CHAPTER 1
BACKGROUND

History of the SCDDSN Head and Spinal Cord Injury Division

In 1993, the South Carolina Legislature created the Head and Spinal Cord Injury (HASIC) Division within the South Carolina Department of Disabilities and Special Needs (SCDDSN). Section 44-38-370 of the South Carolina Code of Laws states:

“A person is eligible for case management services under this article when at the time of determining eligibility the person has a severe chronic limitation that:

(1) is attributed to a physical impairment, including head injury, spinal cord injury, or both, or a similar disability, regardless of the age of onset but not associated with the process of a progressive degenerative illness or disease, dementia, or a neurological disorder related to aging;

(2) is likely to continue indefinitely without intervention;

(3) results in substantial functional limitations in at least two of these life activities:

(a) self-care;
(b) receptive and expressive communication;
(c) learning;
(d) mobility;
(e) self-direction;
(f) capacity for independent living;
(g) economic self-sufficiency; and

(4) reflects the person’s need for a combination and sequence of special interdisciplinary or generic care or treatment or other services which are of lifelong or extended duration and are individually planned and coordinated.”

Initially, only Service Coordination and limited Individual/Family Support state funding were available. In 1994, SCDDSN began developing a Home and Community-Based Services Waiver program funded by Medicaid for people determined eligible through the HASIC Division. The first participants in the Head and Spinal Cord Injury Waiver began receiving services in July 1995.
What is a Medicaid HCBS Waiver?

Section 1915 (c) of the federal Medicaid Act provides the legal authority for Home and Community-Based Services (HCBS) Waiver programs. This allows a State to use Medicaid to fund services not available through the Medicaid State Plan to people who would otherwise require care in a nursing facility or other institutional setting.

Prior to development of HCBS Waiver programs, the only long term care care services funded by Medicaid were in an institutional placement such as a hospital or nursing facility.

Medicaid Waiver services must prevent/delay institutionalization. Participants receive services similar (but not identical) to those available in a nursing facility or institution, but provided in a private home and/or other community settings. They may receive services that are an extension of the Medicaid State Plan and/or services unique to the HCBS Waiver program.

The federal Centers for Medicare and Medicaid Services (CMS) is responsible for approving and monitoring a State’s HCBS Waiver programs. CMS is a division within the U.S. Department of Health and Human Services.

When the HCBS Waiver option is chosen, the state must make certain assurances to CMS. The state must assure that:

- People are given choice between institutional care or Waiver services,
- People are informed of all reasonable service alternatives available under the Waiver program,
- People are given the choice of providers of Waiver services,
- Administration of the Waiver program is consistent with the application approved by CMS, and
- Expenditures under the Waiver, in the aggregate, do not exceed the amount that would have been spent if the participants had chosen institutionalization.

The state must also assure that:

- There are safeguards to protect the health and welfare of each participant,
- Each participant requires a level of care equivalent to that provided in an institution and the specified level of care is periodically re-evaluated,
- Each participant has an individualized plan of service and there is a system for reviewing the service plan, and
- Services are provided by qualified providers.
Medicaid HCBS Waiver Programs in South Carolina

Currently, there are nine (9) Medicaid Home and Community-Based Services (HCBS) Waiver programs in South Carolina:

South Carolina Department of Health and Human Services (SCDHHS) is the State Medicaid authority. It directly operates the following programs:

- Community Choices (CC) Waiver (adults; formerly Elderly and Disabled Waiver)
- HIV/AIDS Waiver (adults)
- Ventilator Dependent (Vent) Waiver (adults)
- Medically Complex Children (MCC) Waiver
- Psychiatric Residential Treatment Facility (PRTF) Alternative Waiver (children)

SCDDHS contracts with SCDDSN to operate the following programs:

- Intellectual Disability/Related Disability (ID/RD) Waiver
- Community Supports (CS) Waiver
- Pervasive Developmental Disorder (PDD) Waiver (children)
- Head and Spinal Cord Injury (HASCI) Waiver

A person may meet the eligibility requirements to qualify for more than one HCBS Waiver program, but may only be enrolled in one HCBS Waiver program at any given time.

A HCBS Waiver program participant may be on waiting lists for other HCBS Waiver programs and will have the option to transfer if a slot becomes available.