

## SECTION 2

### POLICIES AND PROCEDURES

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## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM OVERVIEW

#### COMMUNITY LONG-TERM CARE (CLTC)

The mission of Community Long-Term Care (CLTC) is to provide a cost-effective alternative to institutional placement for eligible clients with long-term care needs, if they choose, allowing them to remain in a community environment. The Department of Health and Human Services (DHHS) Division of Community Long-Term Care operates several waiver programs, as well as two Department of Disabilities and Special Needs (DDSN) waivers. CLTC also administers the Palmetto SeniorCare program.

The following timeline denotes the services provided by the CLTC program and when they were enacted:

- In December 1984, the Centers for Medicare and Medicaid Services (CMS) approved South Carolina's request for a home- and community-based waiver for the elderly and disabled.
- In 1988, CMS authorized South Carolina to provide services under a Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) waiver to eligible persons with HIV/AIDS.
- In 1989, CMS authorized Palmetto SeniorCare. In 2003, this became a State Plan service.
- In January 1990, the Children's Personal Care Aide (PCA) service was approved as a part of the Medicaid State Plan to provide PCA to children under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.
- In October 1991, CMS authorized South Carolina to provide services under a Mental Retardation/Related Disabilities (MR/RD) waiver to eligible persons.
- In December 1994, CMS authorized South Carolina to provide services under a Mechanical Ventilator Dependent waiver to eligible persons.
- In April 1995, CMS authorized South Carolina to provide services to eligible persons with head and spinal cord injuries (HASCI).

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## **SECTION 2 POLICIES AND PROCEDURES**

### **PROGRAM OVERVIEW**

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## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM REQUIREMENTS

#### PROVIDER QUALIFICATIONS

All CLTC services have prerequisites for participation and require enrollment/contracts with DHHS. Certain licensing requirements may also exist. Please see Section 1 of this manual for general Medicaid enrollment and licensing requirements.

#### Enrollment

CLTC providers are required to complete and sign an individual enrollment form (DHHS 219-CLTCIC or CLTCI-NC) before submitting claims to Medicaid. Group providers must complete a separate form (DHHS 219-CLTCGC or CLTCG-NC). Copies of the enrollment forms can be found in the Forms section of this manual.

#### Contracted Provider

Providers must have a contract with DHHS to provide CLTC Medicaid services requiring a contract.

#### *Cost Reports*

With the exception of respite care, all contracted providers are required to submit a final cost report for each service. The final cost report must cover the entire contract period and be filed no later than 90 days after the end of the reporting period. The cost report shall include the actual cost and service delivery information for the reporting period. If the provider fails to file the cost report within the specified time, all funds due the provider shall be withheld by DHHS until the report is filed. All cost reports should be mailed to:

Department of Health and Human Services  
Division of Ancillary Reimbursements  
Post Office Box 8206  
Columbia, SC 29202-8206

If you have any questions regarding cost reports, contact Ancillary Reimbursement at (803) 898-1040.

#### Non-Contracted Provider

As a condition of participation and payment, CLTC non-contracted providers must complete and sign a Medicaid Enrollment Agreement with DHHS to provide CLTC Medicaid services.

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM REQUIREMENTS

#### Compliance Review

Before entering into any contractual arrangement with a provider, DHHS will have the Division of Community Long-Term Care conduct a compliance review of the prospective provider. The purpose of this review is to establish that the prospective provider meets the requirements outlined in the applicable Scope of Services. If the provider satisfactorily meets the precontractual compliance review requirements, the contract process will continue.

A second compliance review will be conducted by CLTC approximately 90 days after initiation of services. Thereafter, an annual review will be conducted. At the sole discretion of DHHS/CLTC, special reviews may be conducted at any time.

#### Field Service Representatives

After enrollment, visits are made to providers periodically and upon request. The purpose of each visit is to coordinate information concerning the Medicaid program and provide technical assistance as required.

Workshops are conducted on a periodic basis to acquaint providers with current Medicaid policy and regulations, changes, or amendments.

Requests for Field Service assistance and questions regarding manuals, bulletins, or workshops should be directed to the program representative at (803) 898-2590.

### COMMUNITY LONG-TERM CARE (CLTC) FUNCTIONS

#### Intake

The intake process in the CLTC area office ensures that all persons with perceived long-term care needs receive every opportunity for exposure to the CLTC program. The process identifies persons who may be eligible for the program and serves as an information and referral source for those who do not meet intake criteria.

#### Assessment

Assessment uses a comprehensive standard instrument to determine a client's current long-term care needs. Information obtained during the assessment process will assist staff in making a level-of-care decision and initiating a plan of service for discussion with the client and/or family.

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM REQUIREMENTS

#### Level-of-Care Determination

Level-of-care determination is the process of identifying the extent of a person's medical, psychobehavioral, and functional disability in keeping with the South Carolina Level-of-Care Criteria for Medicaid-Sponsored Long-Term Care. To be eligible for CLTC services, a person must be determined to meet either skilled or intermediate level-of-care criteria, or, in the case of persons with HIV/AIDS, be at risk for hospitalization. These criteria help determine a client's requirement for care.

