

## **Health Education for Participant-Directed Care**

Revised September 2024

### **Definition**

Health Education for Participant-Directed Care prepares capable participants who desire to manage their own personal care or a family member or other responsible party who desires to manage the personal care of a participant not capable of self-management.

Health Education for Participant-Directed Care is instruction provided by a licensed Registered Nurse (RN) regarding the nature of specific medical conditions, promotion of good health, and prevention/monitoring of secondary medical conditions.

### **Service Unit**

The service unit for Health Education for Participant-Directed Care is one (1) hour.

### **Service Limit / Restrictions**

Health Education for Participant-Directed Care is limited to 10 units per calendar year.

### **Providers**

Health Education for Participant-Directed Care must be provided by a Medicaid enrolled provider that employs or contracts with a licensed RN. The provider is responsible to verify credentials of the RN who directly performs Health Education for Participant-Directed Care

An RN employed or contracted by the provider who directly performs Health Education for Participant-Directed Care must:

- be licensed as a Registered Nurse by South Carolina Board of Nursing or a person licensed as a Registered Nurse by another state that has been granted multi-state licensing privileges by the South Carolina Board of Nursing.
- use curriculum approved by SCDDSN, as a guide in providing education on bladder and bowel care, skin care, respiratory care, sexuality, substance abuse issues, and monitoring of health status and medical conditions
- address the participant's specific medical conditions and functional limitations, promotion of good health, and prevention/monitoring of secondary medical conditions

**Conflict Free Case Management (effective June 1, 2021):**

**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 and Authorizing the Service**

If the Waiver Case Manager determines that a participant is in need of and desires Health Education for Participant-Directed Care, this must be clearly documented in the participant's Support Plan. The Support Plan must indicate the participant's specific medical conditions and desire to manage his or her own personal care (or a family member or other responsible party who desires to manage the participant's personal care if he or she is not capable of self-management).

When it is determined and documented that Health Education for Participant-Directed Care is needed and desired, the amount, type and frequency of the service are determined, the participant's Support Plan must be updated to clearly reflect the name of the service and payer, the amount, frequency and duration of the service, and provider type(s). In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division.

Upon approval, service information must be entered into the Service Tracking System (STS) by the Waiver Case Manager.

Following Support Plan approval, the participant or representative must be offered choice of provider. Offering of provider choice and the provider selected must be clearly documented in a Case Note.

To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider.

**Billing**

Health Education for Participant-Directed Care must be Direct-billed to SCDHHS. The provider is responsible to determine and follow SCDHHS billing procedures.

- The service provider is responsible for maintaining documentation that service was rendered for each unit billed.

## **Monitorship**

The Waiver Case Manager 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 increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins 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).

Some questions to consider during monitorship include:

- Is the service being provided as authorized?
- Is the participant satisfied with the service and chosen provider?
- How is the service of benefit to the participant?

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. The 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. The Process for Reconsideration of SCDHHS Decisions must also be provided. The Waiver Case Manager will end the electronic authorization(s), sending notification to the affected service provider.

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 participant's Support Plan must be updated. Budget information in the Waiver Tracking System (WTS) must be adjusted accordingly.

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