MEDICAID HOME AND COMMUNITY-BASED WAIVER SCOPE OF SERVICES FOR

ADULT DAY HEALTH CARE SERVICES

A. Objective

The objective of Adult Day Health Care (ADHC) services is to restore, maintain, and promote the health status of Medicaid HCBS waiver participants through the provision of ambulatory health care and health-related supportive services in an ADHC center.

B. Conditions of Participation

1. The ADHC provider must maintain a current Adult Day Care license from the South Carolina Department of Public Health (SCDPH) or an equivalent licensing agency for an out-of-state provider.

2. The ADHC provider must meet the following requirements per 42. CFR 441.301 (c) (4):

    a. The ADHC center must be integrated in and support full access of individuals receiving Medicaid HCBS to the greater community.

    b. The ADHC center cannot be located on the grounds of, or adjacent to, a public institution. A public institution is defined as an inpatient facility that is financed and operated by a county, state, municipality or other unit of government.

    c. The ADHC center cannot be located on a parcel of land that contains more than one State licensed facility or be located in a building that is publicly or privately operated and provides inpatient institutional treatment.

    d. The ADHC center must not resemble characteristics of an institution (e.g., high walls/fences; have closed/locked gates).

    e. All HCBS Setting requirements must be met as outlined in the Eligible Providers Section of the HCBS Provider Manual.

3. Providers must ensure that participants receive information regarding their rights and responsibilities while under the care of the center. These rights and responsibilities must include the following information:

    a. Information referencing the participant's right to have control over their personal resources while under the care of center

    b. Information which offers opportunities for interested participants regarding employment

    c. The assurance of the participants rights of privacy and respect and freedom from coercion and restraint

d. Detailed information on how and to whom to file a complaint

4. Providers must use the automated systems mandated by SCDHHS to document and bill for the provision of services.

5. Providers must accept or decline referrals from SCDHHS or OIDD within two (2) working days. Failure to respond must result in the loss of the referral.

6. The provider must be 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 HCBS participants in the Phoenix Provider Portal on their dashboard. Providers can also refer to Provider Administrative and Billing Manual for additional information on eligibility determination

7. 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.

C. Description of Services to Be Provided

1. The unit of service must be a participant day of ADHC services consisting of a minimum of five (5) hours in the care of the center. The five (5) hours do not include transportation time. The unit of service must be a minimum of four (4) hours when the participant has a scheduled medical appointment requiring him or her to leave early or arrive late. If a participant arrives late or leaves early due to a medical appointment, the provider must notify the Case Manager.

   Note: When a participant needs to be at the center for more than five (5) hours per day due to no one being at home to care for participant, the ADHC must allow the participant to remain at the center for up to eight (8) hours.

2. The ADHC center must operate at least eight (8) hours a day Monday through Friday. The center may operate on weekends; if serving waiver participants on weekends, the five (5) hour minimum standard still applies. The hours of operation may be any eight (8) hours between 7:00 a.m. and 6:00 p.m. The provider understands and accepts that any deviation in hours or days of operation during the contract period requires notice to and approval by the with the SCDHHS Program Director or designee for the services to be covered.

3. The number of days a participant attends each week is determined through the Medicaid HCBS waiver service plan and indicated on the current Service Provision Form.

4. The provider must either provide directly, or make sub-contractual arrangements (only nurses can be sub-contracted), for some but not

all the following non-billable services which are included in the daily rate:

a. Daily nursing services performed by a RN or under the supervision of a RN as permissible under State law to monitor vital signs as needed; to observe the functional level of the participant and note any changes in the physical condition of each participant; to supervise the administration of medications and observe for possible reactions; to teach positive health measures and encourage self-care; to coordinate treatment plans with the participant and/or family member, the physician, therapist, and other involved service delivery agencies; to supervise the development and implementation of a care plan; to appropriately report to the participant's physician and/or the Case Manager any changes in the participant's condition. The RN must approve the documentation of the services provided.

b. Supervision of, assistance with and training in personal care and activities of daily living including dressing, personal hygiene, grooming, bathing and clothing maintenance.

c. Daily planned therapeutic activities to stimulate mental activity, communication and self-expression. These include reality orientation exercises, crafts, music, educational and cultural programs, games, etc. Participants must be given the opportunity to give input regarding the types of activities they would like to do at the center. They must also have alternative activities available in the event they do not want to participate in the planned activity.

d. Outside activities must be offered for individuals attending the center to afford them the opportunity to interact with individuals without disabilities and in the community outside of the center.

e. One meal and one snack per day with the meal meeting 1/3 of the daily recommended dietary allowances (RDA) for this age group as adopted by the United States Department of Agriculture. Special diets prescribed by the attending physician must be planned and prepared with consultation from a registered dietitian as needed.

5. The provider must incorporate in the center’s operational procedures adequate safeguards to protect the health and safety of the participants in the event of a medical or other emergency.

