

# Provider Compliance Office Hours

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Officer of Waiver Quality Assurance and Compliance  
South Carolina Department of Health and Human Services (SCDHHS)  
Sept. 15, 2026

# Welcome

- Question and answer (Q&A) can be accessed in the top left corner of your screen. This will be utilized for questions. Chat and video have been disabled.
- If you do not have access to the Q&A, please email [BOQTraining@scdhhs.gov](mailto:BOQTraining@scdhhs.gov).
- We will get started shortly.

# Purpose

- This webinar will provide an overview of the compliance provider data:
  - Fiscal year (FY) 2025-2026
  - Compliance reviews completed between July 1, 2025-June 30, 2026
  - Providers who were out of the office
- We would love to know any topics you would like us to discuss during these monthly meetings.
- Email [BOQTraining@scdhhs.gov](mailto:BOQTraining@scdhhs.gov) with any suggestions or include in the survey at the end of the meeting.

# Frequently Asked Questions (FAQs)

- SCDHHS has completed an FAQ document that can be located on the Office of Waiver QA & Compliance site: [Waiver QA, Training, and Compliance](#).
- Please refer to the FAQ for questions and answers.
- If a question appears in the Q&A section multiple times, we will refer to the FAQ after the third explanation.

## FY Compliance Data

# Compliance Provider Data

## FY 2025-2026

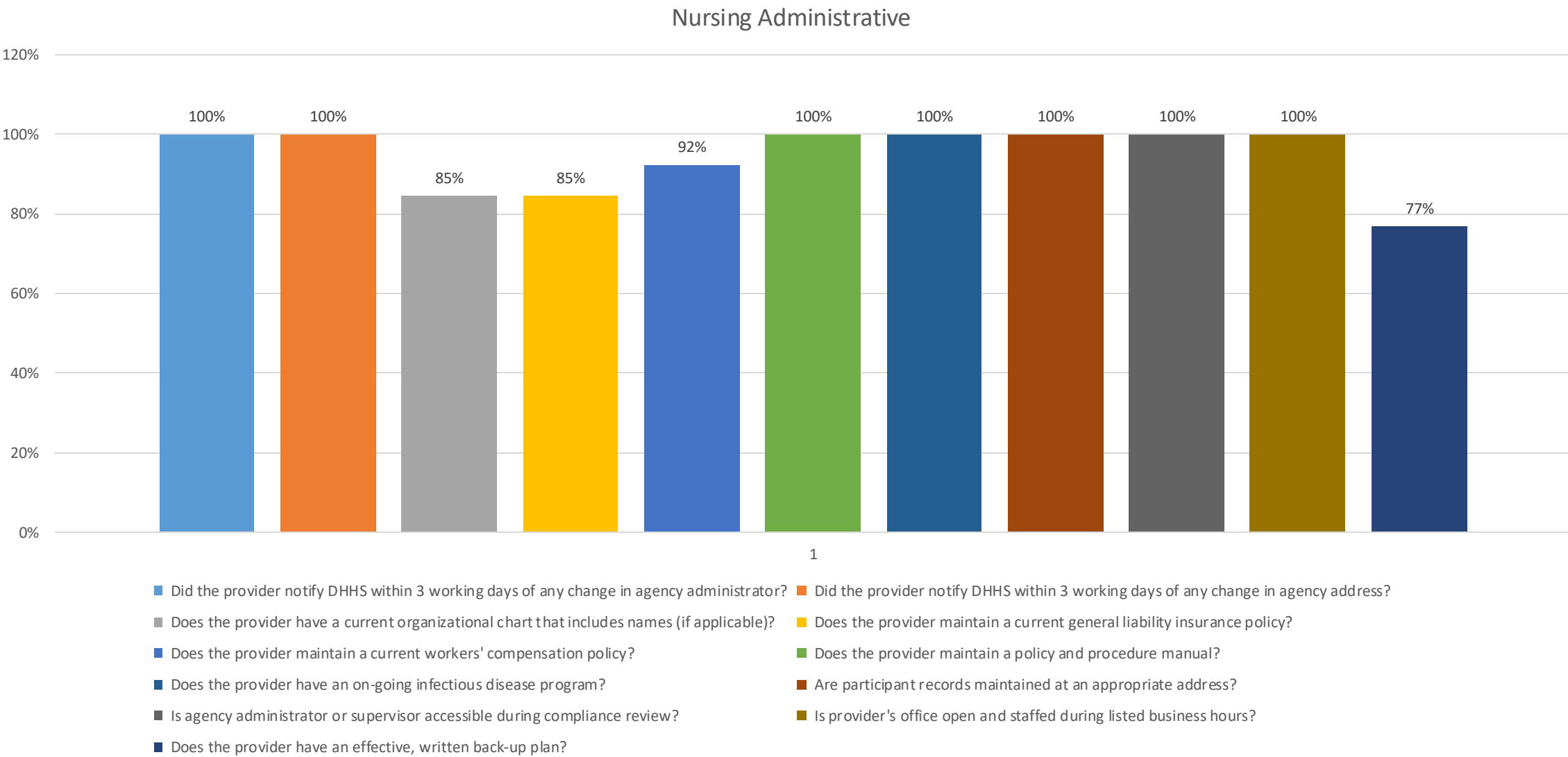
- The South Carolina Department of Health and Human Services (SCDHHS) completed compliance reviews between July 1, 2025-June 30, 2026.
- 266 provider reviews were conducted.
  - 24 adult day health care (ADHC) providers
  - 14 nursing providers
  - 224 personal care service (PCS) or children's personal care aide (CPCA) service
- Out of office: 40 providers were not in the office or data was not received.
  - First offense – 30-day suspension of new referrals
  - Second offense – 90-day suspension of new referrals

