

CHAPTER 4

ENROLLMENT AND TERMINATION

Revised 12-2015

When the Case Manager is notified by the HASCI Division that a person has been allocated a HASCI Waiver slot, the first requirement is to notify the person or legal guardian and confirm that enrollment in the HASCI Waiver is still desired. If the HASCI Waiver is still wanted, the Case Manager must meet with the person or legal guardian as soon as possible to explain the enrollment process and all service alternatives available under the HASCI Waiver. Then the Case Manager can proceed with initiating HASCI Waiver enrollment (page 4-3).

Voluntary Declination of a HASCI Waiver Slot

If any time during the enrollment process HASCI Waiver services are no longer wanted, the person or legal guardian must sign a *HASCI Waiver Slot Declination* (HASCI Form 3).

The Case Manager must fax a copy of this to the HASCI Division immediately so the HASCI Waiver slot can be rescinded. The original form must be maintained in the person's file and copies sent to the person or legal guardian and to the DHHS Regional Medicaid Worker.

Declining the HASCI Waiver does not prevent re-applying in the future. It also does not directly affect eligibility for or receipt of other SCDDSN services.

(HASCI Form 3 is not required if it is confirmed that the person died, does not qualify for Medicaid, or does not meet NF or ICF/IID Level of Care. The Case Manager must document such circumstance in a Service Note and must notify the HASCI Division immediately by e-mail so the HASCI Waiver slot can be rescinded.)

Non-Signature/Non-Cooperation Declination

When enrollment in the HASCI Waiver cannot be completed (*e.g. consumer moved out-of-state, consumer or legal guardian cannot be located, or consumer or legal guardian is non-responsive or uncooperative in providing required documentation or making decisions necessary for enrollment*) and the Case Manager is unable to obtain signature on the HASCI Form 3, the HASCI Waiver slot will be rescinded only after the CM has met the following conditions:

1. The case file must document specific dates when the CM tried to contact the consumer or legal guardian. Service Notes must indicate phone numbers called and if a conversation took place or a message was left. The CM must ensure that documented calls are made on multiple days and at varying times to all known contact numbers and at times when someone would typically be at home. Although not required, the CM also may attempt (and document) contact by regular mail.

2. If there is no response after the above attempts, the CM must send a certified letter to the consumer or legal guardian (with return receipt) that clearly explains what issues must be resolved and a statement that the HASCI Waiver slot will be rescinded in the next ten (10) calendar days if there is not an appropriate response. *Notice of SCDDSN Reconsideration-Medicaid Appeal Rights* must also be sent.
If no response within the 10 calendar days, proceed to Step #4.
3. If during the 10 calendar days the consumer or legal guardian contacts the CM and requests assistance or additional time, thirty (30) calendar days from date of the request must be allowed. If required documentation is not provided or decisions necessary for enrollment are not made at the end of 30 calendar days, the CM must send a second certified letter to the consumer or legal guardian (with return receipt) that clearly explains what issues must be resolved and a statement that the HASCI Waiver slot will be rescinded in the next ten (10) calendar days if there is not an appropriate response. *Notice of SCDDSN Reconsideration-Medicaid Appeal Rights* must also be sent. If no response within the 10 calendar days, proceed to Step #4.
4. If the above steps have been taken, the *HASCI Waiver Slot Declination* (HASCI Form 3) must be completed indicating Non-Signature/Non-Cooperation Declination. The original signed form must be placed in the consumer's file. Copies must be sent to the consumer or legal guardian, to the HASCI Division, and to the DHHS Regional Medicaid Worker.

Example of the contact flow:

- Multiple contacts made to consumer or legal guardian to obtain required documentation or decisions
- If no resolution, certified letter sent
- After 10 days (if no resolution or request for additional time) HASCI Form 3 completed;
- HASCI Waiver slot rescinded by the HASCI Division

If the consumer or legal guardian requests additional time:

- Additional 30 days allowed for resolution
- During the 30 days, consumer or legal guardian contacted for resolution
- If no resolution within 30 days, second certified letter sent
- After 10 days (if no resolution), HASCI Form 3 completed
- HASCI Waiver slot rescinded by the HASCI Division

These procedures are the minimum. After these procedures are followed, if the CM feels additional time is justified to complete HASCI Waiver enrollment, it can be allowed only if approved by the HASCI Division. This approval must be documented in the case file, including reasons additional time is justified.

