

## **Private Vehicle Modification Assessments/Consultations**

Revised November 2019

### **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

## **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 of a Board Billed service is not directly enrolled as a Medicaid Provider and is not on the DDSN QPL but will be invoicing the financial manager for services, the "non-shareable" indicator should be selected when authorizing the service and the authorization can be printed and faxed to the provider.

## **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 a SCDHHS enrolled provider, and is contracted through the DSN Board, the service must be Board-billed to the participant's SCDDSN Financial Manager agency. This must be indicated on the authorization.

## **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).
- **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. Information concerning SCDDSN Reconsideration and SCDHHS Appeal 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. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

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, which are also used to notify each affected service provider of the action:

- *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.