#### Service Planning

Service planning encompasses a comprehensive review of the client's problems and strengths. Mutually agreed-upon goals are set based on identified needs. This service planning process allows for participation of the client and/or family, physician, service providers, and the CLTC case management team. Service planning provides involved persons with information necessary to make an informed choice regarding the location of care and services to be utilized. The outcome of this process is a written plan of service.

#### Service Authorization

A service authorization is a written document that enables contracted/enrolled service providers to initiate CLTC services for Medicaid-eligible clients. The service authorization is based on the CLTC plan of service for individual CLTC clients. With the exception of case management, prior authorizations are required for all CLTC services.

#### Case Management

CLTC case management is a vital part of the long-term care program that is provided for all waiver clients. (Case management for HASCI and MR/RD waiver clients is provided by DDSN.)

Case management ensures continued access to the long-term care program. It also enables case managers to advise, support, and assist clients and their families in coping with changing needs and in making decisions regarding long-term care.

Case management includes the following five activities: service counseling, service planning, service coordination, monitoring, and re-evaluating.

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM REQUIREMENTS

#### Prior Authorization of CLTC Services

##### *Client Choice of Providers*

CLTC clients are required to choose a service provider from a Client Choice of Provider(s) Form, which lists available providers of each service for the client's waiver of participation. The Client Choice of Provider(s) Form will identify the referring entity and CLTC provider(s) already involved in the care of the client. Any service requiring a referred provider to participate in a bid process is excluded from this policy. For bid process services, the provider submitting the lowest bid will be awarded the referral. If the provider submitting the lowest bid cannot provide the service, the referral will be awarded to the next lowest bidder.

##### *Authorization of Services*

Services must be pre-authorized by the CLTC case manager based on the client's plan of service. Authorization will be transmitted to the provider by the completion of a CLTC Service Provision Form (DHHS Form 175). (For an example of this form, please see the Forms section.) Accompanying the authorization will be a copy of the plan of service and, if appropriate, a copy of the physician's order.

##### *Authorization Periods*

Authorizations will be issued for all CLTC services indicating the beginning date of the service, the days of the week that the service will be provided, and the number of units of service to be provided. The hours of service will be indicated only if specific times are essential to meeting the client's service needs. For some services, the authorization will designate that the service is to be provided during the morning, afternoon, or evening. The authorization period ending date may or may not be indicated on the Service Provision Form. Authorizations without an ending date will be valid until a revised Service Provision Form is issued to the provider.

##### *Changes in Services Within an Authorization Period*

Should the client's needs change during an authorization period, a revised Service Provision Form will be sent to the provider. Changes in frequency of a particular service do not require a new physician's order.

**SECTION 2 POLICIES AND PROCEDURES****PROGRAM REQUIREMENTS***Interruption of Services*

Previously authorized Personal Care Aide (PCA) services will be interrupted if the client enters a hospital or institution for a temporary stay or temporarily chooses not to receive services. The interruption of PCA services does not require a revised Service Provision Form, unless the service is to be interrupted for an extended time.

*Termination of Authorized Services*

Service must be officially terminated whenever it is determined that the client no longer requires an authorized service or becomes either medically or financially ineligible. Both the client and the provider must be notified of the termination of services by personal contact. This verbal notification must be followed with a written confirmation of termination of the service.

**DDSN SERVICE  
COORDINATION  
FUNCTIONS****Intake**

The intake process at the local DDSN board ensures that all persons with perceived long-term care needs receive every opportunity for exposure to their programs. The process identifies persons who are eligible for programs and serves as an information and referral source for those who do not meet intake criteria. For all Head and Spinal Cord Injury client referrals, call 1-866-867-3864.

**Assessment**

Assessment is a method of determining a client's current long-term care needs. Information obtained during the assessment process will assist the service coordinator in initiating a plan of service for discussion with clients and/or their families.

**Service Planning**

Service planning encompasses a comprehensive review of the client's problems and strengths. Mutually agreed-upon goals are set based on identified needs. This service planning process allows for participation of the client and/or family, physician, service providers, and the service coordinator. Service planning provides information necessary to make an informed choice regarding the location of care and service to be used to the people involved. The outcome of this process is a written plan of service.

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM REQUIREMENTS

#### Service Coordination

Service coordination is a vital part of the DDSN programs and is provided for all service beneficiaries. This process ensures continued access to DDSN programs and enables service coordinators to continue advising, supporting, and assisting clients and their families in coping with changing needs and in making decisions regarding DDSN programs.

Service coordination includes the following five activities: service planning, coordinating service, service authorization, monitoring, and re-evaluating.

#### Prior Authorization of DDSN Services

Based on the client's plan of service, services will be authorized by DDSN's service coordinator and transmitted to the provider on an Authorization Form. Please see the Forms section for copies of MR/RD and HASCI Waiver authorization forms.

#### *Authorization Periods*

Authorizations shall be issued for all DDSN services indicating the beginning date and the number of units of service to be provided.

#### *Changes in Services Within an Authorization Period*

Should a client's needs change during an authorization period, a revised authorization form shall be sent to the provider.

#### *Termination of Authorized Services*

The service coordinator will terminate services when a client no longer requires an authorized service. Providers receive written notice of termination.

