

Peer Guidance for Participant-Directed Care

Revised September 2024

Definition

Peer Guidance for Participant-Directed Care prepares and assists capable participants who desire to manage their own personal care. It is information, advice, and encouragement provided by a trained Peer Mentor to help a participant with spinal cord injury, severe physical disability, and/or brain injury in recruiting, training, and supervising primary and back-up attendant care/personal assistance providers and self-advocacy.

The Peer Mentor is a person with a spinal cord injury, severe physical disability, and/or brain injury who successfully lives in the community with a high degree of independence and who directs his or her own personal care needs. The Peer Mentor serves as a role model and shares information and advice from his or her experiences and helps promote independence.

The Peer Mentor will use the “Peer Support Curriculum” from the Shepherd Center in Atlanta, Georgia or other curriculum approved by SCDDSN.

Service Unit

The service unit for Peer Guidance for Participant-Directed Care is one (1) hour.

Service Limit / Restrictions

Peer Guidance for Participant-Directed Care is limited to 12 units per calendar year.

Providers

Peer Guidance for Participant-Directed Care must be provided by a Medicaid enrolled provider.

The provider is responsible to verify qualifications of the Peer Mentor who directly performs Peer Guidance for Participant-Directed Care.

An individual employed or contracted by the provider as a Peer Mentor must meet the following minimum qualifications:

- Have a spinal cord injury or other severe physical disability and live successfully in the community
- Be at least 18 years old, with sufficient maturity and ability to deal effectively

- with the job
- Have a high degree of independence and direct his or her own personal care
 - Able to read, write, and speak English, as well as communicate effectively
 - Free from communicable diseases
 - Have never been convicted of a felony
 - Be trained/approved by South Carolina Spinal Cord Injury Association or other approved DDSN provider.
 - Use the “Peer Support Curriculum” from the Shepherd Center in Atlanta, Georgia and/or other curriculum approved by SCDDSN, as a guide in providing peer guidance to persons with spinal cord injury or severe physical disability and/or brain injury who desire to manage their own personal care needs.

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 Peer Guidance for Participant-Directed Care, this must be clearly documented in the participant’s Support Plan. The Support Plan must indicate the desire and ability of the participant to manage his/her own personal care including recruiting, training and supervising primary and back-up attendants.

When it is determined and documented that Peer Guidance for Participant-Directed Care is needed and desired, 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.

Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

Billing

Peer Guidance 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 an 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 with the chosen provider?
- Does the service need to continue at the level at which it has been authorized?
- How does the participant benefit from the service?

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.