

SECTION 2

POLICIES AND PROCEDURES

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SECTION 2 POLICIES AND PROCEDURES

PROGRAM DESCRIPTION

OVERVIEW

The objective of the Integrated Personal Care (IPC) program is to promote and sustain the health of Medicaid beneficiaries in licensed Community Residential Care Facilities (CRCFs). This is done through the provision of IPC services. IPC services are necessary to improve the quality of life and care of beneficiaries meeting specific medical criteria. IPC services may also prevent or delay institutionalization. IPC services may only be provided to beneficiaries receiving Optional State Supplementation (OSS) services in a CRCF.

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PROGRAM DESCRIPTION

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SECTION 2 POLICIES AND PROCEDURES

PROGRAM REQUIREMENTS

PROVIDER QUALIFICATIONS

Licensing

A Community Residential Care Facility (CRCF) must meet all current state licensure standards and maintain a current license from the Department of Health and Environmental Control (DHEC) to participate in the Integrated Personal Care (IPC) service program. The CRCF shall be operating without a waiver of any current requirement not issued as a provider-wide exception to licensing regulations.

The CRCF must have corrected all Class I and Class II violations of licensing regulations to provide IPC services. CRCFs that are cited with deficiencies at DHEC inspection must submit a plan to correct the identified problem. Before an IPC contract is issued there must be evidence that the plan of correction has been implemented and the problem has been addressed.

The CRCF must also be enrolled as an Optional State Supplementation (OSS) provider in good standing with DHHS. Please see OSS manual for more detailed information.

Provider Responsibilities

The CRCF is responsible for meeting certain facility, staff, and documentation requirements to provide IPC services.

The CRCF will meet specific basic requirements of the Americans with Disabilities (ADA) Act, including wheelchair accessibility, to be qualified to provide IPC services.

The CRCF will implement admission policies that facilitate maintaining, at a minimum, the following bathroom accommodations for beneficiaries:

- There shall be at least one accessible and fully functioning toilet and sink on the accessible path.
- There shall be at least one accessible and fully functioning toilet and sink for every six physically impaired residents.

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PROGRAM REQUIREMENTS

Provider Responsibilities (Cont'd.)

- There shall be at least one fully functioning toilet and sink for every six residents.

The CRCF will maintain compliance with all DHEC licensing requirements and correct any deficiencies identified during licensing inspections.

The CRCF will provide the supplies needed to provide personal care to the resident and to maintain his or her personal cleanliness. These include, but are not limited to:

- Soap
- Shampoo
- Toothbrush or denture brush
- Toothpaste or denture cleaner
- Diapers, briefs, or pads
- Razors
- Shaving lotion or shaving cream
- Dry skin lotions
- Towels
- Washcloths
- Brush and/or comb

The CRCF will provide a private area for use by DHHS personnel to either conduct an assessment of the resident's need for IPC services and/or to accommodate the hearing of an appeal requested by a resident who is assessed and determined not to meet the IPC level of care.

The CRCF will designate in writing an individual to serve as a facility administrator and an administrator's designee. This person will employ qualified personnel and ensure adequate staff education, in-service training, and employee evaluations. The CRCF will notify DHHS within three business days in the event of a change in the administrator, address, phone number, or an extended absence of the administrator.

The CRCF will have on staff a full-time facility administrator who meets **all** of the following requirements:

- Currently licensed by the South Carolina Board of Examiners for Long Term Health Care Administrators

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PROGRAM REQUIREMENTS

Provider Responsibilities (Cont'd.)

- At least two years supervisory or management experience in a health care setting, and the ability to direct and manage staff
- At least a high school diploma or equivalent

The CRCF will designate, in writing, the organizational structure, administrative control, and line of authority for the delegation of responsibility for every level of service delivery. This should be readily accessible to all staff and shall include an organizational chart. A copy of this document shall be forwarded to DHHS staff at the time the application for participation is submitted. Any future revisions or modifications shall be distributed to all staff and to DHHS within three business days of said change. If the administrator does not have a high school diploma or equivalent, then there must be a qualified person designated to perform the daily supervision of the staff delivering care to the beneficiaries.

Administrative and supervisory functions shall not be delegated to another agency, facility, or organization.

The CRCF will acquire liability insurance to protect all paid and volunteer staff, including board members, from liability incurred while acting on behalf of the CRCF. This insurance will be maintained during the life of the IPC service contract. The CRCF will furnish a copy of the insurance policy to DHHS upon request.

The CRCF will ensure that key staff members, including the facility administrator, are available during compliance review audits conducted by DHHS and/or its agents.

The CRCF will employ or contract with a registered nurse to develop the service care plan.

The CRCF will have an adequate number of trained resident assistant(s) awake and on duty in the CRCF 24 hours a day, seven days a week to meet the beneficiaries' scheduled and unpredicted needs and to provide supervision for the safety and security of the beneficiaries.

The CRCF will ensure that all persons with access to confidential information regarding the beneficiaries are informed of agency policies and regulations with respect to safeguarding confidential information.

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PROGRAM REQUIREMENTS

Provider Responsibilities (Cont'd.)

The CRCF will maintain an accurate daily census log that accounts for all CRCF residents, regardless of their pay source. The daily census log must be faxed or mailed to the IPC program assistant by the 10th day of the following month. (The daily census log is discussed later in this section. A sample of the daily census log can be found in Section 4.)

The CRCF will make available all resident and personnel records, including financial records regarding beneficiaries' personal needs allowance, to any DHHS staff member 24 hours a day, seven days a week.

The CRCF will ensure that timely claims are submitted according to DHHS billing procedures.

