SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Provider Compliance Office Hours

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Officer of Waiver Quality Assurance and Compliance
South Carolina Department of Health and Human Services (SCDHHS)
Aug. 18, 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.
- We will get started shortly.

Purpose

- This webinar will cover an overview of the task sheets, missed visit codes and a provider Q&A session.
- We would love to know any topics you would like us to discuss during these monthly meetings.
- Email BOQTraining@scdhhs.gov with any suggestions or include on the survey at the end of the meeting.

Frequently Asked Questions (FAQs)

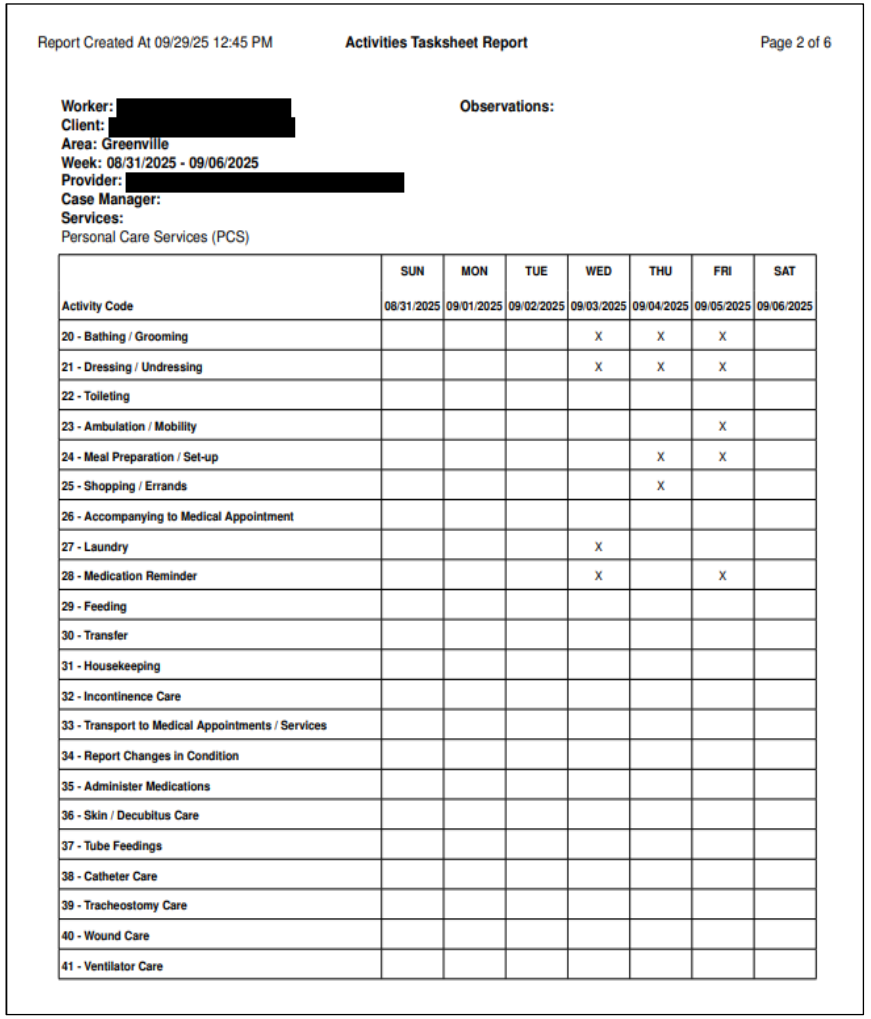
- SCDHHS has completed an FAQ document that can be located on the Office of Waiver QA & Compliance site: Waiver QA, Training, and Compliance
- Please refer to the FAQ for questions and answers.
- If a question appears in the Q&A section multiple times, we will refer to the FAQ after the third explanation.

