

Interim Process for Requesting Home Delivered Meals for people displaced from ADHC

Effective 5/29/20

- Case Managers may request Home Delivered Meals for any consumer enrolled in the ID/RD or CS Waiver who has been displaced from ADHC services.
- Request cannot exceed two (2) meals per day/fourteen (14) meals per week for ADHC recipients who are not able to access ADHC services due to program shut down or personal health.
- Case Managers should submit requests through the normal Plan Change Request Process.
- Requests must be adjusted to reduce the lost ADHC and will have an end date no later than 6/30/20.
- Plan Reviewers will approve requests and ensure Plans are updated as appropriate. Budgets will not be updated so manual calculations will be necessary if a CS Waiver participant is approaching the annual cost cap.
- Case Managers will offer family a choice of Medicaid enrolled Home Delivered Meals providers. Providers by zip code are available at the following link: https://www.getcaresc.com/browse-by-category?service_category=389&service_id=460
- Case Managers should contact the chosen Home Delivered Meals provider to ensure that they are able to accept the authorization and establish a start date. Providers should be informed that billing should occur through the Webtool.
- Case Managers will authorize Home Delivered Meals using the paper authorization form located on Business Tools in the following folder: DDSN > Business Tools > COVID-19 INTERIM FORMS. The authorization must include a start and end date and Case Managers must attach the "Provider Info-HDM" to instruct the provider how to bill.

Home Delivered Meals to DDSN Waiver Participants

If you are chosen as a provider for Home Delivered Meals by a participant in either the Intellectual Disability/Related Disabilities (ID/RD) or Community Supports (CS) Waiver operated by the Department of Disabilities and Special Needs (DDSN), you will be receive a paper authorization from the DDSN Case Manager. The authorization will list the procedure code needed to electronically file a claim directly to the Department of Health and Human Services (DHHS) through the **DHHS Provider Webtool**. **DDSN does not currently utilize the Phoenix system for authorizations or claims billing.** Please do not send claims or invoices directly to DHHS.

For additional information on how to file claims to DHHS or to register to attend a live training webinar, please go to <https://medicaidelearning.remote-learner.net/>.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
ID/RD WAIVER**

AUTHORIZATION FOR HOME DELIVERED MEALS

BILL TO S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

TO: _____

You are hereby authorized to provide Home Delivered Meals (S5170) for:

Participant's Name: _____ **Date of Birth:** _____

Address: _____

Phone Number: _____ **Medicaid #:** _____ **Social Security #:** _____

Only the number of units rendered maybe billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Start Date: _____

End Date: _____

Authorized Total: __ Unit(s) per week (One unit = one meal)

Case Management Provider: _____ **Case Manager Name:** _____

Address: _____

Phone # _____

Signature of Person Authorizing Services

Date

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
Community Supports Waiver**

AUTHORIZATION FOR HOME DELIVERED MEALS

BILL TO S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

TO: _____

You are hereby authorized to provide Home Delivered Meals (S5170) for:

Participant's Name: _____ **Date of Birth:** _____

Address: _____

Phone Number: _____ **Medicaid #:** _____ **Social Security #:** _____

Only the number of units rendered maybe billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Start Date: _____

End Date: _____

Authorized Total: __ Unit(s) per week (One unit = one meal)

Case Management Provider: _____ **Case Manager Name:** _____

Address: _____

Phone # _____

Signature of Person Authorizing Services

Date