# Nursing Services

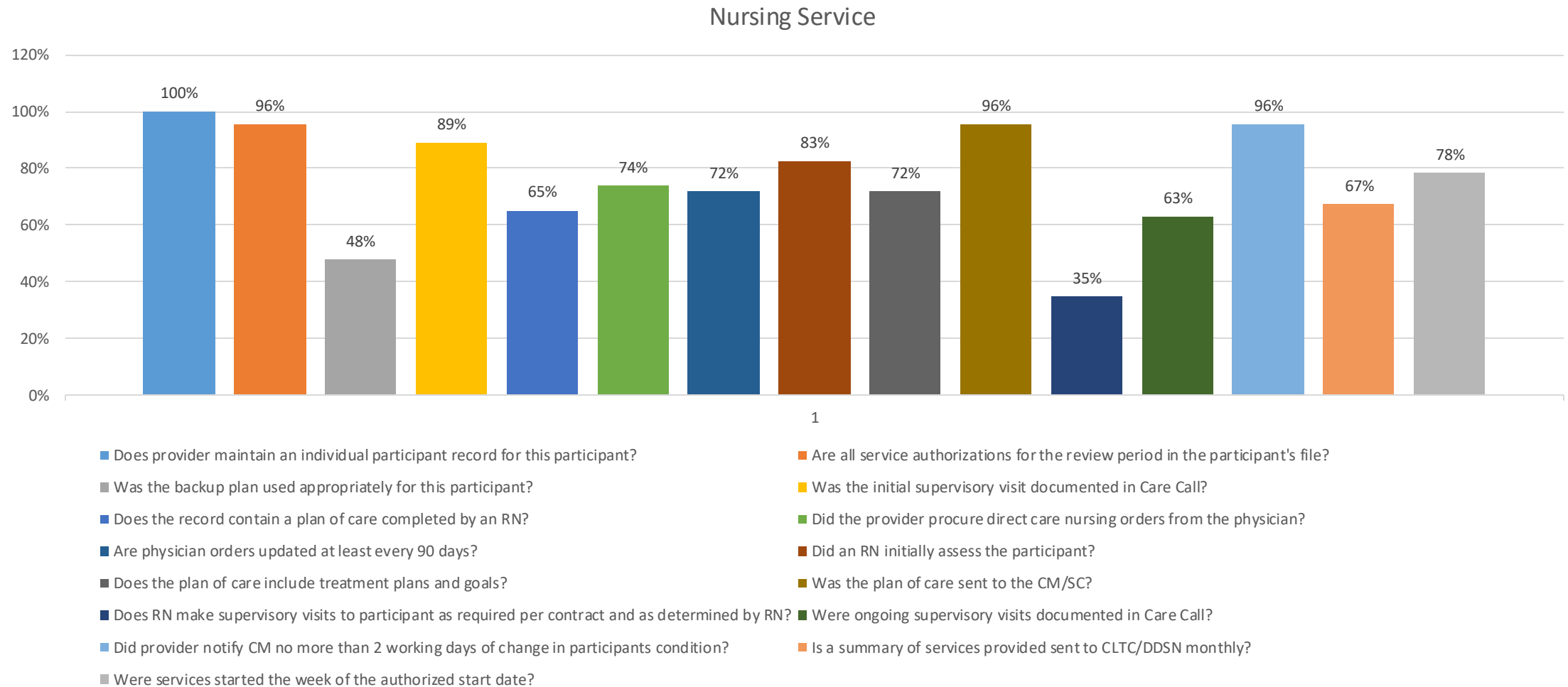
# Nursing Provider Data

- 14 providers reviewed
- 46 participant records reviewed
- 56 staff records reviewed
- Outcomes
  - Out of office – 2 providers
  - Corrective action plan (CAP) only – 3 providers
  - CAP and mandatory educational training – 9 providers