Standards of Practice

The CRCF will participate and cooperate in pre-contractual and ongoing evaluations of standards of practice at the CRCF. Problems identified during the evaluations may delay or halt the contract process or result in termination of an existing IPC contract. This may happen whether or not the CRCF has been cited with a violation of licensing regulations for the practice.

Examples of practices and/or conditions that may result in denial of an IPC contract or termination of an existing contract include, but are not limited to, the following:

- Admitting or maintaining a resident whose needs cannot or are not being met by the accommodations and services provided
- Admitting or maintaining a resident with a need for short-term intermittent nursing care without immediately arranging for the provision of that service by a home health agency or through other arrangements allowed under Regulation 61-84
- Failing to develop and implement appropriate and effective interventions that protect residents from abuse
- Failing to provide the degree of personal care required by residents
- Recording inadequate or inaccurate information in the resident's record or on the medication administration record (MAR)

SECTION 2 POLICIES AND PROCEDURES**PROGRAM REQUIREMENTS****Standards of Practice
(Cont'd.)**

- Admitting or maintaining residents in excess of the licensed bed capacity
- Failing to provide adequate and appropriately trained competent staff on duty in the facility at all times
- Implementing the use of a restraint or other device to restrain any resident not permitted in Regulation 61-84
- Locking any resident in or out of his or her room, common usage area(s) of the facility, or the facility itself, except as provided for in Regulation 61-84
- Failing to implement a plan of correction that resolves the problem(s) that resulted in the deficiency being cited
- Imposition of a fine by DHEC for repeat violations of Class I or Class II licensing violations

**Institution for Mental
Disease (IMD)
Classification Risk**

The CRCF should not be at risk of classification as an Institution for Mental Disease. A CRCF that is licensed for more than 16 beds or is part of a larger entity that exceeds 16 beds shall not admit or maintain a census of more than 45% of residents whose current need for placement as determined by DHHS is due to a mental illness. Before issuing an IPC contract, DHHS will make a preliminary analysis of the case mix of the CRCF, based upon the information available, regarding the percent of residents placed due to mental illness.

The CRCF will be notified of this preliminary determination and be given an opportunity to submit any documentation that might impact the outcome of the case mix analysis.

The following criteria will be used to determine whether the resident has a mental illness and whether the mental illness is the problem causing the need for placement at the CRCF:

- Diagnosis
- Psychotropic drugs prescribed
- Presence or absence of a co-existing medical condition

SECTION 2 POLICIES AND PROCEDURES

PROGRAM REQUIREMENTS

Institution for Mental Disease (IMD) Classification Risk (Cont'd.)

- Presence or absence of a co-existing functional deficit(s)/ dependence
- The DHHS nurse and program coordinator will evaluate additional documentation submitted by the CRCF in response to the preliminary case mix determination and make any appropriate adjustment to the case mix analysis. The CRCF may request a reconsideration of this determination by the DHHS medical consultant who makes the final determination.

Request for Participation

The Application for Participation (See Section 4) in the IPC program must be submitted to the DHHS Division of Community and Facility Services. In addition, the following must be submitted:

- Copy of the administrator's license
- Copy of the administrator's high school diploma or equivalent
- Copy of confirmation of current nursing licenses
- Confirmation of compliance with ADA
- Copies of general inspection report findings for the most recent full inspection and any subsequent complaint investigation findings
- Facility's response to the above referenced inspection reports
- W-9 (Tax form)
- Organizational chart indicating the organization, administrative control, and lines of authority for delegation of responsibility down to the hands-on service delivery staff members
- Copy of emergency plan/sheltering agreement

Forms to be attached if applicable:

- Memorandum of Agreement (MOA) with the Department of Mental Health (DMH)
- Contract with DMH to provide enhanced services
- Contract with any entity that reimburses the CRCF for services rendered to any OSS resident

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PROGRAM REQUIREMENTS

Initial On-Site Visit

After the application has been received and reviewed, a DHHS nurse will contact the CRCF administrator and schedule a site visit. The purpose of this visit is to determine whether the CRCF meets the requirements for IPC participation and to provide the CRCF staff with detailed information about the IPC program.

During this on-site visit, the DHHS nurse will:

- Explain IPC operations
- Confirm ADA compliance
- Review corrected DHEC violations from prior inspections
- Review current census and case mix analysis (*i.e.*, percentage of residents placed in the CRCF due to a mental illness)
- Observe CRCF to evaluate the capacity to provide a quality service as evidenced by:
 - Facility cleanliness
 - Maintenance of proper infection control practices
 - Adequate supervision for resident population
 - Proper grooming and hygiene of beneficiaries
 - Medications properly administered and documented
 - Individualized care plans that accurately profile the beneficiaries and their needs
 - Meaningful recreational activities appropriate for the beneficiaries
 - A safe and humane environment
 - Dignity and respect displayed toward beneficiaries
- Review program requirements that must be addressed in the CRCF's policy and procedure manual.

The CRCF staff should be prepared to:

- Conduct a tour of the CRCF
- Provide documents used at the CRCF

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PROGRAM REQUIREMENTS

Initial On-Site Visit (Cont'd.)

- Discuss CRCF operations and how the IPC program could work within the existing CRCF structure
- Provide current resident census
- Show evidence that plans of correction required due to licensing violation(s) were implemented and the problem(s) were corrected
- Provide medication administration records for review and possible demonstration of medication pass

Following the pre-contractual on-site visit, the DHHS nurse will make a determination regarding the CRCF's readiness to participate in the IPC program. The DHHS nurse will use professional judgment to assess the quality of care and services provided at the CRCF, relating those findings to the IPC program requirements for participation. This assessment will include an analysis of the site visit, a re-evaluation of the application submitted by the CRCF, and a review of agency reports, such as those provided by DHEC, Protection and Advocacy, and DHHS. The nurse will consider the ability of the CRCF to provide IPC services to eligible beneficiaries.

