

Attendant Care/Personal Assistance

Revised September 2024

Definition

Attendant Care/Personal Assistance (AC/PA) are supports for personal care and activities of daily living specific to the assessed needs of a medically stable HASCI Waiver participant with physical and/or cognitive impairments. Supports may include direct care, hands-on assistance, direction and/or cueing, supervision, and nursing to the extent permitted by State law. The service may include housekeeping activities incidental to care or essential to the health and safety of the participant, not other occupants of the participant's home.

AC/PA may be provided in the participant's home and/or other community settings only if attendant care or personal assistance is not already available in such settings. Supports provided during community access activities must directly relate to the participant's need for care and/or supervision.

Transportation may be provided as a component of AC/PA when necessary for provision of personal care or performance of daily living activities. Cost of incidental transportation is included in the rate paid to the provider.

Service Unit

Attendant Care/Personal Assistance: one unit equals 15 minutes.

Service Limit / Restrictions

The limit for AC/PA is 49 hours per week (196 units), with no daily cap. The limit may be exceeded if applying the limit would create a substantial risk in that the participant would no longer be able to live in the community, but would, because of the limit in services, require institutionalization.

For participant-directed services, a single caregiver may only provide a maximum of 40 hours (160 units) of services per week. This includes all time for all participants across all DDSN participant-directed services including Attendant Care, Respite, and In-Home Supports. A week is defined as Sunday through Saturday. Unused units from one week cannot be banked (i.e. held in reserve) for use during a later week.

If a HASCI Waiver participant receives Medicaid Waiver Nursing (MWN) in addition to AC/PA, the total hours for the combination of MWN and AC/PA are limited to 10 hours per day or 70 hours per week. No single attendant may work more than 40 hours per week.

MWN limits apply (*LPN: 60 hours per week; RN: 45 hours per week; combination LPN and RN: higher equivalent cost of 60 hours per week LPN or 45 hours per week RN*).

The participant may use authorized hours flexibly during the week to best blend with the availability of other resources and natural supports. Unused hours in a particular week do not transfer to later weeks.

For HASCI Waiver participants under age 21 years, Children's Personal Care Aide (CPCA) Services are available through **Medicaid State Plan**. See Children's Personal Aide Section at the end of this chapter for more information on this service.

For HASCI Waiver participants who receive Residential Services, attendant care and personal assistance are components of Residential Services and covered in the rate paid to the residential provider. AC/PA cannot be separately authorized and billed.

Temporary Service Limit Exception

AC/PA up to 10 hours per day or 70 hours (280 units) per week may be approved for a time-limited period up to 90 days when there is documented special need circumstances such as medical condition(s) of the participant, illness/absence of other caregiver(s), family emergency, etc. No single attendant may work more than 40 hours per week. Prior approval from the Waiver Administration Division is required for a service limit exception.

Under this exception, if the participant also receives MWN, total hours for the combination of AC/PA and MWN are limited up to 10 hours per day or 70 hours per week for a time-limited period up to 90 days. No single attendant may work more than 40 hours per week.

- Current MWN limits apply.
(*LPN: 60 hours per week; RN: 45 hours per week; combination LPN and RN: higher equivalent cost of 60 hours per week LPN or 45 hours per week RN*).
- If a HASCI Waiver participant is under age 21 years, Children's PCA Services funded by Medicaid State Plan must be accessed to the extent possible prior to requesting AC/PA. The frequency and amount of Children's PCA Services received or that is potentially available will be considered in the assessment to determine the frequency and amount of additional AC/PA that will be authorized.

Supervision Requirement

Supervision of AC/PA personnel must be provided by a nurse licensed in the state and according to SCDHHS standards for Attendant Care Services.

- Frequency and intensity of nurse supervision must be specified in the participant's Support Plan.

