



Memo Date: September 13, 2018

Memo Topic: Institutional Respite Authorization Process: Waiver & Non-waiver Members

To: Medicare-Medicaid Plans (MMPs)

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Institutional Respite and Healthy Connections Prime

The objective of Institutional Respite Care Services is to provide temporary institutional care for Healthy Connections Medicaid Home and Community-based Waiver (HCBS) members who live at home and are cared for by their families or other informal support systems.

For Healthy Connections Prime members who are not in a waiver, this benefit may also be provided as a “waiver-like” service if their MMP deems it medically necessary. The benefit must be part of the MMPs’ waiver-like benefits package, as defined in their Plan Benefit Package (PBP).

Authorization Process for HCBS Waiver vs. Non-waiver Members

For Healthy Connections Prime members enrolled in an HCBS waiver: The member’s MMP care coordination team will work with the Medicaid waiver case manager (WCM) to initiate the institutional respite authorization through the Phoenix system. The WCM will create the authorization in Phoenix as well as maintain all responsibilities for institutional respite transition as defined by the South Carolina Department of Health and Human Services (SCDHHS) Long Term Living Scope of Service, located in the Phoenix Help Section. All HCBS waiver members are considered high risk and must be managed in Phoenix.

The MMP care coordination team will continue to review and approve/deny re-evaluations and service plans including institutional respite as defined in the Phase II transition of HCBS responsibility outlined in the Three-Way Contract between Medicare, SCDHHS and the MMPs.

For Healthy Connections Prime members NOT enrolled in a HCBS waiver: If a member is not enrolled in an HCBS waiver and the MMP deems institutional respite is medically necessary, the MMP may offer it as a waiver-like service. The MMP shall be allowed to coordinate an authorization process with the provider

directly without the use of Phoenix for any waiver-like service. Additionally, the MMP must ensure that all screening requirements are met before the member's transition into an institutional respite facility. The screening requirements are located in the SCDHHS Long Term Living Scope of Service section of Phoenix Help.

Billing Process for Institutional Respite

Please note that though institutional respite is included in the HCBS waiver benefit package, its billing is slightly different from the standard waiver service billing in that it does not go through Phoenix. For Healthy Connections Prime members, institutional respite services must be billed directly to the MMP with the CMS-1500 form for **both** waiver and non-waiver members. Daily rates for institutional respite services are equivalent to the provider's corresponding daily rate for custodial care services.

Contact Information

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