Aide Requirements

- Aides must start providing services on the start date of authorization.
  - Services must be documented in the electronic visit verification (EVV) system.
  - Task sheets must be completed for each date of service provision.
    - Documentation can include multiple services on same sheet if services can be easily identified and tasks performed can be distinguished.
    - Tasks documented must show services are provided according to the service plan (SCDHHS) and/or authorization (South Carolina Department of Behavioral Health and Developmental Disabilities, Office of Intellectual and Developmental Disabilities [BHDD-OIDD]).
    - Must be reviewed, signed with original signature and dated every two weeks by the nurse supervisor.
    - Must be filed in the participant's file within 30 days of service.
    - Participants and/or family members do not need to sign task sheets.

Activities Task Sheet Report

- At the top of the Phoenix Activity Task Sheet Reports, there is a 'Report Created At.' Provider must print it weekly.
  - Do not backdate signatures.
- The nurse supervisor must sign within two weeks of service provision.
- The task sheet must be filed in the participant record within 30 days of service provision.
- When resolutions are submitted, there is no way to document tasks during the resolution process.
  - Nurse supervisor should document the tasks provided by the report.
  - Nurse supervisor should initial and date any changes to the report.
  - Paper task sheets can be utilized if provider chooses to do so.



Report Created At 09/29/25 12:45 PM **Activities Tasksheet Report** Page 2 of 6

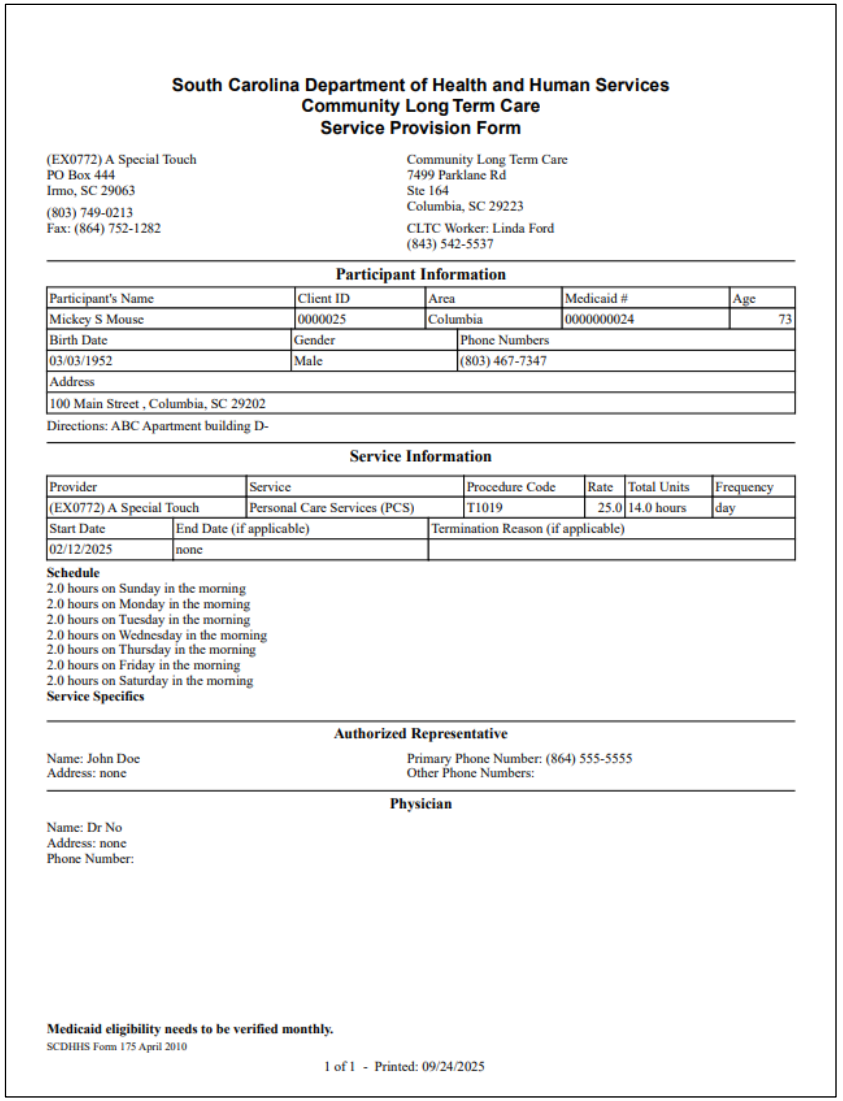
Worker: [redacted]
Client: [redacted]
Area: Greenville
Week: 08/31/2025 - 09/06/2025
Provider: [redacted]
Case Manager:
Services:
Personal Care Services (PCS)

