MEDICAID HOME AND COMMUNITY-BASED WAIVER SCOPE OF SERVICES
FOR

NURSING SERVICES

A. Objective

The objective of nursing services is to provide skilled medical monitoring, direct care, and intervention to maintain the participant through home support. This service is necessary to avoid institutionalization.

B. Conditions of Participation

1. Agencies desiring to be a provider of Medicaid Nursing services must have demonstrated experience in providing nursing services or a similar service. Experience must include at least three (3) years of health care experience, one of which must be in administration.

2. Agencies must have certified evidence of not less than $10,000.00 operating capital. This capital is required so that the provider agency has the capability to operate for a minimum of 60 days in the event Medicaid reimbursement is delayed or withheld for any reason. Certified evidence of operating capital includes, but is not limited to, a written statement from an officer of a financial institution or a certified accountant; a copy of your most recent bank statement must be included. Operating capital must be verified prior to initiating a contract and periodically during the contract period.

1. Provider agencies must be housed in an office that is located in a commercially zoned or unzoned area. Any agency not housed within a commercial or unrestricted/unzoned location must be prior approved by SCDHHS to enroll as a nursing services provider.

3. Agencies must utilize the automated systems mandated by SCDHHS to document and bill for the provision of services.

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

5. The provider must verify the participant's Medicaid eligibility when it accepts an authorization and monthly thereafter to ensure continued eligibility. Agencies can verify Medicaid eligibility for SCDHHS participants in the Phoenix Provider Portal on their dashboard or by utilizing the Medicaid Web Tool. Providers must also refer to the Administrative and Billing Manual for additional information on eligibility determination.

6. 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. Provider must ensure that the electronic record keeping meets all scope requirements and any requirements set forth in the Administrative and Billing Manual.

C. Description of Services to be Provided

1. The unit of service is one (1) hour of direct nursing care provided to the participant in the participant's natural environment. Services are not allowable when the participant is in an institution. The amount of time authorized does not include travel time. Services provided without a current, valid authorization are not reimbursable.

2. The number of units and services provided to each participant are determined by the individual participant's needs as set forth in the Service Plan/Authorization.

3. Nursing services providers must provide skilled nursing services as ordered by the physician, nurse practitioner, or physician's assistant performed by a registered nurse (RN) or licensed practical nurse (LPN) in accordance with SC Nurse Practice Act Title 40 Chapter 33. In addition, providers must assist with/perform ADLs as needed.

4. The Provider must ensure that, when serving Participants, its nurses and supervisors display a photo identification badge identifying the provider and the employee.

D. Staffing

1. The provider must maintain individual records for all employees. Required documentation must be filed in the personnel file within fifteen (15) days of employment or of receipt. Employee records must contain at minimum:

   a. the application/resume,

   b. background check,

   c. OIG report,

   d. verification of current nurse's license,

   e. PPD documentation,

   f. documentation of experience, and

   g. in-service training documentation.

2. The provider must employ a RN or LPN that meets the following requirements:

   a. Supervised by an RN. Nurse supervisor must be accessible by phone during any hour services are being provided under this

contract. If the nurse supervisor position becomes vacant, SCDHHS must be notified no later than the next business day.

b. Licensed to practice nursing by the South Carolina Board of Nursing. The 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 current license verification 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

c. Has at least one (1) year of experience in public health, hospital, or long-term care nursing;

d. Ensure that nurses serving pediatric participants have at least one year of pediatric nursing experience in a clinical setting or have successfully completed a SCDHHS- approved adult to pediatric training program. Providers interested in presenting their adult to pediatric training program to SCDHHS for review must contact the Children's Private Duty Nursing (CPDN) Program Coordinator. SCDHHS will inform the provider in writing if/when the training program is approved. Once approved, providers may not make changes to their pediatric training program without prior approval by SCDHHS

e. Ensure that nurses serving participants with any of the following medical conditions must have additional training in caring for the person's medical needs:

- tracheostomy,
- mechanical ventilation,
- gastric or jejunostomy tubes,
- and indwelling catheters.

4. The provider must conduct a State Law Enforcement Division (SLED) criminal background check for all employees prior to hire and at least every two years thereafter to include employees who provide direct care to SCDHHS/OIDD participants and all administrative/office employees. All SLED criminal background checks must include all data for the individual with no less than a ten (10) year timeframe being searched. 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 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:

- Participant/responsible party must be notified of the nurse's SLED criminal background.
- Provider must obtain a written statement, signed by the participant/responsible party acknowledging awareness of the nurse's SLED criminal background and agreement to have the nurse 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 discretion of the provider.

Hiring of employees with misdemeanor convictions is at the discretion of the provider.

3. 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/

4. By September 30 of each year, the provider must submit a statement certifying that all professional staff is appropriately and currently licensed. Statement must be submitted by email to: Provider-distribution@scdhhs.gov.

5. In addition, services must also adhere to the following:

   a. The RN supervisor must be accessible by phone at all times the RN or LPN is on duty; and,

   b. The RN supervisor must decide the frequency of supervisory visits based on his/her professional knowledge of the participant's situation and health status; however, this may be no less frequently than every ninety (90) 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 Nursing services. These visits must include a re-evaluation of the participant's condition as well as updating of the plan of care.

6. 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 for waiver services:

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.

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

For Children's Private Duty Nursing only: qualified family members can be reimbursed for services.

E. Conduct of Service

The provider must maintain documentation showing that it has complied with the requirements of this section. An individual participant record must be maintained.

