

Peer Guidance for Consumer-Directed Care

Definition

Peer Guidance for Consumer-Directed Care prepares and assists capable individuals who desire to manage their own personal care. It is information, advice, and encouragement provided by a trained Peer Mentor to help a person with spinal cord injury/severe physical disability in recruiting, training, and supervising primary and back-up attendant care/personal assistance providers.

The Peer Mentor is a person with a spinal cord injury/severe physical disability who successfully lives in the community with a high degree of independence and who directs his or her own personal care. The Peer Mentor serves as a role model and shares information and advice from his or her experiences.

The Peer Mentor will use the "Peer Support Curriculum" from the Shepherd Center in Atlanta, Georgia or other curriculum approved by SCDDSN.

Service Unit

The service unit for Peer Guidance 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

Peer Guidance for Consumer-Directed Care is limited to 12 units per calendar year.

Providers

Peer Guidance for Consumer-Directed Care must be provided by a DSN Board or other SCDDSN-contracted provider.

The provider is responsible to verify qualifications of the Peer Mentor who directly performs Peer Guidance for Consumer-Directed Care

An individual employed or contracted by the provider as a Peer Mentor must meet the following minimum qualifications:

- Have a spinal cord injury or other severe physical disability and live successfully in the community
- Be at least 18 years old, with sufficient maturity and ability to deal effectively with the job
- Have a high degree of independence and direct his or her own personal care
- Able to read, write, and speak English, as well as communicate effectively
- Free from communicable diseases
- Provide a statement that he or she has never been convicted of a felony
- Be trained/approved by South Carolina Spinal Cord Injury Association
- Use the “Peer Support Curriculum” from the Shepherd Center in Atlanta, Georgia and/or other curriculum approved by SCDDSN, as a guide in providing peer guidance to persons with spinal cord injury or severe physical disability who desire to manage their own personal care

Arranging and Authorizing the Service

If the Service Coordinator determines that a participant is in need of and desires Peer Guidance for Consumer-Directed Care, this must be clearly documented in the individual’s Support Plan. The Support Plan must indicate the desire and ability of the individual to manage his/her own personal care including recruiting, training and supervising primary and back-up attendants.

When it is determined and documented that Peer Guidance for Consumer-Directed Care is needed and desired, the individual must be offered choice from among available providers. Offering of 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 reflect the name of the service and payer, amount, frequency and duration of the service, and the provider type. Budget information for the service must then be entered in the Waiver Tracking System (WTS) and service information must be entered into the Service Tracking System (STS).

To initiate the service following WTS processing, the provider must be authorized using *Authorization for Peer Guidance for Consumer-Directed Care Services* (HASCI Form 12O).

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

Peer Guidance 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 and/or representative and face-to face visit each 6 months (every 180 days) to monitor the participant's 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. Service information in the Service Tracking System (STS) must be updated as necessary.