

In-Home Support

Definition: Care, supervision, teaching and/or assistance provided directly to or in support of a participant and provided in the participant's home, family home, and/or the home of others. Community activities that originate from the home will be provided and billed as In-Home Support (IHS). These services are necessary to enable the person to live in the community by enhancing, maintaining, improving, or decelerating the rate of regression of skills necessary to continue to live in the community.

Transportation can be provided from the home and from community activities as a component of this service. The cost of transportation is included in the rate paid to providers of this service.

In-Home Support may be chosen in lieu of other services included in this waiver (i.e., Personal Care, Respite).

In-Home Support is a participant - directed service. Participant - directed means that the participant or designated representative is responsible for hiring and supervising workers who perform the service.

Relatives/Family Members: Relatives/family members of a waiver participant may be paid to provide IHS when the relative/family member is not a legally responsible relative and meets all South Carolina Medicaid provider qualifications. Please see Department Directive 736-01-DD entitled "*Relatives/Family Members Serving as Paid Caregivers of Certain Medicaid Waiver Services*".

The following relatives/family members **will not be paid** to provide this service:

- Spouse of Participant
- Parent of a child under the age of 18
- Stepparent of a child under the age of 18
- Foster parent of a child under the age of 18
- Guardian of a child under the age of 18

Providers: In-Home Supports are provided by independent workers chosen and supervised by the participant or chosen responsible party.

Conflict Free Case Management: To honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

Arranging for the Service: If a participant is determined to have needs that can be met through the provision of IHS and the need is supported in the participant's plan, this service should be considered and offered to the participant as an option. The need for the service must be added to the participant's plan.

Assessing the need for IHS:

For adults (age 21 and over), to assess the need for IHS services, the WCM must complete the ***SCDDSN Personal Care/Attendant Care Assessment*** and the ***SCDDSN Respite Assessment*** prior to requesting service approval. Both assessments must be completed annually, face to face, for the duration of the service. Both assessments must be included with the annual assessment, plan or plan change request for review by the Waiver Administration Division.

For children (age 0-21), the WCM must complete the ***SCDDSN Respite Assessment*** prior to requesting the service and annually, face to face for the duration of the service. The respite assessment must be included with the annual assessment, plan, or plan change request for review by the Waiver Administration Division.

The WCM is responsible for ensuring that the participant and/or responsible party understands the pros and cons of this service. In-Home Support services require the participant/responsible party to be the “Employer” of an IHS worker and maintain all paperwork and requirements needed to perform this task. The WCM must ensure the employer is completing all requirements for this service.

The WCM must clearly document IHS discussions with the employer. The discussion must include information about the benefits and responsibilities of a participant-directed service. The WCM will use the ***In-Home Support Employer Benefits and Responsibilities*** form located in business tools to guide discussions. A copy of this form must be given to and signed by the employer, who will act as the responsible party, and explained in detail.

Technical Assistance: If the employer needs assistance or support regarding the decision to direct the service, assistance is available through the University of South Carolina’s Center for Disability Resources. This service is free of charge to Community Supports Waiver participants. To arrange for assistance or support, complete the ***Technical Assistance*** form located in business tools and send via fax to the location noted on the form.

Employer Pre-Screening Tool: To proceed with this service, the ***Employer Pre-Screening Tool*** should be completed by the WCM for any participant/representative interested in serving as the employer/responsible party. The ***Employer Pre-Screening Tool*** is completed to ensure that the participant/representative has no communication or cognitive deficits that will interfere with direction. See ***Employer Pre-screening Tool*** in Business Tools.