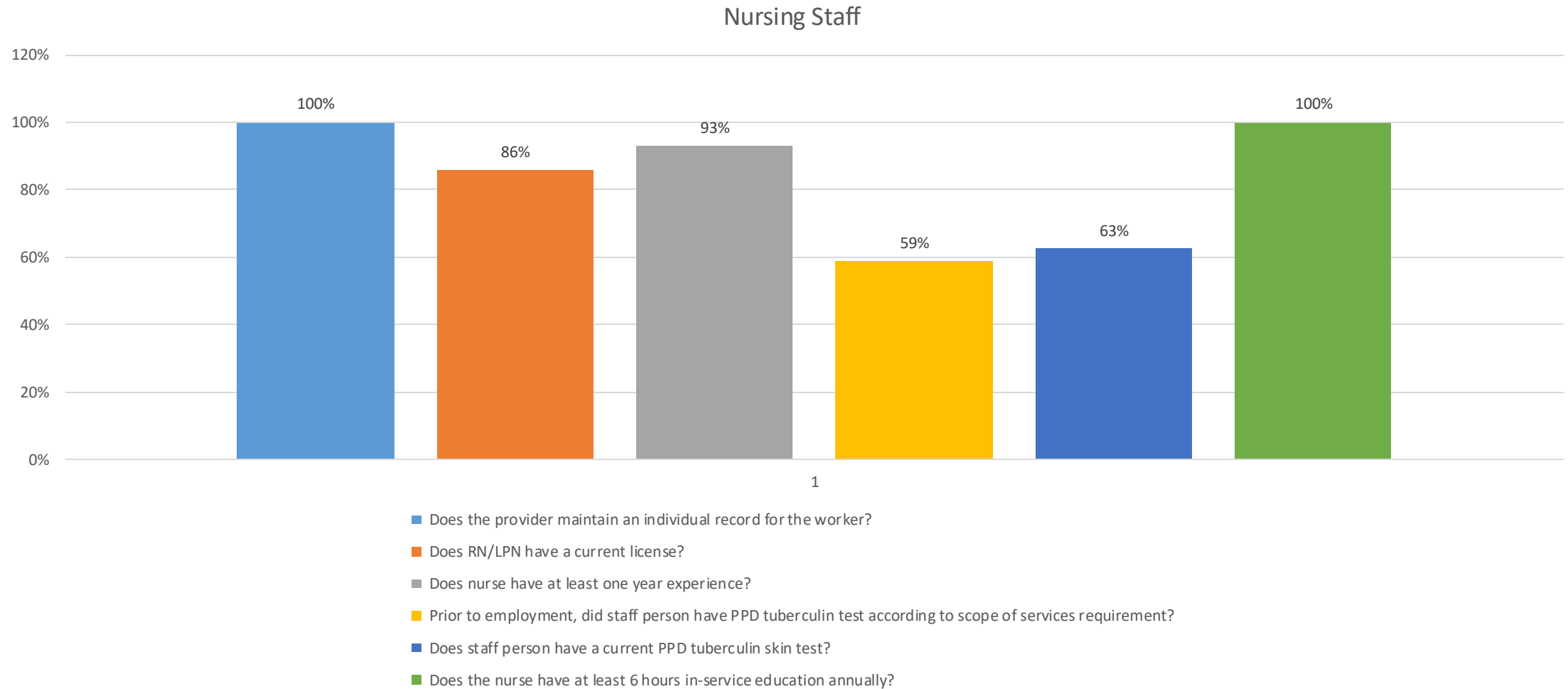
# Nursing Administrative Findings



# Nursing Service Findings



# Nursing Staff Findings



# Key Opportunities for Improvement for Nursing Providers

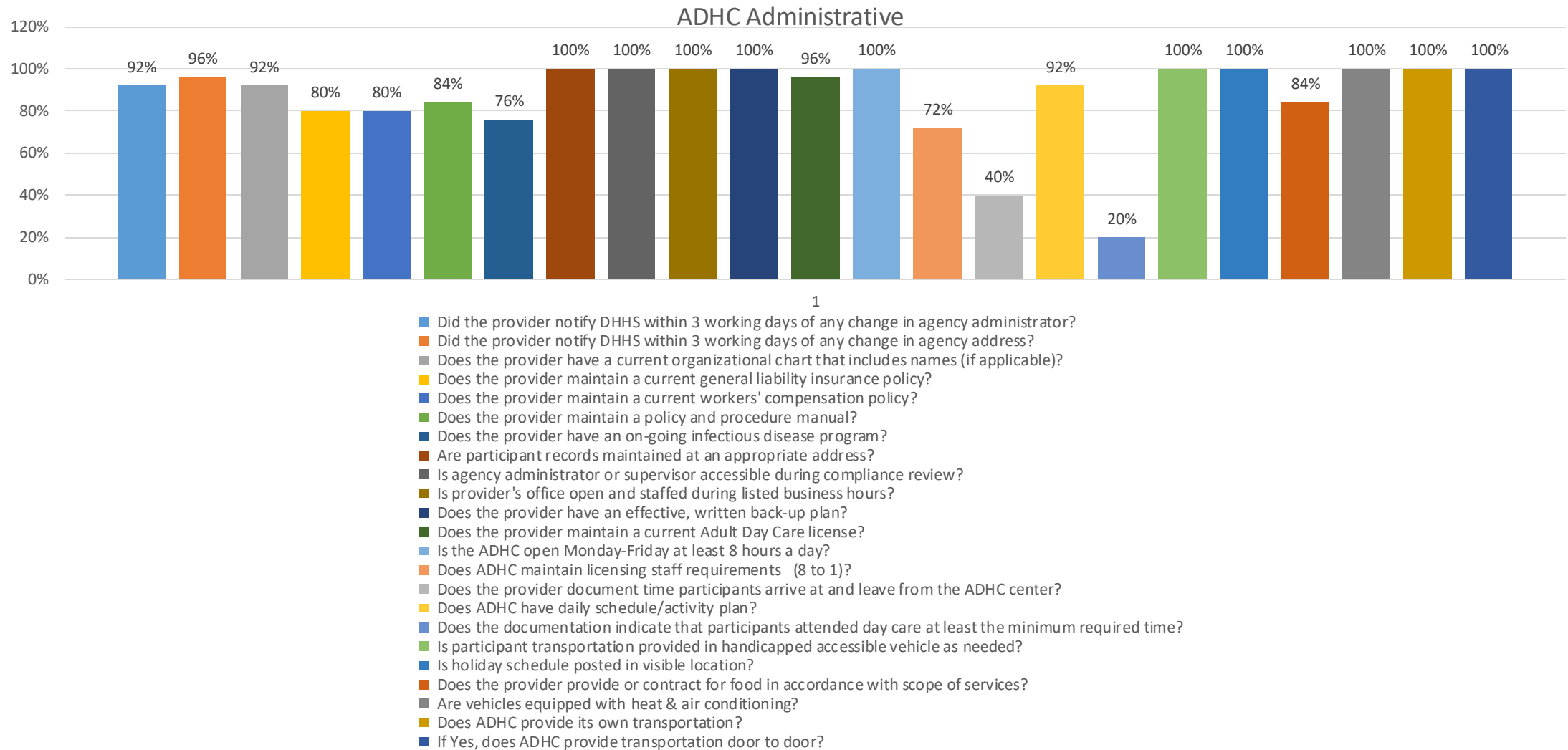
- Administrative:
  - Up-to-date organizational chart
  - General liability and workers' compensation insurance with SCDHHS listed as certificate holder
  - Effective written back-up plan policy
- Staff:
  - Current nurse's license
  - Ensuring nurse has one year experience
  - Purified protein derivative (PPD) testing per Department of Public Health (DPH) regulations
- Service
  - Maintaining service authorizations
  - Documentation of use of backup plan
  - Documenting supervisory visits (initial and on-going) in Electronic Visit Verification (EVV) system.
  - Prescriber orders obtained and signed appropriately at least every 90 days.
  - Completing Private Duty Nursing Supervisory form for each supervisory visit
  - Completing Private Duty Nursing Monthly Summary form each month