If the DHHS nurse has concerns about the CRCF's ability to meet all of the IPC program requirements, then a staff meeting will be conducted with another DHHS nurse and the IPC program coordinator. A follow-up visit may be necessary to obtain more information before approving the CRCF for IPC program participation.

Participation Decision

The IPC program representative will notify the CRCF via letter specifying any changes the CRCF must make prior to entering a contract with DHHS as an IPC program provider. The CRCF administration should weigh the investment it would require in terms of the physical plant alterations and staffing enhancement (if any) against the potential for increased revenue and make a decision as to whether to pursue participation in the program.

IPC Section of Policy and Procedure Manual

A CRCF that meets the provider requirements for participation and chooses to participate in the IPC program must develop an IPC section of its policy and procedure manual and submit it to the DHHS IPC office for approval.

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PROGRAM REQUIREMENTS

IPC Section of Policy and Procedure Manual (Cont'd.)

This section must describe how the CRCF will ensure compliance with the IPC conditions of participation and include the following (Each item below is discussed in more detail later in this section.):

1. The CRCF will obtain the consent of the resident or authorized representative prior to making a referral for IPC services and will fax or mail the consent along with the referral information to DHHS.
2. Development and/or approval of the service care plan will be accomplished by a registered nurse, nurse practitioner, or physician, either under contract or employed by the IPC service provider.
3. Prior to delivering any IPC service, the unlicensed resident assistant will be trained and determined competent to provide the IPC service(s) by a licensed nurse.
4. On-site monitoring and supervision of IPC services delivered by unlicensed resident assistants will be conducted at least weekly by a licensed nurse.
5. The CRCF will identify the position and qualifications of the individual who will provide the daily supervision of unlicensed resident assistants. When this supervision is to be provided by an individual other than a licensed nurse, that person is trained by a licensed nurse to supervise the IPC service delivery and that person has been determined by the licensed nurse to be competent to perform the daily on-site supervision and monitoring function.
6. The CRCF will maintain the necessary arrangements to have:
 - A registered nurse to be responsible for service care planning
 - A licensed nurse to be responsible for training and weekly on-site monitoring of the unlicensed resident assistant providing IPC services
 - Licensed nursing staff available for consultation with the DHHS nurse upon request

SECTION 2 POLICIES AND PROCEDURES

PROGRAM REQUIREMENTS

IPC Section of Policy and Procedure Manual (Cont'd.)

- Licensed nursing staff available to the unlicensed personnel for consultation upon request
7. The CRCF will make arrangements for the contracted or employed nursing staff to be available to the DHHS for consultation at the time of a resident's assessment for participation in the IPC program or to discuss any problems or concerns the DHHS nurse may have regarding an OSS resident who receives or requests IPC services.
 8. The CRCF will maintain a current daily census of all residents (regardless of pay source) that includes identifiers for OSS beneficiaries, IPC beneficiaries, and specifies whether the resident was on medical or non-medical leave, admitted or discharged on that date, or was transported for emergency treatment.
 9. CRCFs that are owned or operated by an entity that also owns or operates any other health care entity must include a policy statement that no IPC staff will perform any function for the IPC program while on duty at any other health care entity. Any substantial finding that such a violation has occurred will be reported to the Board of Nursing, Board of Long Term Health Care Administrators, and the Bureau of Long Term Care Certification.
 10. The CRCF shall post in a prominent area of the CRCF that is easily accessible to beneficiaries and visitors:
 - The CRCF's most recent full general inspection report and the CRCF's response
 - Any subsequent complaint inspection reports and the CRCF's response

The location of the posted inspection report(s) must be specified in the IPC section of the CRCF's policy and procedure manual and approved by the DHHS nurse.
 11. The CRCF's emergency plan (sheltering agreement), as required by licensing regulations is to be included in the IPC section of the policy and procedure manual.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM REQUIREMENTS

IPC Section of Policy and Procedure Manual (Cont'd.)

Upon approval of the IPC section of the CRCF's policy and procedure manual, the CRCF will be issued an IPC service contract. By signing the IPC service contract, the provider agrees to comply with all federal and state laws and regulations pertaining to the Medicaid program.

RESIDENT REQUIREMENTS

Eligibility

A resident must receive OSS and be determined by a DHHS nurse to need IPC level of care to receive IPC services. The resident must be found to have one functional dependency and one cognitive impairment, or two functional dependencies, to be considered IPC level of care and authorized to receive IPC services.

The CRCF must have a signed service authorization to provide IPC services before initiating the services. To complete the authorization, a DHHS nurse must approve a service care plan developed by the CRCF registered nurse for the resident.

Medical Ineligibility

When a resident has been found to be medically ineligible, the case will be "team staffed" with another DHHS nurse, with input from the IPC program coordinator as needed. The assessing DHHS nurse will verify the information that has been provided, re-contacting the CRCF staff and/or responsible party as needed.

The DHHS nurse will formally notify the resident and/or responsible party, the CRCF, and referral source via the IPC Notification form (See Section 4).

Resident Exceeds DHEC Guidelines

When the IPC resident requires daily nursing services that exceed DHEC guidelines for determining appropriate CRCF placement, IPC services may be authorized for 30 days in order for the CRCF to find appropriate placement for the resident. Additional time may be given if the DHHS nurse deems it necessary.

Referrals

A referral to the IPC program may originate from a number of sources such as:

- Community Residential Care Facility (CRCF) licensed nurse
- Department of Social Services (DSS)

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PROGRAM REQUIREMENTS

Referrals (Cont'd.)

