

Health Education for Consumer-Directed Care

Definition

Health Education for Consumer-Directed Care prepares capable individuals who desire to manage their own personal care or a family member or other responsible party who desires to manage the personal care of an individual not capable of self-management.

Health Education for Consumer-Directed Care is instruction provided by a licensed Registered Nurse (RN) regarding the nature of specific medical conditions, promotion of good health, and prevention/monitoring of secondary medical conditions.

Service Unit

The service unit for Health Education for Consumer-Directed Care is one (1) hour.

Refer to the current HASCI Waiver rate table for reimbursement amounts. *This can be accessed via the SCDDSN Application Portal >R2D2 >View Reports >Waiver >Service Rates >HASCI.*

Service Limit / Restrictions

Health Education for Consumer-Directed Care is limited to 10 units per calendar year.

Providers

Health Education for Consumer-Directed Care must be provided a DSN Board or other SCDDSN-contracted provider that employs or contracts with a licensed RN. The provider is responsible to verify credentials of the RN who directly performs Health Education for Consumer-Directed Care

An RN employed or contracted by the provider who directly performs Health Education for Consumer-Directed Care must:

- be licensed as a Registered Nurse by South Carolina Board of Nursing or the equivalent licensing body in North Carolina or Georgia
- use “*Key to Independence Manual*” from the Shepherd Center in Atlanta, Georgia and/or other curriculum approved by SCDDSN, as a guide in providing education on bladder and bowel care, skin care, respiratory care, sexuality, substance abuse issues, and monitoring of health status and medical conditions
- address the participant’s specific medical conditions and functional limitations, promotion of good health, and prevention/monitoring of secondary medical conditions

Arranging and Authorizing the Service

If the Service Coordinator determines that a participant is in need of and desires Health Education for Consumer-Directed Care, this must be clearly documented in the person's Support Plan. The Support Plan must indicate the person's specific medical conditions and desire to manage his or her own personal care (or a family member or other responsible party who desires to manage the participant's personal care if he or she is not capable of self-management).

When it is determined and documented that Health Education for Consumer-Directed Care is needed and desired, the individual or family member or other responsible party must be offered choice from among available providers. Offering of provider choice and the provider selected must be clearly documented in a Service Note.

After a provider is chosen, the participant's Support Plan must be updated to clearly reflect the name of the service and payer, the amount, frequency, and duration of the service, and service provider type. Budget information for the service must then be entered in the Waiver Tracking System (WTS).

To initiate the service following WTS processing, the provider must be authorized to using *Authorization for Health Education for Consumer-Directed Care Services* (HASCI Form 12N). *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.* A copy must be maintained in the participant's file.

Billing

Health Education for Consumer-Directed Care must be Board-billed to the participant's SCDDSN Financial Manager agency.

- The service provider is responsible for maintaining documentation that service was rendered for each unit billed.
- The Financial Manager agency must follow *Procedures to Report and Bill for Board-Based Services Provided to HASCI Waiver Recipients* to receive reimbursement from SCDDSN. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >Finance Manual Chapter 10, Section 10-14.*

Monitorship

The Service Coordinator must monitor provision of each HASCI Waiver service received by a participant to:

- verify the service is being provided as authorized,
- assure the usefulness and effectiveness of the service,
- determine the participant's and/or representative's satisfaction with the service and service provider(s), and
- confirm health status and safety of the participant.

Monitorship includes:

- Contact with the participant and/or representative within two (2) weeks after beginning the service or beginning with a new provider of the service
- Contact with the participant and/or representative at least every three (3) months
- Contact with service providers as necessary to confirm health status and safety of the participant and appropriate provision of authorized services

Monitoring of HASCI Waiver services may be accomplished by the Service Coordinator during required bi-monthly contacts with the participant/representative and face-to-face visits with the participant at least every 180 days to monitor his or her Support Plan and health status. These contacts and face-to-face visits must be documented in Service Notes.

Information obtained during monitoring may lead to changes in authorized HASCI Waiver services, such as increased/decreased units, change of provider, or change to a more appropriate service.

Service Denial, Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Service Coordinator must provide written notification to the participant or legal guardian, including reason for denial. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Service Coordinator must provide written notification to the participant or legal guardian, including reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided. Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

These can be accessed via the SCDDSN Application Portal>Business Tools>Forms>HASCI Waiver.

When the action becomes effective, the participant's Support Plan must be updated and budget information in the Waiver Tracking System (WTS) must be adjusted accordingly. For service reduction or termination, excess or unused units must be deleted from the budget.