Home and Community Based Services Transition FAQs Supplement (For MMPs)

Please note that in the Phoenix help documents and resources: (1) the Waiver Case Manager is called the "ongoing Case Manager" or simply "Case Manager", (2) the State Case Manager is also called the "Case Manager II", and (3) Level of Care (LOC) Assessments are simply called "Assessments".

1. How will Healthy Connections Prime members receive waiver services?

We have detailed the process for the two scenarios that can apply to members:

SCENARIO 1: New Healthy Connections Prime member (and new to the waiver process)

Step 1: ***Referral.*** Referrals will continue to be received by Community Long Term Care's Centralized Intake area through sources such as: the applicant, family member, neighbor, friend, physician, hospital staff, nursing home staff, and Medicare-Medicaid Plan (MMP) staff. Centralized Intake will process the referral. Please see question #5 for more information about methods for referrals and criteria for referral.

Step 2: ***Eligibility and LOC Determination.*** If an individual meets necessary financial and medical criteria, then the application is released to a Nurse Consultant in an Area Office by close of business the day following the completion of the referral processing. The Nurse Consultant must conduct the initial assessment within ten (10) business days of case assignment. The LOC determination must be made by two Nurse Consultants within three (3) business days of assessment completion.

Step 3: ***Waiver Enrollment.*** If an individual meets LOC criteria, then the Nurse Consultant transfers the case to the State Case Manager within five (5) business days of the participant being determined medically and financially eligible for the waiver (Note: medically and financially eligibility is used as the start of the five (5) business days here as in rare situations, a participant may require another financial eligibility determination following a LOC determination). The State Case Manager will:

- Enroll the applicant in the waiver
- Develop the Initial Service Plan within seven (7) business days of the enrollment date
- Contact the member/primary contact to confirm or obtain Provider Choice for the Waiver Case Manager and providers for any other identified service needs within seven (7) business days of the enrollment date
- Make referral(s) to the Waiver Case Manager and other service providers in the order of preference and establish initial services

Step 4: ***Case Transfer Notification.*** The Waiver Case Manager must accept the referral in Phoenix within forty-eight (48) business hours. (The State Case Manager will receive a Phoenix notification when the referral is accepted or declined. Note: If the selected Waiver Case Manager does not respond with forty-eight (48) business hours, the Phoenix system will proceed to the next Waiver Case Manager choice.) The Waiver Case Manager then must contact the State Case Manager and the MMP Care Coordinator (in person or by phone) within two (2) business days to complete a case transfer conference.

Note: If CLTC suspends a provider, the provider cannot accept new clients and will not show up on the provider choice list. Plans will be made aware of this from the daily update files. When the suspension ends, the provider's status returns to active.

Step 5: ***Case Transfer to MMP.*** The MMP Care Coordinator will work with the Waiver Case Manager. The Waiver Case Manager will:

- Conduct an Initial Visit with the member within thirty (30) days of enrollment date
- Complete the Home Assessment and Caregiver Supports

Waiver Case Manager's Responsibilities If There Are Changes

- Work with the member and his or her family to determine additional needs
- Make changes to the Service Plan, to include new services and modifications
- Obtain/confirm Provider Choice for newly identified service needs

If there are significant changes, a re-evaluation may be needed, including a new LOC assessment and service plan.

Note: Please refer to the Community Choices Policy and Procedures Manual, Chapter 5 (Case Management) for additional activities.

Step 6: ***Finalize Service Plan.*** The Waiver Case Manager will amend or confirm the Initial Service Plan based upon the Initial Visit. All documentation must be completed within three (3) business days of the activity.

Step 7: ***MMP Reviews Service Plan.*** The MMP Care Coordinator will review/approve the services submitted by the Waiver Case Manager. This occurs on the same day or next day in most cases. If additional information is needed, the Waiver Case Manager may have to provide additional information and approval/denial may be delayed. The MMP Care Coordinator will enter comments in the "Comments" section as appropriate (See Exhibit 2 at the end of the document).