# ADHC Services

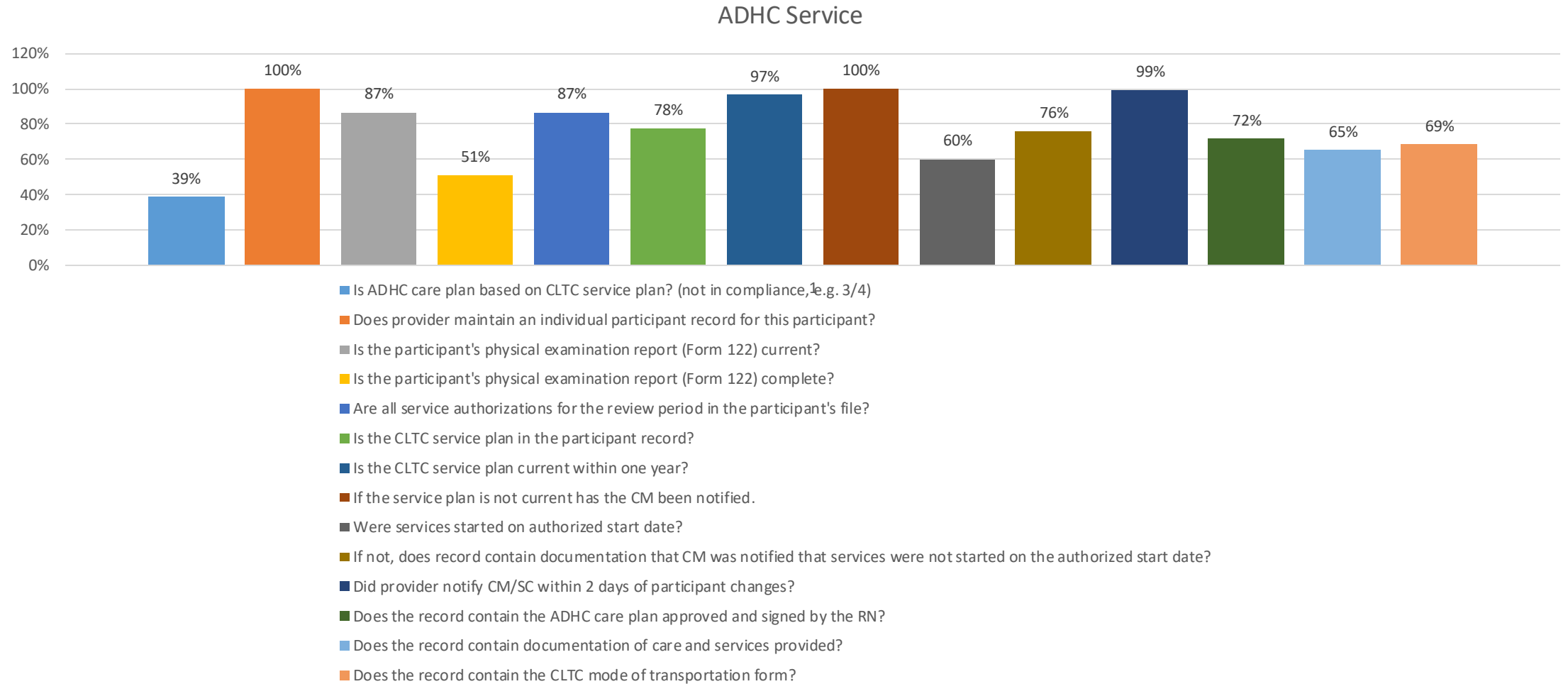
# ADHC Provider Data

- 24 providers reviewed
- 121 participant records reviewed
- 105 staff records reviewed
- Outcomes
  - No further action – 1
  - CAP only – 5
  - CAP and mandatory educational training – 17 providers
  - 90-day suspension and mandatory educational training – 1 provider
- 23 providers had home and community-based (HCBS) setting scores that would require termination

