

CHAPTER 5

SERVICE PROCEDURES

Revised April 2022

Waiver Case Management providers contracted by SCDDSN are subject to the agency's Waiver Case Management Standards. These standards comply with SCDHHS requirements for Waiver Case Management and with HCBS Waiver quality performance measures related to Level of Care, Service Plan, and Health and Welfare.

The Waiver Case Manager is responsible to arrange for a person's enrollment in the HASCI Waiver program and to assist a participant or legal guardian in selecting appropriate HASCI Waiver services and qualified service providers. The Waiver Case Manager is responsible to arrange for the services, authorize participant selected qualified providers to deliver the services, perform ongoing monitoring of the services, and modify, suspend, or terminate the services when necessary.

Selection of HASCI Waiver Services and Providers

HASCI Waiver services must address specific assessed needs of the participant. Prior to HASCI Waiver enrollment, and subsequently during annual or other updates of the Support Plan, the Waiver Case Manager must review with the person or legal guardian the HASCI Waiver services available to address the participant's documented needs. The Waiver Case Manager will assist the person or legal guardian to select appropriate services and service options.

A HASCI Waiver participant or legal guardian has the right to investigate, contact, and choose service providers from among available qualified providers. If requested, the Waiver Case Manager can assist in identifying qualified providers for the participant or legal guardian to consider.

There is a Provider/Service Directory on the SCDDSN website to assist in finding a qualified provider that is contracted by the agency. It can be accessed at www.dds.sc.gov >Home >Consumers and Families >Finding a *Qualified Service Provider* >Provider/Service Directory.

There is also a tool on the SCDHHS website to assist in finding a qualified provider that is enrolled with the State Medicaid Agency. This includes providers of services through the Medicaid State Plan as well as HCBS Waiver programs. It can be accessed at www.scdhhs.gov >Home >For Providers >Enrolled Provider >Search for Providers.

Choice of providers must be offered whenever a HASCI Waiver service is initiated or changed. The Waiver Case Manager must document in Case Notes that the person or legal guardian was informed of services and service options available through the HASCI Waiver and was offered a choice among available qualified service providers.

If a HASCI Waiver service that is identified to address a need is refused, the Waiver Case Manager must discuss with the person or legal guardian the risks associated with refusing the service and other options available. Refusal of a service and discussion of associated risks and other options must be documented in a Case Note.

If no available qualified provider can be identified for a service needed by a HASCI Waiver participant, the Waiver Case Manager must document this in Case Notes. Documentation must specify the efforts made to locate a qualified provider.

Justifying Services in the Support Plan

Each service provided through the HASCI Waiver must address a specified need that is documented in the participant's Support Plan. All needs identified in the Support Plan must be justified by formal or informal assessment information. This includes the Case Management Assessment as well as new or updated information outside of annual planning that is documented in Case Notes. Formal/informal assessments may also include information/reports in the participant's record that were provided by the person or legal guardian, caregivers, medical professionals, schools, and past/current service providers.

Before any HASCI Waiver service can be authorized, the Waiver Case Manager must complete or update the person's Support Plan to document appropriate justification. The Support Plan must identify all of the person's needs, including those outside the scope of the HASCI Waiver. All identified needs must be addressed to the extent possible, regardless of availability of resources/funding.

This must include needs for medical care and access to health care providers. All designated interventions/services/resources in the Support Plan must be appropriate to address the identified needs.

For each HASCI Waiver service, the participant's Support Plan must document:

- Correct name of the service as in the HASCI Waiver document (Chapter 2).
- Frequency and duration of the service
- Amount of actual or projected service units
- Type of qualified service provider(s) selected

At all times, a HASCI Waiver participant's Support Plan must be consistent with corresponding services reported in the SCDDSN Service Tracking system (STS) and corresponding service authorizations issued to providers.