- Department of Health and Environmental Control (DHEC)
- Department of Mental Health (DMH)
- Department of Health and Human Services Community Long Term Care (DHHS CLTC)
- Department of Disabilities and Special Needs (DDSN)
- Other public or private home health agencies
- Any individual, organization, or institution involved with the resident

Intake Criteria

Referrals received in the DHHS central office must be taken through the intake process and assigned to a DHHS nurse within five working days of receipt of the referral.

The following criteria must be met in order for a referral to be considered appropriate for intake:

- The resident who is requesting services from the IPC program must be 18 years of age or older.
- The resident must be approved for OSS by the DHHS eligibility staff and have been assigned a slot by CLTC.
- The resident must be a resident of South Carolina and currently residing in or planning to enter a licensed CRCF in one of the geographical regions of the state.
- The resident must have a mental or physical impairment that results in a functional dependency as follows:
 - Continence
 - Transferring
 - Toileting
 - Dressing
 - Bathing
 - Locomotion
 - Eating

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PROGRAM REQUIREMENTS

Intake Criteria (Cont'd.)

A signed consent form should be submitted with the referral. If a consent form does not accompany a referral, the consent form must be faxed or mailed to the DHHS nurse prior to the scheduled assessment.

If the OSS slot assignment is not verified by Medicaid Management Information System (MMIS), the CRCF must provide a current CRCF-02 (See OSS manual) via mail or fax.

Arrangements should be made to facilitate referrals anytime between 8:30 a.m. and 5:00 p.m. Monday through Friday. If needed, the DHHS central office can reach a DHHS nurse.

Information about beneficiaries referred to the IPC program should be safeguarded in accordance with the provisions of the Health and Human Services regulations governing confidentiality (Regulation 126-70, et seq., Code of Laws of South Carolina (1976) Volume 27, as amended). More information concerning confidentiality can be found in Section 1.

Referral Modes

Referrals to the IPC program may be made in the following ways:

1. Telephone

The CRCF licensed nurse or other referral source may call the DHHS central office to initiate an application. The referral information will be entered on the IPC Program Referral Form (DHHS Form 2501) (See Section 4). The intake criteria policy will be followed by the program assistant to determine whether the referral is appropriate for intake. The program assistant will consult with a DHHS nurse when necessary.

2. Mail/Fax

The CRCF licensed nurse or other referral source may initiate a referral by submitting the IPC Program Referral form to the DHHS central office.

If the written request does not provide adequate information for intake purposes, the program assistant will contact the referral source or the CRCF by telephone or mail. Referrals must have the necessary information to be accepted for the intake process. The CRCF will be

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PROGRAM REQUIREMENTS

Referral Modes (Cont'd.)

responsible for ensuring that all requested information is provided to the DHHS central office.

Follow-Up

When a completed referral is made to the IPC program, the case will be referred to a DHHS nurse for assessment completion.

When a resident does not meet the referral intake criteria, the referral source will be notified in writing of the decision and a copy shall be sent to the resident/responsible party. The IPC Notification Form is the form used for this notification.

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PROGRAM SERVICES

COVERED SERVICES

IPC services are provided in units. The unit of service is a total of one hour per day of documented services provided in the CRCF. IPC services must be both authorized and delivered to be eligible for reimbursement. The resident must be physically present in the CRCF and receive the appropriate IPC services in order for the CRCF to legitimately bill for the service. This is unlike the room and board payment under the OSS program, where a bed hold policy applies.

The services provided to the resident are dependent upon the individual resident's needs as set forth in the service care plan. The CRCF shall assist the resident with the following, as specified in the resident's service care plan:

- Bathing
- Dressing
- Toileting and maintaining continence
- Eating
- Transferring
- Ambulating
- Incontinence care

The CRCF will also be responsible for:

- Observing and monitoring the resident's overall condition to include temperature, pulse rate, respiratory rate, and blood pressure
- Reporting changes in the resident's condition to the appropriate supervisor
- Responding appropriately and accordingly to planned approaches in response to behavioral symptoms

SERVICE DELIVERY

Overview

A referral is submitted to DHHS for a resident 18 years of age or older to be eligible for IPC services. This referral must contain specific demographic information and be accompanied by a signed consent form. The DHHS nurse

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PROGRAM SERVICES

Overview (Cont'd.)

will not assess the resident for services until the consent form is signed and forwarded to DHHS.

The DHHS nurse shall complete the initial assessment, approve the initial service care plan completed by the participating CRCF, and subsequently authorize the IPC service, as appropriate. The DHHS nurse will also provide technical assistance, evaluate the CRCF's initial and ongoing compliance, and monitor the resident's service needs to ensure continued appropriateness of the service plan and placement of beneficiaries.

The initial assessment will determine the medical necessity of and eligibility for a service and must be completed prior to implementing the service.

The participating CRCF shall maintain a record for each resident who is enrolled in the IPC program. This record should include a current individual service care plan and a daily task log (DHHS Form 2507) (See Section 4). The individual service care plan should be completed by the CRCF and approved by the DHHS nurse. The daily task log should be completed daily by the aide and reviewed weekly by the licensed nurse. Instructions for completing the daily task log may be found on the reverse side of the form in Section 4. This daily task log identifies the services that were delivered to the resident as described by the service care plan. Payment for IPC services will be recouped if the service is not delivered and documented as required.

The facility administrator and staff members responsible for implementing the service plan will meet at least quarterly with the nurse employed or contracted by the CRCF. At this meeting, they will discuss the resident's condition, appropriateness of the care plan, and any changes in the service needs of the resident. The resident, aides, family members, and any other interested parties should be included in this meeting when possible. The resident's record will reflect the date and the persons attending this monthly meeting.

The CRCF will be responsible for verifying the resident's Medicaid eligibility at the time of referral for IPC services and monthly thereafter. The CRCF nurse will contact the DHHS nurse in writing within 10 business days if any of the following major changes occur:

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PROGRAM SERVICES

Overview (Cont'd.)