Observations:

Activity Code	SUN 08/31/2025	MON 09/01/2025	TUE 09/02/2025	WED 09/03/2025	THU 09/04/2025	FRI 09/05/2025	SAT 09/06/2025
20 - Bathing / Grooming				X	X	X	
21 - Dressing / Undressing				X	X	X	
22 - Toileting							
23 - Ambulation / Mobility						X	
24 - Meal Preparation / Set-up					X	X	
25 - Shopping / Errands					X		
26 - Accompanying to Medical Appointment							
27 - Laundry				X			
28 - Medication Reminder				X		X	
29 - Feeding							
30 - Transfer							
31 - Housekeeping							
32 - Incontinence Care							
33 - Transport to Medical Appointments / Services							
34 - Report Changes in Condition							
35 - Administer Medications							
36 - Skin / Decubitus Care							
37 - Tube Feedings							
38 - Catheter Care							
39 - Tracheostomy Care							
40 - Wound Care							
41 - Ventilator Care							

Service Authorizations

- Service authorizations are completed on a Service Provision form.
  - Providers must print or save all Service Provision forms from Phoenix upon receipt and maintain it in the participant's record.
- A new service authorization is issued when:
  - There is a change in service duration, and
  - A change in the frequency or hours of service provided.



South Carolina Department of Health and Human Services
Community Long Term Care
Service Provision Form

(EX0772) A Special Touch
PO Box 444
Irmo, SC 29063
(803) 749-0213
Fax: (864) 752-1282

Community Long Term Care
7499 Parklane Rd
Ste 164
Columbia, SC 29223
CLTC Worker: Linda Ford
(843) 542-5537

Participant Information

Participant's Name	Client ID	Area	Medicaid #	Age
Mickey S Mouse	0000025	Columbia	0000000024	73

Birth Date	Gender	Phone Numbers
03/03/1952	Male	(803) 467-7347

Address
100 Main Street , Columbia, SC 29202

Directions: ABC Apartment building D-

Service Information

Provider	Service	Procedure Code	Rate	Total Units	Frequency
(EX0772) A Special Touch	Personal Care Services (PCS)	T1019	25.0	14.0 hours	day

Start Date	End Date (if applicable)	Termination Reason (if applicable)
02/12/2025	none	

Schedule
2.0 hours on Sunday in the morning
2.0 hours on Monday in the morning
2.0 hours on Tuesday in the morning
2.0 hours on Wednesday in the morning
2.0 hours on Thursday in the morning
2.0 hours on Friday in the morning
2.0 hours on Saturday in the morning
Service Specifics

Authorized Representative

Name: John Doe
Address: none
Primary Phone Number: (864) 555-5555
Other Phone Numbers:

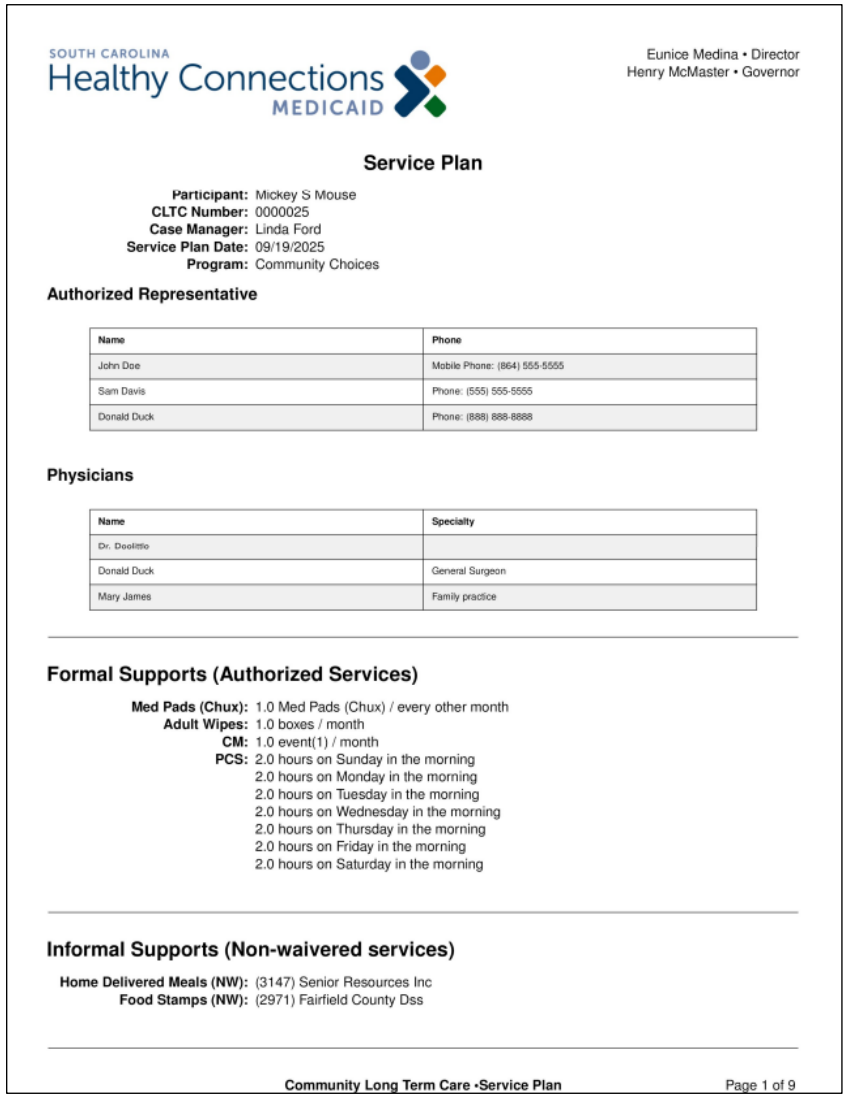
Physician

Name: Dr No
Address: none
Phone Number:

Medicaid eligibility needs to be verified monthly.
SCDHHS Form 175 April 2010
1 of 1 - Printed: 09/24/2025

Participant Records

- Please be sure to have the SCDHHS service plan, formally referred to as the Community Long-term Care Service Plan, in the waiver participant's record.
- New service plans are completed annually by the case manager.
- When a new service plan is received, print the new plan and place it in the participant's record.
- Do not remove or shred the service plan from your records.
- For OIDD participants, the case manager should provide the assessment for the waiver participant. If not received, the provider can contact the case manager and request a copy of the assessment.



SOUTH CAROLINA Healthy Connections MEDICAID

Eunice Medina • Director
Henry McMaster • Governor

Service Plan

Participant: Mickey S Mouse
CLTC Number: 0000025
Case Manager: Linda Ford
Service Plan Date: 09/19/2025
Program: Community Choices

Authorized Representative

Name	Phone
John Doe	Mobile Phone: (864) 555-5555
Sam Davis	Phone: (555) 555-5555
Donald Duck	Phone: (888) 888-8888

Physicians

Name	Specialty
Dr. Doolittle	
Donald Duck	General Surgeon
Mary James	Family practice

Formal Supports (Authorized Services)

Med Pads (Chux): 1.0 Med Pads (Chux) / every other month
Adult Wipes: 1.0 boxes / month
CM: 1.0 event(1) / month
PCS: 2.0 hours on Sunday in the morning
2.0 hours on Monday in the morning
2.0 hours on Tuesday in the morning
2.0 hours on Wednesday in the morning
2.0 hours on Thursday in the morning
2.0 hours on Friday in the morning
2.0 hours on Saturday in the morning