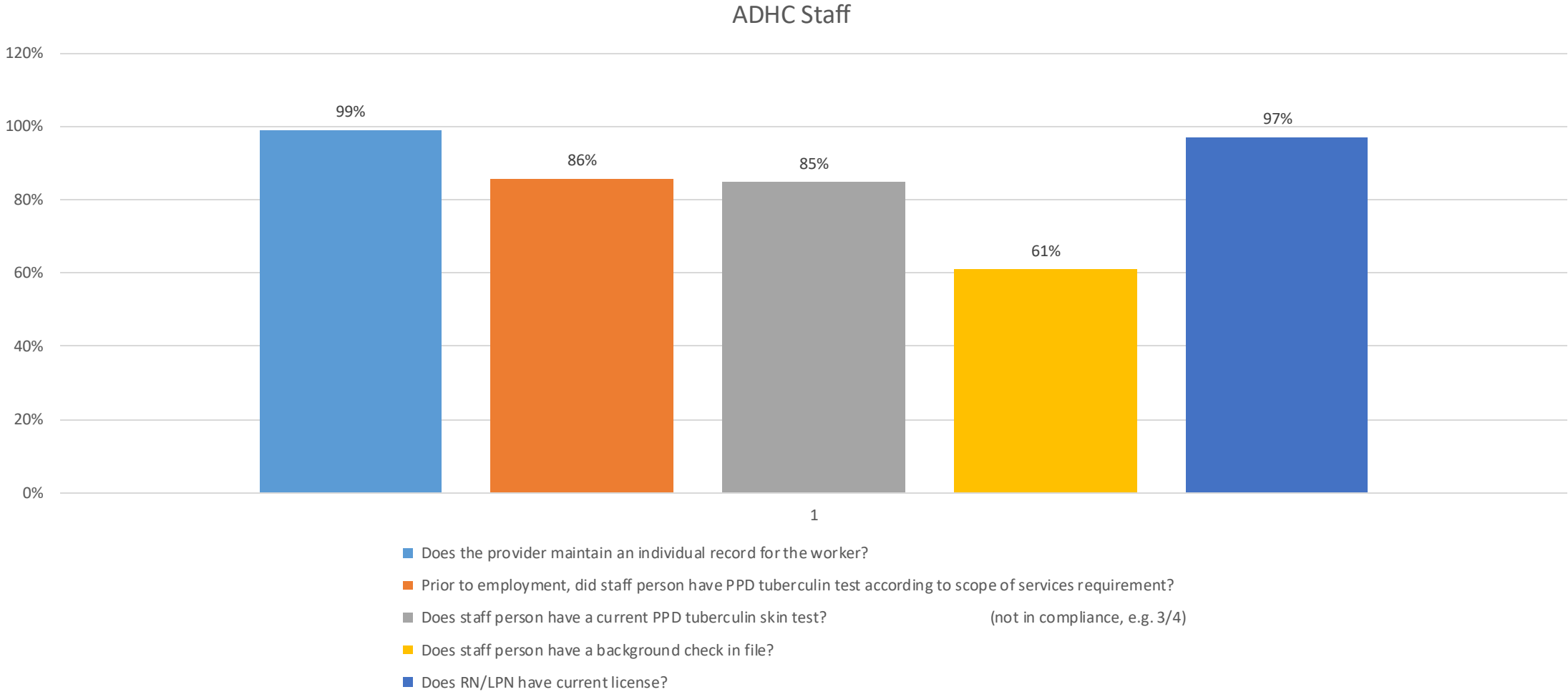
# ADHC Administrative Findings



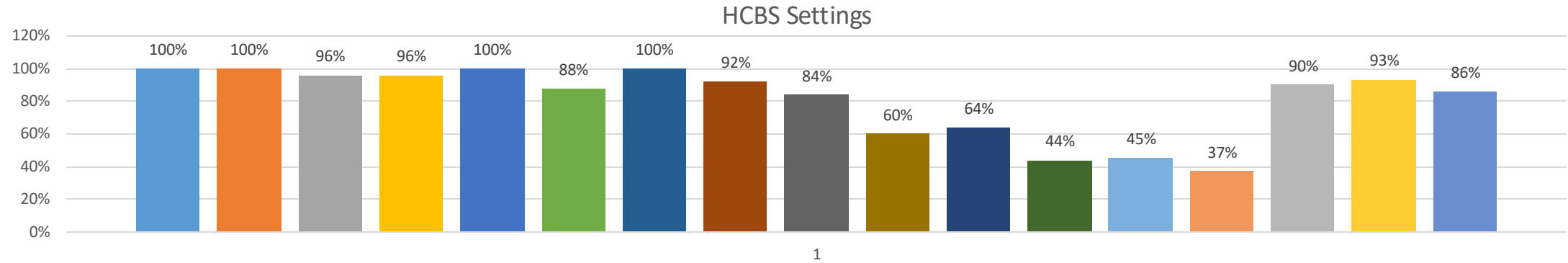
# ADHC Service Findings



# ADHC Staff Findings



# ADHC HCBS Settings Findings



- (HCBS) Are individuals able to come and go from the facility and its grounds as they are able?
- (HCBS) Are individuals moving around inside and outside the facility, if able?
- (HCBS) Is information about filing complaints posted in obvious and accessible areas?
- (HCBS) Is health information about individuals kept private?
- (HCBS) Is health information stored in a central location, locked in a secure area, and only accessible to professional staff?
- (HCBS) Are schedules of individuals for PT, OT, medications, restricted diet, etc., kept in a private location where others cannot view?
- (HCBS) Are health related and personal care activities conducted in private locations?
- (HCBS) Does the activity calendar reflect activities that are age appropriate?
- (HCBS) Are participants part of the planning process for the activity calendar, giving feedback on what activities they would like to do?
- (HCBS) Are alternative activities available and accessible to participants, and based on their interests?
- (HCBS) Does the program offer outings to participants, based on their interests, on a regular basis?
- (HCBS) Does the program bring in a variety of guest speakers/outside organizations/volunteers to provide programming/activity/interaction with participants?
- (HCBS) Does the program communicate with an individual's family and/or case manager about interests in community events and/or resources?
- (HCBS) Is information about filing complaints given to individuals upon entry to the program and updated yearly with a service plan development meeting?
- (HCBS) Does the setting post or provide information to individuals/representative(s) about how to request and schedule a planning meeting?
- (HCBS) Do individuals participate in their planning meetings?
- (HCBS) Are the individual's input and personal goals reflected in the plan of care?

# Key Opportunities for Improvement for ADHC Providers

- Administrative:
  - Notifying SCDHHS when changes occur
  - Maintaining current organizational chart
  - Maintaining current general liability and workers' compensation insurance with SCDHHS listed as certificate holder
  - Policy and procedure manual with emergency plan
  - Maintaining an ongoing infectious disease program
  - Maintaining daily activity calendar
  - Ensuring attendance logs are maintained with time in and time out for both participants and staff to include nurse to show staffing requirements are met
  - Maintaining current food contract
- Service
  - Ensure all identified interventions for ADHC are addressed in the ADHC Care Plan
  - Physical (Form 122 DC) received prior to starting services and updated at least every two years
  - Maintaining service authorizations in file
  - Maintaining Community Long Term Care (CLTC) Service Plan in file
  - Starting services on the authorized start date and/or notifying case manager (CM) of any issues with starting on authorized start date
  - Ensure the ADHC Care Plan approved and signed by registered nurse (RN)
  - Document the activities the member participated in
  - Maintain CLTC Mode of Transportation form