- Skilled nursing procedures performed by AC/PA personnel must be specifically delegated in writing by a Registered Nurse licensed in the state.
 - The State Board of Nursing for South Carolina has issued an advisory opinion indicating that “digital intervention for the treatment of fecal impaction is within the role and scope of responsibilities of licensed nurses and should NOT be delegated to unlicensed personnel”. As a result, this task cannot be delegated to an attendant.

Self-Directed Attendant Care (UAP Option)

Supervision of attendants may be performed directly by the participant or a designated Responsible Party when the safety and efficacy of self-directed supervision is certified in writing by a Registered Nurse, or otherwise as provided in State law. Certification must follow direct observation of the participant or responsible party and each attendant during actual provision of care/assistance.

Certification of participants for Self-Directed Attendant Care is performed by staff of the USC Center for Disability Resources (CDR) under contract with SCDDSN. Documentation of certification must be maintained in the participant’s file.

Providers

Attendant Care/Personal Assistance may be provided by the following:

- Agency or company directly enrolled with SCDHHS as an Attendant Care Services provider for HASCI Waiver participants
- Qualified individual (attendant) employed by a HASCI Waiver participant who is approved for Self-Directed Attendant Care (UAP Option)
 - The HASCI Waiver participant (employer) is responsible to recruit and supervise the attendant(s). If the participant is not capable of self-direction, a designated Responsible Party may employ and supervise the attendant(s) on behalf of the participant.
 - Up to three attendants may be employed to share the authorized service units (hours). No single attendant may be authorized to work more than 40 hours per week. **The attendant(s) cannot be paid through the HASCI Waiver to perform skilled nursing procedures under any circumstances.**
 - The participant or Responsible Party must schedule work time of the attendant(s) to ensure maximum authorized service units are not exceeded and no attendant works more than 40 hours per week.
 - SCDDSN contracts with a Fiscal Agent to process payroll and related functions for Self-Directed Attendant Care.

Conflict Free Case Management (Effective June 1, 2021):

In order 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 and Authorizing the Service

The need for the service must be requested through the SCDDSN Waiver Administration Division. Prior to authorizing Attendant Care/Personal Assistance Services, the Waiver Case Manager must complete the SCDDSN Attendant Care/Personal Assistance Assessment to identify the specific care/assistance required and the appropriate frequency and amount. These must be appropriate to the participant's age, medical conditions, and functional impairments. Also, once the service is approved and authorized, this assessment must be completed annually face to face for the duration of the service as part of the Annual Assessment, and as changes/updates are requested.

- For a HASCI Waiver participant under 21 years old, Children's Personal Care Aide (PCA) Services through Medicaid State Plan must be accessed to full extent possible before it can be supplemented by HASCI Waiver AC/PA. The frequency and amount of Children's PCA Services received or potentially available must be considered in the assessment to determine specific care/assistance required and the appropriate frequency and amount of AC/PA that will supplement Children's PCA Services.

After the amount, type and frequency of AC/PA are determined, the participant's Support Plan must be updated to clearly reflect the name of the service and payer, the amount, frequency and duration of the service, and provider type(s). In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division.

Upon approval, the Waiver Case Manager must enter the services into the Service Tracking System (STS).

Following Support Plan approval, the participant or representative must be offered choice of provider. Offering of provider choice and the provider selected must be clearly documented in a Case Note.

- If Children's PCA Services funded by Medicaid State Plan are received by the participant, this must also be specified in participant's Support Plan, including amount, and frequency.

AC/PA funded by the HASCI Waiver must be entered in the Service Tracking System (STS) by the Waiver Case Manager.

- **For AC/PA provided through Self-Directed Attendant Care (UAP Option)**, a copy of the initial budget for this service and any subsequent budget revisions must be sent to the fiscal agent. These actions must be documented in Case Notes.

In addition, a copy of the budget for this service must be sent to the fiscal agent annually at the beginning of each state fiscal year. A copy must also be sent if there are any subsequent budget revisions for this service during the fiscal year. These actions must be documented in Case Notes.