#### PRIOR AUTHORIZATION FOR HOSPICE PARTICIPANTS

In certain situations, Medicaid beneficiaries receiving the State Plan hospice benefit may receive waiver services. Prior authorization by the hospice provider is required in cases where waiver services are authorized for Medicaid hospice beneficiaries. The prior authorization number must be placed on the claim in order for the provider to receive reimbursement. The case manager obtains the prior authorization number from the hospice provider and gives it to the provider of the authorized service. Providers submitting hard copy CMS-1500 claims must place the prior authorization number in field 19, which is the "Reserved for Local Use" field. Providers submitting claims electronically by diskette or magnetic tapes will place the prior authorization number in field 10, which is the "Referring Physician Number" field. Providers who

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM REQUIREMENTS

**PRIOR AUTHORIZATION  
FOR HOSPICE  
PARTICIPANTS (CONT'D.)**

receive the 976 edit (hospice beneficiary/service requires prior approval) may resolve the edit by placing the prior authorization number in field 7 on the Edit Correction Form, which is the "PC COORD" field. See Section 3 of this manual for complete billing instructions.

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## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### COMMUNITY CHOICES WAIVER

The Community Long-Term Care (CLTC) Community Choices Waiver is designed to serve Medicaid-eligible individuals who are age 18 or older and have long-term care needs. To avoid or delay costly nursing home admission, clients are able to access the services necessary to receive care at home through careful assessment, service planning, care coordination, and monitoring.

#### Covered Services

##### *Adult Day Health Care Services*

Based on the client's identified needs, Adult Day Health Care centers provide a range of health care and support services. The center provides planned therapeutic activities to stimulate mental activity, communication, and self-expression. The center staff provides meals and supervision of personal care. The center also transports clients to and from home, if they live within fifteen miles of the center. With special approval, the center may also provide additional services.

A limited number of skilled procedures are available to persons receiving Adult Day Health Care. A licensed nurse, as ordered by a physician, provides the skilled procedures in the Adult Day Health Care center. Nursing care is provided to:

- Monitor the client's vital signs and ability to function
- Supervise intake of medication and possible reactions
- Teach health care and self-care
- Oversee treatment in conjunction with a client's physician and case manager

The South Carolina Department of Health and Environmental Control (DHEC), or the equivalent licensing agency for out-of-state facilities, must license all adult day care centers. Furthermore, centers must have adequate procedures for medical emergencies and must meet the minimum staffing requirements as specified by the contract.

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### *Appliances*

Household appliances may be purchased to enable beneficiaries to better perform activities of daily living as necessary to maintain independence and avoid institutional care. Prior authorization is required from the care advisor for equipment purchases. Decisions are based on the cost effectiveness of the purchase versus the cost of providing personal assistance services, as well as ensuring that the beneficiary's health and safety are not jeopardized because of such purchases.

#### *Attendant Care Services*

Attendant care services are provided by qualified individuals to help clients by offering support for activities of daily living and monitoring the medical condition of clients. The kinds of activities that an attendant provider performs include the following:

- Assistance with personal hygiene, feeding, bathing, and meal preparation
- Encouraging clients to adhere to specially prescribed diets
- General housekeeping duties
- Shopping assistance
- Assistance with communication
- Monitoring medication

Supervision may be furnished directly by the client when the client has been trained to perform this function, and when the safety and efficacy of client-provided supervision has been certified in writing by an RN or otherwise as provided within state law. This certification must be based on actual observation of the client and the specific attendant care provider during the actual provision of care.

#### *Case Management*

A qualified case manager provides CLTC case management for all waiver clients. The objective of case management is to counsel regarding services and support. Case management assists clients in coping with changing needs and in making decisions regarding long-term care. It also ensures continued access to appropriate and available services.

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### *Chore Services*

Chore services are provided by individuals who are age 18 or older and provide a personal assistance service that is neither directed nor supervised by the beneficiary. These fixed services include, but are not limited to, the following:

- Yard work
- Laundry
- Meals
- Transportation

#### *Companion*

Companion services provide short-term relief for caregivers and supervision of clients.

#### *Environmental Modifications*

Environmental modification services provide pest control and physical adaptations or modifications to the home that are necessary to ensure the health, welfare, and safety of the client. Environmental modifications enable clients to function with greater independence in the home. An example of such a modification is the construction of a ramp.

#### *Home Delivered Meals*

Nutritionally sound meals are delivered to clients at their homes. All menus must be reviewed and approved by a registered dietitian and meals must be prepared and delivered according to the standards developed by CLTC.

#### *Nursing Home Transition Services*

The goal of Nursing Home Transition Services is to properly identify and transition current nursing home residents who desire to return to the community. The services assist elderly individuals with disabilities and clients with mental health conditions. The following one-time services are available for clients transitioning to a community waiver program from a nursing home:

- **Appliances:** This service is intended to provide necessary appliances.
- **Furniture procurement:** Funds are used to purchase minimal furnishings necessary to establish a home in the community.
- **Rent/utility assistance:** One-time rent/utility assistance is available for clients who need financial help to secure a community residence.

