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DEPARTMENT OF PUBLIC HEALTH

CHAPTER 60

Statutory Authority: 1976 Code Sections 44-70-10 et seq.

61-122. Standards for Licensing In-Home Care Providers.

Preamble:

Pursuant to R.61-122, *Standards for Licensing In-Home Care Providers*, the Department of Public Health (Department) establishes and enforces the standards for the licensure, maintenance, and operation of in-home care providers (IHCPs). The Department proposes amending the regulation to update and revise provisions regarding licensure, to include application procedures, criminal record checks and drug testing of applicants, the manner and method of fee payments, care and services, requirements for reporting and record keeping, emergency procedures and disaster preparedness, and standards for appropriate insurance coverage.

The Administrative Procedures Act, S.C. Code Section 1-23-120(A), requires General Assembly review of these proposed amendments.

The Department had a Notice of Drafting published in the July 26, 2024, South Carolina State Register.

Section-by-Section Discussion:

Section	Type of Change	Purpose
Regulation Number, Regulation Title, and Statutory Authority	Technical Correction	Assigned a regulation number and title and established the Department’s statutory authority.
Table of Contents	Revision/Reorganization/Technical Correction	Amended language and sections to reflect technical corrections and reorganization proposed in regulation text.
102	Technical Correction	Amended each instance of “these regulations” to “this regulation” for clarity and consistency.
New 102.B	Addition/Deletion	Added definition to clarify the meaning of abuse in the context of this regulation. Deleted definition for blood assay as no longer needed in former 102.B.
102.B.1	Addition	Added definition to clarify the meaning of physical abuse in the context of this regulation.

102B.2	Addition	Added definition to clarify the meaning of psychological abuse in the context of this regulation.
102.C	Addition	Added definition to clarify the meaning of assessment in the context of this regulation.
102.D	Addition	Added definition to clarify the meaning of authorized healthcare provider in the context of this regulation.
102.E – 102.F	Reorganization/Deletion	Recodified due to the addition of 102.B, 102.C and 102.D. and to the deletion of former 102.F.
102.G	Addition	Added definition to clarify the meaning of consultation in the context of this regulation.
102.H	Reorganization/Revision	Recodified due to the addition of 102.G. Amended to correct state agency reference.
102.I	Addition	Added definition to clarify the meaning of exploitation in the context of this regulation.
102.J	Addition	Added definition to clarify the meaning of health assessment.

102.K	Addition	Added definition to clarify the meaning of in-home care in the context of this regulation.
102.L	Addition	Added definition to clarify the meaning of in-home care provider (or provider) in the context of this regulation.
102.M	Addition	Added definition to clarify the meaning of inspection in the context of this regulation.
102.N	Addition	Added definition to clarify the meaning of investigation in the context of this regulation.
102.O	Addition	Added definition to clarify the meaning of license in the context of this regulation.
102.P	Addition	Added definition to clarify the meaning of licensee in the context of this regulation.
102.Q	Addition	Added definition to clarify the meaning of medication in the context of this regulation.
102.R	Addition	Added definition to clarify the meaning of neglect in the context of this regulation.
102.S	Reorganization/Deletion	Recodified due to the addition of 102.I – 102.R.

102.V	Addition	Added definition to clarify the meaning of variance in the context of this regulation.
103.A	Revision	Amended to clarify violation classification.
103.B	Addition	Added language to clarify compliance requirements for licensure.
103.C	Reorganization	Recodified due to the addition of 103.B.
103.C.4	Revision	Amended to clarify specified locations for licensure requirements.
103.C.6	Addition	Added language to clarify separate lines of business.
103.D	Addition	Added language to clarify primary location of provider.
103.E	Reorganization	Recodified due to the addition of 103.D.
103.F	Revision/Reorganization	Amended to clarify license application requirements. Recodified due to the addition of 103.D.
103.F.4	Revision	Amended Code reference for clarity and consistency.
103.F.5	Revision	Amended language for clarity and consistency with S.C. Code Section 44-70-70.
103.G, 103.G.1.a – 103.G.1.e	Addition	Added to clarify language regarding criminal background checks.

103.G.2	Addition	Added language to clarify reporting requirements for convictions.
103.H	Addition	Added language to clarify drug testing requirements for applicants and prospective licensee.
103.I	Revision/Reorganization	Amended to clarify language regarding licensing fees. Recodified due to the addition of 103.G and 103.H.
103.J	Revision/Reorganization	Amended to clarify language regarding late fees. Recodified due to the addition of 103.G and 103.H.
103.K	Revision/Reorganization	Amended to clarify language regarding license renewals. Recodified due to the addition of 103.G and 103.H.
103.L, 103.L.1	Revision/Reorganization/Deletion	Amended to clarify language regarding amended licenses. Renumbered and amended items to clarify prerequisites for amended licenses.
103.M, 103.M.1, 103.M.2	Addition	Added a section to clarify language regarding a change of licensee.
1003.N	Revision/Reorganization	Amended to clarify language regarding variances to licensing standards.

		Recodified due to the addition of 103.M.
202	Addition	Added section to clarify language regarding inspections and investigations.
203	Addition/Deletion	Added section to clarify language regarding consultations. Deleted former 203 and moved language to 205.
204	Revision/Reorganization	Amended language regarding enforcements. Recodified due to the addition of 202 and 203.
205	Addition/Deletion	Added section to clarify language regarding violation classifications and monetary penalties for clarity and consistency.
300, 301, 302	Addition	Added sections to clarify language regarding policies and procedures and insurance for clarity and consistency.
400	Reorganization	Recodified section due to the addition of 300.
401	Addition	Added definition to clarify language regarding administrator for clarity and consistency.

402	Addition/Revision/Reorganization	Amended section to clarify language regarding background checks and drug testing. Recodified due to the addition of 400. Corrected spacing in regulation text.
403	Addition/Revision/Reorganization	Amended language to clarify requirements for staff records. Recodified due to the addition of 400.
404.A – 404.H	Addition/Revision/Reorganization	Amended language to clarify requirements for inservice training of caregivers. Recodified due to the addition of 400.
405.A – 405.G	Addition/Revision/Reorganization	Amended language to clarify requirements for minimum qualifications of caregivers. Recodified due to the addition of 400.
406	Revision/Reorganization	Amended language to clarify health status requirements for staff members and caregivers. Recodified due to the addition of 400.
501	Technical Correction	Amended for correct punctuation.
501.A – 501.C	Revision	Amended language to clarify requirements for incident reporting.

