

MEDICAID HOME AND COMMUNITY-BASED WAIVER SCOPE OF SERVICES

FOR

RESIDENTIAL PERSONAL CARE

A. Objectives

The objective of the Residential Personal Care (RPC) services is to restore, maintain, and promote the health status of Medicaid Home and Community Based waiver participants who choose to transition from their homes into the residential facilities or for individuals who wish to remain in the community residential care facilities and meet the intermediate nursing home level of care.

B. Conditions of Participation

1. The Provider of RPC services in a CRCF must meet all South Carolina Department of Public Health (SCDPH) standards for licensure and must comply with all requirements of this Scope of Services.
2. The Provider must have demonstrated experience in personal care services. The Provider's administrator must have at least three (3) years of administrative experience in the health care field.
3. The Provider shall accept or decline referrals from SCDHHS within two (2) working days. Failure to respond within this timeframe will result in the loss of the referral.
4. The Provider will be responsible for verifying the Participant's Medicaid eligibility when it has accepted a referral and monthly thereafter to ensure continued eligibility. The Provider shall refer to the OSS Provider Manual for instructions on how to verify Medicaid eligibility.
5. The Provider shall not be at risk of classification as a Resident Case Mix. The OSCAP facility that is licensed for more than sixteen (16) beds or is part of a larger entity that exceeds sixteen (16) beds shall not admit or maintain a census of more than 45% of residents whose current need for placement as determined by SCDHHS is due to a mental illness. The policies and procedures outlining the process for determining the CRCF's risk for resident case mix are in the OSS Provider Manual.
6. The Provider shall utilize the automated systems mandated by SCDHHS to document and bill for the provision of services.
7. The Provider may use paperless filing systems. When using electronic filing systems any documentation requiring signatures must be signed prior to scanning. 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.

8. The Provider shall submit upon execution of the Contract and as requested by SCDHHS thereafter evidence of working capital that will show that the Provider has the capability to operate for a minimum of sixty (60) days in the event Medicaid reimbursement is delayed or withheld for any reason. This evidence shall be a certified written statement from an officer of a financial institution or a certified accountant.

The minimum working capital levels are:

- 4-10 Beds – \$2,500
- 11-25 Beds – \$5,000
- 26 and above – \$10,000

C. Description of Services to be provided

1. The Provider shall ensure that the facility meet specific basic requirements of the Americans with Disabilities Act, as outlined in the OSS Provider Manual (as amended).
2. The unit of service will be a patient day which is defined as a twenty-four (24) hour period, including the day of admission and excluding the day of discharge. The per diem rate will include all those items and supplies associated with patient care, except prescribed drugs and personal items. These items cannot be billed to Medicaid.
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.
4. Under no circumstances will any type of skilled medical service be performed in a CRCF.
5. Services to be provided in a CRCF include:
 - a. Support for activities of daily living which include:
 - Eating
 - Bathing (bed bath, bench shower, sink bath)
 - Personal grooming including dressing
 - Personal hygiene
 - Provide necessary skin care
 - Assisting participants in and out of bed
 - Repositioning participants as necessary

- Assisting with ambulation
 - Toileting and maintaining continence
- b. Monitoring of the Participant's condition, e.g., the type of monitoring that would be done by a family member such as monitoring temperature, checking pulse rate, observation of respiratory rate, and blood pressure.

D. Staffing

1. The Provider shall maintain staffing in accordance with the OSS Provider Manual.
2. The Provider's staff may have a familiar relationship to a participant served by the Provider 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 guardian of a Medicaid participant.
3. PPD Tuberculin Test

Please refer to the SCDPH website for PPD Tuberculin test requirements.

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

4. Individual records must be maintained that document that each staff member has met all staffing requirements.
5. A SLED criminal background check is required for all employees, prior to hire and at least every 2 years thereafter, to include employees who will provide direct care to SCDHHS 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 limit on the timeframe being searched. SLED criminal background checks that cover a specific period such as seven- or ten-year searches are not acceptable. The SLED criminal background check must include statewide (South Carolina) data. 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:

- a. Participant/responsible party must be notified of the aide's SLED criminal background, i.e., felony conviction, and year of conviction;
- b. 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.