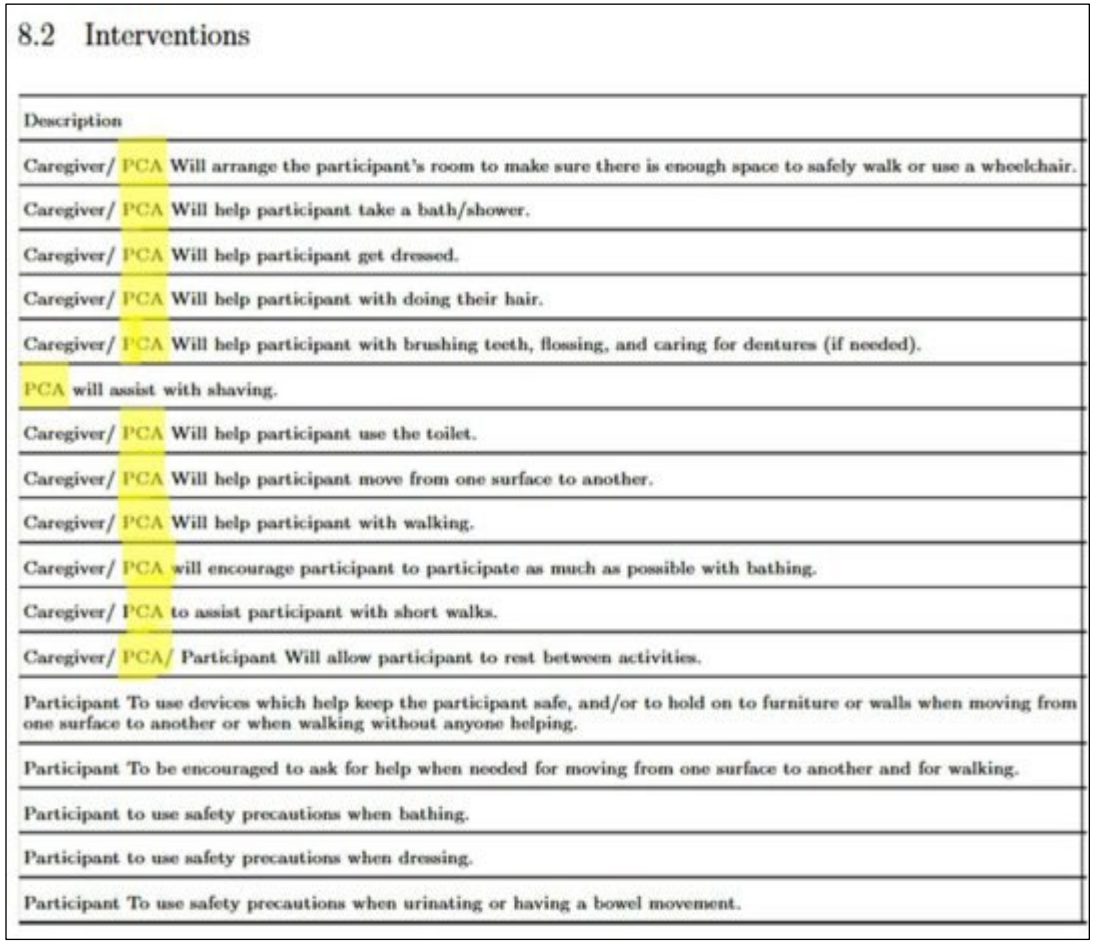
Informal Supports (Non-waivered services)

Home Delivered Meals (NW): (3147) Senior Resources Inc
Food Stamps (NW): (2971) Fairfield County Dss

Community Long Term Care -Service Plan Page 1 of 9

Task List Development

- The ‘Interventions’ section of the SCDHHS service plan has services the aide is to assist the participant with.
- These are the tasks the nurse supervisor will utilize to develop the task list for the aide.
- Aides should document tasks are completed on the daily task sheet.
- Aides should not provide assistance with any Activities of Daily Living (ADL) that are not identified as needs in the service plan.
- If the service plan does not meet the need of the participant, providers should contact the case manager via Phoenix to inform them of the participant change in status.