# Key Opportunities for Improvement for ADHC Providers *(cont.)*

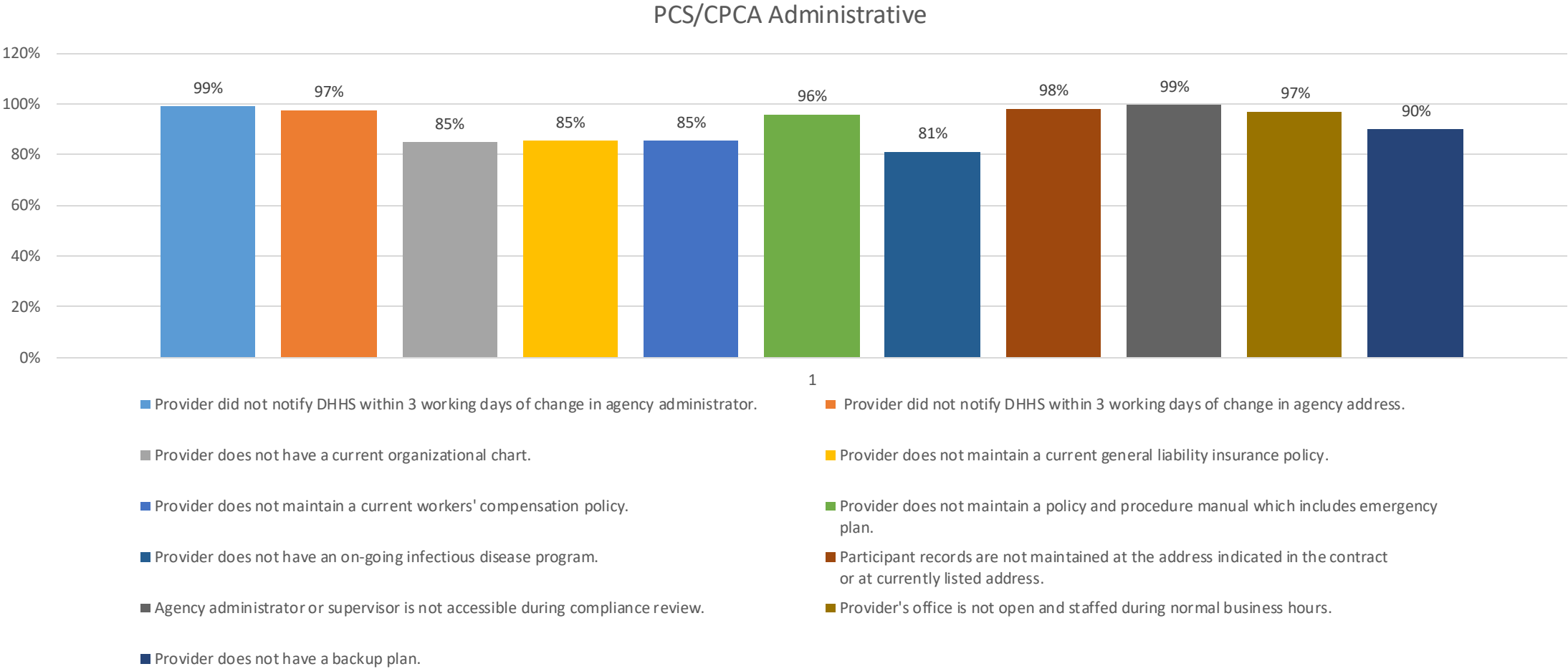
- Staff:
  - PPD testing per DPH regulation
  - Background check in file prior to start of services and at least every two years thereafter
  - Maintaining current nurse's license
- HCBS
  - Information regarding filing complaints posted and given to the members annually
  - Maintaining privacy of information
  - Activity calendar is age appropriate
  - Members given the opportunity to have input in the activities
  - Alternate activities being available
  - Activities include outings and volunteers coming into the ADHC
  - Giving participant information regarding community activities
  - Post information regarding how to schedule a plan meeting
  - Members given an opportunity to participant in plan meetings
  - Plans reflect personal goals

PCS

# PCS/CPCA Provider Data

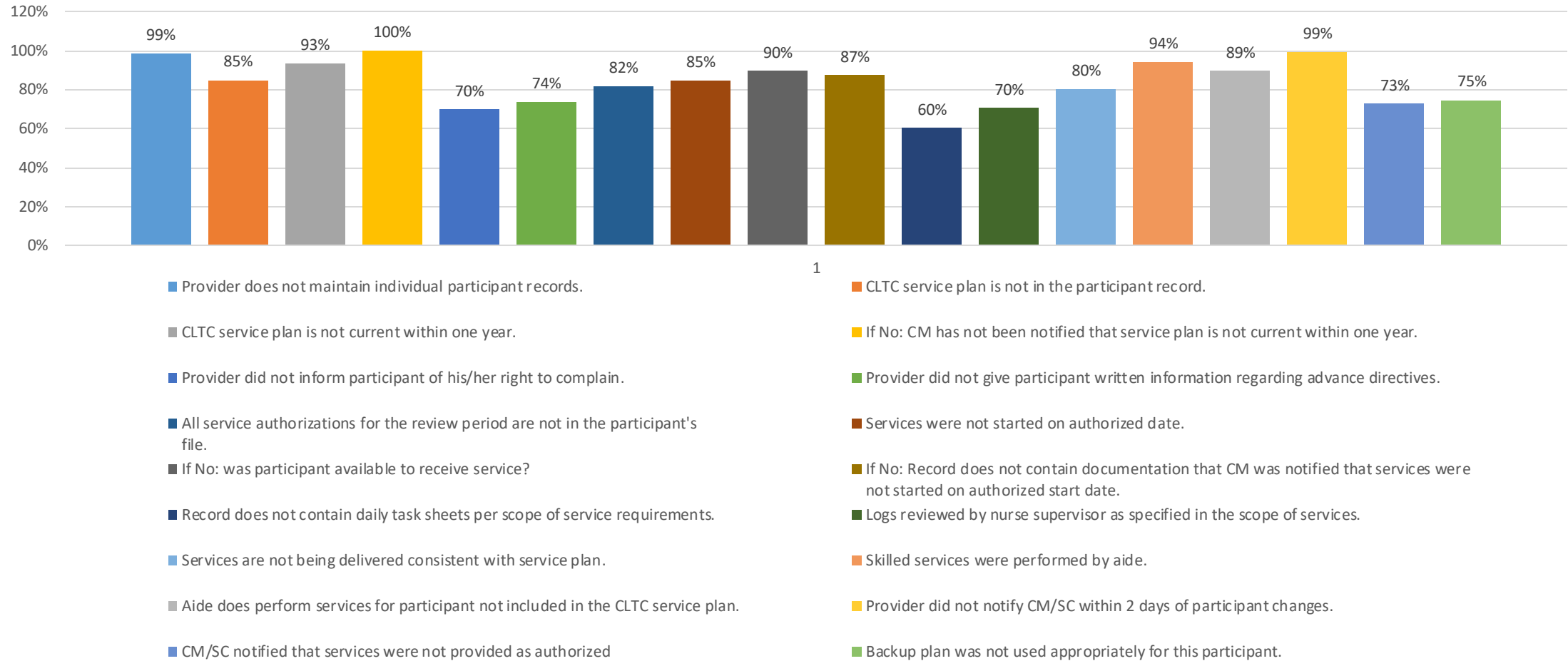
- 197 providers reviewed
- 1189 participant records reviewed
- 1299 staff records reviewed
- Outcomes
  - Out of office – 34 providers
  - No further action – 9 providers
  - CAP only – 17 providers
  - CAP and mandatory educational training – 128 providers
  - 90-day suspension and mandatory educational training – 9 providers
  - Termination – 2 providers
  - Suspension for CAP not approved – 3 providers

