.