



Provider Manual

HCBS Section

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Table of Contents

Section XI Home and Community Based Services (HCBS) PROVIDERS	2
Introduction	3
HCBS Provider Standards	3
Overview of Home and Community Based Services (HCBS)	3
Member Eligibility/Referral to Program	3
Provider Contracting	4
Credentialing/Recredentialing	4
Benefits/Services	4
Community Choices Waiver	4
Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Waiver	5
Mechanical Ventilator Dependent Waiver	5
Other Benefits/Services:	6
Non-covered Benefits/Services.....	6
Care Coordination	6
Responsibilities of Home and Community Based Services Providers	7
Continuity of Care	7
Prior Authorizations	7
Access to HCBS Care.....	7
Billing and Reimbursement.....	8

Section XI
Home and Community Based Services (HCBS)
PROVIDERS

XI – HCBS Providers

Introduction

The information contained in this section of the *Provider Manual* applies to providers who are contracted with First Choice VIP Care Plus to provide covered home and community based services (HCBS). Please note that, in general, the responsibilities, expectations and processes outlined in this *Provider Manual* pertain to all providers, including HCBS providers, unless otherwise indicated in this section or specified via later communications. For more information, please contact Provider Services at 1-888-978-0862.

First Choice VIP Care Plus is responsible for ensuring that services are provided in a manner that helps maximize community placement and participation for members that require HCBS. The South Carolina Department of Health and Human Services (SCDHHS) Division of Community Long-Term Care (CTLC) is dedicated to serving individuals in the communities of their choice with the resources available through section 1915(c) Home and Community-Based Waivers. First Choice VIP Care Plus supports and enhances this type of member-centered care. When members reside in nursing facilities, these facilities are primarily responsible for the care and treatment of those individuals, and for addressing health and safety needs. Members residing in these facilities receive additional care management and quality oversight from First Choice VIP Care Plus. When members with health and long-term care needs live in their own homes or other community-based residential settings, First Choice VIP Care Plus will develop a comprehensive care plan to address their care and treatment needs, including HCBS, provide assurances for health and safety, and proactively address risks to support a members' desire to live as independently as possible.

HCBS Provider Standards

First Choice VIP Care Plus HCBS providers are required to follow standards that are set by SCDHHS. They are also held to the same standards as all First Choice VIP Care Plus providers. All HCBS providers should review all sections of the manual to ensure that they are compliant with quality standards, cultural competency requirements and more. This HCBS section of the First Choice VIP Care Plus manual covers items that are specific to the HCBS provider but does not stop the other standards and requirements of the First Choice VIP Care Plus provider manual from applying to HCBS providers.

Overview of Home and Community Based Services (HCBS)

The SCDHHS Division of CLTC operates several waiver programs, including the Community Choices, HIV/AIDS, and Mechanical Ventilator Dependent waivers. The mission of HCBS is to provide a cost-effective option to institutional placement for eligible clients with long-term care needs, if they choose, allowing them to remain in a community environment. HCBS are a variety of services and supports that help eligible individuals meet their daily needs for assistance and improve the quality of their lives. Examples include assistance with bathing, dressing and other basic activities of daily life and self-care, as well as support for everyday tasks such as laundry, shopping, and transportation. HCBS are provided over an extended period in homes and community residences.

Member Eligibility/Referral to Program

To be eligible for HCBS benefits, as a Healthy Connections Prime First Choice VIP Care PLUS member, individuals must meet all of the following criteria:

- Age 65 and older at the time of enrollment; and
- Entitled to benefits under Medicare Part A, enrolled in Medicare Parts B and D, and receiving full Medicaid benefits
- Enrolled in the Community Choices Waiver, HIV/AIDS Waiver or Mechanical Ventilator Dependent Waiver or
- Not currently enrolled in one of the three (3) designated waiver programs, but it is determined these services are necessary to avoid or delay nursing home placement, may also be eligible for HCBS waiver services.

A referral to SCDHHS for a Long Term Care (LTC) assessment and a verification of eligibility by SCDHHS is necessary for HCBS waiver eligibility. Additional information about the requirements for a nursing home level of care is referenced in Section IV, Model of Care and Integrated Care Management, of this manual.