1. The provider must obtain the Plan of Service/Authorization from the SCDHHS/OIDD 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 Plan of Service. This documentation must be maintained in the participant's file.

2. Prior to the initiation of nursing services, the provider must conduct an assessment and develop a plan of care. This must be done by an RN. If services are to be provided by an LPN, the Plan of Care must be developed by the RN supervisor. The provider must update the plan of care at least every 90 days based on the updated physician, nurse practitioner, or physician's assistant orders. The provider must maintain the initial and subsequent care plans in the participant's record. If applicable, recommendations to change the service schedule from the initial authorization may be sent to SCDHHS/OIDD. Supervisory visits must be documented on the Private Duty Nursing Supervisory form and submitted to SCDHHS as requested, at least quarterly.

For SCDHHS Participants: This visit must be recorded in the Electronic Visit Verification (EVV) System.

f. 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 nurse supervisor is also required to sign and date the statement.

g. Inform participants of their right to complain about the quality of

nursing services provided; the participant is required to sign and date a statement that they have received this information; the nurse supervisor is also required to sign and date the statement. 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.).

3. If there is a break in service which lasts more than sixty (60) days, the supervisor is required to conduct a new initial visit and subsequent visits as indicated above.

4. The provider is responsible for procuring the direct care skilled nursing orders from the physician, nurse practitioner, or physician's assistant prior to the start of services. The orders must specify the skilled needs of the participant and include the medication administration record (MAR). The provider must communicate with the participant's physician(s) in order to maintain current physician, nurse practitioner, or physician's assistant orders. The physician's orders must be updated no less than every ninety (90) days. Participant records must be maintained by the provider and made available to the nurse providing care.

5. Nursing services must begin on the date agreed upon by the Case Manager, provider, and participant indicated on the authorization. Payment will not be made for nursing services provided prior to the authorized start date.

6. The provider must notify SCDHHS/OIDD within two (2) working days of the following participant changes:

   h. Participant's condition has changed, and the Plan of Service no longer meets the participant's needs, or the participant no longer needs nursing services;

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

   j. Participant no longer wishes to receive the nursing services; or

   k. Knowledge of the participant's Medicaid ineligibility or potential ineligibility

   l. Report of abuse, neglect, or exploitation has been made to proper authorities.

7. The provider must maintain a record keeping system which documents:

   m. The delivery of services in accordance with the SCDHHS Service Plan. The provider must maintain daily notes including Medication Administration Record (MAR) that reflect the nursing services provided to the participants. The provider shall not ask

the participant/responsible party to sign any nursing notes. Daily nursing notes must be signed and dated by the nurse who provided the services with their original signature. The nurse's note must be reviewed, signed, with original signature (rubber signature stamps are not acceptable), and dated every two weeks by the supervisor. Nursing notes must be filed in the participant's record within thirty (30) days of service delivery

n. Whenever two (2) consecutive attempted or missed visits occur, the local SCDHHS/OIDD office must be notified. An attempted visit is when the nurse 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. These instances must be documented in the participant's record. In addition, the provider must maintain documentation of the use of the backup plan in the participant's file

o. All active participant records must contain at least two (2) years of documentation to include at minimum:

- Nursing Care plans,
- authorizations,
- supervisory visits,
- monthly summary forms,
- Right to Complain documentation,
- Advance Directive documentation,
- physician, nurse practitioner, or physician's assistant orders,
- nurse assessments,
- Medication Administration Records and
- daily nursing notes.

Per Medicaid policy, all records must be retained for a period of at least five (5) years. Records must be made available to SCDHHS/OIDD upon request.

8. A summary of services provided must be sent to SCDHHS/OIDD monthly. This summary must be documented on the Private Duty monthly summary form.

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 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 shall 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 must acquire and maintain for the duration of the contract liability insurance and worker's 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 ensure that its office is staffed by qualified personnel during the hours of 10:00 a.m. to 4:00 p.m. Outside of these hours; the provider agency must be available by telephone during normal business hours, 8:30 a.m. to 5:00 p.m., Monday through Friday. Failure to maintain an open and staffed office as indicated must result in sanctions as outlined in section F, last paragraph. The provider must also have a number for emergencies outside of 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.

6. The provider must develop and maintain a policy and procedure manual which describes how it must perform its activities in accordance with the terms 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.

7. The provider must have an effective written back-up plan in place to ensure that the participant receives the nursing services as authorized. Whenever the provider determines that services cannot be provided as

authorized, the Case Manager must be notified by telephone for OIDD and/or Phoenix conversation for LTSS participants immediately. Telephone calls must be documented in the participant's record. The provider must maintain documentation of the use of the backup plan in the participant's file.

8. The provider must ensure that key agency staff is accessible in person or by phone 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 Z of the Contract regarding safety precautions. The provider must also have an on-going infectious disease program to prevent the spread of infectious diseases among its employees. At minimum, the infectious disease program must include the following:

   p. Definition of infectious disease

   q. How an infectious disease is spread

   r. How to provide services in a way that prevents the spread of an infectious disease

G. Nursing Services to High Risk/High Tech Children:

The Department of Health and Human Services has established a separate classification and compensation plan for nurses who provide services to medically fragile children under the age of 21 who are ventilator dependent, respirator dependent, intubated and require parental feeding or any combination of these conditions.

In addition to the staffing requirements outlined in Section D.1, the Registered Nurse (RN) or Licensed Practical Nurse (LPN) must have documented experience to care for these children that is over and above normal home care or school-based nurses.

If the above requirements are met, the provider will be paid an enhanced rate for High Risk/High Tech Nursing services as indicated on the rate sheet included in the contract.