After the Initial Service Plan is in effect:

Ongoing Responsibilities

- MMP Care Coordinator will monitor the plan for each member on a regular basis and review/approve subsequent Prior Approval requests in the service level request section of the Service Plan in Phoenix (See Exhibit 1 at the end of the document).
- Re-evaluations
  - The Waiver Case Manager will complete the LTC LOC reassessment and Service Plan within 365 days from the last assessment in the Phoenix system (sooner if there has been a change in the level of care).
  - The Waiver Case Manager will create Prior Approval requests for services in the Service Plan (See Exhibit 1 at the end of the document).
  - The MMP Care Coordinator will review and approve or deny the requests in the review column of the Service Plan, sign and date the Service Plan, and then click "Save" in Phoenix. The MMP Care Coordinator will enter comments in the "Comments" section as appropriate (See Exhibit 2 at the end of the document).

SCENARIO 2: New Healthy Connections Prime members (already enrolled in a waiver)

Note: There will already be an initial LOC assessment, initial LOC determination, enrollment, initial Service Plan, and service provision form on file. The member would already be receiving services through CLTC.

The Continuity of Care provision is applied. CLTC participants are entitled to a six-month continuity of care period. During this time, participants maintain their services and providers. Also, service authorization levels for waiver services are maintained, unless there is a change in service needs.

Step 1: ***Case Transfer Notification.*** After enrollment, the MMP sends the members to Phoenix via. If there is an existing CLTC record, the Healthy Connections Prime team will verify the records match. Once processed by the Healthy Connections Prime team, the member becomes visible in the MMP's Phoenix dashboard. The MMP Care Coordinator must then contact the Waiver Case Manager within two (2) business days to complete a case transfer conference.

Contracting with the Waiver Case Manager. During the six-month continuity of care period, the MMP Care Coordinator will work with the Waiver Case Manager to join the network or enter a single case agreement.

1.1. If the Waiver Case Manager is already a part of the MMP's network:

Proceed to Step 2 below.

1.2. If the Waiver Case Manager is not a part of the MMP's network:

The MMP's Contact will reach out to the Waiver Case Manager.

a. If the Waiver Case Manager **is interested in contracting** with the MMP (either through a full contract or a single case agreement), the MMP's Contact will refer the Waiver Case Manager to the designated MMP's contracting representative in the HCBS Transition FAQs.

b. If the Waiver Case Manager **is not interested in contracting** with the MMP (either through a full contract or a single case agreement), the MMP Care Coordinator will help transition the member to a Healthy Connections Prime network provider:
   - Contact the member/primary contact to confirm or obtain Provider Choice for the Waiver Case Manager within seven (7) business days from when the existing Waiver Case Manager indicates unwillingness to contract
   - Make referral(s) to the Waiver Case Manager in the order of preference and continue services.

c. Proceed to Step 4 of Scenario 1 above

Step 2: ***Case Transfer to MMP.*** The MMP Care Coordinator will work with the Waiver Case Manager. If/when there are changes in the member's needs (for example, discovered as part of the Comprehensive Assessment that the MMP conducts on its new members), refer to the "Waiver Case Manager's Responsibilities If There Are Changes" table on page 2.

Step 3: ***Finalize Service Plan.*** Proceed to Step 6 of Scenario 1 above.

Step 4: ***MMP Reviews Service Plan.*** Proceed to Step 7 of Scenario 1 above.

Step 5: ***Monitoring and Re-evaluation.*** Refer to the "Ongoing Responsibilities" box on page 2 for the Waiver Case Manager and MMP Care Coordinator responsibilities with respect to re-evaluations.

2. How does the MMP Care Coordinator approve the Service Plan and any service changes?

The MMP Care Coordinator will sign off by approving the Service Plan in Phoenix.

a. Enter the approved Hours/Units in the "Reviewer" section.
b. Enter comments in the "Comments" section.
c. Sign the "Reviewer Signature and Date" then Click "Save".