D. Staffing

1. The minimum staffing requirements must be consistent with SCDPH licensing requirements (i.e., one direct-care staff for every eight participants). In addition to the minimum staffing standards required by SCDPH licensing, the following staffing standards for nurses and case managers apply whenever HCBS waiver participants are present. All nurse staffing and care must be provided in accordance with the South Carolina Nurse Practice Act. If the RN position become

vacant, the ADHC Provider must notify SCDHHS at provider-distribution@scdhhs.gov no later than the next business day. The SCDHHS Program Director or designee must approve any deviations from these staffing patterns in writing.

For 1-44 HCBS waiver ADHC participants: one RN must be present as follows:

1 – 10 participants	2 hours minimum
11 – 20 participants	3 hours minimum
21 – 25 participants	4 hours minimum
26 – 35 participants	5 hours minimum
36 – 44 participants	6 hours minimum

For 45 – 88 HCBS waiver ADHC participants: one RN and one additional RN or LPN must be present for a minimum of five hours whenever Home and Community-Based waiver participants are present.

For 89 – 133 HCBS waiver ADHC participants:

one RN and two additional RNs or LPNs; or

one RN, one additional RN or LPN and one case manager.

Required nursing and case management staff must be present for a minimum of five (5) hours whenever Home and Community-Based waiver participants are present.

For 134 - or more HCBS waiver ADHC participants:

one RN and three additional RNs or LPNs; or,

one RN, and two additional RNs or LPNs and one case manager.

Required nursing and case management staff must be present for a minimum of five hours whenever HCBS waiver participants are present.

2. The provider must have a nursing supervisor on staff with the following qualifications:

    a. A Registered Nurse (RN) currently licensed by the S.C. State Board of Nursing, or by an appropriate licensing authority of the state in which the ADHC provider is located for an out-of-state provider; and

    b. A minimum of one year's experience in a related health or social services program; and

c. A minimum of one year's administrative or supervisory experience.

d. Provider must verify nurse licensure at time of employment and ensure that the license remains active and in good standing at all times during employment. A copy of the verification of the current license must be maintained in the employee's personnel file. Nurse licensure can be verified and printed at the State Board of nursing website:

https://verify.llronline.com/LicLookup/Nurse/Nurse.aspx?div=17

3. For ADHC providers with eighty-nine (89) or more Home and Community-Based waiver participants who employ a case manager to meet staffing requirements of section D. 1, the case manager must have a bachelor's degree in health or social services.

4. 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

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 HCBS waiver participants or participate in any Medicaid funded programs. The website address is listed below:

OIG Exclusions List: https://exclusions.oig.hhs.gov/

6. Purified Protein Derivative (PPD) Tuberculin Test

Please refer to the SCDPH website, Regulation 61-75 – Standards for Licensing Day Care Facilities for Adults for PPD Tuberculin test requirements.

https://dph.sc.gov/sites/scdph/files/media/document/R.61-75.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.

7. 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 Medicaid 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 (10) years. Potential employees must not have prior convictions or have pled no contest (nolo contendere) to crimes related to theft, abuse, neglect, or exploitation of a child or a vulnerable adult for child or adult 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 Medicaid participants under the following circumstances:

a. Participant/responsible party must be notified of the employee's SLED criminal background, i.e., felony conviction, year of conviction.

b. Documentation signed by the participant/responsible party acknowledging awareness of the employee's SLED criminal background and agreement to attend the center must be placed in the participant record.

8. Potential administrative/office employees with non-violent felony convictions dating back ten (10) or more years can work in the center at the provider's discretion.

9. Hiring of employees with misdemeanor convictions must be at the provider's discretion. Employees hired prior to July 1, 2007, and continuously employed since then must not be required to have a SLED criminal background check.

10. Personnel Records

    The provider must maintain personnel records, for each employee, including contracted personnel and volunteers, which document that they meet all qualifications as outlined in this document. Personnel records must contain at minimum the following:

    a. employee application/resume,

    b. background checks,

    c. CNA registry check,

    d. OIG report,

    e. PPD testing, and

    f. verification of current nurse's license (for nursing staff only).

Other documents that must be maintained in employee records as applicable: first aid certification, CPR certification, driver's license and driving record.

E. Conduct of Service

The provider must maintain documentation showing that it has complied with all the requirements of this section.

1. The provider must be notified by the Case Manager of the pending referral.

2. Following notification of the referral, the provider must obtain the SCDHHS Form 122 DC from the physician and notify the Case Manager when they have received the completed form from the physician. The form must include recommendations regarding limitations of activities, special diet, and medications. The Case Manager must authorize the amount, duration and frequency of services for the participants in accordance with the participants' needs. Subsequent physical examination or periodic health screening to determine the participant's ability to continue in the program is required at least every two (2) years. The ADHC provider is responsible for procuring the initial and all subsequent physical examination reports. A blank copy of this form can be obtained in the Help section of the Phoenix Provider Portal.

3. For HCBS waiver participants, the provider's RN must prepare a care plan for the participant based on the current HCBS service plan. When there is a change in the current HCBS service plan that will affect the ADHC service, the provider's RN must update their care plan to reflect the change.

4. For OIDD waiver participants, the Case Manager must submit a service authorization. The service authorization, in addition to SCDHHS Form 122DC obtained by the ADHC provider, must be used to develop a ADHC care plan.

