MEDICAID HOME AND COMMUNITY-BASED WAIVER SCOPE OF SERVICES
FOR

# COMPANION (AGENCY) SERVICES

## A. Objectives

The objectives of Companion services are to provide short-term relief for caregivers and to provide needed supervision of Medicaid HCBS waiver participants.

## B. Conditions of Participation

1. Agencies must utilize the automated systems mandated by SCDHHS to document and bill for the provision of services.
2. Pursuant to enactment and implementation of S.C. § Code 44-70-10 all providers of in-home care require a license to provide in-home care. Providers are required to renew their license annually. Providers who do not maintain their In- Home Care provider license will be terminated. Providers who are not licensed by the South Carolina Department of Public Health are not 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 HCBS services contract with SCDHHS immediately. With voluntary termination, the provider will be able to re-contract 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 LTSSSCDHHS Contract.
3. Provider agencies must be housed in an office that is in a commercial or un-zoned area.
4. The Provider must ensure that, when serving Participants, its Companions and Supervisors display a photo identification badge identifying the Provider and the employee.
5. Providers must accept or decline referrals from LTSS within two (2) working days. Failure to respond must result in the loss of the referral.
6. The provider is responsible for verifying the participant's Medicaid eligibility when it has accepted a referral and monthly thereafter to ensure continued eligibility. Providers can verify Medicaid eligibility for LTSS participants in the Phoenix Provider Portal on their dashboard. Providers must also refer to Provider Administrative and Billing Manual for additional information on eligibility determination.
7. Providers may use paperless filing systems. Provider must obtain approval from SCDHHS by emailing provider-distribution@scdhhs.gov prior to

initiating electronic documentation and/or 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.

C. Description of Services to be provided

1. The unit of service is one (1) hour of services provided in the participant's residence or away from the participant's residence for shopping, laundry services, other offsite services or escort services. The amount of time authorized does not include the companion's transportation time to and from the participant's residence.

2. The number of units and services provided to each participant is dependent upon the participant's needs as set forth in the participant's Service Plan.

3. Services to be provided include:

   a. Socialization - Reading, conversation, assistance with mail and other interaction with participant as appropriate

   b. Assistance with or supervision of meal/snack preparation

   c. Assistance with or supervision of participant laundry (washing clothes and linens)

   d. Assistance with or supervision of participant's shopping

   e. Incidental light housekeeping (dusting, sweeping or other light chores to maintain participant in a safe clean environment)

   f. Sitting service focusing on the participant including supervision, orientation, making appropriate contact in case of emergency

D. Staffing

The Provider must maintain individual records for all employees. All required documentation indicated in this section must be filed in the personnel record no less than fifteen (15) days after employment.

1. The Provider must maintain the following (supervisory positions may be sub-contracted):

   a. A supervisor who meets the following requirements:
      i. High school diploma or equivalent.

      ii. Capable of evaluating companions in terms of their ability to carry out assigned duties and their ability to relate

to the participant; and

iii. Able to assume responsibility for in-service training for companions.

b. Companions 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 following a care plan with minimal supervision; and

iv. At least eighteen (18) years of age.

v. Companions must complete four (4) hours of relevant in-service training per calendar year in the following areas:

vi. Maintaining a safe, clean environment and utilizing proper infection control techniques.

vii. Following written instructions.

viii. Ethics and interpersonal relationships.

ix. Documenting services provided; and

x. Other areas of training as appropriate.

The annual four-hour requirement will be pro-rated during the companion's first year of employment.

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 companion services. All other qualified family members can be reimbursed for their provision of companion services

3. PPD Tuberculin Test

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

   https://scdhec.gov/sites/default/files/media/document/R.61-122.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. A SLED criminal background check is required for all employees prior to hire and at least every two years thereafter to include employees who provide direct care to HCBS participants and all administrative/office employees (office employees required to have SLED background checks include: administrator, office manager, supervisor, and persons named on organizational chart in management positions). All SLED criminal background checks must include all data for the individual. The SLED criminal background check must include statewide (South Carolina) data. The statewide data must include South Carolina and any other state or states the worker has resided in within the prior ten years. Potential employees must not have prior convictions or have pled no contest (nolo contendere) to crimes related to theft, abuse, neglect or mistreatment, or a criminal offense similar in nature to the crimes listed in S.C. Code Section 43-35-10 et seq. Potential employees with non-violent felonies dating back ten (10) or more years can provide services to HCBS participants under the following circumstances:

   - Participant/responsible party must be notified of the aide's SLED criminal background, and
   - Documentation must be placed in the participant's record and signed by the participant/responsible party acknowledging awareness of the aide's SLED criminal background and agreement to have the aide provide care.

   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 of employees with misdemeanor convictions is at the Provider's discretion.