501.D	Deletion	Current 501.D deleted. Contents of five-day report now described in 501.C.
501.E	Reorganization	Renumbered to 501.D as a result of deletion.
502.A – 502.B	Revision	Amended language to clarify requirement for provider closure. Amended to correct state agency reference.
600	Addition	Added section to clarify language regarding client records.
601	Addition	Added language to clarify requirements regarding content of client records.
602	Addition	Added language to clarify requirements regarding a written assessment of client.
603	Addition/Revision	Added language to clarify requirements regarding a care services plan. Amended by adding language to clarify numbers in writing.
604	Addition	Added language to clarify requirements regarding record maintenance.
New 700 - 701	Addition/Deletion	Added section to clarify language regarding requirements for client care services. Recodified due to the deletion of former 700.

702	Addition	Added language to clarify requirements regarding transportation for clients.
800	Addition	Added section to establish requirements regarding infection control.
900	Addition	Added section to clarify language regarding rights and assurances of clients.
1000	Addition	Added section to clarify language regarding disaster preparedness.
1001	Addition	Added language to clarify requirements for disaster plan.
1002	Addition	Added language to clarify requirements for emergency call numbers.
1100	Revision/Reorganization/Technical Correction	Amended each instance of “these regulations” to “this regulation” for clarity and consistency. Amended to correct spacing.
Appendix	Deletion	Deleted section as no longer needed.

Notice of Public Hearing and Opportunity for Public Comment:

Should a hearing be requested pursuant to S.C. Code Section 1-23-110(A)(3), such a hearing will be conducted at the Administrative Law Court at 2 p.m. on December 17, 2024. Written comments may be submitted to the Bureau of Public Information and Regulatory Affairs, Healthcare Quality; S.C. Department of Public Health, 2100 Bull Street, Columbia, SC, 29201; or HQRegs@dph.sc.gov. To be

considered, the Department must receive the comments by 5:00 p.m., November 25, 2024. If a qualifying request pursuant to Section 1-23-110(A)(3) is not received timely, the hearing will be canceled.

Preliminary Fiscal Impact Statement:

Implementation of this regulation will not require additional resources. There is no anticipated additional cost by the Department or state government due to any requirements of this regulation.

Statement of Need and Reasonableness:

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: 61-122, *Standards for Licensing In-Home Care Providers*.

Purpose: The Department proposes amending the regulation to update and revise provisions regarding licensure, to include application procedures, criminal record checks and drug testing of applicants, the manner and method of fee payments, care and services, requirements for reporting and record keeping, emergency procedures and disaster preparedness, and standards for appropriate insurance coverage.

Legal Authority: 1976 Code Sections 44-70-10 et seq.

Plan for Implementation: Department personnel will take appropriate steps to inform the regulated community of the amendments and any associated information. Printed copies are also available for a fee from the Department's Freedom of Information Office.

DETERMINATION OF NEED AND REASONABLENESS OF THE PROPOSED REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The proposed amendments update application procedures, criminal record checks and drug testing of applicants, the manner and method of fee payments, care and services, requirements for reporting and record keeping, emergency procedures and disaster preparedness, and standards for appropriate insurance

coverage. These amendments will enhance protections for both IHCPs and IHCP clients. The proposed amendments are also to enhance safety and quality of care and services provided to IHCP clients while also ensuring IHCPs are equipped with necessary safeguards.

DETERMINATION OF COSTS AND BENEFITS:

The proposed amendments will result in no additional cost to the Department or state government, as implementation of these proposed amendments will not require additional resources. The Department anticipates a cost to the regulated community associated with implementing client-focused safeguards and protections, but the advantages of these amendments will significantly outweigh any cost. The proposed amendments will enhance safety and quality of care and services provided by licensed IHCPs. These proposed amendments will not only increase safety and quality for in-home care provider clients, but also protect the in-home care providers. These proposed amendments represent a feasible approach to balancing additional safety and quality requirements with the protection and wellbeing of clients and the community at large.

UNCERTAINTIES OF ESTIMATES:

There are no uncertainties associated with the estimations beyond those normally inherent in estimating future costs and benefits.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

The proposed amendments will have no effect on the environment of this State. These regulations contribute to the Department's function of protecting public welfare and promoting safety and wellbeing for clients receiving care and treatment from IHCPs.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

There is no anticipated detrimental effect on the environment. If the proposed amendments are not implemented, the regulation will be maintained in its current form; the benefits of the proposed amendments herein will not be realized.

Statement of Rationale:

Here below is the Statement of Rationale pursuant to S.C. Code Section 1-23-110(h):

The proposed amendments are necessary to update provisions in accordance with current practices and to enforce the standards for the licensure, maintenance, and operation of in-home care providers (IHCPs) to better ensure the safety and wellbeing of clients of IHCPs.

~~Indicates Matter Stricken~~

Indicates New Matter

Text:

640-122. Standards for Licensing In-Home Care Providers.

Statutory Authority: 1976 Code Sections 44-70-10 et seq.

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SECTION 100. PURPOSE AND SCOPE, DEFINITIONS, AND REQUIREMENTS FOR LICENSURE.

101. Purpose and Scope.

This regulation implements the provisions of the South Carolina In-Home Care Providers Act codified at Section 44-70-10 et seq., S.C. Code of Laws, 1976, as amended. This regulation will apply to all in-home care providers in South Carolina.

102. Definitions.

For the purposes of ~~these~~this regulations the following definitions apply:

A. Administrator. The individual designated by the licensee to have the authority and responsibility to manage the in-home care provider and is in charge of all functions and activities of the provider.

B. Abuse. Physical Abuse or Psychological Abuse.

1. Physical Abuse. Intentionally inflicting or allowing to be inflicted physical injury on a client by an act or failure to act. Physical abuse includes, but is not limited to, slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery, use of medication outside the standards of reasonable medical practice for the purpose of controlling behavior, and unreasonable confinement. Physical abuse also includes the use of a restrictive or physically intrusive procedure to control behavior for the purpose of punishment.

2. Psychological Abuse. Deliberately subjecting a client to threats or harassment or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress.

C. Assessment. A procedure for determining the needs of a potential client to ascertain if the provider can adequately meet those needs, and to secure information for use in the development of a client focused care services plan. Consideration of each client's needs, strengths, and weaknesses shall be included in the assessment.

D. Authorized Healthcare Provider. An individual authorized by law and currently licensed in South Carolina to provide specific treatments, care, or services to clients. Examples of individuals that may be authorized by law to provide the aforementioned treatment or care or services may include, but are not limited to, physicians, advanced practice registered nurses, and physician assistants.

~~B. Blood Assay for *Mycobacterium tuberculosis* (BAMT). A general term to refer to *in vitro* diagnostic tests that assess for the presence of tuberculosis (TB) infection with *M. tuberculosis*. This term includes, but is not limited to, interferon-gamma release assays (IGRA).~~

~~E. Caregiver. Individual employed by, contracted by, referred by, or agent of the in-home care provider who provides services to clients.~~

DF. Client. A person that receives services or care from an in-home care provider licensed by the Department.