Please see Exhibit 2 at the end of the document.

3. How will Waiver Case Manager and MMP Care Coordinators communicate?

Waiver Case Manager and Care Coordinators can use the Conversation tool to communicate. Start a new conversation by clicking the speech icon next to the participant's name. Please see Exhibit 3 at the end of the document.

The dashboard will show notifications of reevaluations, new service plans, new service authorizations that require a MMP Care Coordinator's approval. However, it is recommended for Waiver Case Managers to contact the MMP Care Coordinator via the Conversation tool also.

4. What happens if there is a disagreement over the Service Plan?

If there is a disagreement, the MMP should reach out to the Waiver Case Manager via phone or "Conversation" tool in Phoenix. SCDHHS will continue its oversight of all cases and intervene where there are concerns or disputes about services and authorization levels. Also, the Healthy Connection Prime Advocate is available for unresolved disputes concerning services and authorization levels.

Appeals

- A member, or a provider with written consent to act on behalf of a member, may file an appeal to dispute adverse actions that result in the denial, termination, suspension, or reduction of services to the member.
- The member or designated representative must send an appeal request within thirty (30) days of the date of the official written notification issued by the MMP.
- An appeal request may be submitted electronically, by mail, by fax, telephone, or delivered as follows.

Online: www.scdhhs.gov/appeals
Address: Division of Appeals and Hearings
South Carolina Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206
Phone: Toll Free: 1-800-763-9087 or local: 1-803-898-2600
Fax: 803-255-8206

5. What are the important timeframes for activities in Scenarios 1 and 2?

Step	Activity	Timeframe for Completion
1. Referral	Referral received by Centralized Intake. Centralized Intake processes request.	

Step	Activity	Timeframe for Completion
2. Eligibility & LOC Det.	Case transferred to a Nurse Consultant in Area Office	If an individual meets necessary financial and medical criteria, case is transferred by close of business the day following the completion of the referral processing
	Nurse Consultant performs initial LOC assessment	10 business days of case assignment
	Two Nurse Consultants determine Level of Care	3 business days of LOC assessment completion
3. Enrollment	If an individual meets LOC criteria, Nurse Consultant transfers case to State Case Manager	5 business days after being determined medically and financially eligible
	State Case Manager: a. Enroll the applicant. b. Develop the Initial Service Plan. c. Contact the member/primary contact to confirm or obtain Provider Choice for the Waiver Case Manager and providers for any other identified service needs d. Make referral(s) to the Waiver Case Manager and other service providers in the order of preference and establish initial services	7 business days of the enrollment date
4. Case Transfer Notification	The Waiver Case Manager accepts the referral in Phoenix	48 business hours of request from State Case Manager. After 48 business hours, the Phoenix system will proceed to the next Waiver Case Manager choice
	The Waiver Case Manager must contact the State Case Manager and the MMP Care Coordinator (in person or by phone) to complete a case transfer conference.	2 business days
5. Case Transfer to MMP	Waiver Case Manager conducts Initial Visit and completes the Home Assessment and Caregiver Supports	30 days of enrollment date
6. Finalize Service Plan	Waiver Case Manager amends or confirms the Initial Service Plan	All documentation must be completed within 3 business days of the activity
7. MMP Reviews Service Plan	MMP Care Coordinator reviews/approves services	Same day or next day in most cases. If additional information is needed, the Waiver Case Manager may have to provide additional information and approval/denial may be delayed.
Ongoing	a. Monitor the plan and review/approve subsequent Prior Approval requests. b. Waiver Case Manager will conduct the LTC LOC reassessment and create needed Prior Approval requests. MMP Care Coordinator will review and approve or deny the requests.	a. Ongoing b. Every 365 days from last LOC assessment in Phoenix

6. How are referrals received and how will CLTC determine if an individual meets the criteria for a referral?

Referrals for CLTC will be accepted via the following methods:

CALL	855-278-1637
FAX	803-255-8340
WALK-IN	Visit the local CLTC office to initiate an application. The area office will provide the referral source with the Centralized Intake information needed to make a referral.
WRITE	South Carolina DHHS Community Long Term Care Intake –J7 P. O. Box 8206 Columbia, SC 29202-8206
ELECTRONIC REFERRALS	Enter the necessary information at: https://phoenix.scdhhs.gov/cltc_referrals/new

Anyone can make a referral for CLTC services – family members, friends, members, etc. Agencies that might make referrals include the Department of Social Services, Department of Health and Human Services, Department of Health and Environmental Control, Aging Agencies, Department of Mental Health, Department of Disabilities and Special Needs, private home health agencies, etc. CLTC will determine if an individual meets the criteria for a referral:

- Must be 18 years of age or older.
- Must be a resident, or must be currently located in S.C. Out-of-state applicants must intend to relocate within S.C.
- Must have mental or physical impairment that results in a functional dependency. Extensive hands-on assistance is required to constitute a functional dependency.
- In order to meet the Intake criteria, the applicant must require extensive assistance in two of the following:
    a. Eating/meal preparation
    b. Toileting
    c. Dressing
    d. Bathing

    OR
- Must need extensive assistance in one of the following:
    a. Locomotion
    b. Transfer
    c. Bowel or bladder continence

7. Where can I find reference material relating to Phoenix, CLTC existing policies, and the HCBS transition?

Please refer to the "Help" section of Phoenix. In particular, please make reference to the following documents:

- Chapter 2 – Assessment
- Chapter 3 – Level of Care
- Chapter 5 – Case Management
- Chapter 6 – Service Plan
- Chapter 7 – Service Authorizations
  Level of Care Manual

Exhibits

Exhibit 1: Prior Approval Request Screen in Phoenix for Waiver Case Manager

- Enter number of units for service
- Justification must be entered for each service that is authorized
- Assessor will sign the "Assessor Signature and Date"
- Click "Save"