- The resident's condition has changed to the point that the resident requires more care than may be provided according to current DHEC licensing regulations.
- The service care plan no longer meets the resident's needs.

A resident will remain in the IPC program as long as he or she meets the IPC level of care and remains eligible for Medicaid.

A resident's case may be closed for the following reasons:

- The resident no longer meets IPC level of care.
- The resident loses Medicaid eligibility.
- A service interruption occurs and the resident does not receive IPC services for **two months** for whatever reason (hospitalization, vacation, etc., or refusal of IPC services).

If a resident's case is closed for any reason, and later IPC services are desired, the case must be reopened and all of the steps described earlier in this section must be repeated in the same manner as when the resident initially applied for IPC services.

The CRCF is responsible for coordinating placement when the CRCF nurse or DHHS nurse determines the resident can no longer be adequately cared for in the CRCF.

Consent Form

The resident or responsible party must sign the Consent Form (DHHS Form 2502) (See Section 4). The consent should be obtained prior to the referral. (See Referrals later in this section.) The purpose of the consent form is to ensure that the resident or a responsible family member gives consent for the IPC Program to exchange information with the resident's health care providers and others as needed and to ensure that the resident is involved in the planning for the care, whenever possible. It will remain in full force for one year from the date signed or until it is revoked in writing, either by the resident or responsible party. If a case is closed for any reason and later reopened, a new Consent Form must be obtained.

The consent form may be signed by a responsible party only when the resident is not competent, is physically

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PROGRAM SERVICES

Consent Form (Cont'd.)

unable to sign the form, or at the resident's request. When a determination is made that there is not an available responsible party, the CRCF's licensed nurse may sign the consent on behalf of the resident. The consent must be signed prior to the case being assigned to the DHHS nurse.

Assessment

Assessment Form

It is the responsibility of the DHHS nurse to ensure the assessment is completed. The DHHS nurse will visit the resident and complete the assessment within 25 working days of the case assignment date. A level of care decision will be rendered within five working days of assessment completion.

Any exceptions to these time frames will be documented in the Case Management System (CMS).

The LTC assessment form must be completed accurately and should contain all available information. As part of the initial assessment, the DHHS nurse will interview the resident and may consult with CRCF staff, the resident's physician, or a responsible party. The medical record will also be reviewed with regard to the resident's cognitive and functional abilities. A visit to the CRCF for a face-to-face interview with the resident is required to determine level of care. Accurate observation can only be made when the DHHS nurse actually sees and speaks to the resident. The DHHS nurse must attempt to involve the resident as much as possible in the actual assessment process. The IPC program coordinator must approve any deviation from the required visit.

When a resident is physically or mentally unable to participate in an assessment, a relative, guardian, caseworker, responsible party, resident assistant, or other staff member may be interviewed for completion of the assessment. Every effort will be made to include the resident in the process.

Section II of the LTC assessment form is the medical summary. This section must be completed on all beneficiaries and reviewed by the DHHS nurse for a final level of care determination. When the DHHS nurse completes the assessment, he or she will contact, as necessary, more informed sources to obtain both functional and medical information: physician, physician's staff,

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Assessment Form (Cont'd.)

medical record, home health agency or agency working with resident, resident's family, and/or knowledgeable others. The DHHS nurse is responsible for obtaining the most reliable and accurate information available. The DHHS nurse will not delay the level of care decision in an effort to have Section II of the assessment form information verified, unless there is doubt regarding the resident's level of care or need for the service.

Assessment Completion for IPC Program

The DHHS nurse must conduct the required resident assessment. The assessment must provide accurate information for the CRCF registered nurse to use in developing the service care plan. The assessment must provide information regarding the resident's functional and cognitive abilities as well as psychobehavioral status, with comments as needed to support assessment codes. In addition, other information will be entered into the resident's record such as the setting during the interview process, persons present, and the degree of the resident's involvement in the assessment process. Also, other information will be noted concerning the medical supplies and/or equipment used by the resident.

The assessment will be completed within 25 working days following case assignment. The DHHS nurse has five working days following the completion of the assessment to determine the level of care.

Level of Care Determination

When the DHHS nurse determines that adequate resident information has been obtained, the level of care (LOC) determination will be made. Level of care (LOC) determination is the process used to measure the extent of a person's cognitive and functional dependencies, in a standardized format. By applying specific measures regarding these dependencies, the resident's need for IPC services is determined.

A resident will meet IPC LOC if dependent on staff for assistance in **any two** of the following functional areas:

- Transfer
- Locomotion
- Dressing
- Eating

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PROGRAM SERVICES

Level of Care Determination (Cont'd.)

- Toilet Use
- Bathing
- Incontinence care (bowel, bladder, or both)

Dependency on staff for assistance does not mean that CRCF staff must provide total care to the resident in a functional area. The resident may only need assistance in some portion of the activity. For example, a resident would meet a dressing dependency if assistance were required in putting on shoes and socks. A bathing dependency would be met if the resident needed assistance in the shower by having his or her back and lower legs bathed by the resident assistant. Hands-on assistance is not the only way a resident can have a dependency. Continuous cueing and prompting and/or giving step-by-step instructions are also ways in which a dependency would be met. For example, in transferring from a chair to a wheelchair, the resident may need guidance for correct positioning of limbs for safety. An example of an eating dependency is a resident that needs to be fed or needs continuous staff encouragement to eat. Food preparation, serving meals, and opening containers does not constitute a dependency in eating. Incontinence does not automatically result in a dependency. Some incontinent beneficiaries are self-care in that they change their own brief or pad and provide for their own personal hygiene. The incontinent resident who needs the assistance of staff in changing or in personal hygiene would be regarded as dependent in the area of incontinence.

