SC HEALTHY CONNECTIONS SCOPE OF SERVICES FOR

CHILDREN'S PERSONAL CARE

A. Objectives

The objectives of children's personal care services (CPC) are to restore, maintain, and promote the health status of SC Healthy Connections Medicaid members age one to 21 through assistance with activities of daily living. The service provides children with assistance to accomplish tasks that they would normally do for themselves if they did not have a disability.

CPC services are reimbursable when services are:

1. Medically necessary as determined by a validated Children's In-Home Care Program Prescriber Information Form.

2. Authorized by SC Department of Health and Human Services (SCDHHS) or SC Department of Behavioral Health and Developmental Disabilities (BHDD), Office of Intellectual and Developmental Disabilities (OIDD).

3. Provided in the participant's place of residence except as specified in Section C. CPC is not permissible when the child is an inpatient or resident of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or institution for mental disease.

B. Conditions of Participation

1. Agencies desiring to be a provider of CPC 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 and enrollment with SCDHHS immediately. With voluntary termination, the provider will be able to recontract/re-enroll 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, the CPC aide

and supervisors display a photo identification badge identifying the provider and the employee.

5. Agencies must utilize the automated systems mandated by 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 the service authorization and monthly thereafter to ensure continued eligibility. Agencies can verify Medicaid eligibility by utilizing the Medicaid Web Tool. Providers for SCDHHS participants can also check Medicaid Eligibility in the Phoenix Provider Portal under the Authorizations subtab. 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 staff 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 CPC service provided in the participant's place of residence.

2. CPC services may be provided in a secondary residence when the participant's record documents the need and when prior approved by SCDHHS. To request approval for SCDHHS and OIDD participants the case manager (CM)/waiver case manager (WCM)/care coordinator (CC) must send an email the location address and relationship to the participant to the SCDHHS waiver exceptions mailbox WES@scdhhs.gov. Services rendered outside of the participant's residence without prior approval are not reimbursable by SC Healthy Connections Medicaid. Services are not allowed when the participant is in an institutional setting, Adult Day Health Care (ADHC) setting 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 service 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 and Authorization. If it is determined by the CM/WCM/CC during the assessment process that a participant requires more than one CPC aide for lifting, transfers, etc., this must be included in the Service Plan and 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 CPC per day; the CPC aide must provide a total of four (4) hours per day in the home.

5. Under no circumstances will any type of skilled medical service be performed under the CPC authorization. When a participant appears to require or requests skilled care, the CM/WCM/CC will utilize a SCDHHS validated instrument to assess and authorize hours for the appropriate service through the prior approval process.

6. Services to be provided include:

    a. Support for activities of daily living, e.g.,

        - bathing
        - dressing
        - eating
        - hygiene
        - mobility
        - toileting
        - transferring

    b. Age appropriate home support (for participants aged 16 and above) 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/prescriber and as written directions on the box, or bottle, indicate). **The CPC aide cannot administer the medicine**; however, this does not preclude the aide from handing the medicine container to the participant. When skilled care is required a separate service authorization will be created by the CM/CC. Under no circumstances is skilled care to be provided under the children's personal care service authorization.

e. Escort to Medicaid covered services, when necessary. CPC aides may provide ADL care to a participant during transit to a Medicaid covered service when necessary and included in the participant's Service Plan (SCDHHS) and Assessment (OIDD). The provision of CPC during transit is an option and dependent on the provider's policy. The CPC aide is not permitted to escort a participant under the of age 18 unless accompanied by the parent, legal guardian, or other adult authorized to make decisions regarding the participant's care. The CPC aide may provide ADL care to the participant during transit when a separate unpaid individual provides transportation.

f. Transportation to Medicaid covered services may be provided by the CPC aide for participants age 16 and older when the following criteria are met:

   i. Participant record documents the need and all efforts to secure other transportation such as non-emergency medical transportation (NEMT)

   ii. Allowable per provider agency policy

   iii. CM/CC submits a request to and receives approval from SCDHHS via a response from WES@scdhhs.gov

   iv. Participants under the age of 18 must be accompanied by the parent, legal guardian, or other adult authorized to make decisions regarding the participant's care.

g. Strength and balance training.

h. 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. The CPC aide may provide this assistance to participants receiving CPC as deemed age appropriate (typically age 16 and above).

i. 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. The CPC aide may provide this assistance when deemed age appropriate (typically age 16 and above).

D. Staffing

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

   Note: Supervisory nurses may be provided through subcontracting arrangements

   a. A registered nurse(s) (RN) who meets the following requirements:
      i. Currently licensed by the S.C. Board of Nursing
      ii. Trained in care of pediatric patients with complex needs

iii. Capable of evaluating the CPC aide's competency in terms of his or her ability to carry out assigned duties and his/her ability to relate to the participant

iv. Able to assume responsibility for in-service training for CPC aides by individual instruction, group meetings or workshops

v. The provider must verify nurse licensure at time of employment and must ensure that the license remains continuously 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:

South Carolina Labor, Licensing & Regulation Nursing License Verification

b. CPC 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 (age 18 through 21, or age 16 and older when criteria are met) to Medicaid covered services. The provider must ensure the employee's license is valid while transporting 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 prior to providing services to SC Healthy Connections members. The competency evaluation must contain all elements of the CPC 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, and intellectual, developmental, and related disabilities
    - How to provide children's personal care to a participant who receives enteral and parenteral feeding, trach care, and technology-dependent (ventilator and respirator) conditions
    - Crisis stabilization and de-escalation of behaviors
- Training in lifting and transfers

Proof of the competency evaluation must be recorded and filed in the personnel record prior to the CPC aide providing care to waiver participants. SCDHHS CPC Competency Documentation Form must be used to document the competency evaluation results. All signatures must be original, signature stamps are not acceptable.

