

Private Vehicle Modification Assessments/Consultations

Revised May 2021

Definition

Private Vehicle Modification Assessment/Consultation may be provided to determine specific modifications/equipment needed, any follow-up inspection after modifications are completed, training in use of equipment. The scope of the work and specification must be determined. The criterion used in assessing a participant's need for this service are: 1) The parent or family member cannot transport the participant because the participant cannot get in or out of the vehicle; or 2) The participant can drive but cannot get in or out of the vehicle and a modification to the vehicle would resolve this barrier.

Service Unit

Assessments/Consultations: One-time fee, not to exceed \$600

Refer to the current HASCI Waiver rate table for reimbursement amounts. *This can be accessed via the SCDDSN Application Portal >R2D2 >View Reports >Waiver >Service Rates >HASCI.*

Service Limit / Restrictions

The individual/agency that is performing the Assessment/Consultation is ineligible to bid on the actual modification.

The Assessment/Consultation does not require submission of bids.

The reimbursement for the Assessment/Consultation may not exceed \$600.

Providers

Private Vehicle Assessment/Consultation can be completed by:

- Licensed Medicaid enrolled Occupational or Physical Therapists,
- Medicaid enrolled Rehabilitation Engineering Technologist,
- Assistive Technology Practitioners and Assistive Technology Suppliers,
- Medicaid enrolled Environmental Access/Consultants/Contractors,
- DDSN/DSN Board/Contracted Provider

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 the participant is in need of an Assessment/Consultation, this must be clearly documented in the participant's Support Plan. 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 Case Notes.

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

If the provider is not enrolled as a Medicaid Provider with SCDHHS, Board Billed must be indicated on the authorization. If the provider of a Board Billed service is not directly enrolled as a Medicaid Provider and is not on the DDSN QPL but will be invoicing DDSN for services, the "non-sharable" indicator should be selected when authorizing the service and the authorization can be printed and faxed to the provider. Include a copy of the authorized bid and the Private Vehicle consultation, if applicable, with the authorization.

Billing

If the provider is a SCDHHS enrolled provider, the service must be direct-billed to SCDHHS. This must be indicated on the authorization.

If the provider is not enrolled with SCDHHS, Board Billed must be indicated on the authorization. It must be determined whether the vendor providing the service has previously provided services to other state agencies.

The Waiver Case Manager must inquire of the vendor whether they have provided services to any other state agency and if so, must request their state vendor number.

- If the vendor providing the service has not provided services to any other state agency, the vendor is not in the state payable system.
- If the vendor has not provided services to any other state agency or is unsure, the Waiver Case Manager must obtain a completed W-9 from the vendor and forward to: AP@DDSN.SC.GOV at the time the service is authorized. This will shorten the length of time for processing payment after completion of the modification.
- When completing the Financial Manager portion of the electronic authorization, the Waiver Case Manager should choose “Case Management” as the Financial Manager.
- The modification provider should be directed that their invoice should read DDSN, but it must be sent through the Waiver Case Manager for processing.

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 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).
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- **The Waiver Case Manager must monitor the Private Vehicle Modification Assessment/Consultation within two (2) weeks of completion to verify satisfaction.**

Some questions to consider during monitorship include:

- Was the assessment/consultation completed as originally prescribed?

- Is the participant satisfied with the end result of the assessment/consultation?
- Was he/she satisfied with the provider of 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.