# PCS/CPCA Administrative Findings

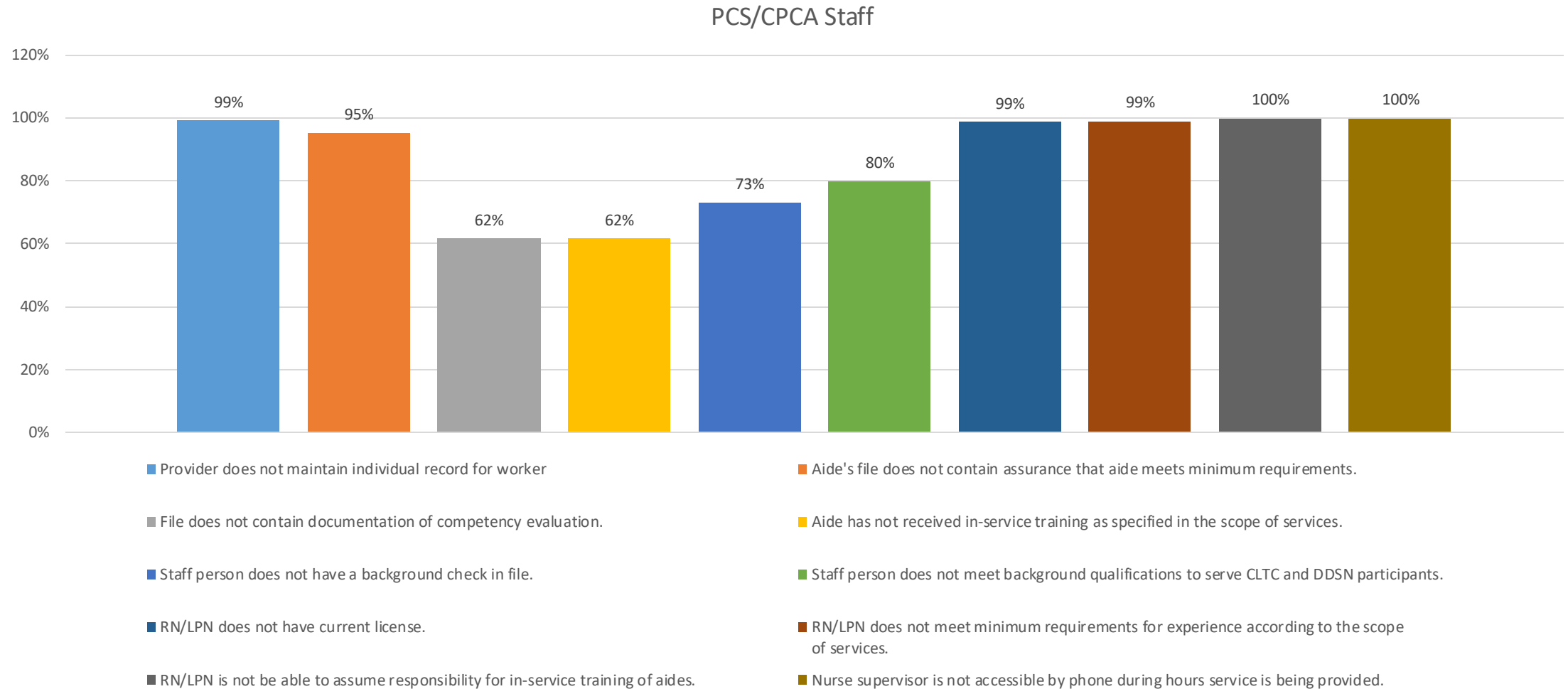


# PCS/CPCA Service Findings

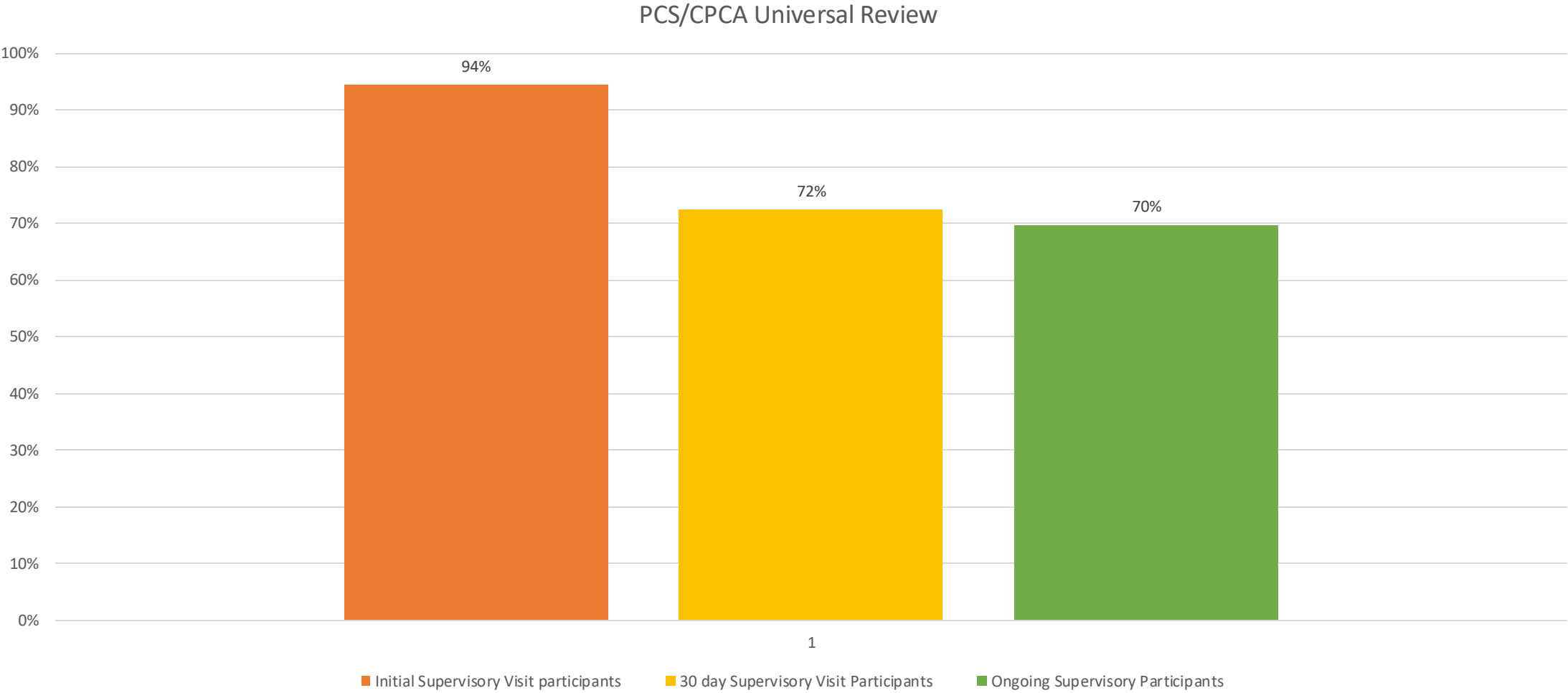
PCS/CPCA Service



# PCS/CPCA Staff Findings



# PCS Universal Findings



# Key Opportunities for Improvement for PCS/CPCA Providers

- Administrative:

- Up-to-date organizational chart
- General liability and worker's compensation insurance with SCDHHS listed as certificate holder
- Maintain policy and procedure manual
- Effective written back-up plan policy
- Ongoing infectious disease policy
- Records kept at contracted address (HIPAA violation)
- Maintaining required office hours of Monday through Friday 10 a.m.-4 p.m.

- Service

- Maintaining service authorizations
- Maintaining CLTC service plans in record
- Right to complain and advance directives documentation signed and dated by participant and nurse at initial supervisory visit.
- Services start on authorized start date
- Task sheet for each date of service
- Nurse supervisor reviews, signs and dates each task sheet within two weeks of service provision
- Services provided as outlined in CLTC service plan
- No skilled services should be documented
- Notifying CM within two business days of changes
- Documentation of use of backup plan

# Key Opportunities for Improvement for PCS/CPCA Providers *(cont.)*

- Staff:

- Competency evaluation completed on appropriate form and conducted by a nurse.
- In-service training documented on appropriate form.
- Background check, Office of Inspector General (OIG) and Certified Nursing Assistance (CNA) registry check completed prior to start of services and at least every two years thereafter.
- Maintaining current nurse's license.

- Universal

- Nurse supervisor must conduct a supervisory visit within 30 days of start of services.
- Ongoing supervisory visits should be received at least every four months by the last calendar day of the month.
- **ALL** supervisory visits must be documented in the EVV system.

# Survey Questions

# Questions from Survey Results

- **When are waivers that have been outstanding for awhile going to be approved?**
  - As of Jan. 1, 2026, a waiver amendment approved by the Centers for Medicare and Medicaid Services places a cap on the number of participants who can be served in waivers.
  - New individuals cannot be enrolled unless they meet the waiting list requirements. All new applications are assessed and then placed on the waiting list.

# Questions from Survey Results *(cont.)*

- **Where can we find policies that are not mentioned in the session that we have not read in the provider manual?**