It is the responsibility of the Provider to verify the individual is a member of First Choice VIP Care Plus before services are covered by First Choice VIP Care Plus. Enrollment in First Choice VIP Care Plus can be verified through the South Carolina Healthy Connections Phoenix System. While First Choice VIP Care Plus maintains eligibility information as determined by SCDHHS, SCDHHS maintains final decision-making authority for determining eligibility for enrollment in this plan and eligibility to receive waiver covered services. Loss of eligibility or disenrollment from First Choice VIP Care Plus may not affect the member's waiver eligibility and they may be able to continue their waiver services. First Choice VIP Care Plus will notify providers when services are no longer covered by First Choice VIP Care Plus.

Provider Contracting

To support HCBS providers, First Choice VIP Care Plus uses a Medicaid Home and Community Based Services (HCBS) Provider Agreement. Provider Agreements automatically renew each year. The Provider Agreement may be amended from time to time as necessary to reflect the addition or removal of services due to a change in the South Carolina Healthy Connections Medicaid program.

Credentialing/Recredentialing

First Choice VIP Care Plus relies on the credentialing/re-credentialing of HCBS providers by SCDHHS under the Healthy Connections Prime program. Providers are required to maintain all necessary licenses and/or certifications, registrations and permits that are required to provide covered services, and must otherwise be credentialed without restriction by SCDHHS.

Benefits/Services

First Choice VIP Care Plus members who are in a waiver program will receive all Medicare parts A, B, and D benefits and South Carolina Healthy Connections Medicaid benefits, in addition to the HCBS benefits as outlined below.

Community Choices Waiver

The Community Choices Waiver is designed to serve First Choice VIP Care Plus members who are age 65 or older and have long-term care needs. To avoid or delay costly nursing home admission, clients are able to access the services necessary to receive care at home through careful assessment, service planning, care coordination, and monitoring. Covered benefits/services include:

- Adult Day Health Care Transportation.
- Adult Day Health Care and Nursing.
- Attendant Care.
- Bath Safety Equipment.
- Case Management.
- Companion.
- Environmental Modifications.
- Enhanced Environmental Modifications.
- Home delivered meals.
- Institutional Respite Care.
- Limited Durable Medical Equipment.
- Nursing Home Transition Service.
- Nutritional Supplements.
- Personal Care (I and II).
- Personal Emergency Response System.
- Respite in Community Residential Care Facility.
- Tele-monitoring.

Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Waiver

The HIV/AIDS Waiver is designed to serve First Choice VIP Care Plus members who are age 65 or older who choose to live at home but have long-term care needs and are at risk for hospitalization. Covered benefits/services include:

- Adult Companion Care.
- Attendant Care.
- Bath Safety Equipment.
- Case Management.
- Environmental Modifications.
- Enhanced Environmental Modifications.
- Home Delivered Meals.
- Nutritional Supplements.
- Personal Care (I and II).
- Pest Control.
- Additional Prescription Drugs.
- Private Duty Nursing.

Mechanical Ventilator Dependent Waiver

The Mechanical Ventilator Dependent Waiver is designed to serve First Choice VIP Care Plus members who are age 65 or older who are dependent on mechanical ventilation and have long-term care needs. Clients are able to receive services to supplement care in their home through careful assessment, service planning, and service coordination. Covered benefits/services include:

- Attendant Care.
- Bath Safety Equipment.

- Case Management.
- Environmental Modifications.
- Enhanced Environmental Modifications.
- Home Delivered Meals.
- Institutional Respite Care.
- In-Home Respite Care
- Personal Care (I and II).
- Personal Emergency Response System.
- Pest Control.
- Additional Prescription Drugs.
- Private Duty Nursing.
- Specialized Medical Equipment and Supplies.

Other Benefits/Services:

- Incontinence Supplies
- Oral Nutritional Supplements
- Miscellaneous Supplies and Equipment

Known as Supplemental or Flexible Benefits, members who are not eligible for one of the three (3) waiver programs listed above may be eligible for “waiver-like” services, when the First Choice VIP Care Coordinator determines that the services are necessary to avoid or delay nursing home placement as identified through an assessment conducted by the care coordinator or by physician recommendation/order.

