

Institutional Respite Care Provider FAQs



Overview

1. What is Healthy Connections Prime?

Healthy Connections Prime is an enhanced option for seniors 65 and older with Medicare and Healthy Connections Medicaid. It combines all the services of Medicare, Medicare Part D and Medicaid into a single set of benefits managed by a Medicare-Medicaid Plan (MMP).

2. Can a Healthy Connections Prime member receive institutional respite care?

Yes, they can. Healthy Connections Prime members may also be participants in a Community Long Term Care (CLTC) Home and Community Based Services (HCBS) waiver. Please note that there are a few differences in authorization, billing, and points of contact depending on whether the Healthy Connections Prime member is also in a waiver. If a Healthy Connections Prime member is not in a waiver, institutional respite care may 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).

Authorizations

3. How can I provide institutional respite care to Healthy Connections Prime members?

First, be sure that your approved service package with CLTC includes institutional respite care. If you are not sure if you are credentialed for this service, please reach out to CLTC at provider-distribution@scdhhs.gov to confirm.

Once you confirm that you are credentialed with CLTC to provide institutional respite care, determine if the Healthy Connections Prime member who needs respite care is also a waiver participant or not. This will determine authorization and billing procedures (see items # 4 and 5 below)

4. What is the authorization process for Healthy Connections Prime members who are also enrolled in an HCBS waiver?

The member’s MMP care coordination team will work with the Medicaid waiver case manager (WCM) to create 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.

5. What is the authorization process for Healthy Connections Prime members who are not enrolled in an HCBS waiver?

If the MMP deems institutional respite medically necessary for a member who is not in a waiver, the MMP may offer it as a waiver-like service. MMPs usually have prior authorization requirements for this service, so providers need to follow each MMP's rules to obtain the necessary approvals. The MMP and the provider do not need to coordinate through Phoenix for any waiver-like service. However, 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

6. How should providers bill for care provided to Healthy Connections Prime members?

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. Please refer to the CLTC Provider Manual for more information on the proper billing codes.

Although institutional respite care is included in the HCBS waiver benefit package, its billing is different than many other services because it does not go through Phoenix.

In the event that a short-term HCBS institutional respite stay converts to a Healthy Connections Medicaid Long Term Care (LTC) sponsored nursing home stay, the facility's claim for institutional respite must be distinct from the claim for the Healthy Connections Medicaid LTC-sponsored nursing home stay and use the appropriate procedure codes for the HCBS institutional respite stay and the nursing home stay. In this way, MMPs and the state can successfully track the use of institutional respite as a valuable service to members and their caregivers.

For More Information

You can visit the Provider Toolkit page on our [website](#) to learn more details about the program and how you can participate. Additionally, you can email PrimeProviders@scdhhs.gov for help with a specific question or concern. Billing and authorization questions should be directed to the Healthy Connections Prime member's MMP or their care coordinator.