SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Case Management Training Office Hours

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Welcome

- Chat can be accessed in the top left corner of your screen.
- If you do not have access to the chat box, please email cmtraining@scdhhs.gov.
- We will get started shortly.

Overview

- Home and Community-based Services (HCBS) case management recoupment guidelines - SCDHHS case management (CM) scope of services
- At-risk for missed personal care visits
- Non-compliant participant

HCBS Case Management Recoupment Guidelines

- **Late level of care/re-evaluation (without an approved reason)**
  - If late, recoup for each month late from the re-evaluation due date.
  - If completed within the month but out of compliance, recoup for the month.
- The case manager must complete the re-evaluation visit with the participant by the 365th calendar day from the last assessment. All data (assessment, service plan and narrative) must be uploaded to Phoenix by the 365th calendar day.

- **No case activity or inappropriate case activity**
  - Recoup if CM service has been billed but record reflects no case activity.
  - No required monthly activity and not billed: strike.
  - Quarterly due, monthly contact done recoup for each month quarterly not completed, unless a valid reason is narrated.
  - Late initial visit: recoup unless a valid reason is narrated.
  - If the narrative and checklist are incomplete, the CM must be considered out of compliance: strike for each incident.

HCBS Case Management Recoupment Guidelines *(cont.)*

- **Closed cases**
  - Recoup if cases are not closed in a timely and properly manner (including terminating the application). Potential to recoup for all waiver services that must have been terminated.
  - Strike for failure to notify provider by phone and in writing of authorization terminations (phone notification must be documented in the narrative).
- **Timeliness**
  - Strike then recoup if documentation is more than three business days late.
  - Recoup for a late or blank service plan.
  - Recoup for each month the service plan was not completed.
    - All waiver documentation for the month must be keyed, entered and uploaded to the network by 11:59 p.m. of the last day of each month. This policy supersedes the three-business day policy.

HCBS Case Management Recoupment Guidelines *(cont.)*

- **Monitoring Adult Protective Services (APS) cases**
  - First offense: SCDHHS Quality Assurance (QA) will send a reminder to the CM, provider agency and area office.
  - Second offense: SCDHHS QA will send a letter to the CM and provider agency notifying that the CM/provider agency has five business days from the date of the letter to document service coordination/ follow-up with APS staff.
  - Third offense: CM/provider agency will not receive new referrals for a minimum of 60 days.
- **Incorrect use of the Electronic Verification Visit (EVV) System**
  - Strike when worker forgets to check in but does check out.
  - Strike when worker forgets to check out but does check in.
  - Strike when worker forgets to check in and worker forgets to check out.
  - Recoup for any unauthorized location/phone numbers that are not justifiable.
  - Strike when resolutions are submitted late.

Missed Personal Care Visits

- As part of the ongoing case monitoring process, the case manager must identify the participant with special needs and/or inadequate supports. The participant may require special intervention in the event of a missed Personal Care Service (PCS) visit or emergency/disaster.
- A participant at risk for a missed personal care service visit is one whose health and safety could be compromised if the service is not provided as scheduled.

Examples of Missed Personal Care Visits

- A diabetic participant who resides alone is unable to prepare a meal, must eat at specific times and the personal care aide is responsible for preparing the meal.
- An incontinent participant who relies solely on the personal care aide to perform bathing and toileting.
- A bedbound participant who relies solely on the personal care aide to perform activities of daily living and meal preparations.

Missed Personal Care Visits

- If a participant is determined by the case manager to be “At-Risk for a Missed PCS visit,” this information must be communicated to the provider at the time of the referral and any time the status changes.
- The at-risk status for a Missed Personal Care II visit is keyed in the Participant Information section of Phoenix.
- This will flag appropriate service authorizations to alert providers of the At-risk Personal Care II visit status.
- Service planning must address this special need of the participant.
- The provider is required to contact the case manager if services cannot be provided to the participant as authorized and backup efforts have failed.
- The case manager must respond immediately to attempt to secure the assistance needed by the participant.
- Efforts to secure assistance must be documented in the narrative.
- Participants who have been coded as “At Risk for Missed Personal Care II” in Phoenix may be identified using the Case Manager Roster Report, Personal Care II Visit Status.

Non-compliant Participant

- If a participant and/or authorized representative refuses to cooperate with the Community Long Term Care (CLTC) program, and all alternatives have been exhausted (i.e., counseling, personal contracts, referrals to the South Carolina Department of Social Services (DSS) Adult Protective Services department, interagency team staffing, case manager/supervisory visits, etc.), termination of a waiver service and/or termination from the CLTC program may be appropriate.

Examples of Non-compliant Participant

- Repeated refusal to cooperate with providers and/or case manager
- Repeated incidences of non-compliance with the service plan
- Physical abuse or repeated verbal abuse toward provider and/or case manager
- Conduct which adversely impacts the program's ability to ensure service provision or to ensure the participant's health or the safety of the CLTC representative.