G. Consultation. A visit to a licensed provider by individuals authorized by the Department to provide information to providers to enable and encourage providers to better comply with Department regulations.

EH. Department. The South Carolina Department of Public Health and Environmental Control.

I. Exploitation. 1) Causing or requiring a client to engage in activity or labor which is improper, unlawful, or against the reasonable and rational wishes of the client. 2) An improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a client by a person for the profit or advantage of that person or another person; or 3) Causing a client to purchase goods or services for the profit or advantage of the seller or another person through: undue influence, harassment, duress, force, coercion, or swindling by overreaching, cheating, or defrauding the client through cunning arts or devices that delude the client and cause him to lose money or other property. Exploitation does not include requiring a vulnerable adult to participate in an activity or labor which is a part of a written plan of care or which is prescribed or authorized by a licensed physician attending the client.

J. Health Assessment. An evaluation of the health status of a staff member by a physician, other authorized healthcare provider, or registered nurse pursuant to written standing orders or protocol approved by a physician. The standing orders or protocol shall be reviewed annually and signed by a physician, with a copy maintained for ready access by the Department.

K. In-Home Care. In-home care means care:

1. Primarily intended to assist an individual with an activity of daily living or in meeting a personal rather than a medical need, but not including skilled care or a specific therapy for an illness or injury;

2. Given to assist an individual in an activity of daily living such as walking, getting in and out of bed, bathing, dressing, feeding, using the toilet, preparing special diets, and supervising self-administered medications; and

3. Personal in nature, but not mandating the continuing attention or supervision from trained and licensed medical personnel.

L. In-Home Care Provider (or Provider). A business entity, corporation, or association, whether operated for profit or not for profit, that for compensation directly provides or makes provision for in-home care services through its own employees or agents or through contractual arrangements with independent contractors or through referral of other persons to render in-home care services when the individual making the referral has a financial interest in the delivery of those services by those other persons who would deliver those services. An in-home care provider does not include:

1. A home health agency or hospice or an entity licensed pursuant to S.C. Code Section 44-7-260;
or

2. An individual or agency who provides only a house cleaning service; or

3. A direct care entity defined by S.C. Code Section 44-7-2910(B)(1)(e), a direct caregiver or caregiver defined by S.C. Code Section 44-7-2910(B)(2)(e), or an individual who provides a service or services defined by S.C. Code Section 44-21-60; or

4. An individual hired directly by the person receiving care or hired by his or her family; or

5. A church or another religious institution recognized pursuant to 26 U.S.C. 501(c)(3) by the U.S. Internal Revenue Service that provides in-home care services without compensation or for a nominal fee collected to cover incidental expenses directly related to such care.

M. Inspection. A visit by individuals authorized by the Department to a proposed or licensed in-home care provider for the purpose of determining compliance with this regulation.

N. Investigation. A visit by individuals authorized by the Department to a licensed or unlicensed in-home care provider for the purpose of determining the validity of allegations received by the Department relating to statutory and regulatory compliance.

O. License. The authorization to operate as an in-home care provider, as defined in this regulation, and as evidenced by a current certificate issued by the Department to the provider.

P. Licensee. The individual, corporation, organization, or public entity that has received a license to provide in-home care and with whom rests the ultimate responsibility for compliance with this regulation.

Q. Medication. A substance that has therapeutic effect including, but not limited to, legend, non-legend, herbal products, over-the-counter, nonprescription, vitamins, and nutritional supplements.

R. Neglect. The failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a client pursuant to the care services plan and the failure or omission has caused, or presents a substantial risk of causing, physical, or mental injury to the client.

~~F. Repeat Violation. The recurrence of a violation cited under the same section of the regulation or statute within a thirty-six (36) month period. The time period determinant of repeat violation status is applicable in instances when there are ownership changes.~~

~~GS. Responsible Party. A person who is authorized by law to make decisions on behalf of a client. This includes, but is not limited to, a court-appointed guardian, conservator, or any individual with health care or other durable power of attorney.~~

~~HT. Revocation of License. An action by the Department to cancel or annul a provider's license by recalling, withdrawing, or rescinding the provider's authority to operate.~~

~~HU. Suspension of License. An action by the Department requiring a provider to cease operations for a period of time or requiring a provider to cease admitting clients until such time as the Department rescinds the restriction.~~

V. Variance. An alternative method that ensures the equivalent level of compliance with the standards in this regulation.

103. Requirements for Licensure.

A. License. No person, private or public organization, political subdivision, or governmental agency shall establish, operate, maintain, or represent itself (advertise and/or market) as an in-home care provider in South Carolina without first obtaining a license from the Department. When it has been determined by the Department that services are being provided and the owner has not been issued a license from the Department to provide such care services, the owner shall cease operation immediately and ensure the safety, health, and well-being of its clients. Current and/or previous violations of the S.C. Code and/or Department regulations may jeopardize the issuance of a license for the provider or the licensing of any other provider or addition to an existing provider which is owned and/or operated by the licensee. (I)

B. Compliance. An initial license shall not be issued to a proposed provider until the applicant has demonstrated to the Department that the proposed provider is in substantial compliance with the licensing standards. In the event a licensee who already has a facility, activity, or provider licensed by the Department makes application for another provider, the currently licensed facility, activity, or provider shall be in substantial compliance with the applicable standards prior to the Department issuing a license to the proposed provider or amended license to the provider. A copy of the licensing standards shall be maintained at the provider and accessible to all caregivers. Providers shall comply with applicable local, State, and Federal laws, codes, and regulations.

BC. Issuance and Terms of License.

1. The license issued by the Department shall be posted in a conspicuous place in a public area of the provider's business office or readily available to the public.

2. The issuance of a license does not guarantee adequacy or quality of individual services, personal safety, fire safety, or the well-being of any client of the provider.

3. A license is not assignable or transferable and is subject to suspension or revocation at any time by the Department for the licensee's failure to comply with the laws and regulations of this State.

4. A license shall be effective for a specified provider at ~~a~~ specific locations. A license shall be valid for a period of time specified by the Department.

5. The issuance of a license under this chapter does not guarantee provision of care by the licensee that meets or exceeds applicable standards of care. The Department is not liable to any party for acts or omissions of a licensee involving or relating to provision of care.

6. If the provider provides services or care other than in-home care services, the provider must maintain separate lines of business regarding such other services or care. This includes, but is not limited to, maintenance of separate representations to the public regarding these businesses, separate maintenance of caregiver records, and separate maintenance of client records.

D. Provider Location. An applicant or licensee must maintain at least one in-state office location that is its primary location. The primary location is where all records are kept, secured, and accessible, and from where oversight, administrative, and coordination of duties of the provider is maintained. A provider may maintain satellite locations. Prior to establishing a satellite location, the provider shall register it with the Department.