Request for a Service Limit Exception must be approved by the Waiver Administration Division.

To initiate the service following approval, an electronic authorization must be completed and submitted to the chosen provider. Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year. The current Attendant Care Assessment must be attached to the authorization. This information is required by the provider to develop appropriate care plans and identify the level of assistance that is needed.

- *Authorization for Attendant Care/Personal Assistance* billed to the South Carolina Department of Health and Human Services must be made out to the Attendant Care Provider.
- *Authorization for Self-Directed Attendant Care (UAP Option)* billed to DHHS must be made out to the Fiscal Agent, not UAP. The name(s) of the approved attendant(s) must be listed in the comments section of the authorization. The Waiver Case Manager must forward copies of the service authorization to the Waiver Participant, and UAP.

Nursing Delegation

If a participant receives **skilled nursing procedures through AC/PA**, his or her file must contain documentation that each skilled task performed by AC/PA personnel was formally delegated by a Registered Nurse licensed to practice in the state. **Self-Directed Attendant Care (UAP Option) does not allow for delegation of skilled nursing procedures under any circumstances.**

Nurse delegation must be in writing and indicate the specific skilled tasks delegated to each identified AC/PA personnel. If the participant changes AC/PA providers or the delegating nurse changes, new documentation of nurse delegation must be obtained and maintained in the participant's file.

Billing

The service must be direct-billed to SCDHHS. Providers are responsible for following SCDHHS billing procedures.

The provider agency is responsible for maintaining documentation that service was rendered for each unit billed.

Monitorship

The Waiver Case Manager must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with 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. SCDDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order 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/representative is satisfied with their chosen provider(s).
- **For AC/PA provided by an agency or company enrolled with SCDHHS or by a DSN Board or other qualified provider contracted by SCDDSN**, the Waiver Case Manager must obtain copies of the required nurse supervision reports at least once every four months, review them, and address any service provision issues. This must be documented on the reports or in a Case Note, and
- **For Self-Directed Attendant Care (UAP Option)**, the Waiver Case Manager must obtain copies of the required Daily Logs for each attendant at least monthly, review them, and address any service provision issues. This must be documented on the log forms or in Case Notes.

Some questions to consider during monitorship include:

- Do the attendant care time sheets indicate that the services are provided as authorized?
- Are all applicable services/tasks being provided as planned?
- Does the attendant show the participant courtesy and respect?
- Has the participant's health status changed since the last contact? If so, does the service need to continue at the level at which it has been authorized?
- Is the participant/representative pleased with the service being provided, or is assistance needed in obtaining a new provider?

- Does the participant/representative feel that the provider is responsive to the participant's needs?
- Does the participant/representative feel that there is a good relationship with the attendant?

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Case Notes.

Service Denial, Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for denial. The Process for Reconsideration of SCDHHS Decisions must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for the action. The Process for Reconsideration of SCDHHS Decisions must also be provided. The Waiver Case Manager will end the electronic authorization(s), sending notification to the affected service provider(s).

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date.

Written notification to the participant or legal guardian is made using the following forms:
Access via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver

- *Notice of Denial of Service (HASCI Form 11C)*
- *Notice of Reduction of Service (HASCI Form 11A)*
- *Notice of Suspension of Service (HASCI Form 11B)*
- *Notice of Termination of Service (HASCI Form 11)*

If the action pertains to Self-Directed Attendant Care (UAP Option), a copy of the relevant form must be sent to the fiscal agent and UAP.

When the action becomes effective, the person's Support Plan must be updated. Budget information in the Waiver Tracking System (WTS) must be adjusted accordingly.

Service information in the Service Tracking System (STS) must be updated by the Waiver Case Manager as necessary.