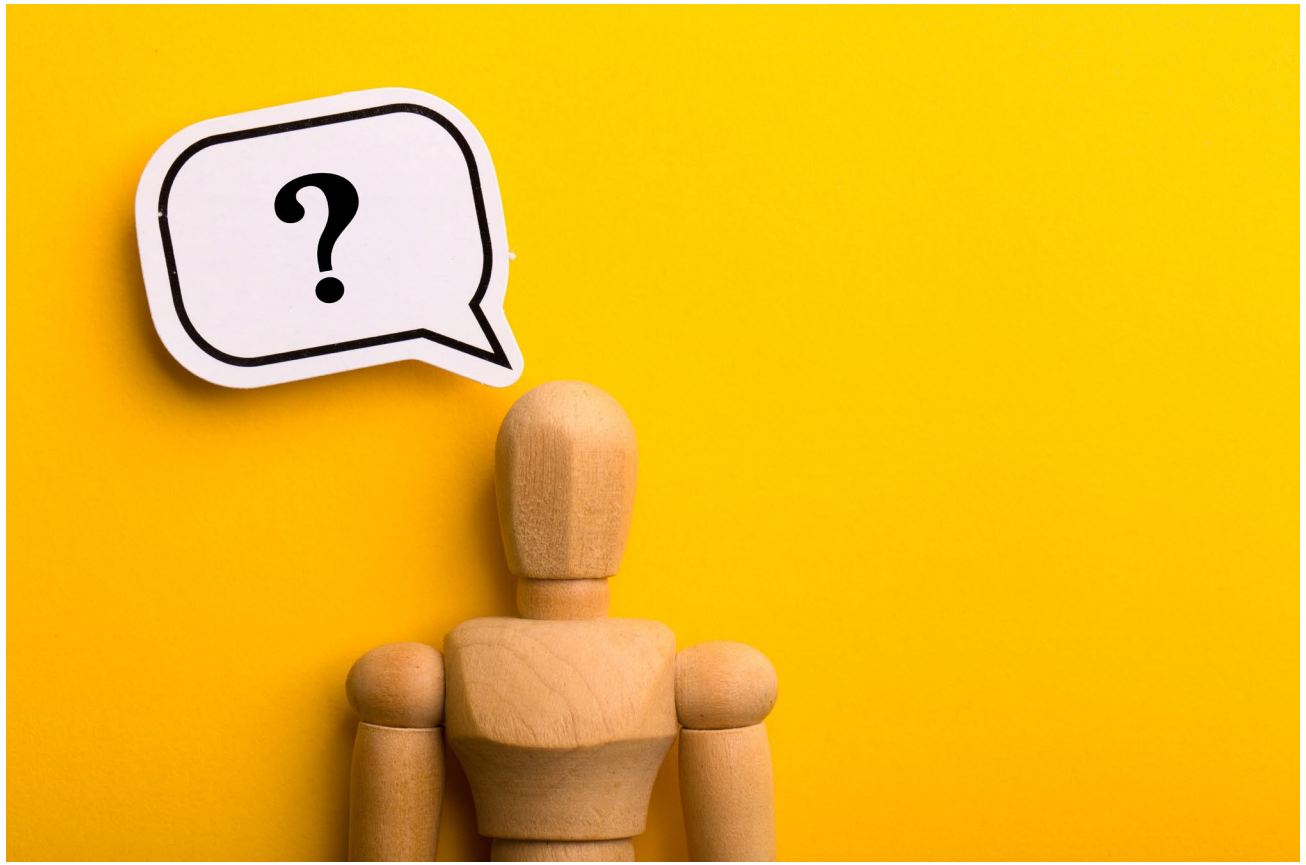
Termination of Waiver Service for Non-compliance

- All efforts to work with the participant and/or authorized representative must be documented.
- Termination of service must have prior approval of the area administrator or lead team designee and documented in the Phoenix narrative.
- A CLTC notification form must be approved by the regional CLTC director and documented in the Phoenix narrative prior to mailing.
- Participant must be notified of termination of waiver services on the CLTC notification.
- The service provision form terminating service(s) must be sent to the provider(s).

Termination from Waiver for Non-compliance

- The participant and/or authorized representative must be notified in writing by certified mail and regular (first class) US mail of the program requirements, advised of potential consequences of continued non-compliance and given an opportunity to remedy the circumstances.
- The letter must have approval from the regional CLTC director prior to sending to the participant.
- All efforts to work with the participant and/or authorized representative must be carefully documented.
- Termination must be prior approved and documented by the designated lead team member, area administrator and regional CLTC director.

Questions?



Survey

Compliance Office Hours Feedback Survey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