



DDSN Executive Memo

**TO: EXECUTIVE DIRECTORS, DSN BOARDS
CEOS, CONTRACTED SERVICE PROVIDERS
CASE MANAGEMENT PROVIDERS**

FROM: ASSOCIATE STATE DIRECTOR, SUSAN KREH BECK, ED.S., LPES, NCSP *SKB*

DATE: NOVEMBER 15, 2019

RE: Electronic Authorization Q&A Sessions and FAQ Guide

This Memo is directed to Case Managers and Service Providers as a follow up to the implementation of Electronic Authorizations that occurred on November 4, 2019.

In order to address the questions and concerns of Case Management and Provider staff after the implementation of electronic authorizations on November 4, 2019, DDSN will continue to host SKYPE question and answer (Q&A) sessions. If, in the course of implementing authorizations in Therap, staff have questions or concerns, they can log in and speak with DDSN staff about the questions. There will be no formal agenda for these sessions, rather, the sessions will be open for Case Managers to "come and go" as needed to ask questions.

Over the past two weeks we have conducted similar Q&A sessions and have attached a FAQ guide. Please review this guide before contacting DDSN regarding questions about authorizations as the majority of the questions we have been receiving are answered in this FAQ.

If Case Managers receive any questions from Medicaid providers regarding obtaining Therap accounts or receiving authorizations in Therap, the Case Managers should refer the providers to the DDSN Helpdesk at (803) 898-9767, or by email at helpdesk@ddsn.sc.gov. Therap will be sending additional information to the DHHS providers next week.

SKYPE Q&A Session details:

Tuesday, November 19, 2019 – 10am to 11am
<https://meet.lync.com/ddsn/borner/GZ8NK0BH>
1-803-567-1681, conference ID 960391212

Tuesday, November 26, 2019 – 1pm to 2pm
<https://meet.lync.com/ddsn/borner/7V5CTG9V>
1-803-567-1681, conference ID 822728099

Tuesday, December 3, 2019 – 9am to 10am
<https://meet.lync.com/ddsn/borner/2L7GFD8J>
1-803-567-1681, conference ID 827945979

Tuesday, December 10, 2019 – 10am to 11am
<https://meet.lync.com/ddsn/borner/HF8BVCCN>
1-803-567-1681, conference ID 968579335

More sessions will be scheduled if needed. Please direct any questions on this process to Lori Manos at lmanos@ddsn.sc.gov or Ben Orner at borner@ddsn.sc.gov.

Attachment

Electronic Authorizations: Frequently Asked Questions

- Q: Can the Case Manager use the quick referral process to link an individual to a Residential, Day, or Employment provider?
- A: No. The STS should ALWAYS be used to link an individual with his/her Residential, Day, or Employment provider.
- Q: Will financial managers automatically receive copies of the electronic authorizations?
- A: No. Financial managers do not automatically receive copies of electronic authorizations. Case Managers will need to continue to provide paper copies of the authorizations to the financial manager as in the past.
- Q: Can Case Managers change the frequency on the authorization without a change to the Support Plan?
- A. No. The frequency from the Support Plan carries over to the authorization. To update the frequency of a service, a Plan Change form must be submitted and approved. Once the plan change is approved, the Case Manager can complete an updated authorization reflecting the frequency change.
- Q: What should I do if I've authorized all of the service units approved on the plan, but the Pre Auth worksheet does not turn green?
- A: Do not be concerned about the color of the Pre Auth worksheet, just be certain you have approved the authorization. The worksheet will only turn green for those services authorized on the same date the service was approved on the plan. A quick way to check that the authorizations have all been approved is to do a search in the Pre Auth section for that consumer. This will show all of the authorizations for that consumer and you can easily scan to ensure all have been approved.
- Q: Why didn't my waiver service need show up as requiring an authorization after my plan or plan change was approved?
- A: It could be that you neglected to use the "Service Description" drop downs when completing the Support Plan. The "Service Description" drop down must be completed to prompt authorizations for: Attendant Care/Personal Assistance, Audiology, Employment, Incontinence Supplies, Nursing, OT, PT, Speech and Hearing Services, PERS, Residential Habilitation, and Specialized Medical Equipment, Supplies and AT. When adding these needs, please ensure that you indicate the appropriate designation on the service description drop down.
- Q: Do Waiver Case Management services require electronic authorization?
- A: Waiver Case Management does not require authorization. As a result, Case Managers should never authorize services to the provider's Case Management account (Case Management accounts start with CM in Therap).

- Q: What do I do if the provider does not show up in the drop down list on an authorization?
- A: If the provider does not show up in the drop down list, first, verify that the provider is an approved provider of the service. Then, complete a quick referral to link that provider with the service recipient. (see guidance on how to complete a quick referral found in Business Tools > Case Management Tools > Electronic Authorizations)
- Q: What do I do if the provider is not in the quick referral list?
- A: If the provider is not listed as a service provider in the quick referral list, first, verify that the provider is an approved provider of the service. If the provider is an approved provider of the service, complete the “Request to Add Provider” form (Business Tools>Case Management Tools), and submit it to the DDSN Helpdesk (Please send only one form per provider and one provider per email).
- Q: If I unintentionally close the Pre Auth Worksheet before I am finished authorizing services, what do I do?
- A: If you close the Pre Auth Worksheet unintentionally, just use the search function in the Pre Auth section to find the worksheet and continue completing the authorizations.
- Q: What should I do if I send an incorrect authorization?
- A: If you send an incorrect authorization, first, edit the authorization to add an end date. Then, complete a new authorization. During the first year of electronic authorization roll out, paper authorizations for existing services are valid until the provider receives a new electronic authorization.
- Q: If a provider is on the Quick Referral or Dropdown list does that mean they are an approved provider?
- A: NO. It is still the responsibility of the Case Manager to ensure a provider is on the QPL or Medicaid provider list before sending an authorization.
- Q: Who do I send the authorization to for services involving Jasper DSN Board or Charles Lea as the Fiscal Agent?
- A: These authorizations should be sent to the Jasper or Charles Lea fiscal agent accounts in Therap and NOT to their normal Board or CM provider accounts.