~~E.~~ Provider Name. No proposed provider shall be named, nor shall any existing provider have its name changed to, the same or similar name as any other provider licensed in South Carolina. The Department shall determine if names are similar. If a provider is part of a franchise with multiple locations, the provider must include the geographic area in which it is located as part of its name.

~~E.~~ Application. Applicants for a license shall submit to the Department a complete and accurate application on a form or by electronic means, as prescribed by the Department prior to initial licensing and periodically thereafter at intervals determined by the Department. The application includes both the applicant's oath assuring that the contents of the application are accurate and true and the applicant will comply with this regulation. The application shall be signed by the owner(s) if an individual or

partnership; in the case of a corporation, by two of its officers. The application shall set forth the full name and address of the provider for which the license is sought, the owner in the event the owner's name and address is different from that of the provider, and the names of the persons in control of the provider. The Department may require additional information, including affirmative evidence of the applicant's ability to comply with these regulations. Applicants shall make payment of all outstanding fees (initial licensure fees, annual licensure fees, and inspection fees) and finally assessed monetary penalties prior to the Department's issuance of a license. When submitting an application for an initial ~~or renewal~~ license, the provider shall include evidence of:

1. Either liability insurance coverage or, in lieu of liability insurance coverage, a surety bond. The provider shall maintain such coverage for the duration of the license period. The minimum amount of coverage is one hundred thousand dollars (\$100,000) per occurrence and three hundred thousand dollars (\$300,000) aggregate;

2. Indemnity coverage to compensate clients for injuries and losses resulting from services provided;
and

3. Workers compensation insurance in accordance with S.C. Code Section 42-5-10 et seq.;

4. Criminal record checks and drug test results for the prospective licensee as described in Sections 103.G and 103.H, respectively; and

5. The policies and procedures for the provider's random drug testing program, pursuant to S.C. Code Section 44-70-70.

G. Criminal record checks for applicant/prospective licensee. To obtain an initial license to operate an in-home care provider, the person, or persons, required to sign the licensure application pursuant to Section 103.F shall undergo a State Law Enforcement Division (SLED) name-based criminal records check. Evidence of this records check must be submitted to the Department by the applicant and the record check must not be older than ninety (90) calendar days upon receipt by the Department.

1. An in-home care provider license must not be issued to the applicant, and if issued, may be revoked, if the person(s) is required to register under the sex offender registry pursuant to S.C. Code Section 23-3-430 or has been convicted of or pled guilty or pled no contest (nolo contendere) to:

a. abuse, neglect, or exploitation of a vulnerable adult, as defined in the Omnibus Adult Protection Act;

b. unlawful conduct toward a child or cruelty to children, as defined in the South Carolina Children's Code;

c. any violent crime, as defined in S.C. Code Section 16-1-60;

d. any other drug related felony; or

e. forgery, embezzlement or breach of trust with fraudulent intent, as classified in S.C. Code Section 16-1-90(E).

2. Person(s) signing the licensure application must immediately report to the Department any convictions for the above-referenced offenses.

H. Drug testing of applicant/prospective licensee. To obtain an initial license to operate an in-home care provider, the person, or persons, required to sign the licensure application pursuant to Section 103.F shall undergo a five (5) panel drug screen that tests for cannabis, cocaine, amphetamines, opiates, and phencyclidine and provide documentation of such. Only those laboratories certified in accordance with the federal Clinical Laboratories Improvement Amendments shall be utilized for the drug screening. Applicants with a positive result shall be denied.

¶I. Licensing Fees. The initial license fee shall be one thousand dollars (\$1,000). The fee for annual license renewal shall be eight hundred dollars (\$800). ~~Such~~All fees, including late fees, shall be made payable ~~by check or credit card~~ to the Department via a secured portal or specific website and ~~is~~are not refundable. If the application is denied, a portion of the fee may be refunded based upon the remaining months of the licensure year.

~~FJ. Late Fee. The Department may order an entity to cease operations upon license expiration. Failure to submit a renewal application or fee within thirty (30) days of by the license expiration of a license may date shall result in a late fee of twenty five (25) percent of the licensing fee amount two hundred dollars (\$200), in addition to the licensing fee. Continual Failure to submit completed and accurate the renewal applications, licensing fee, and/or late fees by the time period specified by the Department may result in an enforcement action, including revocation within thirty (30) days of the license expiration date shall render the provider unlicensed.~~

~~GK. License Renewal. For a license to be renewed, applicants shall file an application with the Department, including any required documentation to evidence compliance with the regulation and pay a license fee of eight hundred dollars (\$800), and must not be undergoing enforcement actions by the Department. If the license renewal is delayed due to enforcement actions, the renewal license shall be issued only when the matter has been resolved satisfactorily by the Department or when the adjudicatory process is completed, whichever is applicable.~~

1. Prior to reinstatement of a suspended license, the licensee shall submit a reinstatement fee of four hundred dollars (\$400).

2. Prior to reinstatement of a revoked license, the licensee must apply for a license as provided for in Section 103 of this regulation along with the initial licensing fee. Any time remaining from the revoked license is forfeited.

~~HL. Change of Amended License.~~

† A provider shall request issuance of an amended license by application to the Department prior to any of the following circumstances:

~~a. Change of ownership; and/or~~

~~b. 1. Change of provider location from one geographic site to another.~~

2. Changes in provider name or address (as notified by the post office) shall be accomplished by application or by letter from the licensee to the Department.

3. An amendment fee of fifty dollars (\$50) is required for each amendment.

M. Change of Licensee. A provider shall request issuance of a new license by application to the Department prior to any of the following circumstances:

1. A change in the controlling interest even if, in the case of a corporation or partnership, the legal entity retains its identity and name; or

2. A change of the legal entity, for example, sole proprietorship to or from a corporation, partnership to or from a corporation, even if the controlling interest does not change.

~~FN. Exceptions to Licensing Standards. The Department has the authority to make exceptions to these standards where it is determined that the health, safety, and well-being of the clients are not compromised, and provided the standard is not specifically required by statute.~~ Variance. The provider may request a variance to this regulation in a format as determined by the Department. Variances will be considered on a case-by-case basis by the Department. The Department may revoke issued variances as it determines appropriate.

~~J: The in-home care provider shall ensure that it is accessible in person, by phone, or page during the hours of 9:00 A.M. to 5:00 P.M., Monday through Friday, except for those holidays recognized by the State of South Carolina. Those staff members shall have access to all records required for routine inspections and complaint investigations.~~

SECTION 200. ENFORCEMENT.

201. General.

The Department shall utilize inspections, investigations, applications, and other pertinent documentation regarding a proposed or licensed provider in order to enforce this regulation.

202. Inspections and Investigations. (I)

A. All providers are subject to inspection and/or investigation without prior notice. When staff members are not present, the provider shall provide information as to the expected return of staff.