A second way a resident can meet IPC LOC is by having **one** of the above functional dependencies along with a cognitive impairment. A cognitive impairment may result from one or a combination of the following: short- or long-term memory problem; impaired decision-making (judgment); and mood or behavior problem.

In order for a cognitive impairment to be counted as impairment, the resident must require the daily assistance of staff to provide for his or her safety and well being.

The resident with a cognitive impairment may require continuous reminders, cues, and supervision in planning and organizing daily routine. Dementia or a mental illness diagnosis does not automatically qualify the resident for a cognitive impairment.

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Level of Care Determination (Cont'd.)

If there are any questions regarding the appropriate level of care determination, the nurse will work with another DHHS nurse in order to make the level of care decision. A level of care decision will be made in accordance with the IPC level of care manual.

Service Care Plan

When the resident has been determined to meet IPC level of care and Medicaid eligibility has been verified, the assessment may be faxed or mailed to the participating CRCF within five working days of assessment completion for use by the CRCF nurse in developing the Service Care Plan (See Section 4). The CRCF nurse will review the assessment, complete the Service Care Plan Elements Form (DHHS 2505) (See Section 4), and fax or mail a copy of it to the DHHS nurse within 10 working days for approval and subsequent authorization of services. The CRCF may not legitimately bill for any IPC services until the DHHS nurse has authorized the services.

The service care plan is fundamental to the provision of IPC services. The CRCF registered nurse develops the service care plan and oversees the tasks completed by the resident assistants. Initially, service care planning encompasses a review of the resident's problems as identified through the DHHS assessment process.

A service care plan involves four steps:

1. Assessment
2. Planning
3. Implementation
4. Evaluation and reassessment

The successful completion of each step is critical to the ultimate goal of the program, which is to improve the quality of care and to prevent or delay institutionalization of beneficiaries.

The CRCF registered nurse is responsible for completing and implementing the service care plan.

Purpose of the Service Care Plan

The service care plan is a document that directs the provision of personal care services. A completed service care plan is required for each resident enrolled in the IPC program. A service care plan must be individualized for the particular resident whose needs it is designed to meet.

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PROGRAM SERVICES

Purpose of the Service Care Plan (Cont'd.)

It must be completed in such a way that the IPC resident assistant caring for the resident will have a clear picture of the assistance needed by the resident.

Development of the Service Care Plan

The service care plan will be developed by the CRCF registered nurse, utilizing information from the assessment form along with any other relevant resident information obtained from CRCF staff, the resident, and if appropriate, the party responsible for the resident. The CRCF registered nurse must sign and date the service care plan. The service care plan must be mailed or faxed to the DHHS nurse within 10 working days of the date of completion.

Service Care Plan Elements

The Service Care Plan Elements form contains the elements that should be incorporated in the resident's service care plan. The following elements are:

1. Date
2. Problem(s)

A problem must be clearly defined in order to develop a plan for tasks. The problems listed on the service care plan should address those dependencies/impairments which the DHHS nurse identified on the assessment. Other problems that the resident, responsible party, and CRCF staff have identified may be addressed here as well. Each listed problem must have corresponding goals and tasks.

3. Goals/Objectives

To evaluate the effectiveness of a service care plan, a goal must be identified for each of the problems stated. All goals, rehabilitative or maintenance, must be resident focused. A goal is developed as a joint effort between the resident, the CRCF registered nurse, and the CRCF staff.

A goal must be:

- Limited in time, so it is known when to expect and measure an achievement
- Stated in positive terms, not in terms of what should be avoided

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Service Care Plan Elements (Cont'd.)

- Defined in terms of the expected outcome (a result or condition to be achieved)
 - Written in quantifiable (measurable) terms so that all involved persons may know when the goal is reached
 - Achievable, taking into consideration known resources and limitations
 - Written to achieve a single end, not a conglomerate of expected outcomes
4. Target date(s)
- A target date for expected resolution of the problem should be included in the goal statement.
5. Tasks
- Tasks must be selected and documented specific to the identified problems and goals of the resident
- Tasks that may be assigned to IPC resident assistants are:
- Resident needs for personal hygiene
 - Resident needs relating to nutrition
 - Resident needs relating to ambulation and transfer
 - Resident needs relating to taking vital signs
 - Resident needs relating to maintenance of asepsis
 - Resident needs relating to elimination
 - Addressing behavioral symptoms
 - Observing, recording, and reporting any of the above tasks

Note: Observing, recording, and reporting are continuous tasks for the IPC resident assistant. The ability to recognize change in a resident's functional or cognitive condition is based on understanding of what is expected or normal for that resident. Change must be reported accurately and promptly to the CRCF nurse or the supervising staff member.

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Service Care Plan Elements (Cont'd.)

6. Person assigned to perform task

The required elements of the service care plan may be addressed in an independent document or incorporated into the individual care plan required in SCDHEC Regulation Number 61-84, Section 703 (II). If the service care plan is incorporated into the existing DHEC required care plan, the CRCF registered nurse's dated signature must be present to verify involvement/concurrence.

Staff Training

Staff training related to the service care plan must be completed prior to IPC service delivery and annually thereafter. It is the responsibility of the CRCF to ensure that resident assistants and the supervising staff are competent to perform the tasks identified in the service care plan.

The facility administrator and/or any staff person with daily supervisory responsibilities for resident assistants must also be trained. The Annual Competency Evaluation Documentation form (DHHS Form 2503) (See Section 4) is in addition to the training requirements of DHEC.