5. The participant and/or their family member must be included in the development of their care plan. The care plan must also include information regarding the participant's goals, likes, dislikes, etc. The ADHC must visibly post information or provide information to the participants and/or responsible party about how to request and schedule a planning meeting. If information is provided, documentation must be maintained in the participants' record. Information about filing a complaint regarding the ADHC or ADHC services must be provided to the Participant and/or Responsible Party upon entry into the program and yearly during the care plan development meeting. 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.). Documentation that the complaint information was given to the Participant/Responsible Party must be maintained in the Participant's record. Information about filing a complaint must be visibly posted for participants in the ADHC. The provider 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; and the nurse supervisor is also required to sign and date the statement.

6. Prior to the start of services, the provider must complete the ADHC Mode of Transportation Form including who will be responsible for the transportation. Updates to the information must be completed as needed. The ADHC Mode of Transportation Form must be maintained in the participant's record.

7. The provider must initiate ADHC services on the date agreed upon by the case manager, provider, and participant. and indicated on the service authorization. The case manager must be notified if services are not initiated on that date. Services provided prior to the authorized start date are not reimbursable.

8. The provider is responsible for providing daily planned activities and must maintain documentation showing the following requirements have been met:

    a. Obtaining input from the Participants for the planning of the activity calendar and maintain documentation of this input. The activity calendar must reflect activities that are age appropriate.

    b. Ensuring alternative activities are available and offered if a participant is not interested in participating in a planned activity.

    c. Providing a variety of community guest speakers and/or presenters for programming/activity with the Participants based on their interests and/or needs. Documentation of this must be maintained on the activity calendar.

    d. Communicating with the Participant's family and/or case manager about the Participant's interest in community events and/or resources. Documentation of this communication must be maintained in the Participant's record.

9. The provider must develop and maintain a Policy and Procedure Manual, which describes how activities must be performed in accordance with the terms of their contract with SCDHHS.

10. The provider must maintain a daily attendance log documenting the arrival and departure times of each participant. A separate log must be maintained indicating staff in attendance and their arrival and departure times.

11. The provider must notify the case manager within two (2) working days of the following participant changes:

    a. Participant's condition has changed, or the participant no longer appears to need ADHC services.

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

    c. Participant no longer wishes to participate in ADHC services.

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

    e. Participant does not attend the day care on an authorized day and Provider has not been notified of reason for absence.

    f. Report of abuse, neglect, or exploitation has been made to the appropriate entities.

12. The provider must maintain a record keeping system which establishes a participant profile in support of the units of ADHC services delivered, based on the Medicaid HCBS waiver service authorization. Individual participant records must be maintained and contain the

    a. Service authorization,

    b. ADHC's care plan (which is approved and signed by the provider's RN),

    c. Mode of Transportation Form ,

    d. SCDHHS Form 122 DC,

    e. Right to Complain documentation,

    f. Advanced Directive documentation, and

    g. Daily documentation of all care and activities provided. Daily documentation must be made available to SCDHHS/OIDD upon request.

    For SCDHHS authorized services, the ADHC care plan must be based on the current HCBS Service Plan and must include input from the participant and/or their representative. The current and previous HCBS Service Plan must be maintained in the participant's file.

    For OIDD waiver participants, the ADHC care plan must be based on the participant's assessment, the SCDHHS Form 122DC and must include input from the participant and/or their representative. This information must be maintained in the

participant file.

13. The provider must allow Participants to come and go from the facility and grounds as they are able. Participants shall move about the facility, inside and outside, as they are able.

14. The provider must ensure that health related activities and personal care activities are performed in a private location.

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 and employee evaluations. The provider agency 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. 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 agency or organization.

4. The provider agency shall acquire and maintain during the life 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 must result in termination of your contract with SCDHHS.

5. The provider must update their holidays in Phoenix annually. The provider will not be required to furnish services on their designated holidays. A copy of the scheduled holiday list must be posted in a visible location at the center.

6. Participants' health information and records must be stored in a central location, locked in a secure area and only accessible to professional staff.

7. The provider must maintain Participants' therapy schedules,

medication schedules/records, and special diets in a private secure location where others cannot view.

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

9. The provider must comply with Article IX, Section Y, of the Contract regarding safety precautions. The Provider must also have an on-going infectious disease education program to prevent the spread of infectious disease among its employees and participants. At minimum, the infectious disease education 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 (universal precautions, etc.)

10. SCDHHS reimburses ADHC transportation services through a Broker System. Under this system, the Broker(s) must be responsible for the administration and provision of non-emergency medical transportation (NEMT) services to eligible Medicaid recipients within the state. ADHC providers with questions regarding ADHC transportation contracts must contact ModivCare via email at SCNetwork@modivcare.com or by phone at (866) 910- 7684.

11. If at any time the ADHC provider chooses to stop providing transportation through contract with ModivCare, the participant must be given at least 10 business days notification to ensure transportation is scheduled with the Broker. The ADHC provider must ensure that standing orders with ModivCare are in place for ongoing transportation with no break in transportation services.