B. Individuals authorized by South Carolina law shall be granted access to all properties and areas, objects, and records in a timely manner, and have authority to require the providers to make photocopies of those documents required in the course of inspections or investigations. Photocopies shall be used only for purposes of enforcement of regulations and confidentiality shall be maintained except to verify the identify of individuals in enforcement action proceedings.

C. When there is noncompliance with licensing standards, the provider shall submit an acceptable written plan of correction to the Department that shall be signed by the administrator and returned by the date specified on the report of inspection or investigation. The provider shall describe the following in the plan of correction: (II)

1. The actions taken to correct each cited deficiency;
2. The actions taken to prevent recurrences (actual and similar); and
3. The actual or expected completion dates of those actions.

203. Consultations.

Consultations may be provided by the Department as requested by the provider or as deemed appropriate by the Department.

2024. Violations Enforcement.

When the Department determines that an in-home care provider is in violation of any statutory provision, rule, or regulation relating to the operation or maintenance of such provider, the Department, upon proper notice to the licensee, may impose a monetary penalty, deny, suspend, or revoke licenses.

205. Violation Classifications.

Violations of standards in this regulation are classified as follows:

A. Class I violations are those that the Department determines to present an imminent danger to the health, safety, or well-being of the clients of the provider or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one or more practices, means, methods, or operations in use by a provider may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. Each day such violation exists after expiration of the time established by the Department shall be considered a subsequent violation.

B. Class II violations are those, other than Class I violations, that the Department determines to have a negative impact on the health, safety, or well-being of the clients of the provider. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time shall be considered a subsequent violation.

C. Class III violations are those that are not classified as Class I or II in this regulation or those that are against the best practices as interpreted by the Department. The citation of a Class III violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time shall be considered a subsequent violation.

D. The notations “(I)” or “(II)”, placed within sections of this regulation, indicate those standards are considered Class I or II violations if they are not met, respectively. Failure to meet standards not so annotated are considered Class III violations.

E. In determining an enforcement action, the Department shall consider the following factors:

1. Specific conditions and their impact or potential impact on the health, safety or well-being of the client(s) including, but not limited to: evidence that services contracted for are not routinely provided; clients exposed to air temperature extremes that jeopardize their health; unsafe conditions while providing transportation services; indictment of an administrator for malfeasance or a felony which by its nature creates a threat to the client; or direct evidence of abuse, neglect, or exploitation;

2. Efforts by the provider to correct cited violations;

3. History of compliance; and

4. Any other pertinent conditions that may be applicable to current statutes or regulations.

203. Monetary Penalties:

E. Monetary penalties assessed by the Department must be not less than one hundred dollars (\$100) nor more than five thousand dollars (\$5,000) for each violation of any of the provisions of this regulation. Each day a violation continues will be considered a subsequent offense. When a decision is made to impose monetary penalties, the following schedule may be used to determine the amount:

<u>FREQUENCY</u>	<u>CLASS I</u>	<u>CLASS II</u>	<u>CLASS III</u>
<u>1st</u>	<u>\$500-1,500</u>	<u>\$300-800</u>	<u>\$100-300</u>
<u>2nd</u>	<u>1,000-3,000</u>	<u>500-1,500</u>	<u>300-800</u>
<u>3rd</u>	<u>2,000-5,000</u>	<u>1,000-3,000</u>	<u>500-1,500</u>
<u>4th</u>	<u>5,000</u>	<u>2,000-5,000</u>	<u>1,000-3,000</u>
<u>5th</u>	<u>5,000</u>	<u>5,000</u>	<u>2,000-5,000</u>
<u>6th</u>	<u>5,000</u>	<u>5,000</u>	<u>5,000</u>

SECTION 300. POLICIES AND PROCEDURES AND INSURANCE.

301. Policies and Procedures. (II)

A. Written policies and procedures addressing each section of this regulation shall be developed. The provider shall be in compliance with these policies and procedures.

B. All policies and procedures shall be accessible to provider staff, in print or electronically, at all times.

C. The provider shall establish a time period for review, not to exceed two (2) years, of all policies and procedures, and such reviews shall be documented and signed by the administrator.

302. Insurance. (II)

A. The provider shall maintain either liability insurance coverage or, in lieu of liability insurance coverage, a surety bond. The minimum amount of coverage is one hundred thousand dollars (\$100,000) per occurrence and three hundred thousand dollars (\$300,000) aggregate.

B. The provider shall maintain indemnity coverage to compensate clients for injuries and losses resulting from services provided.

C. The provider shall maintain workers compensation insurance in accordance with S.C. Code Sections 42-5-10, et seq.

SECTION ~~3400~~. STAFF, CAREGIVERS, AND TRAINING REQUIREMENTS.

401. Administrator. (II)

Each provider shall have a full-time administrator who is responsible for the overall management and operation of the provider. A staff member shall be designated in writing to act in the absence of the administrator.

402. Background Checks and Drug Testing.

A. Before being employed as an in-home caregiver by a licensed in-home care provider, a person shall undergo a criminal background check as provided by S.C. Code Sections 44-70-60(B) and 44-7-2910 and submit to a drug test as provided by S.C. Code Section 44-70-60(B). (I)

~~B. Licensed in-home care providers~~ Person(s) signing the licensure applications on behalf of the provider and individuals employed as in-home caregivers by licensed in-home care providers are subject to ~~and must pass~~ random drug testing as provided for in S.C. Code Section 44-70-70. The provider may choose the method of random testing that most suitably meets the provider's needs. The provider's policies and procedures must address random drug testing and describe the procedure chosen. At a minimum, a five (5) panel drug screen will be utilized that tests for cannabis, cocaine, amphetamines, opiates, and phencyclidine. Only those laboratories certified in accordance with the federal Clinical Laboratories Improvement Amendments shall be utilized for the random drug testing. Positive tests of caregivers as a result of the random drug testing shall be handled in accordance with the provider's policies and procedures.

403. Staff Records.

€ The provider shall maintain accurate information on all staff members including, but not limited to, current address, phone number, training, drug test results, criminal background checks, and health assessments.

