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## MEMORANDUM

**TO:** Execute Directors, DSN Boards of Case Management  
CEOs, Contracted Service Providers of Case Management  
Case Management Supervisors

**FROM:** Lori Manos, Interim Associate State Director-Policy *fm*

**DATE:** January 26, 2022

**SUBJECT:** Residential Habilitation Migration in Therap and Posting of Training Materials  
Necessary Action

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The purpose of this memo is to notify Case Managers of necessary action related to the successful Therap migration of Residential Habilitation plans and authorizations, and the posting of training materials related to the implementations of Residential Habilitation tiers and authorization of Waiver Case Management services.

As noted in the January 4, 2022 Executive Memo, the implementation of Residential Habilitation tiers began January 1, 2022. Over the January 7, 2022 weekend, Therap completed a migration that automatically updated approved plans and authorizations which included Residential Habilitation services. **To ensure plans and authorizations were appropriately updated/completed, Case Managers are requested to review the plans and authorizations for all individuals on their caseloads receiving Residential Habilitation services.** As part of that review, Case Managers should check to ensure the correct residential tier is listed on the plan and authorization. The CDSS contains information regarding the appropriate residential tier for each residential habilitation service recipient, which can be found at: CDSS Consumer Menu > Funding Band/Residential Tier.

Training on the implementation of Residential Habilitation tiers and Waiver Case Management (WCM) authorizations took place Friday, January 7, 2022. A "Frequently Asked Questions" document was developed based on questions resulting from this training, and has been posted, along with supporting documents. This information can be found at Business Tools > Case Management Tools > 2022 WCM and Residential Tier Migration.

Questions regarding this should be directed to Melissa Ritter ([mrutter@ddsn.sc.gov](mailto:mrutter@ddsn.sc.gov)) or Jennifer Jaques ([jjagues@ddsn.sc.gov](mailto:jjagues@ddsn.sc.gov)). Thank you.

Attachment

**Waiver Case Management and Residential (Tier) Authorizations**  
**Frequently Asked Questions**  
**1/19/2022**

**Waiver Case Management:**

1. **When must authorizations for Waiver Case Management (WCM) be completed?**  
Waiver Case Management authorizations must be completed for every waiver participant on your caseload by **March 1, 2022**.
2. **Why is the amount/frequency/duration of WCM services now listed at 40 units per month?**  
Effective January 1, 2022, DHHS approved an increase in the frequency of WCM to be 40 units (ten hours) per month, rather than 40 units per calendar quarter. This limit is inclusive of WCM with travel and WCM without travel, so services delivered cannot exceed 40 units per month of combined WCM with travel and WCM without travel.
3. **Should the effective date on the WCM authorization be March 1, 2022?**  
The effective date on the WCM Authorization can be any date between the date the ability to complete WCM authorizations began, and March 1, 2022 for individuals currently enrolled in one of the DDSN operated waivers. Anyone enrolled in the waiver must have a WCM authorization effective March 1, 2022 or before.
4. **Which provider should be selected for WCM authorizations?**  
The WCM authorization should be made out to the Case Management Provider providing the service. In Therap, the Case Management Provider Number ends in CM. For example, the Case Management Provider Number for Arc of the Midlands is 915-CM.
5. **Is it correct that case managers will be completing and approving the authorizations for our own agencies?**  
Yes, this is correct.
6. **Can we bill to complete these authorizations?**  
Yes. Completion of an authorization is a billable activity.
7. **Moving forward, as we complete new plans, will we indicate the new frequency of WCM with and without travel?**  
Yes, moving forward, as you complete new support plans, you will indicate the new limits for WCM with travel and WCM without travel. Combined units of WCM with travel and WCM without travel cannot exceed 40 units (ten hours) per month.
8. **Will case management providers need to “acknowledge” authorizations in Therap.**  
While authorizations are not required to be acknowledged, it is best practice to review and acknowledge all authorizations.
9. **How do I acknowledge WCM authorizations?**  
Therap requires a specific user role to acknowledge authorizations. Someone in your agency should be assigned this role in order to acknowledge authorizations. Information regarding this can be found on the South Carolina Therap Home Page. This information will also be posted along with this FAQ.
10. **Related to conflict free case management, is the fact that we are authorizing our own case management agency to provide WCM considered a conflict?**  
This is not considered a conflict. There is no DHHS requirement for authorization of WCM services, however, the Therap billing system requires an authorization for all services billed in Therap. The purpose of the implementation of WCM authorizations is only to allow providers to directly bill WCM in Therap.

11. **Will State Funded Case Management (SFCM) or Medicaid Targeted Case Management (MTCM) Require Authorizations?**  
No, SFCM and MTCM will not require authorizations. You will continue to request and provide SFCM and MTCM in the usual manner. Authorizations only apply to Waiver Case Management Services, and were implemented solely for the purpose of billing Waiver Case Management through Therap.
12. **Will providers be able to bill for WCM without an authorization?**  
Providers **will not** be able to bill WCM in Therap without an authorization.

### **Residential Tiers:**

1. **How do I determine what residential tier someone was migrated to?**  
The CDSS contains information regarding the appropriate residential tier for each residential habilitation service recipient, which can be found at: CDSS Consumer Menu>Funding Band/Residential Tier. To locate this information, search for the person, select the person, select CDSS Consumer Menu, and select “Funding band/Residential Tier” under the History section (top column on right hand side).
2. **Is the tier something the Case Manager should be entering in CDSS?**  
No. Tiers were determined based on the individual’s needs and are entered into CDSS by DDSN staff.
3. **For implementation, how were residential tiers determined?**  
Residential tiers were determined based on the needs of the person and his/her current funding band.
4. **Does SLP III have a separate tier?**  
No, SLP III falls under SLP II. Please review CDSS to determine each person’s specific tier.
5. **For the purposes of plan updates and completion of authorization, is the amount/frequency/duration of daily residential services 365 units per year, or is it 7 units weekly?**  
Either is correct.
6. **Will there be new Waiver Rate Tables related to the change in rates for residential habilitation and the implementation of tiers?**  
Yes, new waiver rate tables will be published. There have been a number of rate changes that will be reflected in the updated rate tables.
7. **For the migration and plan change request is the Waiver Administration Division checking behind the case manager to ensure the correct tier was selected?**  
Yes. While it is expected that the case manager review CDSS to determine the appropriate tier and indicate this on the support plan, the Waiver Administration Division is double checking this as part of the plan review/approval process.
8. **For plans that were in the approval process when the migration occurred, how will the plan and authorization be updated to indicate an effective date of January 1, 2022?**  
For plans that were in the approval process when the migration occurred, the previous plan and authorization were active and the migration should have updated them.
9. **In the future, how will a Case Manager know when a tier change occurs so he/she can update the plan and complete a new authorization accordingly?**  
A policy is being developed on request for tier changes. Case management’s role will be defined in that policy.
10. **Will authorizations be required for individuals receiving State Funded Residential?**  
Yes, as part of the implementation of residential tiers, Residential Habilitation authorizations will be required for individuals receiving State Funded Residential. Therefore, everyone receiving State Funded Residential Services must have a full assessment and Support Plan in place so authorizations can be generated.