

PRTF Alternative CHANCE Waiver

FAQ

2/15/13

1. *Since it is required that all waiver service providers attend the service plan development team meeting, what can a provider do if they are unable to attend?*

The new policy manual clarifies this issue. It is in the best interest of the waiver participant for all waiver service providers to attend the team meetings. Providers who are unable to physically attend the meetings can utilize phone conferencing or video conferencing to participate in the meetings off site. In the event that a provider cannot participate in the team meeting, they should contact the case manager and family as soon as possible prior to the scheduled meeting to communicate that they will not be able to attend. The provider must share information with the case manager regarding the progress/lack of progress in treatment since the last 90 day review and make recommendations for treatment going forward. The case manager will then share the update with the team at the meeting.

2. *What is the procedure to get goods and services authorized?*

In order to get goods and service authorized the case manager must submit documentation to SC DHHS to indicate that the service plan development team has discussed a specific good or service that they feel would improve the treatment outcomes for the waiver participant. In order for a request of goods and services to be considered, the case manager must submit the following documentation to SC DHHS for authorization:

- A plan of care with goods and services listed as a service and goals identified
- A budget with goods and services listed, requesting a dollar amount for the purchase
- An authorization form with goods and services listed
- A brochure or receipt to explain what the item or service is
- A written justification indicating the specific item, specific vendor and dollar amount requested. The justification must indicate how the purchase of the item or service would improve the treatment outcomes of the waiver participant.
- A 90 day summary indicating that goods and services were discussed at the service plan development team meeting

3. *How can waiver participants access individual therapy, family therapy, group therapy and crisis intervention once the services are not offered through the waiver?*

Waiver participants can access therapeutic service through the state plan. Case managers will need to work with families to support them to get needed referrals to continue receiving therapy services through licensed independent practitioners, RBHS providers or through mental health centers. Participants with significant therapeutic needs can access supports through Intensive Family Services that are funded through the waiver. SC DHHS waiver staff are working to ensure that all waiver participants have access to needed therapeutic services. As additional information is available it will be shared with providers and families.

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4. *Why can't providers get paid for administrative activities?*

Federal and state laws prohibit billing for services that are not direct contact with clients. These direct contacts should be focused around the goals that are listed in the Individual Plan of Care. Administrative functions are part of the rate that providers are paid. Some examples of administrative functions are writing service documentation, discussing progress with other service providers, participating in a service plan development team meeting or reformulating an Individual Plan of Care. DHHS will continue to look at ways to ensure that the waiver rates are at fair market value. The new manual clarifies billable activities for each service so providers will have clear guidance on what activities they can bill for.

5. *Can an Individual Plan of Care be revised more than once in a 90 day period?*

Yes. The Individual Plan of Care (IPOC) can be revised at any time. There is no limitation on the number of addendums that can be completed and submitted for authorization in the 90 day period. The IPOC should be revised when needed as determined by the individual, family and/or the service plan development team. Authorization of addendums will be determined based on the needs of the child and family as well as the cost neutral requirements for the waiver. Cost neutral means that the cost of waiver services does not exceed the cost of placement in a Psychiatric Residential Treatment Facility (PRTF). Before SC DHHS will consider authorizing services, Case Managers must submit appropriate documentation such as the budget, IPOC and authorization request.

6. *Is information available regarding which providers can provide which services?*

Yes. The Qualified Provider List (QPL) is posted on the CHANCE waiver website: <https://msp.scdhhs.gov/chance/>. The QPL is updated when changes are needed. The QPL gives contact information for each waiver provider and lists the services that SC DHHS has authorized each provider to provide. If providers have notified SC DHHS of their web address that information is included on the list as well so families who have access to the internet can learn additional information about the providers. The Federation of Families, (803) 772-5210 or <http://fedfamsc.org>, can also provide information regarding available providers so families can make informed decisions regarding their service providers. Providers may supply Federation of Families with informational brochures which FOF will share with families so they can make informed decisions regarding service providers.

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7. *How can I get information about the CHANCE waiver?*

The CHANCE Waiver web site has up to date forms, information and upcoming training dates. The web address is: <https://msp.scdhhs.gov/chance/>. SC DHHS CHANCE waiver staff has an email distribution list that waiver staff regularly uses to share new information, upcoming changes, dates of training, clarification of policy and day to day communications to keep providers in the loop of what is going on at SC DHHS and the CHANCE waiver. If you would like to be on this list please email Erin Donovan at Donovan@scdhhs.gov and your email address will be added to the list. The CHANCE Waiver staff holds provider meetings and trainings as needed throughout the year. Information about these trainings/meetings will be shared via the website as well as on the email distribution list. Waiver staff may be contacted by phone or email to answer questions regarding the CHANCE waiver. Contact information for CHANCE Waiver staff and Federation of Families is available under the contact us tab.

<https://msp.scdhhs.gov/CHANCE/content/contact-us>

8. *Does the CHANCE Waiver offer supports to stabilize parents in crisis as it directly relates to the child?*

Unfortunately the CHANCE waiver can only offer supports to the waiver participant or to the family to support the waiver participant's treatment. If waiver providers become aware of a parent in crisis, they should refer the parent for appropriate services. While a stable family environment is vital to keeping the waiver participant in the least restrictive environment the purpose of the waiver is to provide home and community based supports and services to the waiver participant in relation to their diagnoses of SED. In situations where a parent in crisis has significantly and negatively impacted the treatment of the waiver participant the team must determine if the participant would be better served in a more restrictive environment and take steps to ensure the health and safety of the participant.

9. *Is the CHANCE waiver going to open enrollment for participants?*

Waiver enrollment was closed as of 9/30/12. The current waiver will not be open for new participants unless the US congress passes legislation to make the PRTF waiver a permanent part of 1915 of the Social Security Act. If you become aware of a family in need of services they can contact the Federation of Families at (803) 772-5210 or <http://fedfamsc.org> a family advocacy organization who can refer families for appropriate services available. The Continuum of Care at (803) 734-4500 or <http://www.oepsc.gov/coc/default.html> and the Department of Mental Health at (803) 898 – 8581 or <http://www.state.sc.us/dmh/> can also offer services to families in need.

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10. Should providers and families be offering information to clinicians who are completing the annual Level of Care Eligibility Assessment?

The CALOCUS assessment is the eligibility determination assessment tool upon which the need for continuation of CHANCE waiver services is determined. While the clinician completes the assessment, the information that the clinician is given will impact the determination that is made regarding the continuation of waiver services. Providers and families are most familiar with the needs of the participant and should be giving feedback to clinicians regarding the progress in treatment as this is an indication of need for waiver services. Providers and families do and should have a say in continuation of waiver services. Providers should be coordinating with the clinician when the CALOCUS is going to be completed to ensure that the clinician is aware of the progress being made and concerns expressed.