404. Training. (I)

⊘ Caregivers shall receive or independently obtain necessary training to perform the duties for which they are responsible. Documentation of all in-service training shall be signed and dated by both the individual providing the training and the individual receiving the training. A signature for the individual providing the training may be omitted for computer-based training. The following training shall be provided by appropriate resources (e.g., licensed/registered/certified persons, books, electronic media, etc.) prior to client contact and at least annually thereafter unless otherwise specified by certificate:

‡A. Basic first aid;

~~2. Medication assistance, if applicable;~~

~~3B.~~ Depending on the type of clients, care services for persons specific to the physical and/or mental condition of the individual, for example, Alzheimer's disease, related dementia, cognitive disabilities, or similar disabilities;

~~4C.~~ Confidentiality of client information and records and the protecting of client rights, including prevention of abuse and neglect;

~~5D.~~ Documentation and recordkeeping procedures;

~~6E.~~ Ethics and interpersonal relationships;

~~7F.~~ Proper lifting and transfer techniques, if applicable; ~~and~~

~~8G.~~ Infection control techniques; ~~and~~

H. Prevention of client abuse, neglect, and exploitation.

~~E. Minimum qualifications for caregivers.~~ **405. Caregiver Minimum Qualifications. (II)**

A caregiver must:

~~1A.~~ Be able to read, write, and communicate effectively with client and supervisor;

~~2B.~~ Be capable of completing assigned job duties;

~~3C.~~ Be capable of following a care services plan with minimal supervision, if applicable;

~~4D.~~ Have a valid driver's license and proof of insurance if transportation is a part of the caregiver's duties. The provider must ensure the caregiver's license is valid while transporting any client

of the provider by verifying the official highway department driving record of the employed individual. A copy of the driving record must be maintained in the caregiver's file;

5E. Be at least eighteen (18) years of age, as evidenced by a government-issued identification card or other valid documentation;

6F. Not have ~~prior convictions or have pled no contest (nolo contendere) to crimes related to theft, abuse, neglect, or exploitation of a child or a vulnerable adult as defined in S.C. Code Section 43-35-10 et seq., for child or adult abuse, neglect or mistreatment, or a criminal offense similar in nature to the crimes listed in this subsection. The provider shall coordinate with appropriate abuse-related registries prior to the employment of staff or the contracting with or referral of caregivers to ensure compliance with this provision~~adverse findings on the Child Abuse and Neglect Central Registry, Sex Offender Registry, or Nurse Aide Registry; and (I)

7G. Not have prior convictions or have pled no contest (nolo contendere) to ~~crimes related to drugs within ten (10) years of providing in-home care to clients. The provider shall coordinate with appropriate abuse-related registries prior to the employment of staff or the contracting with or referral of caregivers to ensure compliance with this provision~~a felony. A caregiver with violent felonies cannot be employed by or contracted with the provider. A caregiver with non-violent felonies dating back ten (10) years or more may be employed by or contracted with the provider under the following circumstances: (I)

1. The client and/or the responsible party must be notified of the caregiver's criminal background check results (i.e., the felony conviction and the year of the conviction); and

2. The provider must obtain a written statement signed by the client and/or the responsible party acknowledging awareness of the caregiver's criminal background check results and agreement to have the caregiver provide services.

SECTION 400. HEALTH STATUS-406. Health Status. (I)

~~A. All staff members and caregivers who have contact with clients shall have a health assessment within twelve (12) months prior to initial client contact. The health assessment shall include tuberculosis screening in a manner prescribed in the Center for Disease Control and Prevention's and the Department's most current tuberculosis guidelines.~~

~~B. All in-home care providers shall conduct an annual tuberculosis risk assessment in the Appendix to determine the appropriateness and frequency of tuberculosis screening and other tuberculosis related measures to be taken.~~

SECTION 500. REPORTING.

501. Incidents.

~~A. Serious incidents and/or any sudden or unexpected illness or staff member error resulting in death or inpatient hospitalization shall be reported immediately via telephone to the client's next of kin or responsible party. The provider shall document every incident, and include an incident review, investigation, and evaluation as well as a corrective action taken, if any. The provider shall retain all documented incidents reported pursuant to this section for six (6) years after the client stops receiving services from the provider. The provider shall ensure records are readily available and stored for the first year following the date the client stops receiving services from the provider.~~

~~B. A serious incident is one that results in death or a significant loss of function or damage to a body structure not related to the natural course of a client's illness or underlying condition and resulting from an incident that occurs during staff contact with clients. A serious incident shall be considered as, but is not limited to The provider shall report the following types of incidents to the client's next-of-kin or responsible party at the earliest practicable hour, but not exceeding twenty-four (24) hours from the incident. The provider shall also notify the Department immediately, but not to exceed twenty-four (24) hours from the incident, via the Department's electronic reporting system or as otherwise determined by the Department. The initial report is intended to collect basic information as may be known at the time about the incident to include, at a minimum, the type of incident and a brief description of it, the date the incident is believed to have occurred, any witnesses, and the contact information for the individual making the report. Incidents requiring reporting include, but are not limited to:~~

1. ~~Falls or trauma resulting in Bone or joint fractures of major limbs or joints~~ while in the care of a caregiver;

2. ~~Client suicide~~ Hospital admission or death resulting from an incident while in the care of a caregiver;

3. ~~Criminal events or assaults against clients which are reported and filed with the police~~ Confirmed or suspected crimes against a client by a caregiver; and/or

4. ~~Allegations of~~ Confirmed or suspected client abuse, neglect, or exploitation, ~~as defined in S.C. Code Section 43-35-5 et seq., by an employee~~ by a caregiver.

C. ~~The Department's Bureau of Health Facilities Licensing shall be notified in writing within three (3) days of the occurrence of a serious incident~~ The provider shall submit a separate written investigation report within five (5) calendar days of every incident required to be reported to the Department pursuant to Section 501 via the Department's electronic reporting system or as otherwise determined by the Department. The provider shall ensure investigation reports submitted to the Department contain: the provider name, license number, the date the incident occurred, the client age and sex, witness names, extent and type of injury and how treated, cause of incident, internal investigation results, the identity of other agencies notified, and the contact information for the individual making the report.

D. ~~Reports submitted to the Department shall contain at a minimum: provider name, client age and sex, date of incident, location, witness name(s), extent and type of injury and how treated, for example, hospitalization, cause of incident, internal investigation results if applicable, identity of other agencies notified of incident and the date of any such report(s).~~

E. The provider shall report any allegation of abuse, neglect, or exploitation of clients to the Adult Protective Services Program in the Department of Social Services in accordance with S.C. Code Section 43-35-25, or Child Protective Services, as appropriate.

502. Provider Closure.

A. Prior to the temporary closure of a provider, the Department's ~~Bureau of Health Facilities Licensing~~ shall be notified, in writing, of the intent to close and the effective closure date. Within ten (10) business days prior to the closure, the provider shall notify the Department's ~~Bureau of Health Facilities Licensing~~ of provisions for the maintenance of records, identification of clients that will require transfer to another provider, and date of anticipated reopening. If the provider closes for a period longer than one year and there is a desire to reopen, the provider shall ~~re-apply to the Department for licensure and shall be subject to all licensing requirements at the time of application as if for a new provider. In the event that the license expires during the period of temporary closure, the licensee shall submit a license renewal application and licensing fee on schedule as if the provider is operating~~ contact the Department which will determine the necessity of an inspection prior to the provider's re-opening.