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### *Personal Care II (PC II) Services*

Personal Care II (PC II) services are designed to help clients with normal daily activities and monitor the medical conditions of functionally impaired/disabled clients. The kinds of activities that the PC II aide performs are comparable to those that family members would perform for the person in need. PC II aides provide assistance with walking, bathing, dressing, toileting, grooming, preparing meals, and feeding. The aide also helps to maintain the home environment, including light cleaning, laundry, shopping, and keeping the home safe. The client's vital signs, such as respiratory rate, pulse rate, and temperature, are observed. The aide may also remind the client to take prescribed medication(s) and, when necessary, transport and/or escort the client.

PC II aides work under the supervision of a registered nurse (RN) or a licensed practical nurse (LPN) in the client's home. Under no circumstances may a PC II aide perform any type of skilled medical service.

#### *Respite Care*

Many clients with long-term care needs are cared for at home by family members or other caregivers. Respite care services are intended to provide temporary around-the-clock relief for caregivers by placing the client in an institutional setting for up to fourteen days per state fiscal year. The provider of respite care services must be licensed and certified by DHEC as a hospital, nursing home, or Intermediate Care Facility for People with Mental Retardation (ICF/MR). Out-of-state providers must be licensed by an equivalent agency of that state. They must also have a valid Medicaid contract with the Department of Health and Human Services (DHHS).

#### *Respite Care in a Community Residential Care Facility*

Respite care services may be provided for caregivers by placing the client in a community residential care facility for up to 28 days per state fiscal year. The facility must be licensed by DHEC and have a valid Medicaid contract with DHHS for these services.

#### **HIV/AIDS WAIVER**

The CLTC Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Waiver is designed to serve Medicaid-eligible HIV/AIDS clients, regardless of age, who choose to live at home but have long-term care needs and are at risk for hospitalization.

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### Covered Services

##### *Attendant Care Services*

Attendant care services are provided by qualified individuals to help clients by offering support for activities of daily living and monitoring the medical condition of clients. The kinds of activities that an attendant provider performs include the following:

- Assistance with personal hygiene, feeding, bathing, and meal preparation
- Encouraging clients to adhere to specially prescribed diets
- General housekeeping duties
- Shopping assistance
- Assistance with communication
- Monitoring medication

The client may directly supervise the attendant when the client has been trained to perform this function, and when the safety and efficacy of client-provided supervision has been certified in writing by an RN or otherwise as provided within state law. This certification must be based on actual observation of the client and the specific attendant care provider during the actual provision of care.

##### *Case Management*

A qualified case manager provides CLTC case management for all waiver clients. The objective of case management is to counsel clients regarding services and support. The case manager assists clients in coping with changing needs and in making decisions regarding long-term care. He or she also ensures continued access to appropriate and available services.

##### *Companion*

Companion services provide supervision of clients and short-term relief for caregivers.

##### *Environmental Modification*

Environmental modification services provide pest control and physical adaptations or modifications to the home that are necessary to ensure the health, welfare, and safety of the client. Environmental modifications enable clients to function with greater independence in the home. An example of such a modification is the construction of a ramp.

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### *Home Delivered Meals*

Nutritionally sound meals are delivered to clients at their homes. Based on a physician's orders, meals may include standard diets or therapeutic and/or modified diets. All menus must be reviewed and approved by a registered dietitian and meals must be prepared and delivered according to the standards developed by CLTC.

#### *Personal Care I (PC I) Services*

Personal Care I (PC I) services are designed to help preserve a safe and sanitary home environment, provide short-term relief for caregivers, and assist clients with personal care. These services supplement, but do not replace, the care provided to clients. The kinds of services performed by the PC I aide include the following:

- Meal planning and preparation
- General housekeeping
- Assistance with shopping
- Companion or sitter services
- Assistance with financial matters, such as delivering payments to designated recipients on behalf of the client
- Assistance with communication
- Observing and reporting on the client's condition

#### *Personal Care II (PC II) Services*

Personal Care II (PC II) services are designed to help clients with normal daily activities and to monitor the medical conditions of functionally impaired/disabled clients. The kinds of activities that the PC II aide performs are comparable to those that family members would perform for the person in need. PC II aides provide assistance with walking, bathing, dressing, toileting, grooming, preparing meals, and feeding. The aide also helps to maintain the home environment, including light cleaning, laundry, shopping, and keeping the home safe. The client's vital signs, such as respiratory rate, pulse rate, and temperature, are observed. The aide may also remind the client to take prescribed medication(s) and, when necessary, transport and/or escort the client.

PC II aides work under the supervision of an RN or LPN in the client's home. Under no circumstances may a PC II aide perform any type of skilled medical service.

PC II aides who provide services to HIV/AIDS clients

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### *Personal Care II (PC II) (Cont'd.)*

should be trained in infection control. The Centers for Disease Control and Prevention (CDC) precautions must be followed when rendering care to protect the client and the PC II aide.

#### *Nursing Services*

Nursing services provide skilled medical monitoring, direct care, and interventions that meet the medical needs of the client with HIV/AIDS at home. The client's condition may require 24-hour continuous care for a short duration due to an episodic condition.

