

Psychological Services

Definition

Psychological Services address the affective, cognitive, and substance abuse problems of a HASCI Waiver participant age 21 years or older. It includes psychiatric, psychological, and neuropsychological evaluation; development of treatment plans; individual/family counseling to address the participant's affective, cognitive, and substance abuse problems; cognitive rehabilitation therapy; and alcohol/substance abuse counseling. The service may include consultation with family members/others or service providers to assist implementing the participant's treatment plan.

Service Unit

Psychiatric evaluation and/or treatment:	<u>one unit equals one (1) hour</u>
Psychological assessment:	<u>one unit equals one (1) visit</u>
Neuropsychological assessment	<u>one unit equals one (1) visit</u>
Individual/Family counseling	<u>one unit equals one (1) hour</u>
Drug/Alcohol counseling	<u>one unit equals one (1) hour</u>
Cognitive Rehabilitation Therapy	<u>one unit equals one (1) hour</u>

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

Psychological Services funded by the HASCI Waiver may be provided only if a participant is unable to access or has exhausted relevant services under Rehabilitative Behavioral Health Services (RBHS) funded by Medicaid State Plan. This includes services through Licensed Independent Practitioners of Rehabilitative Services (LIPS) funded by Medicaid State Plan.

There is no set limit for Psychological Services funded by the HASCI Waiver; however, units authorized must be based upon professional assessments and consistent with professional treatment plans. It is expected the participant will improve in functioning or otherwise continue to benefit from ongoing treatment.

For a HASCI Waiver participant age 21 years or older who receives Residential Habilitation, psychological services are included in the rate paid to the residential provider. If the participant needs Psychological Services, the residential provider must directly provide or obtain it. For documentation and monitoring purposes, however, the service is separately authorized to the residential provider.

Providers

Psychological Services funded by the HASCI Waiver must be provided by:

- an agency or company enrolled with SCDHHS as a provider of Psychological Services; the provider must also comply with SCDDSN Psychological Services Standards
- a licensed or certified professional enrolled with SCDHHS as a Licensed Independent Practitioner of Rehabilitative Services (LIPS) provider; the provider must also comply with SCDDSN Psychological Services Standards
- a DDSN-contracted provider of Residential Services that currently serves a specific HASCI Waiver participant in need of Psychological Services; the residential provider must contract with an agency or company enrolled with SCDHHS as Psychological Services provider or must employ or contract with a professional enrolled with SCDHHS as a LIPS provider; the provider must also comply with SCDDSN Psychological Services Standards

Arranging and Authorizing the Service

If a HASCI Waiver participant age 21 years or older needs and requests Psychological Services, the Service Coordinator must first assist the participant to access any other resources and funding for the services, including private insurance, Veterans Administration, Workers Compensation, SC Department of Mental Health, SC Department of Alcohol and Other Drug Abuse Services, SC Vocational Rehabilitation Department, Medicare, and Medicaid State Plan.

Rehabilitative Behavioral Health Services (RBHS) funded by Medicaid State Plan include a number of services for adult Medicaid participants who have a behavioral health disorder. These are available through state agencies (e.g. SC Department of Mental Health, SC Department of Social Services, etc.) and private organizations contracted with SCDHHS. They are also available from Licensed Independent Practitioners of Rehabilitative Services enrolled with SCDHHS as LIPS providers (e.g. private psychiatrists, psychologists, social workers, counselors, etc.)

Information is available on the SCDHHS website: www.scdhhs.gov >Provider Manuals >Rehabilitative Behavioral Health Services Provider Manual and Licensed Independent Practitioners of Rehabilitative Services Provider Manual.

The Service Coordinator must document in Service Notes efforts to obtain the needed services through other resources and funding available to the participant. If not available from other sources, Psychological Services funded by HASCI Waiver can be pursued. The need must be clearly documented in the person's Support Plan, including the specific affective (emotional), cognitive, and substance abuse problems of the participant.

For most participants, an initial psychiatric evaluation, psychological assessment, or neuropsychological assessment must be arranged and authorized. This may not be necessary if such an evaluation or assessment has been done previously. If not needed, it should be specified in a Service Note, including the reason evaluation or assessment is not needed.

If a new psychiatric evaluation, psychological assessment, or neuropsychological assessment is needed, the participant or representative must be offered choice from among available providers of Psychological Services. Offering of choice and the provider selected must be documented in a Service Note.

Offering of choice of a provider is not required if the participant is receiving Residential Services funded by HASCI Waiver. If a psychiatric evaluation, psychological assessment, or neuropsychological assessment is needed, the residential provider must directly provide or obtain it. For documentation and monitoring purposes, Psychological Services is separately authorized to the residential provider.

After a provider is identified, the participant's Support Plan must be updated to clearly reflect the name and type of the service, payer, the amount, frequency, and duration of the service, and the provider type. Budget information for the service must then be entered into 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 the *Authorization for Psychological Services* (HASCI Form 12E). *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.* A copy must be in the participant's file.

If the newly completed (or a previous) psychiatric evaluation, psychological assessment, or neuropsychological assessment indicates psychiatric treatment, individual/family counseling, drug/alcohol counseling, or cognitive rehabilitation therapy is needed, the participant or representative must be offered choice from among available providers. Offering of choice and the provider selected must be documented in a Service Note.

Offering of choice of a provider is not required if the participant is receiving Residential Services funded by HASCI Waiver. If psychiatric treatment, individual/family counseling, drug/alcohol counseling, or cognitive rehabilitation therapy is needed, the residential provider must directly provide or obtain it. For documentation and monitoring purposes, Psychological Services, including specific type, is separately authorized to the residential provider.

The participant's Support Plan must be updated to reflect the name and type of the service, payer, the amount, frequency, and duration of the service, and the provider type. Budget information for the service must then be entered into 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 Psychological Services* (HASCI Form 12E). A copy must be in the file.

Billing

For a professional, agency, or company enrolled with SCDHHS as a provider of Psychological Services, the service must be Direct-billed to SCDHHS. This must be checked on *Authorization for Psychological Services* (HASCI Form 12E); **a prior authorization number must be assigned.**

For a SCDDSN-contracted provider of Residential Services, Psychological Services must be Board-billed to the participant's Financial Manager agency. This must be checked on the *Authorization for Psychological Services* (HASCI Form 12E); a prior authorization number is not required.

- The Residential Services 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 bi-monthly (every other month),
- Contact with service providers as necessary to confirm health status and safety of the participant and appropriate provision of authorized services,
- Face-to-face visit with the participant at least every six (6) months (180 days), and
- Review of the participant's Support Plan as often as needed, but at least every six (6) months (180 days).

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan 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.