B. Prior to permanent closure of a provider, the ~~Bureau of Health Facilities Licensing~~ Department shall be notified, in writing, of the intent to close and effective closure date. Within ten (10) business days prior to the closure, the provider shall notify the ~~Bureau of Health Facilities Licensing~~ Department of provisions for maintenance of the records, identification of clients that will require transfer to another provider, and dates and amounts of client refunds. On the date of closure, the provider shall return the license to the Department's ~~Bureau of Health Facilities Licensing~~.

SECTION 600. CLIENT RECORDS.

601. Content. (II)

A. The provider shall initiate and maintain an organized record for each client. The record shall contain sufficient documented information to: identify the client and the provider and/or person responsible for the client's care services; ensure appropriate care services are provided as needed; and promote continuity of care services among providers that is consistent with acceptable standards of care.

1. Records may be maintained on paper or electronically. All entries must be legible and complete. Records shall be separately signed and dated promptly by the individual responsible for

ordering, providing, or evaluating the care service furnished. Records may be signed electronically. If an entry is signed on a date other than the date it was made, the date of the signature shall be entered.

2. All records must be readily accessible, in a timely manner, for inspections and investigations by the Department.

3. Providers that use electronic systems must provide for data backup and retrieval in the event of a system shutdown or power outage.

B. Specific entries and documentation shall include at a minimum:

1. An individualized care services plan;

2. Documentation of care services provided. Each visit by a caregiver to a client's residence shall be documented. Documentation of visits shall include what care services were provided, any significant situation(s) encountered during the visit, the name of the caregiver providing the care services, the caregiver's signature and date of care services provided;

3. Special information, for example, allergies, pets, etc.; and

4. A service agreement to include:

a. An explanation of the specific care services furnished by the provider (e.g., provision of special diet as necessary; assistance with bathing, toileting, feeding, dressing, and mobility);

b. Disclosure of fees for all care services provided to include advance notice requirements to changes in fee amounts;

c. Transportation policy;

d. Refund policy to include when monies are to be forwarded to client upon termination of care services; and

e. Provisions regarding termination of care services to include conditions under which the client may be refused further care services.

C. There shall be documentation attesting to the provider's explanation of the items in the service agreement to the client and/or the client's responsible party or guardian, that is signed by the provider and the client and/or the client's responsible party or guardian.

602. Assessment. (II)

A written assessment of the client in accordance with Section 102.C of this regulation shall be conducted by a designated staff member as evidenced by his or her signature within a time period determined by the provider, but no later than seventy-two (72) hours after the initial provision of care services.

603. Care Services Plan. (II)

A. The provider shall develop a care services plan with participation by, as evidenced by their signatures, the client, administrator (or designee), and/or the responsible party when appropriate. The care services plan shall be developed within a time period determined by the provider, but no later than seven (7) calendar days after the initial provision of care services. The care services plan shall be reviewed and/or revised as changes in client needs occur.

B. The care services plan shall describe:

1. The needs of the client, including the services for which the client requires assistance (e.g., what assistance, how much, who will provide the assistance, how often, and when);

2. Requirements and arrangements for visits outside the client's residence; and

3. Dietary needs.

C. In the case a provider cannot provide services with its own employees and must contract with others to provide care or services, the care services plan shall delineate the responsibilities of the contractor and of the provider in meeting the needs of the client.

604. Record Maintenance.

A. The licensee shall provide accommodations, space, supplies, and equipment adequate for the protection and storage of client records.

B. Upon termination of care services to a client, the record shall be completed within thirty (30) calendar days, and filed in an active or closed file maintained by the licensee. Prior to closing of a provider for any reason, the licensee shall arrange for preservation of records to ensure compliance with this regulation. The licensee shall notify the Department, in writing, describing these arrangements and the location of records.

C. Records of clients shall be maintained for at least six (6) years following the cessation of services to the client.

SECTION 700. CLIENT CARE SERVICES. (I)

701. General.

A. Care services shall be rendered effectively and safely in accordance with provider policies and procedures. Precautions shall be taken for clients with special conditions (e.g., pacemakers, wheelchairs, Alzheimer's disease and/or related dementia, etc.). Appropriate assistance shall be provided to clients, as needed. Each provider is required to provide only those services that are designated in the service agreement between the client and/or the client's responsible party or guardian, and the provider.

B. Care services provided by caregivers are strictly limited to non-medical tasks. Care services may include the following:

1. Meal planning, preparation, and limited assistance in eating. Caregivers must demonstrate a high level of cleanliness and practice basic principles of food safety.

2. Bathing, grooming, and personal hygiene, including toileting.

3. Dressing.

4. Assisting clients in and out of bed, chairs, or vehicles, and repositioning them when required.

5. Assistance with walking, including the use of walkers, canes, and crutches.

6. Cleaning the client's home.

7. Laundry care.

8. Shopping for the client. Receipts must be provided to the client and all client funds must be accounted for.

9. Running errands.

10. Providing transportation to appointments, shopping, etc.

11. Addressing safety hazards found in clients' homes. Hazards that cannot be corrected by the caregiver must be reported to the administrator.

12. Assisting with communication.

13. Medication reminders.

C. In the event of the closure of a provider for any reason, the provider shall ensure continuity of care services by promptly notifying the client and/or the client's responsible party or guardian and arranging for referral to other providers.

702. Transportation. (II)

The provider shall secure or provide transportation for clients as agreed upon in the care services plan and service agreement.

SECTION 800. INFECTION CONTROL. (I)

The provider shall maintain and implement staff practices that prevent the spread of infectious, contagious, and communicable diseases, including but not limited to, screening, standard precautions, transmission-based precautions, contact precautions, airborne precautions, and isolation techniques. The provider shall ensure the preventative measures and practices are in compliance with the applicable guidelines of the Centers for Disease Control and Prevention.

SECTION 900. RIGHTS AND ASSURANCES. (I)

Client rights shall be guaranteed and, at a minimum, the provider shall inform in writing all clients of the following rights and assurances:

A. The care services to be provided pursuant to the care services plan and service agreement and the opportunity to participate in care planning;

B. Respect for the client's property;

C. Freedom from abuse, neglect, and exploitation;

D. Respect and dignity in receiving care services; and

E. Confidentiality of client records, to include privacy and disclosure requirements.

SECTION 1000. DISASTER PREPAREDNESS.

1001. Disaster Preparedness. (II)

A. The provider shall develop a disaster plan that identifies the care services obligations of the provider to be provided to the client during a disaster event.

B. The disaster plan will outline the processes for notifying clients, responsible parties, and/or guardians, in the event provider staff cannot provide care services to the client due to a disaster event. The provider must notify county emergency preparedness services of the number and locations of clients that will require assistance from disaster preparedness or emergency services personnel in the event a provider can no longer provide care due to disaster. A provider's caregiver shall not abandon a client in the event they are providing care services at the time of the disaster until properly relieved or it is safe to do so or after the appropriate notifications are made.