#### PERVASIVE DEVELOPMENTAL DISORDER WAIVER

The Pervasive Developmental Disorder (PDD) waiver provides for early intensive behavioral intervention services (EIBI) to children who have been diagnosed with a pervasive developmental disorder, including autism and Asperger's Syndrome and who meet the ICF-MR level of care criteria. The Department of Disabilities and Special Needs operates the waiver with administrative oversight from DHHS. The waiver is for children who are ages three through ten. These services are provided in non-educational settings. The waiver develops the skills of children in the areas of cognition, behavior, communication, and social interaction. To learn more about the PDD waiver and DDSN services please visit <http://www.state.sc.us/ddsn/> or call DDSN at 1-888-376-4636.

#### Covered Services

#### *Case Management*

Case managers assist participants in gaining access to needed waiver and other State plan services, as well as medical, social, educational, and other services, regardless of the funding source for the services to which access is gained.

The following minimum standards will apply for the provision of case management:

- Case managers will provide a monthly contact with the EIBI service provider and/or family.
- On a quarterly basis, there will be a review of the entire waiver plan of care which includes the most recent EIBI service provider quarterly progress report and a contact with the participant's family.
- If progress toward established goals does not meet

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### *Case Management (Cont'd.)*

expectations, then consultation with DDSN will occur.

- On an annual basis, there will be a face-to-face contact with the family.

#### *Early Intensive Behavioral Intervention*

This service has four distinct components: Assessment, Program Development, and Training; Plan Implementation; Lead Therapy Intervention; and Line Therapy.

#### **Service Level Components:**

1. Assessment, Program Development and Training provided by the EIBI consultant:
  - Completion of an adaptive assessment;
  - Completion of a functional behavior assessment;
  - Development of a treatment and behavioral support plan; and
  - Training key personnel to implement interventions.

The service coordinator conducts a global assessment which is different from the assessments identified above. The global assessment will indicate the need for this service component.

2. Plan Implementation provided by the EIBI consultant:
  - Implementation of the behavior support plan;
  - Educating family, caregivers and/or service providers concerning strategies and techniques to assist the participant in behavior reduction and skill acquisition;
  - Monthly monitorship of the effectiveness of the behavior support plan;
  - Modifying the behavior support plan as necessary; and
  - Updating initial assessments and modifying the plan as necessary.
3. Lead Therapy Interventions provided by the lead therapist:
  - Assuring the behavior support plan is implemented as written;
  - Weekly monitorship of the effectiveness of the

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### *Early Intensive Behavioral Intervention (Cont'd.)*

behavior support plan;

- Reviewing all recorded data;
- Providing guidance to and supervision of the Line Therapist;
- Receiving family/caregiver feedback; and
- Assuring the coordination and continuity with other programs and services.

#### 4. Line Therapy provided by the line therapist:

- Implement interventions designed in the behavior support plan;
- Records data and reports concerns and progress to the Lead Therapist.

#### MECHANICAL VENTILATOR DEPENDENT PROGRAM

The Mechanical Ventilator Dependent Program is designed to serve Medicaid-eligible persons age 21 or older who are dependent on mechanical ventilation and have long-term care needs. Clients are able to receive services to supplement care in their home through careful assessment, service planning, and service coordination.

#### Covered Services

##### *Environmental Modification*

Environmental modification services provide pest control and physical adaptations or modifications to the home that are necessary to ensure the health, welfare, and safety of the client. Environmental modifications enable clients to function with greater independence in the home. Examples of modifications may include construction of ramps, installation of grab bars, widening of doorways, or installation of specialized electric and plumbing systems that are necessary to accommodate medical equipment.

##### *Nursing Services*

Nursing services provide skilled medical monitoring, direct care, and interventions that meet the medical needs of a client dependent upon mechanical ventilation at home.

##### *Personal Care I (PC I) Services*

Based on the client's assessed needs, PC I services provide general household activities, meal preparation, and routine household care.

##### *Personal Care II (PC II) Services*

PC II services are designed to help clients with normal daily activities and to monitor the medical conditions of

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### *Personal Care II (PC II) Services (Cont'd.)*

functionally impaired/disabled clients. The kinds of activities that the PC II aide performs are comparable to those that family members would perform for the person in need. PC II aides provide assistance with walking, bathing, dressing, toileting, grooming, preparing meals, and feeding. The aide also helps to maintain the home environment, including light cleaning, laundry, shopping, and keeping the home safe. The client's vital signs, such as respiratory rate, pulse rate, and temperature, are observed. The aide may also remind the client to take prescribed medication(s) and, when necessary, transport and/or escort the client.

PC II aides work under the supervision of an RN or LPN in the client's home. Under no circumstances may a PC II aide perform any type of skilled medical service.

#### *Respite Care*

Many clients with long-term care needs are cared for at home by family members or other caregivers. Respite care services are intended to provide temporary around-the-clock relief for caregivers by placing the client in an institutional setting for up to fourteen days per state fiscal year. The provider of respite care services must be licensed and certified by DHEC as a hospital, nursing home, or ICF/MR. Out-of-state providers must be licensed by an equivalent agency in that state. They must also have a valid Medicaid contract with DHHS.