If participant/representative direction is determined to be appropriate and is still desired, the WCM must review and provide the following information to the participant/responsible party/employer:

- In-Home Support Employer Benefits and Responsibilities form
 - Recruiting and interviewing worker(s)
 - Importance of reference checks and how to complete
 - SLED Check
 - DSS Central Registry Check
 - First Aid Requirements
 - Conflict resolution
 - How to terminate a worker

- Process to enroll a worker to provide IHS
- The role of the fiscal agent and how to enroll with the fiscal agent
- In-Home Supports Worker Responsibilities Agreement form
 - Infection control practices
 - Back-up plan
 - Safety checklists

The employer may begin recruiting workers and begin the process of employing the chosen worker using the ***In-Home Support Employer Benefits and Responsibilities*** form as a guide. Once a worker is chosen to provide IHS services, the employer gathers the required information and documentation. The paperwork must be reviewed by the WCM to check for accuracy and completeness. The employer must maintain all required paperwork for the worker. The WCM must ensure the employer is completing all tasks as required for this service.

Enrollment: Once the above steps have been completed, the employer and worker must enroll with the fiscal agent for payroll services. The WCM will contact the fiscal agent, Morning Sun, to inform the employer and worker are ready to enroll for IHS. Required forms can be obtained through Morning Sun. Morning Sun and the WCM will guide the employer through this process. To access needed forms from the Morning Sun website, go to:
<https://morningsunfs.com/states/south-carolina/service/?servicename=SOUTH+CAROLINA+DEPARTMENT+OF+DISABILITIES+AND+SPECIAL+NEEDS+%28SCDDSN%29&ind=1>

In-Home Supports Overview

- WCM completes the appropriate assessment(s) and adds service to the plan.
- WCM completes the ***Employer Pre-Screening***.
- WCM provides ***In-Home Support Employer Benefits and Responsibilities*** form to the Employer of Record. This form must be signed by the Employer and maintained by the Employer.
- WCM provides ***In-Home Support Worker Responsibilities*** Agreement to the Employer.
- Employer discusses and provides ***In-Home Support Worker Responsibilities Agreement*** with the worker they have chosen to provide the service. The worker must sign the agreement. The Employer must maintain the signed form for all workers.
- The WCM will ensure the Employer and Worker have completed the necessary steps to start the service and will notify the fiscal agent.
- The fiscal agent will provide necessary forms for completion.
- Employer completes enrollment with fiscal agent, Morning Sun.
- Worker completes enrollment with fiscal agent, Morning Sun.
- Morning Sun will verify when the employer and worker have completed the necessary forms and notify the WCM.
- The WCM will authorize the service.

Authorization for Services: To initiate the service following approval of the plan from the Waiver Administration Division, an electronic authorization must be made out to Morning Sun, Fiscal Agent. The authorization must include the name of the worker in the comments section. When the worker changes, a new authorization must be issued with the new worker's information. The WCM must also

forward a copy of the service authorization to the employer. The employer will then develop of schedule with the worker based on the amount of service authorized. Services must be authorized annually at the time the participant's plan is completed, and as changes are made to the service throughout the plan year.

Monitoring the Services: The WCM must monitor the service for effectiveness, frequency, duration, benefits, usefulness, and the participant's satisfaction of the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the WCM monitors this service when it begins and as changes are made. The following schedule should be followed when monitoring In-Home Support Services:

Yearly on – site monitoring is required.

Monitoring must be conducted as frequently as necessary to ensure:

- the health, safety, and well-being of the participant.
- the service adequately addresses the needs of the participant.
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies, and quality expectations.
- the participant/employer/responsible party is satisfied with their chosen provider/s.
- the employer/responsible party maintains the required documentation for all hired workers.

Some items to consider during monitoring include:

- Has the participant's medical status changed since the last contact?
- Review the In-Home Support time sheets to ensure hours and services are being provided as authorized.
- Are all applicable services being provided as discussed?
- Is the participant satisfied with the result of this service?
- Does the participant feel that the provider is responsive to their needs?
- Does the participant feel that there is a good relationship with the worker(s)?

Note: WCMs are expected to monitor the service with the same frequency for workers who are relatives as they would be required for workers who are not related.

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the participant or his/her legal guardian including the details regarding the change(s) in service, allowance for reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the reconsideration process.