C. The disaster plan shall be explained to the client and/or the client's responsible party or guardian. Documentation attesting to the explanation of the disaster plan shall be signed by the provider and the client and/or client's responsible party or guardian.

1002. Emergency Call Numbers.

Emergency call data shall be readily available to the caregiver and shall include the names, addresses, and telephone numbers of staff members to be notified in case of an emergency.

SECTION ~~600~~1100. SEVERABILITY.

In the event that any portion of ~~these~~this regulations is construed by a court of competent jurisdiction to be invalid, or otherwise unenforceable, such determination shall in no manner affect the remaining portions of ~~these~~this regulations, and they shall remain in effect as if such invalid portions were not originally a part of ~~these~~this regulations.

SECTION ~~700~~. GENERAL.

~~Conditions arising which have not been addressed in these regulations shall be managed in accordance with the best practices as determined by the Department. These regulations do not create a duty on the part of the State of South Carolina or the South Carolina Department of Health and Environmental Control independent or in addition to any other duty otherwise prescribed by law.~~

APPENDIX

Annual Tuberculosis Risk Assessment In Home Care Providers

~~The Tuberculosis (TB) risk assessment worksheet of this appendix applies to Section 400.B of this regulation and shall be used in performing TB risk assessments for in-home care providers. Providers with more than one type of setting shall apply this worksheet to each setting.~~

~~Contact the Department of Health and Environmental Control's TB control program to obtain epidemiologic data necessary to conduct the TB risk assessment.~~

Provider: _____

Number of Clients: _____

Address: _____

Phone: _____ County: _____

Completed by: _____ Title: _____

Date completed: _____

Part A. Incidence of TB in the provider organization

1. Number of TB cases identified in provider staff, caregivers under contract or otherwise eligible for referral, and clients combined in the past year? (Check only one box)

~~_____ No cases within the last 12 months.~~

~~_____ Less than 3 cases identified in the past year.~~

~~_____ 3 or more cases identified in the past year.~~

~~_____ Evidence of ongoing *M. tuberculosis* transmission.~~

~~2. Number of TB cases identified in your County in the last year? _____~~

~~_____ Information may be obtained from the TB Control section of the South Carolina Department of Health and Environmental Control's web site.~~

~~3. Number of TB cases identified in the State of South Carolina the last year? _____~~

~~_____ Information may be obtained from the TB Control section of the South Carolina Department of Health and Environmental Control's web site.~~

Part B. TB Infection Control Procedure

~~Yes No Are all new hires and caregivers newly contracted or newly eligible for referral screened for TB before initial client contact?~~

~~Yes No Does the provider have a written procedure for managing confirmed or suspected TB cases?
(See Section 400.A for the requirement of a written procedure.)~~

~~Yes No Does the provider's procedure assure prompt detection and appropriate management of infectious persons, including prevention of further transmission of TB?~~

Part C. Assigning a Risk Classification (*check only one box*)

If there have been no cases of TB identified in the provider in the past 12 months, this provider may be classified as LOW RISK.

If there have been less than 3 cases of TB identified in the provider in the past 12 months, this provider may be classified as LOW RISK.

If there have been 3 or more cases of TB identified in the provider in the past 12 months, this provider may be classified as MEDIUM RISK.

There is evidence of ongoing *M. tuberculosis* transmission and the provider has reported the events to the County Health Department and appropriate measures have been implemented. *(This is a temporary classification only warranting immediate investigation. After the ongoing transmission has ceased, the setting will be reassessed for classification).*

This TB risk assessment is performed annually to assess and assign an appropriate risk classification.

Date of next TB Risk Assessment Review (annually) _____

Provider TB Risk Classification

Low Risk Setting

Low Risk TB Screening

Less than 3 TB cases/year (see Part A)

~~Baseline two step TST or single BAMT upon hire or contract/eligible for referral and prior to client contact.~~

~~AND No risk factors are present (see Part B)~~

~~If TST is positive or employee or caregiver is symptomatic, obtain chest X-ray and refer to Health Department for a symptom assessment and medical evaluation.~~

~~NO ANNUAL TST or BAMT required.~~

- ~~Perform/obtain annual symptom assessment if documented prior positive TST or has documentation of prior active TB disease.~~
- ~~Persons identified as a contact to an infectious case and having unprotected exposure will be evaluated in accordance with the Health Department's contact investigation policies and procedures.~~

Medium Risk Setting

Medium Risk TB Screening

3 or more TB cases/year (see Part A)

- ~~Baseline two step TST or single BAMT upon hire contract/eligible for referral and prior to client contact.~~

OR Other risk factors apply (see Part B)

- ~~If TST is positive or employee or caregiver is symptomatic, obtain chest X-ray and refer to Health Department for a symptom assessment and medical evaluation.~~

- ~~Perform/obtain ANNUAL TB screening test (TST, BAMT or symptom assessment) for each employee and caregiver.~~

- ~~Perform/obtain annual symptom assessment if documented prior positive TST or has documentation of prior active TB disease treatment.~~

- ~~Persons identified as contact to an infectious case and having unprotected exposure will be evaluated in accordance with the Health~~
-

Department's investigation policies and procedures.

Potential Ongoing Transmission Setting	Potential Ongoing Transmission Setting
<p>Evidence of ongoing <i>M. tuberculosis</i> transmission</p>	<ul style="list-style-type: none"> - Report to local health department immediately. - Persons identified as a contact to an infectious case and having unprotected exposure will be evaluated in accordance with the Health Department's contact investigation policies and procedures. - Baseline two-step TST for TB or single BAMT for any new hire or any caregiver newly contracted or newly eligible for referral and prior to client contact while in this category. - Consult and coordinate with the Health Department for guidance as to when transmission has ceased and a new risk assessment can be completed.
<p><i>This is a temporary classification only, warranting immediate investigation. After the ongoing transmission has ceased, the setting will be reassessed for classification.</i></p>	

Sample Indications for Two Step Tuberculin Skin Testing – TST

Employee & Client TST Situation	Recommended TST Testing
1. No previous TST or BAMT result.	1. Two step baseline TST or single BAMT completed upon hire or contract/eligible for referral and prior to client contact.
2. Previous negative TST or BAMT result > 12 months before new employment or contract/eligible for referral.	2. Two step baseline TST or single BAMT completed upon hire or contract/eligible for referral and prior to client contact.

3. a. Previous documented negative TST result within 12 months before employment or contract/eligible for referral.	3. a. Single TST needed for baseline testing; this will be the second step.
b. Previous documented negative BAMT.	b. Single BAMT needed.
4. Previous documented positive TST result in millimeters.	4. No TST or BAMT; need TB symptom assessment.
5. Undocumented history of prior positive TST result.	5. Two step baseline or single BAMT upon hire or contract/eligible for referral and prior to client contact.