For additional details on all covered waiver services and requirements, providers may also access the Phoenix system for the Scope of Services found under the help tab.

Non-covered Benefits/Services

First Choice VIP Care Plus will refer members to local resources for services that are not covered by First Choice VIP Care Plus, such as supportive, affordable housing, and other social services that maximize community integration, as appropriate. Providers may contact the First Choice VIP Care Plus Care Management team at 1-888-244-5440 for assistance with coordination of non-covered services.

Care Coordination

The First Choice VIP Care Plus care team includes a Care Coordinator and a Community Health Navigator who work in collaboration with HCBS providers as part of the Multidisciplinary Team (MT). The MT also includes the member, the member’s primary care physician and other health care providers, other individuals who play an important role in the member’s health care, and the HCBS Waiver Case Manager. Working with the MT, the Care Coordinator conducts a comprehensive assessment of the member in order to develop a person-centered plan, called the Individual Care Plan (ICP), which includes all needed services including physical health, mental health, and home and community-based services. A copy of the ICP is available to the provider(s) in the Phoenix system and copy is also given to the member. For more details on care coordination and our Model of Care, please see Section IV, Model of Care and Integrated Care Management, of this provider manual.

Responsibilities of Home and Community Based Services Providers

First Choice VIP Care Plus is regulated by the South Carolina Department of Health and Human Services, the South Carolina Department of Insurance, and a number of Federal laws and regulations. Providers who participate in First Choice VIP Care Plus have responsibilities which are detailed in Section II, Provider and Network Information, of this provider manual. Additionally, HCBS providers are required to participate in the Model of Care process, as described in Section IV, Model of Care and Integrated Care Management, of this provider manual.

Continuity of Care

Upon initial enrollment to our Plan, First Choice VIP Care Plus is required to offer a 180-day transition period for all members. Members will be allowed to maintain all direct care waiver services with providers who are not in our network at the current authorization levels unless major changes have occurred and are documented during the Long Term Care Level of Care Assessment. The 180-day transition period begins at the member's effective date of enrollment. This includes, but is not limited to:

- Adult Day Health
- Home Delivered Meals
- Personal Care Level 1 and 2
- Respite Care
- Waiver Nursing

Prior Authorizations

Prior authorization is required for ALL home and community based services and for all services provided by non-network HCBS providers, with the exception of emergency services.

Prior authorizations are initiated in the following ways:

- Through the care coordinator.
- Through the Multidisciplinary Team.
- Providers contacting the member's care coordinator to request authorizations at 1-888-978-0862.
- Through the Phoenix system.

Access to HCBS Care

First Choice VIP Care Plus and HCBS providers must meet standard guidelines as outlined in this provider manual to help ensure our members have timely access to HCBS care. First Choice VIP Care Plus encourages and supports comprehensive and consistent access standards for members to assure member accessibility to health care services. First Choice VIP Care Plus has established tools for measuring compliance with existing standards and identifying opportunities for the implementation of interventions for improving accessibility to health care services for members.

Providers are required to offer hours of operation that are no less than standard business hours of operation for that type of service or business.

The standards below apply to HCBS providers. Please refer to the Provider and Network Information, Section II, of this Provider Manual for the standards that apply to all other health care services and medical providers

HCBS Access Standards	
HCBS Providers	Access standards are based on those required by SCDHHS for each covered HCBS waiver service, as described in the scope of services section of the Phoenix system.
Non-Network Providers	In the event that no participating provider can meet program standards, First Choice VIP Care Plus will extend authorization of home and community based services to an out-of-network provider to ensure continuity of care.
Distance	Transport distance to licensed Adult Day Care providers should not to exceed 15 miles one-way.

Billing and Reimbursement

HCBS providers should continue to submit claims for reimbursement through the South Carolina Healthy Connections Phoenix System. First Choice VIP Care Plus is responsible for payment to the HCBS providers within seven (7) days of submitted waiver services. Contact First Choice VIP Care Plus Provider Services at 1-888-978-0862 for any questions related to the status of your payment.