Children’s Personal Care Aide Services Funded Through Medicaid State Plan for HASCI Waiver Participants Under 21 Years of Age

Children’s Personal Care Aide (CPCA) Services are available through **Medicaid State Plan for HASCI Waiver participants under 21 years of age.**

This benefit is authorized through SCDHHS Community Long Term Care. It must be accessed to the extent possible before it can be supplemented by AC/PA funded by the HASCI Waiver, based on assessed need.

Children’s Personal Care Aide (CPCA) Services: Active, hands-on assistance in the performance of Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs) provided to the waiver participant in or outside his/her home. Personal care services can be provided on a continuing basis or on episodic occasions. Under no circumstances will any type of skilled medical service be performed by an aide.

Children’s Personal Care Aide Services (CPCA) are available to Medicaid eligible children under age 21 who require daily monitoring and observation due to medical needs which could result in medical complications. The medical needs are documented and the services of a Personal care Aide are required and intended to maintain optimum health status.

Personal care services in the State Medicaid Plan are only available to children. All medically necessary personal care services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit.

Note: A personal care aide cannot perform any skilled tasks such as g-tube feeds.

To qualify for CPCA services, a child must:

- Require extensive (hands on) assistance for at least one of the Functional Deficits listed below
- AND**
- Meet the Service Needs Requirement

Functional Deficits (must meet one)

1. Requires extensive (hands on) assistance in **bathing, dressing, toileting** AND **feeding**, if age appropriate.
2. Requires extensive (hands on) assistance with walking or wheelchair locomotion activities (if age appropriate).
3. Requires extensive (hands on) assistance with transfer (if age appropriate).
4. Requires extensive (hands on) assistance with daily incontinence care (if age appropriate) or with daily catheter or ostomy care.

- **For infants ages 0-1**, functional deficits generally will not apply. Medical necessity is based on Service Needs Requirement only.
- **For children 0-5 years of age**, Attachment A - *Guide to Developmental Stages of Children* may be used to determine age-appropriate activity.

Service Needs Requirement of CPCA

A physician must certify that the child requires daily monitoring and observation due to medical needs which could result in complications and that the services of a Personal Care Aide are required and intended to maintain the child's optimum health status.

Note: Children's Personal Care services are not intended to replace care provided by the parents/family or other natural/legal caregivers.

CPCA Services are designed to help with normal daily activities and to monitor the medical conditions of the child. Aides providing this service may assist with ambulation/walking, bathing, dressing, toileting, grooming, preparing meals, and feeding. In addition to the hands-on care provided to the child, aides may also help to maintain the child's home environment by performing light cleaning, laundry for the child, and tasks to keep the home safe for the child but these tasks may not be performed as discrete activities.

Aides work under the supervision of an RN or LPN but may not perform any type of skilled medical services. Aides may observe the child's vital signs such as respiratory rate, pulse rate, and temperature.

During the provision of the CPCA services, aides must be actively engaged in the completion of allowable tasks. The provision of this service does not include supervision of the child ("childcare") as a discrete task nor does it include down-time between tasks or time waiting for a task to be needed.

A personal care aide is not allowed to render services in a school setting or during homebound instruction. CPCA must be provided in the recipient's home.

A unit is defined as 15 minutes of service provided by one aide.

Please see: Please see Scope of Services for Personal Care on the DHHS website (<http://www.scdhhs.gov>) for further information.

CPCA Services must be provided to children by an agency enrolled with the Department of Health and Human Services.

Arranging for and authorizing the service:

When a child enrolled in the HASCI Waiver is believed to have needs that can be met through the provision of CPCA Services, access to those services may be obtained by referring the child to the Community Long Term Care (CLTC) area office. CLTC

referrals may be made by anyone with knowledge of the person's needs and the permission of the person being referred or their parent/legal guardian.

Referrals to CLTC for CPCA may be made by calling the CLTC Centralized Intake number at 1-888-971-1637 or sending an electronic referral to CLTC, at: https://phoenix.scdhhs.gov/cltc_referrals/new.

Children not enrolled in any Medicaid Waiver may also be referred for CPCA services by the methods indicated above.