8.2 Interventions

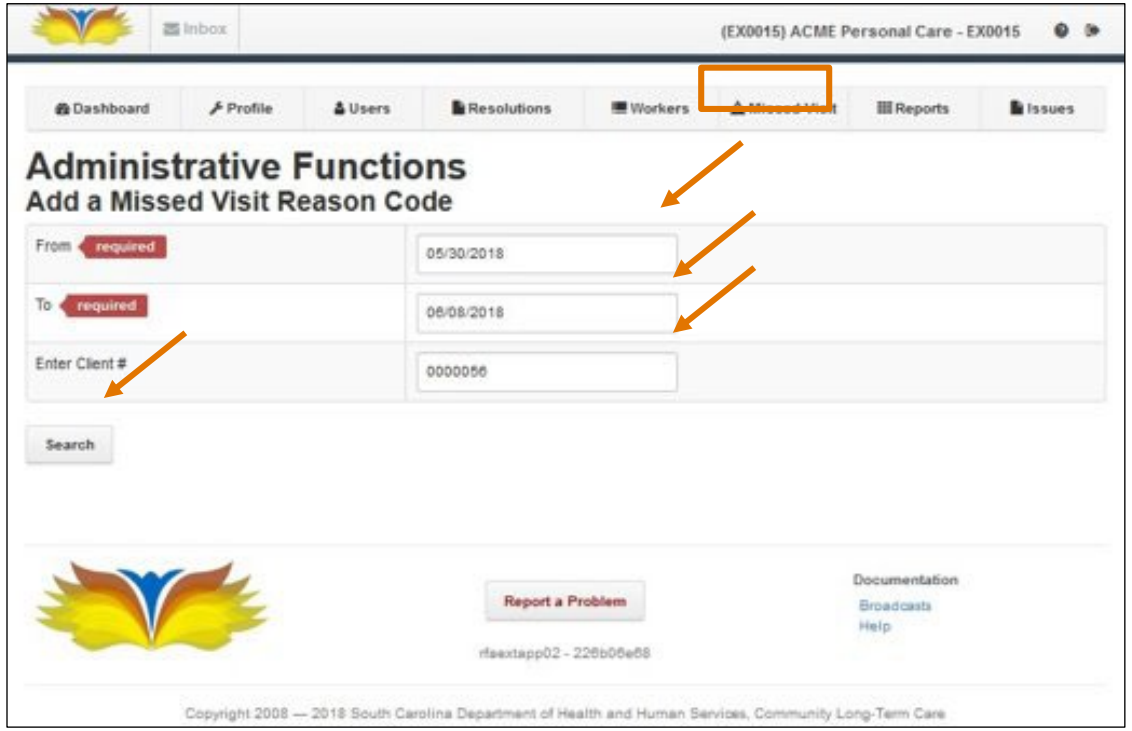
Description
Caregiver/ PCA Will arrange the participant's room to make sure there is enough space to safely walk or use a wheelchair.
Caregiver/ PCA Will help participant take a bath/shower.
Caregiver/ PCA Will help participant get dressed.
Caregiver/ PCA Will help participant with doing their hair.
Caregiver/ PCA Will help participant with brushing teeth, flossing, and caring for dentures (if needed).
PCA will assist with shaving.
Caregiver/ PCA Will help participant use the toilet.
Caregiver/ PCA Will help participant move from one surface to another.
Caregiver/ PCA Will help participant with walking.
Caregiver/ PCA will encourage participant to participate as much as possible with bathing.
Caregiver/ PCA to assist participant with short walks.
Caregiver/ PCA/ Participant Will allow participant to rest between activities.
Participant To use devices which help keep the participant safe, and/or to hold on to furniture or walls when moving from one surface to another or when walking without anyone helping.
Participant To be encouraged to ask for help when needed for moving from one surface to another and for walking.
Participant to use safety precautions when bathing.
Participant to use safety precautions when dressing.
Participant To use safety precautions when urinating or having a bowel movement.