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 Plan for RPC services from the CM. The authorization will designate the amount, frequency and duration of service for Participants in accordance with the Participant's Service Plan. The Provider must obtain an updated SCDHHS Service Plan from the case manager yearly. The Provider will receive new authorizations only when there is a change to the authorized service amount, frequency or duration. The Provider must adhere to those duties which are specified in the Service Plan in developing the provider

task list. This provider task list must be developed by a RN or LPN. No direct care staff or nurse will perform any job/task related to OSCAP while on duty at any other health care entity. Any substantial finding that such a violation has occurred will be reported to the Board of Nursing, Board of Long-Term Health Care Administrators, the Bureau of Long-Term Care Certification, and the Attorney General office

2. As part of the conduct of service, the PRC II services must be under the supervision of a RN or LPN who meets the requirements as stated in the scope of services and who will:
 - a. Develop an Individual Care Plan (ICP) for each Participant receiving OSCAP services. The ICP for current Participants will be updated to reflect the Participant's status in OSCAP. The ICP is to be developed with participation by the Participant, administrator (or designee), the responsible party when appropriate, and the facility's nurse within seven (7) days of admission or within seven (7) days of the change to OSCAP.
 - i. The initial ICP will be developed utilizing information from the SCDHHS nurse's assessment and Service Plan, along with any other relevant Participant information obtained from the Provider's staff, the Participant, and if appropriate, the party responsible for the Participant. The ICP is to direct the services provided to the Participant and the resident care log.
 - ii. The ICP must be reviewed by the Participant, facility administrator, and responsible party, when appropriate, every six (6) months or after being reviewed and/or revised by the facility's nurse. The ICP must be signed and dated by the Participant, facility administrator, responsible party when appropriate, and the facility's Nurse. The revisions signed and dated by the CRCF registered nurse must be maintained in the resident's record.
 - iii. All ICP's must be maintained in the Participant's permanent record and should be available for a SCDHHS representative to review upon request.
 - b. Not discuss services authorized by SCDHHS 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 CM for additional information.
 - c. Be accessible by telephone during any hours services are being provided under this Contract.
 - d. Provide and document supervision of, training for, and evaluation of aides.
 - e. Assist aides as necessary as they provide individual personal care services as outlined by the Service Plan. Any supervision given must be documented in the individual Participant's record.

3. If the nurse supervisor position becomes vacant, SCDHHS must be notified no later than the ten (10) business day.
4. Documentation of all supervision must be filed in the Participant's record within thirty (30) days of the date of the contact.
5. Supervisory contacts should 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 develop a new IPC 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 will initiate RPC services on the date negotiated with the CM and 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
 - b. The Provider will notify the CM within two (2) working days of the following:
 - i. If Participant's condition has changed and the Service Plan/Authorization no longer meets Participant's needs or the Participant no longer appears to need – RPC
 - ii. If Participant is institutionalized, dies or moves out of the service area
 - iii. If Participant no longer wishes to receive RPC
 - iv. Knowledge of the Participant's Medicaid ineligibility or potential ineligibility
 - c. The Provider will 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 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 thirty (30) days of service delivery.
 - d. For all instances in which a Participant did not receive an authorized daily service, the Provider must indicate on the Electronic Visit Verification (EVV) System web site 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 web site by the close of business the following week.
 - e. Whenever two consecutive attempted or missed visits occur, the local

SCDHHS office must be notified. An attempted visit is when the aide is unable to provide the assigned tasks because the participant is not at the facility 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 record as well as in the Electronic Visit Verification (EVV) System.

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 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 during the enrollment process. The Provider 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.
3. The Provider shall not delegate administrative and supervisory functions to another agency or organization.
4. The Provider will 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 will be made available to SCDHHS upon request.
5. The Provider shall ensure that key agency staffs are accessible in person or by telephone during compliance review audits conducted by SCDHHS and/or its agents.
6. The Provider will ensure that its office is open and staffed by qualified personnel during 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.
- 7.
8. The Provider must have an effective written back-up plan in place to ensure that the Participant receives the RPC services as authorized. Whenever the Provider determines that services cannot be provided as

authorized, the CM must be notified by Phoenix conversation immediately.