  - [HCBS Manual](#)
  - Scopes of Services can be found in section three of the HCBS Manual.
  - The Administrative and Billing Manual can be found in the link above.

# Questions from Survey Results *(cont.)*

- **Why is it necessary for the reviews to be unannounced?**
  - Compliance reviews can happen at any time, so providers should ensure records are always maintained in a condition that allows them to be produced upon request, per policy requirements.
  - All providers are expected to be in compliance with all SCDHHS contract, policy and scope requirements.

# Questions from Survey Results *(cont.)*

- **What are the services hours for morning, afternoon and evening?**
  - Morning: 3 a.m.—12 p.m.
  - Afternoon: 12:01 p.m.—6 p.m.
  - Evening: 6:01 p.m.—2:59 a.m.

# Questions from Survey Results *(cont.)*

- **How should supervisory visits be documented, including situations such as post-hospitalization (when the client is still in the hospital during the scheduled visit) and ongoing visits?**
  - Initial supervisory visit: Must happen before the start of services
  - 30-day visit: Must occur within 30-days of the start of services
  - Ongoing visits: Due every four months, based on the last EVV clock-in date, with the deadline set as the calendar day of that month
  - All supervisory visits are to be documented in the EVV system.
  - Documentation in the participant file is at the discretion of the provider.

# Questions from Survey Results *(cont.)*

- **Can respite hours be completed outside the client's home?**
  - This is a policy-related question. Please reach out to [provider-distribution@scdhhs.gov](mailto:provider-distribution@scdhhs.gov).

# Questions from Survey Results *(cont.)*

- **If we receive a referral mid-year, does the caregiver need to have a nurse visit before the end of the calendar year, or should the visit occur within one year from the date the case was open?**
  - All supervisory visits are scheduled based on the authorization start date and last visit documented in the EVV system.
  - The initial supervisory visit: Must happen before the start of services. It may be on the same day services begin, but the supervisor must clock in and complete the visit before the aide arrives.
  - 30-day visit: Must occur within 30 days of the start of services.
  - Ongoing visits: Due every four months, based on the last EVV clock-in date, with the deadline set as the last calendar day of that month.

# Questions



# Survey

## Compliance Office Hours Feedback Survey – Sept. 15, 2026