Missed Visits

- When a participant does not receive a daily service, the provider must follow these instructions for the type of service:
  - Personal care services: Document the missed visit reason code in Phoenix, using the 'Missed Visit' tab.
  - Children's personal care services: Monitor the EVV claims of the participant for F2 codes indicating the services provided were less than the number of services authorized. The case manager must be informed of the reason services were not provided as authorized via Phoenix (SCDHHS) or Therap (OIDD) for waiver participants.
- When two consecutive attempted or missed visits occur, the case manager must be notified directly via Phoenix or Therap.
- If the provider determines services cannot be performed as authorized, the case manager must be notified immediately.
  - Contact case managers for SCDHHS via Phoenix Conversation.
  - Contact case managers for OIDD via telephone.
  - If telephone contact is used, provider must document the contact in the participant's record.
  - Telephone numbers for case managers can be found on the authorization form.

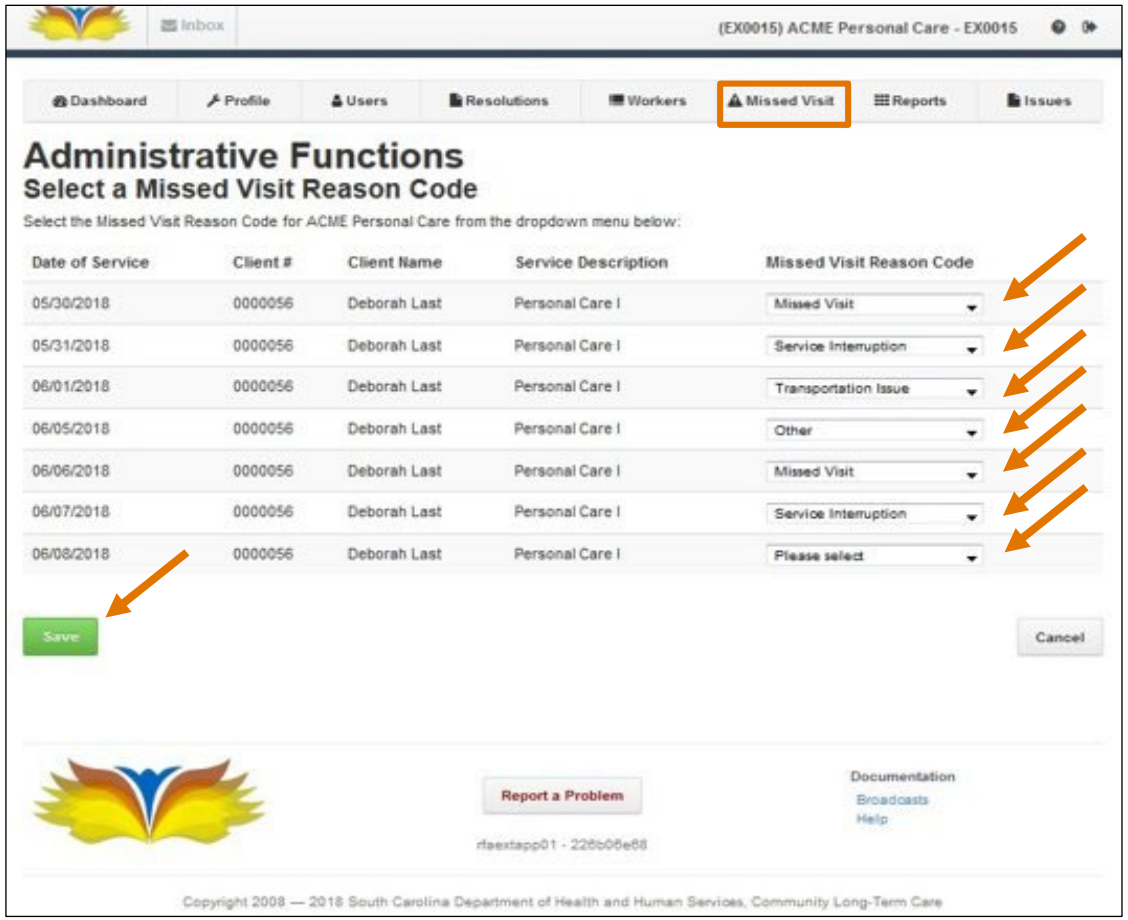
Missed Visit Subtab

- **Personal care providers** are required to enter a reason for any time an authorized service was schedule but was not provided.
- From the "Missed Visit" screen, providers can enter the date ranges and client number to narrow search results.
  - Click "Search."
- **Children's personal care** will not generate a missed visit in Phoenix. Instead, an F2 code will generate on the Client Activity Report/Provider Activity Report indicating services provided for the week are less than authorized. Providers should reach out to case managers via Phoenix Conversation if an F2 code is indicated to tell them the reason services were not provided as authorized.



Missed Visit Subtab *(cont.)*

- After clicking “Search,” missed visits will be displayed. Providers will select the reason(s) for each missed visit.
  - A. Attended less than five hours: Adult Day Health Care (ADHC) code does not apply to personal care services.
  - B. Holiday: Holiday listed in Phoenix that provider observes.
  - C. Missed visit: Aide is not available to provide services.
  - D. Service interruption: Waiver participant is not available to receive services.
  - E. Transportation issue: ADHC code does not apply to personal care services.
  - F. Other: Inclement weather, etc.
- **Don’t forget to click “Save.”**