#### *Respite (In-Home)*

In-home respite services provide temporary care in the home for mechanical ventilator dependent clients living at home and cared for by their families or other informal support systems. These services maintain clients and provide temporary relief for the primary caregivers.

#### CHILDREN'S PERSONAL CARE AIDE (PCA) SERVICES

Children's PCA services provide PC aide services in the community to Medicaid-eligible children under 21 years of age who meet established medical necessity criteria.

#### Covered Services

#### *Personal Care II (PC II) Services*

PC II services are designed to help clients with normal daily activities and to monitor the medical conditions of functionally impaired/disabled clients. The kinds of activities that the PC II aide performs are comparable to those that family members would perform for the person in

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### *Personal Care II (PC II) (Cont'd.)*

need. PC II aides provide assistance with walking, bathing, dressing, toileting, grooming, preparing meals, and feeding. The aide also helps to maintain the home environment, including light cleaning, laundry, shopping, and keeping the home safe. The client's vital signs, such as respiratory rate, pulse rate, and temperature, are observed. The aide may also remind the client to take prescribed medication(s) and, when necessary, transport and/or escort the client.

PC II aides work under the supervision of an RN or LPN in the client's home. Under no circumstances may a PC II aide perform any type of skilled medical service.

#### PALMETTO SENIORCARE (PSC) PROGRAM

Palmetto SeniorCare (PSC) is a federal Medicaid and Medicare capitated program serving clients in the greater Columbia area (Richland and Lexington counties) who meet all of the following criteria:

- Are age 55 or older
- Meet nursing home level of care
- Wish to remain in the community
- Choose to participate in the program

Participants in Palmetto SeniorCare receive all services through PSC either directly from PSC staff health care professionals or through subcontracted health care entities. Many of the services provided are centered in the PSC Adult Day Health Centers.

#### HEAD AND SPINAL CORD INJURY (HASCI) WAIVER

In a joint effort, DHHS and the Department of Disabilities and Special Needs (DDSN) are providing a broad range of home- and community-based waiver services to Medicaid-eligible individuals with the most severe physical impairments involving head and spinal cord injuries. Head and Spinal Cord Injury (HASCI) Waivers are designed to help clients who would otherwise require services in a nursing facility or ICF/MR to remain independent in the community.

DHHS serves as an administrative oversight and monitoring entity to ensure the health, safety, and welfare of the waiver beneficiaries. DHHS is responsible for ensuring that a formal system is in place to periodically review clients' services and to ensure that those in place

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### HEAD AND SPINAL CORD INJURY (HASCI) WAIVER (CONT'D.)

##### Covered Services

##### *Attendant Care Services*

are consistent with identified needs of clients. DDSN has the primary responsibility for the daily operation of the HASCI program.

Attendant care services assist with the performance of activities of daily living and personal care which may include hands-on care, of both a medical and non-medical supportive nature, specific to the needs of a medically stable, physically handicapped individual. These services may include skilled medical care to the extent permitted by state law. Housekeeping and community access activities that are incidental to the performance of the client-based care may also be furnished as part of this activity.

Transportation may be provided as a component of the service when it is related to the performance of daily living skills. The cost of this transportation is included in the rate paid to the providers of attendant care services. These services may be conducted in a variety of settings as outlined in the DDSN plan of service. These services shall not duplicate any other service. An RN licensed to practice in the state must provide supervision. The frequency and intensity of supervision will be specified in the client's written plan of service by the DDSN service coordinator.

Supervision may be furnished directly by the client when the client has been trained to perform this function, and when the safety and efficacy of client-provided supervision has been certified in writing by an RN or otherwise as provided within state law. This certification must be based on actual observation of the client and the specific attendant care provider during the actual provision of care. Documentation of the certification will be maintained in the client's individual plan of service.

##### *Environmental Modification, Specialized Supplies, and Adaptations*

Environmental modification services provide physical adaptations to the home required by a client's plan of service necessary to ensure the health, welfare, and safety of the client. Environmental modifications are changes that enable clients to function with greater independence in the home and without which the client would require institutionalization. Under HASCI waivers, adaptations

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

may include the following:

- Environmental Modification, Specialized Supplies, and Adaptations (Cont'd.)*
- Installation of ramps and grab bars
  - Widening of doorways
  - Modification of personal transportation, bathrooms, or kitchen facilities
  - Fencing, when necessary for personal safety
  - Installation of specialized electric and plumbing systems required to accommodate the medical equipment and supplies necessary for the welfare of clients

Excluded are those adaptations or improvements to the home that are of general utility and have no direct medical or remedial benefit to the client. Services must be provided for the client's benefit, not for the convenience of other occupants. Environmental modifications shall meet all applicable state and local building codes. In those counties without local building codes, all services shall be provided in accordance with standard building codes as set forth in the South Carolina Code of Laws § 6-9-10 *et seq.*

*Habilitation Services (Day)*

Day habilitation services provide assistance with the acquisition, retention, or improvement of self-help, socialization, and adaptive skills that take place in a non-residential setting, separate from the home or facility in which the client resides. Normally, these services are furnished four or more hours a day, on a regularly scheduled basis, for one or more days a week unless provided as an adjunct to another day activity included in the beneficiary's plan of service. Day habilitation services focus on enabling clients to attain or maintain their maximum functional level. They shall also be coordinated with any physical, occupational, or speech therapies listed in the plan of service. Additionally, day habilitation services reinforce skills or lessons taught in school, therapy, or other settings.