Regulation 61-84 and must include:

- Hand washing and basic infection control procedures
- Assisting the resident with dressing, transferring, ambulation, bathing, personal grooming, toileting, and eating
- Providing incontinence care
- Providing a bed bath
- Taking and recording vital signs
- Addressing behavioral symptoms
- Observing, recording, and reporting tasks
- Identifying and reporting problems/changes

Instructions for completing the Annual Competency Evaluation Documentation form may be found on the reverse side of the form in section 4. The form must be dated and signed by the CRCF nurse and maintained in the CRCF's personnel records. The IPC Personnel Competency Evaluation Form (DHHS 2504) (See Section

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PROGRAM SERVICES

Staff Training (Cont'd.)

4) is to be used to document training not covered by the above. The instructions for completing the IPC Personnel Competency Evaluation Form may be found on the reverse side of the form in Section 4. It is the responsibility of the CRCF licensed nurse to conduct the training and evaluate competency. CRCF staff that have not been determined competent to perform the tasks involved may not provide IPC services. IPC services will not be reimbursed if delivered by staff members that are not trained and determined competent to perform all the tasks.

Approval and Implementation

The completed service care plan must be maintained in the resident's permanent record. A copy must be mailed or faxed within 10 working days of completion to the assigned DHHS nurse for approval. Approval of the plan by the assigned DHHS nurse will prompt the resident's enrollment in the IPC program. The Service Authorization recorded on the Service Provision Form (DHHS Form 175) (See Section 4) will be faxed or mailed to the CRCF with the effective date for services indicated on the form. The Medicaid Management Information System (MMIS) will be updated to reflect the resident entering the IPC program in the Resident Special Programs system.

Service Care Plan Revisions

The Service Care Plan shall be reviewed and revised by the CRCF registered nurse every six months, and/or as indicated by significant changes in the resident's condition. The revisions signed and dated by the CRCF registered nurse must be maintained in the resident's record.

Service Authorization

Service authorization is the process of issuing a Service Provision Form notifying the CRCF contracted with DHHS to initiate IPC services for qualifying beneficiaries. The service authorization is based on the finalized individual service care plan for the IPC resident. Implementation of the IPC services will begin on the effective date of authorization indicated on the service provision form.

Note: Policy prohibits retroactive authorization/ payment.

Duplication of Services

The CRCF must ensure that there is no duplication of services when a resident is receiving IPC services and Home Health Services are being considered or delivered. The CRCF must notify the DHHS nurse when the

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PROGRAM SERVICES

Duplication of Services (Cont'd.)

resident's physician has ordered Home Health services. This should be done as soon as the CRCF discovers a referral has been made.

Interruption of IPC Services

A change in the resident's location and/or condition may cause an interruption of IPC services. An interruption of IPC services must be reported to DHHS via the Community Residential Care Facility Form (CRCF-01) (See Section 4).

The CRCF-01 should be attached to the turn-around document (TAD) when the claim is submitted.

Interruptions in IPC services may occur if the resident:

- Is admitted to a nursing facility
- Is admitted to medical institution or mental facility
- Is readmitted from a medical institution, mental health facility, or nursing facility
- Is transferred to another CRCF
- Is terminated/discharged
- Dies
- Is on a temporary non-medical absence

The effective date of the interruption is the first date the service was not provided regardless of when the DHHS office is notified of the interruption. The facility administrator must also document the interruption on the daily census record.

Program Transfer

If a resident transfers from one CRCF to another participating CRCF in a different geographical area, the transfer may be accomplished by phone and the records must be transferred from one DHHS nurse to another.

Program Termination

An IPC Service Termination Notice (DHHS 175-B) (See Section 4) authorizes the provider to terminate IPC services.

IPC services will be officially terminated in the following situations:

- A resident no longer requires the service or the resident becomes medically or financially ineligible to receive the service.

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PROGRAM SERVICES

Program Termination (Cont'd.)

- A CRCF has been terminated from the IPC program for any reason. Each resident's IPC services will terminate in this situation. Assistance will be provided if the resident wishes to transfer to another CRCF participating in the IPC program.
- A resident is transferred from one CRCF to another. A new authorization may be issued if the resident transfers to a participating CRCF and a new service care plan is approved.
- A resident leaves the CRCF permanently (for example, to return home or to be admitted to a nursing home for permanent placement).
- A resident's condition is such that continued CRCF placement is unlawful according to DHEC guidelines and the CRCF has not made an adequate effort to seek alternative placement.

Appeals

A resident dissatisfied with the level of care decision by the IPC program has the right to request an appeal of the action. The CRCF must assist the resident in providing a timely request for appeal.

The resident, with the assistance of CRCF staff, when needed, must write a letter requesting an appeal within 30 days of the date of the official written notification issued by the IPC program and include a copy of the notification being appealed.

The letter should be addressed to:

Appeals and Hearing Division
S.C. Dept of Health & Human Services
Post Office Box 8206
Columbia, SC 29202-8206

Information regarding the resident's right to appeal and instructions for initiating an appeal are printed on the Notification Form (DHHS Form 171) (See Section 4).

The appeal will be scheduled and heard at the CRCF. Once an appeal has been arranged, the appeals examiner will notify the central office and they will notify the appropriate DHHS nurse of the date, time, and location of the hearing. The DHHS nurse is primarily responsible for organizing the IPC program's presentation at the hearing.

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PROGRAM SERVICES

Appeals (Cont'd.)

The central office will provide technical assistance to staff in preparation for the hearing.

The CRCF nurse must assist the resident by testifying to the resident's condition at the hearing.

All other parties will be notified regarding the necessary steps in the appeals process by the appeals office via certified letter.

In a contested case, a subpoena may be issued for the attendance and testimony of witnesses and the production and examination of records. If a subpoena is needed, the appeals examiner must be notified 10-15 days prior to the date of the hearing. It is preferable that the witness participate in the hearing voluntarily, but if this is doubtful, the subpoena should be requested by the DHHS nurse. The DHHS nurse should alert the witness that the subpoena will be served.