5. The provider must check the CNA registry for all staff prior to hire and 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

6. 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/

7. All required staff documentation must be filed in the employee file within 15 days of employment or of receipt.

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 the Service Plan and/or OIDD Assessment from the case manager prior to the provision of services. The authorization must designate the amount, frequency and duration of service for participants in accordance with the participant's Service Plan/OIDD Assessment which must have been developed in consultation with the participant and others involved in the participant's care. The provider must receive new authorizations only when there is a change to the authorized service. The Provider must adhere to those duties which are specified in the authorization in developing the provider task list. The provider task list must be developed by the supervisor. If the provider identifies Companion duties that would be beneficial to the participant's care but are not specified in the authorization, the Provider must contact the case manager to discuss the possibility of having these duties included in the Authorization. **Under no circumstances will any type of skilled medical service or hands on care be performed by a companion.** The case manager must make the decision as to whether the Service Plan/OIDD Assessment must be amended to include the additional duty. This documentation must be maintained in the participant files.

2. The supervisor of Companion services must:

   a. Perform an initial visit to the participant's home within 90 days of the start of services and provide on-site supervision at least once every 365 days thereafter for each participant and phone contact with the participant or responsible party as needed.

      i. At the initial supervisory visit, the supervisor must inform participants of their right to complain about the quality of Companion services provided and must give participants information about how to register a complaint. 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). 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.)must. The participant is required to sign and date a statement that they have received this information. The supervisor is also required to sign and date this statement. Complaints which are made against companions must be investigated by the Provider. All complaints which are to be investigated must be referred to the supervisor who must take any appropriate action.

ii. At the initial supervisory visit and periodically thereafter, the supervisor must 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 supervisor is also required to sign and date the statement.

b. Each supervisory visit, including the initial visit, must be documented in the participant's file and recorded in the Electronic Visit Verification (EVV) System. In the event the participant is inaccessible during the time the visit would have normally been made, the visit must be completed within five (5) working days of the resumption of Companion services.

c. 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; and,

iv. A brief statement regarding any changes in the participant's service needs.

d. Supervisors must provide assistance to companions as necessary.

e. Supervisors must be immediately accessible by phone during any hours services are being provided under this contract. If the supervisor position becomes vacant, SCDHHS must be notified within two (2) business days.

f. If there is a break in service which lasts more than sixty (60) days, the supervisor must conduct a visit within ninety (90) days of the resumption of services.

3. In addition, the Provider must maintain an individual participant record that documents the following items:

   a. The Provider must initiate Companion services on the date agreed upon by the Case Manager, provider, and participant indicated on the authorization. Services must not be provided prior to the authorized start date and must be provided according to the schedule as indicated on the authorization.

   b. The Provider must notify the CM within two (2) working days of the following participant changes:

      i. Participant's condition has changed, and the Service Plan/Authorization no longer meets participant's needs, or the participant no longer appears to need Companion services.

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

      iii. Participant no longer wishes to participate in a program of Companion services

      iv. Provider becomes aware of the participant's Medicaid ineligibility or potential ineligibility.

   c. The Provider must maintain a record-keeping system which documents the delivery of services in accordance with the Service Plan. The Provider shall not ask the participant/responsible person to sign any log or task sheet. Task sheets must be reviewed, signed, with original signature (rubber signature stamps are not acceptable), and dated every two (2) weeks by the supervisor. Task sheets must be filed in the participant's record within thirty (30) days of service delivery.

   d. **For OIDD participants:** The delivery of services and units must be provided in accordance with the OIDD Assessment. The provider must maintain daily service logs containing the Companion services provided for the participants and the actual amount of time expended for the service.. Daily service logs must be reviewed, signed, with original signature (rubber signature stamps are not acceptable), and dated every two (2) weeks by the supervisor. Daily logs must be filed in the participant's record within thirty (30) days of service delivery.

   e. Daily service logs must be made available to SCDHHS/OIDD upon request.

   f. All active participant records must contain at least two (2) years of documentation to include, , the following:

      i. task sheets/daily logs,

ii. service plans,

iii. authorizations,

iv. supervisory visit documentation

v. right to complain documentation

vi. advanced directive documentation and

vii. any complaints, etc.

Per Medicaid policy all records must be retained for at least five (5) years.

g. Whenever two consecutive attempted or missed visits occur, the local Area office/OIDD office must be notified. An attempted visit is when the companion 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. Missed visits must be documented in the participant record as well as in the Electronic Visit Verification (EVV) System.

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 shall notify SCDHHS within three (3) working days in the event of a change in or the extended absence of the personnel with the above-mentioned authority.

2. The Provider must provide SCDHHS 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 shall not be delegated to another organization.

4. The Provider shall acquire and maintain for the duration of the contract liability insurance and workers' 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, personnel and must be made available to SCDHHS upon request.

6. The provider agency must ensure that key agency staff is accessible in person or by telephone during normal business hours and during compliance review audits conducted by SCDHHS and/or its agents. Providers are required to keep documentation records, including medical records, in chronological order.

7. The Provider shall update holidays in Phoenix; the Provider is not required to furnish services on those days. The Companion 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 Companion provider agency may be closed for not more than four (4) consecutive days.