All CPC 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 must 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 In-Service Documentation Form 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 CPC 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 must submit proposed programs not on the prior approved list to SCDHHS at least forty-five (45) days prior to the planned implementation. All approved training topics are located on the SCDHHS website:

Approved In-Service Training Topics

2. Provider 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/ CPC aide:

   a. The spouse of the 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 of minor children will not be reimbursed for children's personal care services. All other qualified family members can be reimbursed for their provision of children's personal care.

3. PPD Tuberculin Test

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

   https://dph.sc.gov/diseases-conditions/infectious-diseases/tuberculosis

For additional information, providers must contact the Tuberculosis Control Section, Department of Public Health, 2100 Bull 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,

   f. and 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 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 CPC 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 CPC aide's SLED criminal background and agreement to have the aide provide care; this statement must be placed in the participant record.

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 (SCDHHS) or Prior Authorization form (OIDD) for CPC from the CM or CC in the Phoenix (SCDHHS) or Therap (OIDD) system. The authorization will designate the amount, frequency, and duration of service for participants in accordance with the participant's Service Plan and 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 SCDHHS participants, the provider must obtain an updated SCDHHS service plan from the CM/CC 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. This provider task list must be developed by an RN 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.

3. For OIDD participants, the service plan will not be provided. The WCM will attach the Personal Care/Attendant Care Assessment to the service authorization upon approval.

4. As part of the conduct of service, CPC services must be provided under

the supervision of a RN who meets the requirements as stated in this Scope and who will:

a. Visit the participant's home prior to the start of children's personal care services. 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 CPC services. For OIDD participants, the provider must adhere to those duties which are specified in the service plan and authorization in developing the provider task list. This provider task list must be developed by a RN. If there are additional tasks not outlined in the service authorization for OIDD participants, the provider must contact the WCM 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 CPC aide based on the needs outlined on the Service Plan and Assessment for the participant. This list must be developed prior to the provision of CPC. 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 CPC 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 CPC aides must be investigated by the provider and appropriate action taken. Documentation must be maintained in the participant and CPC 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 SC Healthy Connections program ask about either the level of service they are receiving or the different services offered in one of the SCDHHS administered Home and Community-Based waivers or other Medicaid-funded programs, the nurse supervisor and/or aide must refer that participant back to their CM/WCM/CC for additional

information.

c. Be accessible by phone during any hours services are provided under their SC Healthy Connections Medicaid service 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 CPC aides.

e. Make a supervisory visit to the participant's place of residence within thirty (30) days after the CPC 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 CPC aide must be present during at least one (1) of the supervisory visits during each twelve (12) month period. Supervisory visits, including the initial visit, must be documented in the participant record. For SCDHHS only, supervisory visits must be recorded in the Electronic Visit Verification (EVV) System 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 children's personal 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 and 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 CPC aides as necessary as they provide individual CPC services as outlined by the Service Plan and Authorization. Any supervision given must be documented in the individual participant's record.

5. Documentation of all supervisory visits must be filed in the participant's record within thirty (30) days of the date of visit.

6. Supervisory visits must be conducted as necessary if there are indications of substandard performance by the CPC aide.

7. 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.

8. The provider must maintain an individual participant record which documents the following:

    a. The provider must initiate CPC services on the date agreed upon by the CM/WCM/CC, 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 and Authorization.

        CPC Service Provision Forms must be dated with a start date of Sunday. Services must begin the first week of authorization based on participant's requested schedule.

    b. If the provider identifies CPC service tasks 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/WCM/CC to discuss the possibility of having these duties included in the Service Plan and Authorization. The CM/WCM/CC will make the decision as to whether the Service Plan and Authorization should be amended to include the additional service duty.

    c. No skilled services may be performed under the CPC service authorization.

    d. The provider must notify the CM/WCM/CC within two (2) business 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 CPC services.

        ii. Participant is institutionalized, dies or moves out of the service area.

        iii. Participant no longer wishes to receive CPC 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 must be reported to the CM/WCM/CC within 24 hours or next business day of report.

    e. The provider must maintain a record keeping system which documents:

        The delivery of services in accordance with the SCDHHS/SCDDSN Service

Plan. The provider must not require 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 nurse supervisor. Task sheets must be filed in the participant's record within 30 days of service delivery.

i. Services provided by the CPC aide must also be documented in the Electronic Visit Verification (EVV) System at check out.

ii. **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.

iii. 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 CPC and MCC Unskilled Respite services, both can be documented on the same sheet if each service can be easily identified.

iv. 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 all service authorizations, SCDHHS Service Plans (for SCDHHS participants), Right to Complain documentation, Advanced Directives documentation, Task Sheets and Supervisory Visit documentation.

f. Whenever two (2) consecutive attempted or missed visits occur, the CM/WCM/CC must be notified. An attempted visit is when the CPC aide arrives at the home and is unable to perform 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.

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 will notify SCDHHS within three (3) business 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 must 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 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 provider service 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 must 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 SCDHHS Service 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 CPC services as authorized. Whenever the provider determines that services cannot be provided as authorized, the CM/WCM/CC 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 must update holidays in Phoenix; the provider is not required to furnish services on those days. The CPC 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 CPC provider agency may be closed for not more than four (4) consecutive calendar days.