

South Carolina Department of Disabilities And

Special Needs

Caregiver Coaching Standards

Commission Approved: 02/20/25

NEW: Effective 02/20/25

The mission of the South Carolina Department of Disabilities and Special Needs (DDSN) is to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals and minimize the occurrence and reduce the severity of disabilities through prevention. Consistent with the agency's mission, the intent of DDSN Waiver Behavior Support Services is to provide people with an Intellectual Disability or a Related Disability (ID/RD), Autism, Traumatic Brain Injury (TBI), Spinal Cord Injury (SCI), and Similar Disability (SD) the supports needed in order for them to meet their needs, pursue possibilities and achieve their life goals.

DEFINITION

To provide a support system to unpaid caregivers who are caring for family members with challenging behaviors, caregiver coaching services may be provided. The purpose of caregiver coaching is to enable the health, safety, well-being and continued community integration of waiver participants by equipping family caregivers with the skills and resources necessary to manage the participants' behavioral and associated needs at home. This service is not provided directly to waiver participants, but to their family caregiver(s). A participant has to be assessed by a case manager to need the behavior support service before the family caregiver can access caregiver coaching. The waiver participant does not have to be actively receiving behavioral services in order for the family caregivers to receive caregiver coaching.

I	Provider Requirements	Guidance
1.1	 Providers delivering Caregiver Coaching must have and continuously maintain one (1) of the following accreditations: National Committee for Quality Assurance (NCQA) – Case Management for LTSS for community-based organizations Accreditation. National Committee for Quality Assurance (NCQA) - Managed Behavioral Healthcare Organizations Accreditation. Commission on Accreditation of Rehabilitation Facilities (CARF) – Behavioral Health Accreditation. The Joint Commission (TJC) – Behavioral Health Care Accreditation. Council on Accreditation (COA) – Private Organizations Accreditation; Public Agencies Accreditation. 	Verification of accreditation will be conducted by DDSN. Once verified, prospective providers must enroll with the South Carolina Department of Health and Human Services (South Carolina's Medicaid agency) as a provider of Caregiver Coaching. Once verified and enrolled, the provider's information will be displayed on the DDSN website as a qualified provider of the service.
1.2	Providers delivering Caregiver Coaching shall have a system in place which allows caregivers to request assistance twenty-four (24) hours per day, seven (7) days per week.	

II	Requirements for Caregiver Coaches	Guidance
2.1	Staff delivering Caregiver Coaching ("Coach") must possess one of the following:	Caregiver Coaching activities performed by staff who do not meet the qualifications are not reimbursable.
	• A bachelor's or graduate degree in a human services field from an accredited college or university and one year of experience providing community-based supports to	Valid documentation of the credentials of each coach shall be maintained by the provider agency and available for inspection/review.
	people with intellectual/ developmental disabilities.	A Coach may not provide Caregiver Coaching services to a member of their own family.
	• License to practice nursing issued by the state of South Carolina and experience providing community-based supports to people with intellectual/developmental disabilities.	
2.2	Coaches must pass a background check.	Pass = no felony convictions.
		A state background check is acceptable for applicants who have continuously resided in the state of South Carolina for the prior 12 months.
		A federal background check is required for applicants who have not continuously resided in the state of South Carolina for the prior 12 months.
2.3	When Coaches deliver services during face-to- face encounters with a caregiver and/or a waiver participant, the provider shall ensure appropriate measures are in place to prevent the spread of tuberculosis.	Refer to DDSN <u>Directive 603-06-DD: Tuberculosis Screening.</u>
2.4	Prior to delivering Caregiver Coaching services, the Coach must be provided training and demonstrate competency in the following topic areas:	
	• Rights of people disabilities.	
	• Principles of Positive Behavior Support.	
	• Effective Communication.	
	• Prevention, identification and reporting of Abuse, Neglect and Exploitation.	
	Health Insurance Portability and Accountability Act (HIPAA) and confidentiality of information.	

III	Service Delivery	Guidance
3.1	 Caregiver Coaching shall only be provided: When authorized for an ID/RD Waiver participant, and During the effective period identified by the authorization. 	A maximum of 16 units per month may be authorized. A unit of Caregiver Coaching equals thirty (30) minutes of service delivery. Services rendered without a valid authorization will not be reimbursed. Services rendered prior to or after the effective dates identified by the authorization will not be reimbursed.
3.2	Within two (2) business days of acceptance of an authorization for Caregiver Coaching, the provider agency will contact the participant's caregiver.	Documentation must support that contact was made or attempted within two (2) business days of acceptance of the authorization. If initial attempt is unsuccessful, then attempts to contact shall continue at least every two (2) business days until the contact has been completed or the referral declined.
3.3	 During the initial contact with the caregiver, the provider shall, at a minimum: Explain the service. Provide instructions for how to access the Caregiver Coaching provider for assistance during normal working hours. Provide instructions for how to contact the Caregiver Coaching provider outside of normal working hours (twenty-four (24) hours per day, seven (7) days per week). Explain next steps. 	
3.4	Within fifteen (15) business days of the first contact with the caregiver, the Coach will collect sufficient information about the waiver participant and the caregiver to determine the areas of risk(s) and/or need(s) which can be addressed with Caregiver Coaching.	Information about the waiver participant and the caregiver should be collected and synthesized by the Coach.
3.5	The information collected shall include the following information about the waiver participant: • Age. • Typical schedule (weekdays/weekend).	Types of health care providers should be specific to the person and may include internal medicine, gastroenterologist, neurologist, psychiatrist, OB/GYN, etc. This information may be gathered from various sources but should be validated by the caregiver.