*Habilitation Services (Prevocational)*

Prevocational habilitation services are not available under a program funded under Section 110 of the Rehabilitation Act of 1973 or Section 602 (16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401 (16 and 17)). Activities included in this service are not directed at teaching specific job skills, but at underlying habilitative

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### *Habilitation Services (Prevocational) (Cont'd.)*

goals, such as attention span and motor skills. All prevocational services will be reflected in the client's plan of service as directed to habilitative rather than explicit employment objectives. These services teach concepts such as compliance, attendance, task completion, problem solving, and safety, to prepare clients for paid and unpaid employment.

Excluding supported employment programs, prevocational habilitation services are provided to clients not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year. When compensated, individuals are paid less than 50 percent of minimum wage.

Documentation will be maintained in each client's file that the service is not otherwise available under the program funded under the Rehabilitation Act of 1973 or P.L. 94-142.

#### *Habilitation Services (Residential)*

Residential habilitation services include the care, skills training, and supervision provided to clients in a non-institutional setting. The degree and type of care, supervision, skills training, and support of clients will be based on the plan of service and the client's individual needs. Services include assistance with the following:

- The acquisition, retention, or improvement of skills related to activities of daily living, such as personal grooming and cleanliness
- Household chores and bed-making
- Eating and preparation of food
- Social and adaptive skills necessary to enable the individual to reside in a non-institutional setting

Other than costs that are for modifications or adaptations to a facility required to assure the health and safety of residents or meet the requirements of the applicable life safety codes, payments for residential habilitation are not made for the following:

- Room and board
- Costs of facility maintenance
- Upkeep
- Improvement

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### *Habilitation Services (Residential) (Cont'd.)*

Payments for residential habilitation do not include those made, directly or indirectly, to members of the client's immediate family. Payments will not be made for the routine care and supervision provided by a family or group home provider or for activities or supervision covered by a source other than Medicaid.

#### *Nursing Services*

Nursing services provide skilled medical monitoring, direct care, and interventions that meet the medical needs of clients at home. Nursing services prevent institutionalization.

#### *Respite Care Services*

Respite care is provided for caregivers of clients unable to care for themselves; it is provided on a short-term basis as a response to the absence or need for relief of those persons normally providing the care. Respite services may be provided in clients' homes, licensed respite facilities, nursing facilities, ICF/MRs, or other facilities approved by the state. Such facilities may include the private residence of an Independent Respite Provider who meets the DDSN Standards for Respite Care Providers.

#### *Respite Care in a Community Residential Care Facility*

Respite care services may be provided for caregivers by placing the client in a community residential care facility for up to 28 days per state fiscal year. The facility must be licensed by DHEC and have a valid Medicaid contract with DHHS for these services.

#### *Supported Employment Services*

Supported employment services consist of paid employment for clients for whom competitive employment at or above minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which people without disabilities are employed. These services include activities needed to sustain paid work by individuals receiving waiver services, including supervision and training. When supported employment services are provided at a work site where there are employees without disabilities, payment will be made only for the adaptation, supervision, and training required by clients receiving waiver services because of their disabilities. Payment for supervisory activities rendered as a normal part of the business setting are not included.

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### *Support Employment Services (Cont'd.)*

Supported employment services furnished under the waiver are not available under any programs funded by either the Rehabilitation Act of 1973 or P.L. 94-142. Documentation will be maintained in each client's file that it is not otherwise available under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142.

Federal financial payments will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program
- Payments that are passed through to users of supported employment programs
- Payments for vocational training that is not directly related to an individual's supported employment program

#### MENTAL RETARDATION/ RELATED DISABILITIES (MR/RD) WAIVER

In a cooperative effort, DHHS and DDSN are providing a broad range of special home- and community-based waiver services to Medicaid-eligible individuals with mental retardation or related disabilities to help them live in the community rather than in an institution. DDSN has the primary responsibility for the daily operation of the MR/RD Waiver program.

DHHS serves as an administrative oversight and monitoring entity to ensure the health, safety, and welfare of the waiver beneficiaries. DHHS is responsible for ensuring that a formal system is in place to periodically review client services and ensure those in place are consistent with the client's identified needs.

#### Covered Services

##### *Adult Day Health Care Services*

Based on the client's identified needs, adult day health care centers provide a range of health care and support services. A center provides planned therapeutic activities to stimulate mental activity, communication, and self-expression. The center staff provides meals and supervision of personal care. The center also transports clients to and from home if they live within fifteen miles of the center. With special approval, the center may also provide additional services.

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### *Adult Day Health Care Services (Cont'd.)*

A limited number of skilled procedures are available to participants receiving adult day health care. A licensed nurse, as ordered by a physician, provides the skilled procedures in the adult day health care center. Nursing care is provided to:

- Monitor the client's vital signs and ability to function
- Supervise intake of medication and possible reactions
- Teach health care and self-care
- Oversee treatment in conjunction with a client's physician and case manager

DHEC, or the equivalent licensing agency for out-of-state facilities, must license all adult day health care centers. Centers must have adequate procedures for medical emergencies and must meet the minimum staffing requirements as specified by the contract.

