

Adult Attendant Care Services (21 and over)

Definition: Assistance related to the performance of activities of daily living and/or instrumental activities of daily living and personal care which may include hands-on care, of both a medical and non-medical supportive and health-related nature, specific to the needs of a medically stable adult with physical and/or cognitive disabilities who is able to self-direct his/her own care or has a representative that is able to direct his/her care. Supportive services are those which substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. This service may include skilled or nursing care to the extent permitted by state law. Housekeeping activities provided under Adult Attendant Care are specified in the Support Plan and are incidental to the care furnished or are essential to the health and welfare of the participant. Any community access activities must be directly related to the participant's care and must be specified in the Support Plan. Mileage reimbursement for transportation is not a component of this service.

The unit of service is 1 unit = 15 minutes

Service Limits: Adult Attendant Care Services are limited to a maximum of 136 units per week (34 hours per week), based on SCDDSN assessed need. When Adult Attendant Care is authorized in conjunction with Adult Companion and/or Personal Care services, the combined total hours per week of services may not exceed 34. However, the limits may be exceeded if applying the limits would create a substantial risk that the participant would no longer be able to live in the community, but would, because of the limit in services, be institutionalized. 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.

Providers: Adult Attendant Care services through the ID/RD Waiver must be provided by workers chosen by the participant/representative and approved through the UAP Participant-Directed Attendant Care Program (UAP Option). The participant or designated representative is responsible for recruiting and providing supervision to attendants.

See *Participant-directed Attendant Care Brochure* in Business Tools for additional information.

Relatives/family members of a waiver participant may be paid to provide Adult Attendant Care services only as specified in DDSN policy 736-01-DD.

When Adult Attendant Care services are rendered by someone who does not reside in the home of the Waiver participant, the service provides a break and relief of care giving responsibilities for the primary caregiver. A primary caregiver, who opts to be paid for a portion of the care/service provided, will not be authorized to receive additional respite services. The need for respite in these situations will be assessed as if the care/service were provided by a non-primary caregiver.

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 and Authorizing Services: When the need for Adult Attendant Care services is identified, the WCM will complete the *DDSN Personal Care/Attendant Care Assessment*. This assessment must be completed during face-to-face contact and annually for the duration of the service and as changes/updates are requested.

Once the amount, frequency and duration of the service is determined based on the assessment, the WCM will request approval from the SCDDSN Waiver Administration Division.

For Participant-directed Attendant Care services, the WCM must complete the *Employer Pre-Screening for Participant-directed Workers*. To continue with the participant-directed option, the participant or designated responsible party must pass the pre-screening.

If the pre-screening is passed, the WCM must submit a referral with the following information to UAP:

- Participant's name, diagnosis, DOB, address, telephone number and Medicaid number (WCMs may use CDSS Consumer @ a Glance)
- *Employer Pre-Screening for Participant-directed Workers*
- Prospective Attendant Care worker name, address, telephone and email address
- *DDSN Personal Care/Attendant Care Assessment*

Send referral to UAP:

Attendant Care Program, Center for Disability Resources

Department of Pediatrics, USC School of Medicine

Columbia, SC 29208

Email: UAP@SCDHHS.gov

Phone: 803-935-5297 Fax: 803-935-5250

For questions, UAP/CDR may be reached by phone, by fax or by email.

As a part of the minimum qualifications, an attendant must receive training and be certified in basic First Aid prior to the provision of Adult Attendant Care services. The attendant must also receive refresher training every three (3) years. The WCM and participant/representative will aid the potential attendant in locating an acceptable First Aid training program, and the attendant will demonstrate competency. Once the training is completed, the WCM will notify UAP and provide documentation that the requirement has been met.

Once approved, UAP will refer the employer and attendant to fiscal agent, Morning Sun, to be set up for payroll services. Forms and procedures will be provided by Morning Sun.

The WCM should ensure all steps have been completed prior to authorizing services. To initiate the participant-directed service following approval of the plan from the Waiver Administration Division, an electronic authorization via Therap must be issued to Morning Sun, Fiscal Agent. The authorization must include the name of the Employer of Record and the name of the worker(s) in the comments section (do not use the shared comments section). If the Employer of Record or worker changes, a new authorization must be issued with the name of the new Employer of Record and/or the new worker's information. The WCM must provide a copy of the service authorization to the employer. The employer will then develop a 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 Services: The WCM must monitor the service for effectiveness, usefulness and participant satisfaction. 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. The following guidelines should be followed when monitoring Adult Attendant Care Services:

- Monitoring should be conducted on-site at least once annually (i.e. within 365 days of the previous on-site monitoring).

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/representative is satisfied with their chosen provider/s.

Some questions to consider during monitoring include:

- Do the attendant care time sheets indicate that 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 your 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?

Reduction, Suspension or Termination of Services: If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for reconsideration, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See Chapter 9 for specific details and procedures regarding written notification and the reconsideration/appeals process.