

Equipment and Assistive Technology Assessment/Consultation

Revised November 2019

Definition

Equipment and Assistive Technology Assessment/Consultation may be provided to determine specific equipment and assistive technology needs related to the participant's disability for which equipment and assistive technology will assist the participant to function more independently. The Assessment/Consultation will determine the scope of the work and specifications for the recommended Equipment/Assistive Technology.

Assessment/Consultation cannot be used to determine the need for supplies, only equipment and assistive technology items.

Service Unit

Assessment/Consultation: One-time fee, not to exceed \$300

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

Equipment and Assistive Technology Assessment/Consultation may only be provided if not covered by State Plan Medicaid.

Assessment/Consultation cannot be used to determine the need for supplies, only equipment and assistive technology items.

The reimbursement for the Assessment/Consultation may not exceed \$300

Providers

Equipment and Assistive Technology Assessments/Consultations must be completed by one of the following:

- Licensed Medicaid enrolled Occupational or Physical Therapists,
- Medicaid enrolled Rehabilitation Engineering Technologists,
- Assistive Technology Practitioners and Assistive Technology Suppliers,
- Medicaid enrolled Environmental Access/Consultants/Contractors

Arranging and Authorizing the Service

If the Waiver Case Manager determines that a participant is in need of an Equipment or Assistive Technology 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.

Billing

Equipment and Assistive Technology Assessment/Consultation can be Direct-billed to Medicaid or Board-billed to the participant's Financial Manager. The Waiver Case Manager will be responsible for confirming the chosen provider's ability to bill for the requested service, and will complete the authorization to indicate the appropriate billing method.

If the service is provided by an agency or company enrolled with SCDHHS, the service must be Direct-billed to SCDHHS. This must be indicated on the authorization.

If the authorized provider is a DSN Board or other DDSN-contracted provider, the service must be Board-billed to the participant's SCDDSN Financial Manager agency. This must be indicated on the authorization.

- The Financial Manager agency is responsible for maintaining documentation that service was rendered as billed.
- The Financial Manager agency must follow *Procedures to Report and Bill for Board-Based Services Provided to HASCI Waiver Recipients* to receive reimbursement from SCDDSN. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >Finance Manual Chapter 10, Section 10-14.*

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).

The Waiver Case Manager must monitor the assessment/consultation within two (2) weeks of completed to verify satisfaction.

Some questions to consider during monitorship include:

- Was the assessment/consultation completed as originally authorized?
- 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.