Questions from Survey Results

- Do past deficiencies continue to affect your score each year if the same folder is requested again?
  - Routine reviews assess whether the provider is following the scope of services after the most recent corrective action plan has bee put into place. SCDHHS may review the same participant or staff member, but any documentation created before the corrective action plan was implemented will not be included.

Questions from Survey Results *(cont.)*

- How will the “Big Beautiful Bill” affect current and potential Medicaid clients with their future services?
  - We are actively reviewing the executive orders, memos and other guidance issued by SCDHHS leadership to assess any potential impact on the South Carolina Healthy Connections Medicaid program.
  - Based on guidance from the Office of Management and Budget, Medicaid operations are expected to continue without interruption. South Carolina’s access to the U.S. Department of Health and Human Services’ payment portal remains active.

Questions from Survey Results *(cont.)*

- What must the registered nurse (RN) sign if a licensed practical nurse (LPN) completes an admission on the Children's Personal Care (CPCA) client?
  - LPNs are not authorized to assist with CPCA participants in any capacity. Per SCDHHS policy, all CPCA services must be delivered under the supervision of an RN who meets the qualifications outlined in the CPCA Scope of Services.
  - LPNs are not allowed to sign task sheets, complete assessments or conduct supervisory visits for CPCA participants.

Questions from Survey Results *(cont.)*

- Can an LPN follow up with supervisory visits and does the RN sign after the LPN?
  - The only item requiring an RN's signature after completion by an LPN is the Competency Evaluation form. If the competency evaluation is administered by an LPN, the RN must sign and date the form in the section designated for the RN supervisor's signature.

Questions from Survey Results *(cont.)*

- When a resolution is entered because Authenticare was not working, what documentation must be at the office?
  - If a resolution is submitted for a date of service, a task sheet listing services provided must be maintained in the participant's file.

References for Scope of Services

- Children's personal care
- Personal care scope
- ADHC
- Nursing

Questions

Survey


SOUTH CAROLINA
ANIMIS OPIBUSQUE PARATI
DUM SPIRO SPERO
SPES
QUIS SEPARABIT
MELIOREM LAPSA LOCAVIT
1776