Initial Service Request

Upon notification that the individual has been allocated a HASCI Waiver slot the Waiver Case Manager must update the Support Plan to include the amount, frequency, and duration of all waiver services, and the appropriate funding source for those services. In order to update the Support Plan, the Waiver Case Manager will complete a Plan Change Form on Therap. This form will be electronically submitted to the Waiver Administration Division for review along with all supporting justification/documentation. The Waiver Administration Division Staff will review the request and the Waiver Case Manager will receive electronic notification if the request has been approved or if additional information is needed. Upon approval, the Waiver Case Manager must enter the service into the Service Tracking System (STS), and complete/submit the service authorization(s) to the chosen provider.

Support Plan Revision

Revision to a HASCI Waiver participant's Support Plan must be made any time that there is a change in services. Changes may include: addition of a new service, termination of a service, and reduction or increase in total number of units of a service.

- In order to update the Support Plan, the Waiver Case Manager will complete a Plan Change Form on Therap. This form will be electronically submitted to the Waiver Administration Division for review along with all supporting justification and documentation. The Waiver Administration Division Staff will review the request and the Waiver Case Manager will receive electronic notification if the request has been approved or if additional information is needed.
- For service reduction or termination, excess or unused units must be deleted from the budget. When the plan change is approved, the Waiver Administration Division Staff will reconcile the waiver budget accordingly.

Service Tracking System

Each HASCI Waiver service and its start date must be keyed into the participant's record on the SCDDSN Service Tracking System (STS) prior to authorizing service providers.

For information on how to use STS, refer to the *STS Reference Manual*. *It can be accessed via the SCDDSN Application Portal >Business Tools >Forms >Finance Manual Chapter 10 >STS Reference Manual*

Residential Habilitation, Day Activity, Career Preparation, and Employment Services must identify the HASCI Waiver as the source of funding.

STS must be updated as necessary to reflect all current services provided through the HASCI Waiver.

Service Authorization

All services provided through the HASCI Waiver must be prior authorized by the participant's Waiver Case Manager.

Each authorization form permits a qualified provider (agency, company, or individual) to provide a specific HASCI Waiver service to a participant, authorizes the maximum number of service units that can be provided, and authorizes Medicaid payment for the service.

The following requirements for prior authorization apply to all HASCI Waiver services:

- Service authorization must be completed and sent to the provider on or before the “start date” indicated for the service.
- Unless an “end date” is indicated, the service authorization remains in effect until the service is modified with a new authorization sent to the provider or until the service is terminated or suspended.
- The Waiver Case Manager must use caution when authorizing additional units or short-term term services to be certain that all service units are incorporated into the new authorization.

Example: A participant receiving 25 hours per week of AC/PAS needs an additional 5 hours per week for an estimated 3 week period. The Waiver Case Manager must send a new authorization for AC/PAS to the provider indicating a new start date for 30 hours per week. To return to 25 hours per week, a new authorization for AC/PAS must be sent to the provider indicating a new start date for 25 hours per week.

Service Billing

Providers of HASCI Waiver services are enrolled with SCDHHS, and therefore HASCI Waiver services must be direct-billed to Medicaid. The provider is responsible for following SCDHHS billing procedures

Monitoring of HASCI Waiver Services

The Waiver Case Manager must monitor the effectiveness, frequency, duration, benefits, and usefulness of each HASCI Waiver service received by a participant 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 in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitor services when they begin and as changes are made.

Monitoring must be conducted as frequently as necessary in order 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).

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Case Notes.

Service Denial, Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for denial. SCDDSN's Process for Reconsideration of SCDHHS Decisions must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for the action. SCDDSN's Process for Reconsideration of SCDHHS Decisions must also be provided. This action must be documented in the Case Notes.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.

When the action becomes effective, the person's Support Plan must be updated. Budget information in the Waiver Tracking System (WTS) must be adjusted accordingly. For service reduction or termination, excess or unused units must be deleted from the budget. The Waiver Administration Division Staff will reconcile the waiver budget accordingly.

Service information in the Service Tracking System (STS) must be updated by the Waiver Case Manager as necessary.