#### *Environmental Modifications*

Environmental modification services provide physical adaptations to the home, as required by the client's plan of service, that are necessary to ensure the health, welfare, and safety of clients. Environmental modifications are changes that enable clients to function with greater independence in the home and without which the client would require institutionalization. "Home" is defined as non-government-subsidized living quarters; modifications to any government-subsidized housing (*i.e.*, group homes or community residential care facilities) are not permitted. Adaptations may include the following:

- Installation of ramps and grab bars
- Widening of doorways
- Modification of personal transportation, bathrooms, or kitchen facilities
- Fencing, when necessary for personal safety
- Installation of specialized electric and plumbing systems required to accommodate the medical equipment and supplies necessary for the welfare of the beneficiary

Excluded are those adaptations or improvements to the

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### *Environmental Modifications (Cont'd.)*

home that are of general utility and have no direct medical or remedial benefit to the client. Examples of such adaptations are carpeting, roof repair, or central air conditioning. These services are provided for the client's benefit, not the convenience of other occupants. All environmental modifications shall meet applicable state or local building codes. In those counties without local building codes, all services shall be provided in accordance with standard building codes as set forth in the South Carolina Code of Laws § 6-9-10 *et seq.*

#### *Personal Care I (PC I) Services*

PC I services provide general household services for clients, such as meal preparation and routine household care as authorized in their plan of service by DDSN. Meal preparation includes planning meals, cooking, serving, and cleaning afterwards. Household care includes cleaning, laundry, and other activities as needed to properly maintain the client's residence.

Procedure codes for DDSN waiver services MUST be used when submitting claims for MR/RD waiver services.

#### *Personal Care II (PC II) Services*

Personal Care II (PC II) services are designed to help clients with normal daily activities and monitor the medical conditions of functionally impaired/disabled clients. The kinds of activities that the PC II aide performs are comparable to those that family members would perform for the person in need. PC II aides provide assistance with walking, bathing, dressing, toileting, grooming, preparing meals, and feeding. The aide also helps to maintain the home environment, including light cleaning, laundry, shopping, and keeping the home safe. The client's vital signs, such as respiratory rate, pulse rate, and temperature, are observed. The aide may also remind the client to take prescribed medication(s) and, when necessary, transport and/or escort the client.

PC II aides work under the supervision of an RN. Prior authorization is required for PC II services, with an indication of the amount, frequency, duration, and type of services required.

The DDSN service coordinator shall obtain a physician's order requesting PC II services for individuals under the age of 21. A physician's order is not required for those MR/RD waiver beneficiaries over the age of 21.

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### *Nursing Services*

Nursing services provide skilled medical monitoring, direct care, and interventions that meet the medical needs of clients at home. Nursing services prevent institutionalization.

#### *Habilitation Services (Day)*

Day habilitation services provide assistance with the acquisition, retention, or improvement of self-help, socialization, and adaptive skills. These services take place in a non-residential setting, separate from the home or facility in which the client resides. Normally, these services are furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, unless provided as an adjunct to other day activities included in the beneficiary's plan of service. Day habilitation services focus on enabling clients to attain or maintain their maximum functional level. They shall also be coordinated with any physical, occupational, or speech therapies listed in the plan of service. Additionally, day habilitation services reinforce skills or lessons taught in school, therapy, or other settings.

#### *Habilitation Services (Prevocational)*

Prevocational habilitation services are not available under a program funded under Section 110 of the Rehabilitation Act of 1973 or Section 602 (16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Activities included in this service are not directed at teaching specific job skills, but at underlying habilitative goals, such as attention span and motor skills. All prevocational services will be reflected in the client's plan of service as directed to habilitative rather than explicit employment objectives. These services teach concepts such as compliance, attendance, task completion, problem solving, and safety, to prepare clients for paid and unpaid employment.

Excluding supported employment programs, prevocational habilitation services are provided to clients not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year. When compensated, individuals are paid less than 50 percent of minimum wage.

Documentation will be maintained in each client's file that the service is not otherwise available under the program funded under the Rehabilitation Act of 1973 or P.L. 94-142.

## SECTION 2 POLICIES AND PROCEDURES

### PROGRAM SERVICES

#### *Habilitation Services (Residential)*

Residential habilitation services include the care, skills training, and supervision provided to clients in a non-institutional setting. The degree and type of care, supervision, skills training, and support of clients will be based on the plan of service and the client's individual needs. Services include assistance with acquisition, retention, or improvement of skills related to activities of daily living, such as personal grooming and cleanliness; household chores and bed-making; eating and preparation of food; and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting.

Other than costs for modifications or adaptations to a facility required to assure the health and safety of residents or to meet the requirements of the applicable life safety codes, payments for residential habilitation are not made for the following:

- Room and board
- Costs of facility maintenance
- Upkeep
- Improvement

Payments for residential habilitation do not include those made, directly or indirectly, to members of the client's immediate family. Payments will not be made for the routine care and supervision provided by a family or group home provider or for activities or supervision covered by a source other than Medicaid.