•	Current health conditions.	
	Current neutri conditions.	
•	Types of health care providers currently	
	treating/following the waiver participant	
	and date of most recent examination or follow-up.	
	Tollow-up.	
•	Current diagnoses including disability	
	types, health, and psychiatric.	
	71 / 1 7	
•	Current medications and purpose of the	
	medication (e.g., Prilosec for GERD).	
•	Current services (e.g., Personal Care,	
	Respite) being delivered and frequency.	
•	Specific problem behavior displayed,	
	antecedents known to evoke problem	
	behavior, and frequency of problem	
	behavior.	
•	Strategies, formal (e.g., Behavior Support	
	Plan) and informal tried but determined not successful.	
	Successiui.	
•	Strategies, formal and informal, currently	
	in use and effectiveness of those strategies.	
•	Method of communication (e.g., uses	
	words, uses gestures, uses device).	
	Actions, objects, or people known to be	
	preferred, liked, appreciated or desired.	
	preferred, fixed, appreciated of desired.	
•	Actions, objects, or people known to be	
	disfavored, unliked, or not appreciated.	
•	Any personal goal(s) or aspirations	
	expressed.	
Th	ne information collected shall include the	
	llowing information about the <u>caregiver</u> :	
•	Household composition/living	
	arrangements (who lives in the household,	
	ages of those in the household and	
	relationship).	

	 Do others who are not paid to do so engage in any caregiving to the waiver participant? If so who and how often? Relationships outside of the home and/or 	
	caregiving role (e.g., friends, work, church, clubs/organizations).	
	 Does this caregiver have responsibilities to care for someone in addition to the waiver participant? 	
	• Personal health and well-being.	
	• Knowledge and confidence regarding caregiving.	
	• Concerns with caregiving.	
3.7	Information collected must be current and accurate at all times.	
	To ensure currency and accuracy, the information shall be revised as needed.	
	At a minimum, the information shall be reviewed at least every 180 days.	
3.8	Within fifteen (15) business days after the collection of information about the waiver participant and the caregiver, a Caregiver Coaching Plan shall be created.	
3.9	The Caregiver Coaching Plan must be approved by the Coach and the caregiver prior to implementation.	Approved = documentation of agreement from the caregiver.
3.10	A paper or electronic version of the completed and approved Caregiver Coaching Plan shall be made available to the caregiver and the waiver participant's Waiver Case Manager within five (5) business days of completion and approval.	
3.11	The Caregiver Coaching Plan must be amended as needed.	
	At a minimum, the Caregiver Coaching Plan shall be reviewed at least every 180 days.	

3.12	 Waiver participant's and caregiver's name and contact information. The risk(s) or concern(s) identified through the collection of information to be addressed through the delivery of Caregiver Coaching. The specific strategies to be employed to address the risk/concern, including the frequency with which the strategy will be employed, the communication method to be used, and the method for measuring the success of the strategy. 	Risk/concern to be addressed = statement of the need (e.g., needs to know what to do when Johnny refuses medication). Strategies = Example: Coaching sessions will be used to identify responses to one or more strategies as identified in Johnny's behavior support plan or strategies to achieve goals identified in his person-centered care plan. Results of strategy(ies) and their effectiveness will be discussed at the next scheduled Caregiver Coaching session. The risk/concern will be considered met when the caregiver is able to successfully support Johnny in responding to behavior support strategies or progress in achieving identified goals in person-centered service plan.
3.13	At the first available opportunity following the development and approval of the Caregiver Coaching Plan, the plan must be implemented.	

IV	Documentation	Guidance
	Only activities that support the delivery of Caregiver Coaching will be reimbursed.	
	Every activity that supports the delivery of Caregiver Coaching must be documented.	
	The documentation must, at a minimum, include the:	
	• date of the activity.	
	• the type of activity.	
	• start and stop time of the activity.	
	• the person(s) involved in the activity.	
	Activities that support the delivery of Caregiver Coaching include:	
	• Contacting, or contact with, the caregiver, or others on behalf of the caregiver.	
	• Collecting information about the waiver participant or the caregiver, including revising and reviewing.	
	• Planning for service delivery including developing, reviewing and revising the plan.	
	• Implementing the plan.	
	• Reporting critical incidents when required.	
	All documentation and reporting shall be performed correctly, including the reporting of critical incidents to the appropriate authority within required timeframes.	Documentation of activities that support service delivery shall be recorded within seven (7) days of the activity.
	widini required unicitatites.	Refer to SCDHHS Critical Incident Policy.
		The start and end time of Caregiver Coaching activities must only include the time spent by the professional delivering Caregiver Coaching. Time spent engaging in casual conversation or conversation not directly related to the delivery of Caregiver Coaching is not reimbursable.

The table below shows the number of units that may be billed based on the length of time spent delivering Caregiver Coaching. A provider may not bill for activities that take less than 16 minutes if it is the only activity provided that day. Activities accomplished at different times on the same day may be combined, if necessary, to obtain a unit for billing purposes.

Units	Time
1	Greater than/equal to 16 minutes but less than 46 minutes
2	Greater than/equal to 46 minutes, but less than 76 minutes
3	Greater than/equal to 76 minutes, but less than 106 minutes
4	Greater than/equal to 106 minutes, but less than 136 minutes
5	Greater than/equal to 136 minutes, but less than 166 minutes
6	Greater than/equal to 166 minutes, but less than 196 minutes
7	Greater than/equal to 196 minutes, but less than 226 minutes
8	Greater than/equal to 226 minutes, but less than 256 minutes
9	Greater than/equal to 256 minutes, but less than 286 minutes
10	Greater than/equal to 286 minutes, but less than 316 minutes
11	Greater than/equal to 316 minutes, but less than 346 minutes
12	Greater than/equal to 346 minutes, but less than 376 minutes