

South Carolina Department of Disabilities and Special Needs Medicaid Funded Service Options

You Have a Choice!

Medicaid Funded Services

Intermediate Care Facility for the Mentally Retarded or Home and Community Based Waiver

Prior to 1991, Medicaid only paid for habilitation and other services for people with Mental Retardation/Related Disabilities if the person was admitted to an Intermediate Care Facility for the Mentally Retarded (ICF/MR). The federal approval of Home and Community-Based Waiver programs allowed Medicaid to pay for those services outside of an ICF/MR. Section 1915(c) of the Federal Social Security Act enables the state's Medicaid agency, South Carolina Department of Health and Human Services (DHHS), to collaborate with the South Carolina Department of Disabilities and Special Needs (DDSN) to operate a Home and Community-Based Waiver so that South Carolinians with Mental Retardation/Related Disabilities can have a choice about where needed services are received. South Carolina's Mental Retardation/Related Disabilities (MR/RD) Waiver allows those who currently live in an ICF/MR to choose to receive needed services outside of the ICF/MR in a home-like setting. These settings may be ones that are sponsored by DDSN such as a Community Training Home, Supervised Living Program or Community Residential Care Facility or may be the consumer's own home or the home of a family member.

Because you or your family member currently receives Medicaid funded services in an Intermediate Care Facility for the Mentally Retarded (ICF/MR), you can choose to receive needed Medicaid funded services outside of the ICF/MR by requesting enrollment in the Mental Retardation/Related Disabilities (MR/RD) Waiver.

MR/RD Waiver Enrollment

It is likely that you/your family member already meets the requirements for participation in the MR/RD Waiver, which are that the participant:

- ✓ have Mental Retardation or a Related Disability,
- ✓ be Medicaid eligible,
- ✓ require the degree of care that would be provided in an ICF/MR; therefore, meet ICF/MR Level of Care criteria, and
- ✓ have needs that can be met by providing the services covered by the waiver.

In addition to these requirements, in order to participate, you/your family member must choose to receive needed services in a home-like setting rather than in an ICF/MR.

Services Funded by the MR/RD Waiver

MR/RD Waiver participants can receive the services listed on the back of this page when there is a need for the service, the service is authorized, and a provider is available.

Waiver enrollment will only be terminated if the participant:

- is re-admitted to an ICF/MR or nursing facility,
- no longer requires the degree of care that would be provided in an ICF/MR; therefore, no longer meets ICF/MR Level of Care,
- is no longer eligible for Medicaid as determined by DHHS,
- no longer wishes to receive services funded by the MR/RD Waiver, or
- does not receive a MR/RD waiver service for 30 consecutive days.

If you want to know more or want to choose the MR/RD Waiver:

Contact your/your family member's Qualified Mental Retardation Professional (QMRP) or the Executive Director of the Disabilities Board.

Services Funded by the MR/RD Waiver

| Service | Definition |
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| Adult Attendant Care Services | Assistance to perform activities of daily living (e.g. bathing, dressing, preparing meals, etc.) and or instrumental activities of daily living for adults (age 21 or older); directed by the participant or his/her representative; limited to 28 hours per week (or, if in combination with PC 2 and/or Adult Companion, a combined total of 28 hours per week) |
| Adult Companion Services | Non-medical care, supervision, and socialization provided to an adult (age 21 or older); limited to 28 hours per week (or, if in combination with PC 2 and/or Adult Attendant Care, a combined total of 28 hours per week) |
| Adult Day Health Care | Care provided in an outpatient setting 5 or more hours per day for one or more days per week that encompasses both health and social services (age 21 or older) |
| Adult Day Health Care Nursing | Provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/wound care, tracheotomy care, tube feedings and nebulizer treatment (age 21 or older) |
| Adult day Health Care Transportation | Prior-authorized for participants receiving Adult Day Health Care (ADHC) who reside within fifteen (15) miles of the ADHC center |
| Adult Dental Services | Extension of the State Plan Medicaid benefit for adults (age 21 or older) |
| Adult Vision | Extension of the State Plan Medicaid benefit for adults (age 21 or older) |
| Audiology Services | Extension of the State Plan Medicaid benefit for adults (age 21 or older) |
| Behavior Support Services | Services to assist participants to learn to manage their own behavior |
| Career Preparation Services | Services aimed at preparing participants for careers through exposure to and experience with various careers and through teaching such concepts as compliance, attendance, task completion, problem solving, safety, self-determination, and self-advocacy |
| Community Services | Services aimed at developing one's awareness of, interaction with and/or participation in his/her community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital |
| Day Activity | Activities and services provided in therapeutic settings to enable participants to achieve, maintain, improve or decelerate the loss of personal care, social or adaptive skills |
| Employment Services | Intensive, on-going supports for participants for whom competitive employment at or above minimum wage is unlikely absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting |
| Environmental Modifications | Necessary adaptations to the participant's home to ensure his/her health and safety (e.g. installation of ramps, widening of doorways, etc.); Lifetime cap of \$7500.00 |
| Nursing Services | Nursing tasks/services ordered by a physician and provided by a licensed nurse; maximum number of hours weekly is 56 by a LPN or 42 by a RN; |
| Personal Care Services (1 and 2) | Assistance with personal care and activities of daily living (e.g., bathing, dressing, meal preparation, laundry, etc.); limited to 28 hours per week |

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| | (or, if in combination with Adult Attendant Care and/or Adult Companion, a combined total of 28 hours per week); extension of State Plan Medicaid benefit to adults (age 21 or older) |
| Personal Emergency Response System (PERS) | An electronic device that enables participants at high risk of institutionalization to secure help in an emergency; limited to those participants who live alone or who are alone in their own home for significant parts of the day or night and who would otherwise require extensive routine supervision |
| Prescribed Drugs | Two (2) prescriptions per month in addition to the State Plan Medicaid limit of four (4) per month for adults (age 21 or older) |
| Private Vehicle Modifications | Modifications to a privately owned vehicle used to transport the participant (e.g. installation of a lift, tie downs, etc.); limited to \$7,500.00 per vehicle and a lifetime cap of 2 vehicles |
| Psychological Services | Services to evaluate needs, determine level of functioning, and provide counseling/therapy designed to address cognitive and/or affective skills |
| Residential Habilitation | Care, skills training and supervision provided in a non-institutional setting sponsored by SCDDSN |
| Respite Care | Care provided on a short-term basis because of the absence of or need for relief of those persons normally providing the care; Limited to 68 hours per month unless approved for an exception by SCDDSN |
| Specialized Medical Equipment, Supplies and Assistive Technology | Equipment and supplies not available under State Plan Medicaid that provide medical or remedial benefit to the participant; diapers and under pads available for participants age 3 years and older; limited to 3 cases of diapers/month and 3 cases of under pads/month. |
| Support Center | Non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the participant's home to people who, because of their disability, are unable to care for and supervise themselves |