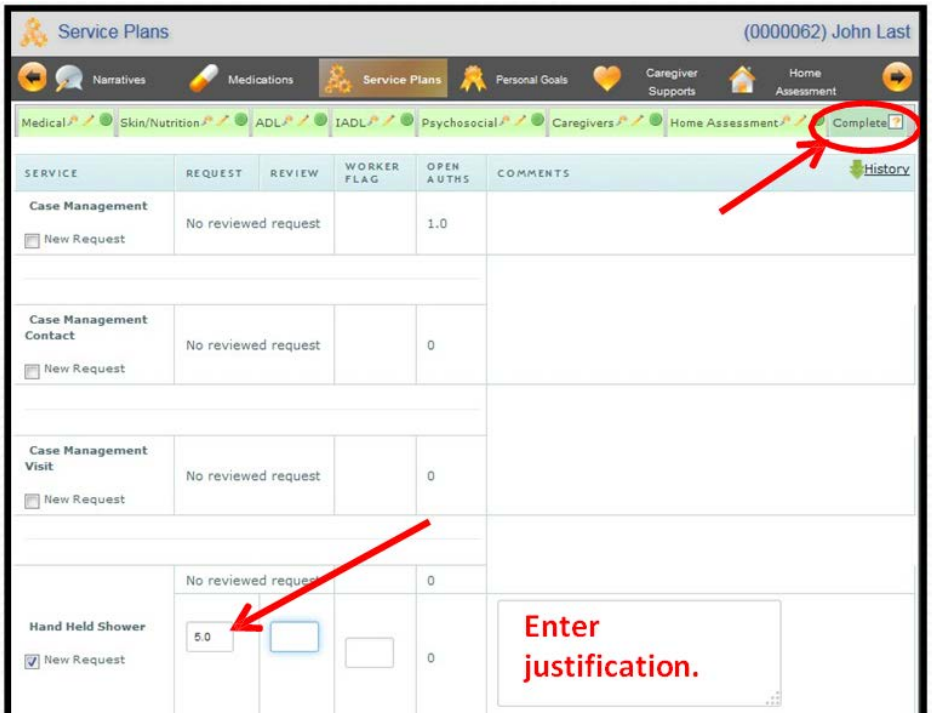
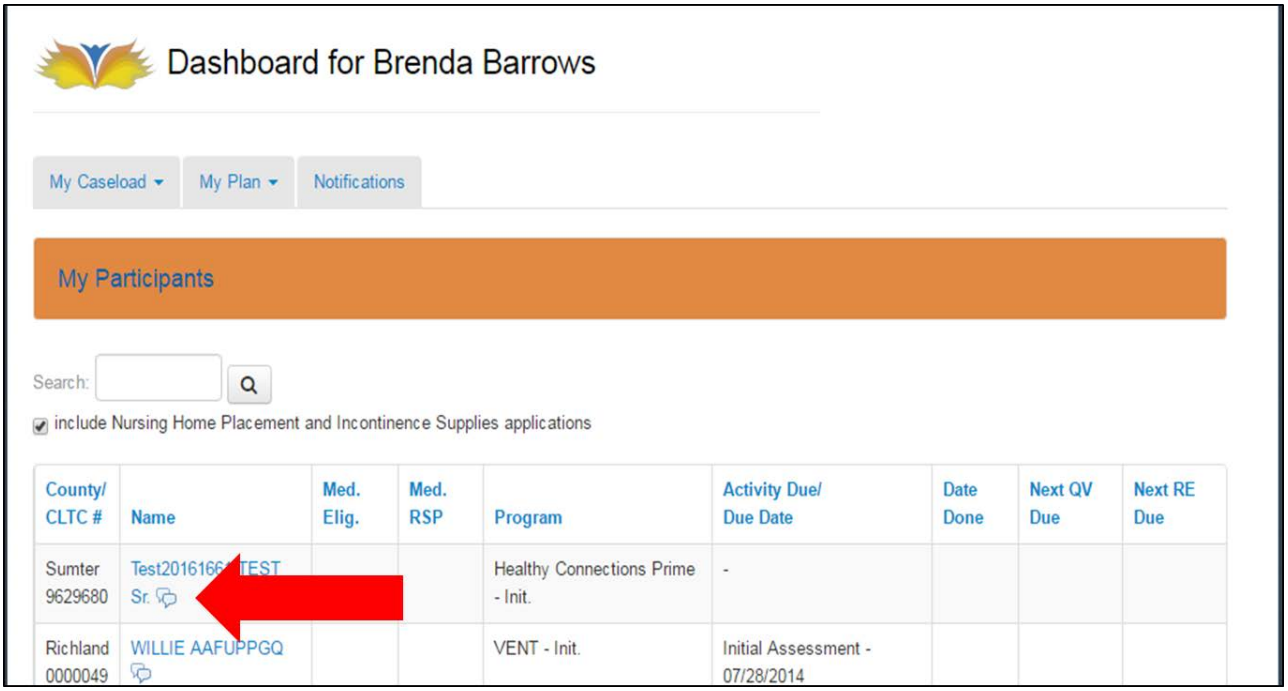


Exhibit 2: Approval and Comments Field in Phoenix for MMP Care Coordinator

- Reviewer enter approved Hours/Units in the "Reviewer" section
- Reviewer enter comments in the "Comments" section
- Reviewer sign the "Reviewer Signature and Date" then Click "Save"

Exhibit 3: Initiating a Conversation

Start a new conversation or respond to a conversation by clicking the speech icon next to the participant's name.



To view a conversation:

- From the "Narrative" section, Conversation(s) will be displayed. Click Checklist drop down arrow to view comment(s)
- Clicking the delete button (trash can), will hide the conversation from other users