

Psychological Services

Revised November 2019

Definition

Psychological Services address the affective, cognitive, and substance abuse problems of a HASCI Waiver participant age 21 years or older. This service includes psychiatric, psychological, and neuropsychological evaluation; development of treatment plans; individual/family counseling to address the participant's affective, cognitive, and substance abuse problems; cognitive rehabilitation therapy; and alcohol/substance abuse counseling. The service may include consultation with family members/others or service providers to assist with implementing the participant's treatment plan.

Service Unit

Psychiatric evaluation and/or treatment:	<u>one unit equals one (1) hour</u>
Psychological assessment:	<u>one unit equals one (1) visit</u>
Neuropsychological assessment	<u>one unit equals one (1) visit</u>
Individual/Family counseling	<u>one unit equals one (1) hour</u>
Drug/Alcohol counseling	<u>one unit equals one (1) hour</u>
Cognitive Rehabilitation Therapy	<u>one unit equals one (1) hour</u>

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

Psychological Services funded by the HASCI Waiver may be provided only if the participant is unable to access or has exhausted relevant services under Rehabilitative Behavioral Health Services (RBHS) funded by Medicaid State Plan. This includes services through Licensed Independent Practitioners of Rehabilitative Services (LIPS) funded by Medicaid State Plan.

There is no set limit for Psychological Services funded by the HASCI Waiver; however, units authorized must be based upon professional assessments and consistent with professional treatment plans. It is expected the participant will improve in functioning or otherwise continue to benefit from ongoing treatment.

For a HASCI Waiver participant age 21 years or older who receives Residential Habilitation, psychological services are included in the rate paid to the residential provider. If the participant needs Psychological Services, the residential provider must directly provide or obtain it. Those participants receiving Residential Habilitation will not be separately authorized to receive psychological services through the HASCI Waiver.

Providers

Psychological Services funded by the HASCI Waiver must be provided by:

- an agency or company enrolled with SCDHHS as a provider of Psychological Services; the provider must also comply with SCDDSN Psychological Services Standards
- a licensed or certified professional enrolled with SCDHHS as a Licensed Independent Practitioner of Rehabilitative Services (LIPS) provider; the provider must also comply with SCDDSN Psychological Services Standards

Arranging and Authorizing the Service

If a HASCI Waiver participant age 21 years or older, needs and requests Psychological Services, the Waiver Case Manager must first assist the participant to access any other resources and funding for the services, including private insurance, Veterans Administration, Workers Compensation, SC Department of Mental Health, SC Department of Alcohol and Other Drug Abuse Services, SC Vocational Rehabilitation Department, Medicare, and Medicaid State Plan.

Rehabilitative Behavioral Health Services (RBHS) funded by Medicaid State Plan include a number of services for adult Medicaid participants who have a behavioral health disorder. These are available through state agencies (e.g. SC Department of Mental Health, SC Department of Social Services, etc.) and private organizations contracted with SCDHHS. They are also available from Licensed Independent Practitioners of Rehabilitative Services enrolled with SCDHHS as LIPS providers (e.g. private psychiatrists, psychologists, social workers, counselors, etc.)

Information is available on the SCDHHS website: www.scdhhs.gov >Provider Manuals >Rehabilitative Behavioral Health Services Provider Manual and Licensed Independent Practitioners of Rehabilitative Services Provider Manual.

The Waiver Case Manager must document in Case Notes efforts to obtain the needed services through other resources and funding available to the participant. If not available from other sources, Psychological Services funded by HASCI Waiver can be pursued. The need must be clearly documented in the participant's Support Plan, including the specific affective (emotional), cognitive, and substance abuse problems of the participant.

For most participants, an initial psychiatric evaluation, psychological assessment, or neuropsychological assessment must be arranged and authorized. This may not be necessary if such an evaluation or assessment has been done previously. If not needed, it should be specified in a Case Note, including the reason evaluation or assessment is not needed.

The participant's Support Plan must be updated to clearly reflect the name and type of the service, payer, the amount, frequency, and duration of the service, and the provider type. In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division.

Upon approval, the Waiver Case Manager must enter the service into the Service Tracking System (STS)

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.

When the evaluation/assessment is completed, therapy sessions/counseling sessions may be recommended. If the participant wishes to pursue these, they must be separately authorized.

The participant's Support Plan must be updated to reflect the name and type of the service, payer, the amount, frequency, and duration of the service, and the provider type. In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division.

Upon approval, the Waiver Case Manager must enter the service into the Service Tracking System (STS).

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

The service must be Direct-billed to SCDHHS. This must be checked 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 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?

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.