There will be times when legal representation will be necessary. The DHHS central office should be notified so a request can be sent to the DHHS Office of General Counsel. The attorney must have time to review the case and make contact with the appropriate parties.

PROGRAM MONITORING

The DHHS nurse will monitor the CRCF for continued compliance.

All criteria must be met by a CRCF and its beneficiaries prior to IPC participation, including service authorization by a DHHS nurse.

The DHHS nurse shall complete the initial assessment, approve the CRCF's initial service care plan completed by the CRCF registered nurse, and authorize the IPC services as appropriate. The DHHS nurse will terminate IPC service authorization and/or close the resident's case when necessary.

The DHHS nurse shall make, at a minimum, annual on-site visits to the CRCF to monitor the resident's service needs, ensure continued appropriateness of the service care plan, and conduct a re-evaluation via the assessment form.

The DHHS nurse will also provide technical assistance to the staff and ensure initial as well as ongoing compliance with requirements specified in the CRCF's contract with DHHS.

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PROGRAM SERVICES

PROGRAM MONITORING (CONT'D.)

The CRCF's registered nurse and other professional staff shall be responsible for CRCF-related monitoring duties specified in the provider manual as well as the contract including, but not limited to:

1. RN Duties:
 - The involvement/concurrence of the service care plan
 - Oversight and monitoring of the service care plan
 - Evaluation of the effectiveness of the planned tasks
2. RN/LPN Duties:
 - Orienting, training, evaluating, and documenting the competency of the IPC resident assistants to perform/provide IPC services prior to the delivery of services and to provide at least annual in-service training specific to the delivery of the services specified in the service care plans for the IPC beneficiaries in the CRCF
 - Monitoring and supervision of IPC resident assistants on site weekly
 - Training of the administrator and any staff person with daily supervisory responsibilities for the IPC resident assistants
 - Attending annual IPC training meetings
3. Facility Administrator or other designated licensed staff person:
 - Daily supervision of IPC resident assistants delivering IPC services to beneficiaries
 - Notification to the DHHS nurse when/if significant changes occur with the IPC beneficiaries

The DHHS nurse may, at on-site visits, review the following required documentation:

- Bi-annual service care plan
- Daily census log
- Task list/resident care log

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PROGRAM SERVICES

PROGRAM MONITORING (CONT'D.)

- Documented training of staff
- Weekly verification by CRCF nurse of task list/resident care log

Note: A site visit may also include, but is not limited to, a face-to-face interview with the resident and a review of resident's record, progress notes, and Medication Administration Record (MAR).

Daily Census Log

The purpose of the daily census log is to indicate on a daily basis the location and type of residents at the CRCF. An example of the daily census log is in Section 4.

The following are instructions for completing the daily census log:

1. Name of Facility: Enter the name of the CRCF.
2. Provider ID Number: Enter the assigned OSS Provider number.
3. Month and Year: Enter the month and year of the reporting period.
4. OSS or IPC: For a resident enrolled in the IPC program, enter an "I"; for residents only receiving OSS enter an "O". If not in IPC or OSS, leave blank.
5. W/C: For a resident that has used a wheelchair during the month, enter a w/c in the block preceding the resident's name.
6. Name of Resident: Enter the names of all residents at the CRCF during the month of the reporting period.
7. Calendar Days 1 – 31: Using the "Codes for Calendar" at the bottom of the form, use checkmarks to indicate residents at the CRCF and use the other designated abbreviations as indicated.
8. Signature and Date: The facility administrator or designee dated signature certifies the correctness of the form.

Another daily census form or monthly roster of residents can be used in place of this form provided the substituted form can be altered to provide the information requested.

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Daily Census Log (Cont'd.)

The original of this form should be maintained at the CRCF. The IPC program facility administrator will mail or fax a copy of the daily census log to the IPC program assistant on or before the 10th of the following month.

The address and fax are as follows:

IPC Program
Attention: IPC Program Assistant
S.C. Dept of Health & Human Services
Post Office Box 8206
Columbia, SC 29202-8206
FAX: (803) 255-8209

IPC Re-evaluation

The DHHS nurse will complete periodic re-evaluations on IPC program beneficiaries. A re-evaluation visit is made annually with each IPC resident. Re-evaluations routinely will be completed during the month in which the original authorization was issued. Special circumstances, such as balancing caseload activities, re-distributing cases geographically, or changes in the resident's condition/location, which result in a re-evaluation, could interrupt the annual cycle.

When necessary, the DHHS nurse may complete re-evaluations at the CRCF in order to access the resident's record and discuss the resident's condition with CRCF staff. During this visit, the DHHS nurse may also check the individual service care plan, aide competency records, and completion of administrative requirements as called for in the CRCF's contract with DHHS.

A re-evaluation must include completion of the assessment form with a re-determination of the resident's level of care. The DHHS nurse will mail or fax the completed assessment form to the CRCF nurse for the service care plan to be updated.

Case Termination

A resident's case may be closed for a variety of reasons. The CRCF will be informed by DHHS via the notification form and the service termination form when a case has been closed. Referral to Community Long Term Care (CLTC) for Medicaid sponsorship for nursing home placement is the responsibility of the CRCF, the resident, or the responsible party for the resident.

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PROGRAM SERVICES

Case Termination (Cont'd.)

A resident will remain in the IPC program as long as he or she meets the IPC level of care and remains Medicaid eligible. If for some reason Medicaid eligibility is lost, or the resident no longer meets the IPC level of care, then the case will be closed. When Medicaid eligibility is reinstated or the resident's condition changes, the case may be reopened by another referral to DHHS. The resident must be screened again by the DHHS nurse, and all steps, including approval of the individual service care plan and subsequent authorization for services, must be taken.