Adult Vision Services

Definition: Adult Vision Services are included in the ID/RD Waiver as an extension to the vision services included in the State Plan. In the State Plan, specified vision services are only available to Medicaid participants who are under age 21. The ID/RD Waiver removes the age restriction making the same vision services available to those who are over age 21 and enrolled in the Waiver.

Vision Care Services are defined as those services which are reasonable and necessary for the diagnosis and treatment of conditions related to the optical system.

The ID/RD Waiver provides the following vision services to enrolled adults:

- One comprehensive eye exam every 365 days.
- One complete set of glasses every 365 days
- Replacement lenses when the participant's prescription changes at least one half diopter during the 365 day period.
- Other vision services when medically justified.

Please refer to the South Carolina Department of Health and Human Services Medicaid Vision Provider Manual for a complete listing of all covered services and payment rates. Please contact the vision representative at SCDHHS with additional questions.

Providers: Adult Vision Services are provided by Optometrists, Ophthalmologists or Opticians licensed to practice in South Carolina and who are enrolled with SCDHHS to provide Vision Services.

Conflict Free Case Management:

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 for the Services: If it is determined that vision services are needed, you must offer the participant or his/her family a choice of provider of the service and document this offering. The need must be reviewed by the SCDDSN Waiver Administration Division. Upon service approval, the participant must present his/her Medicaid card to the enrolled provider as authorization for payment. No additional paperwork is required. The provider will in turn bill Medicaid directly for these services.

Please note that in some circumstances the Waiver Case Manager will not be notified by the participant legal guardian/residential staff that a participant needs vision services. They will simply present their Medicaid Card to their vision provider when they need services. In order to ensure that the Support Plan supports these services (as mandated by the ID/RD Waiver document and CMS Protocol), you should plan for these services when completing the Support Plan. In order to plan for vision services, the team that is assembled to complete the plan should discuss any upcoming vision services that will be needed during the year. The Waiver Case Manager should include information in the plan about vision services for the upcoming year.

Monitoring the Services: You 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, change of provider, change to a more appropriate service, etc. DDSN recommends that this service is monitored within two weeks of completion or notification of service by the participant/representative.

Some items to consider during monitorship include:

- Has the participant's medical status changed since your last contact?
- Are all applicable services being provided as discussed?
- Is the participant satisfied with the result of this service (i.e. glasses, examination, etc.)
- Does the participant feel that the provider is responsive to their needs?
- Does the participant feel that there is a good relationship with the provider?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the participant or his/her legal guardian including the details regarding the change(s) in service, allowance for reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See *Chapter 9* for specific details and procedures regarding written notification and the reconsideration/ appeals process.