If the person wants to re-apply for the HASCI Waiver at a later date, a new *Request for HASCI Waiver Slot* (HASCI Form 1) must be submitted.
See Chapter 3, *ELIGIBILITY AND SLOT ALLOCATION*

Initiating HASCI Waiver Enrollment or Re-enrollment

Freedom of Choice

To begin the HASCI Waiver enrollment process, the person or legal guardian must complete a *Freedom of Choice* (HASCI Form 2). This form documents the choice to participate in home and community-based services instead of placement in an institution. The Case Manager must explain that admission to an institution cannot be guaranteed if that option is chosen. If requested, the Case Manager can assist with applying for admission to a NF or ICF/IID.

Following discussion, the *Freedom of Choice* form must be marked, signed, and dated by the person if he or she is a legal adult (age 18 years or older and not adjudicated incompetent) or by a legally responsible adult (parent or legal guardian of a child under age 18 years or legal guardian of an adult age 18 years or older who was adjudicated incompetent). The Case Manager must also sign and date the form.

- The only exception is when a legal adult is not physically capable of signing. The Case Manager must document on the *Freedom of Choice* form and in a Service Note the reason for absence of the person's signature.
- If the parent or legal guardian of a child under age 18 years signs the *Freedom of Choice* form, the person must sign it when he or she turns age 18 years unless adjudicated incompetent.
- The person or legal guardian may mark, sign, and date the original *Freedom of Choice* form or mark, sign, and date a new form unless not physically capable of signing. The Case Manager must document on the *Freedom of Choice* form and in a Service Note the reason for absence of the person's signature.

The Case Manager must document the meeting, discussion, signing of the form, and choice that was made in a Service Note.

The *Freedom of Choice* form signed prior to enrollment must remain in the person's file so long as he or she is enrolled in the HASCI Waiver. For a person previously terminated from the HASCI Waiver, a new *Freedom of Choice* form must be signed prior to re-enrollment and remain in the person's file.

Acknowledgement of Choice and Appeal Rights

The Case Manager must explain the right of a HASCI Waiver participant to contact and choose providers of services from among those qualified. The Case Manager can assist in identifying qualified providers for the participant or legal guardian to consider. Information concerning qualified providers can be found on the SCDDSN and SCDHHS websites.

It also must be explained that the person or legal guardian has the right to first request reconsideration by SCDDSN and then to submit an appeal to the State Medicaid agency (SCDHHS) concerning any adverse decision or action related to becoming enrolled in, receiving services through, or being terminated from the HASCI Waiver.

Following explanation, the individual or legal guardian must sign and date an *Acknowledgement of Choice and Appeal Rights* (HASCI Form 19). The Case Manager must also sign and date the form. It must be signed prior to HASCI Waiver enrollment or re-enrollment and at least annually thereafter, usually during annual update of the person's Support Plan. The original form must be maintained in the person's file and a copy must be provided to the person or legal guardian.

The Case Manager must document the meeting, discussion, and signing of the form in a Service Note. It must also document that the person or legal guardian was provided a copy of the form.

Acknowledgement of Rights and Responsibilities

The Case Manager must explain to the person or legal guardian the rights and responsibilities required for participating in the HASCI Waiver. It must be understood that failure to meet the designated responsibilities can result in termination from the HASCI Waiver.

Following explanation, the person or legal guardian and Case Manager must sign and date an *Acknowledgement of Rights and Responsibilities* (HASCI Form 20). It must be signed prior to HASCI Waiver enrollment or re-enrollment. The original form must be maintained in the person's file and a copy must be provided to the person or legal guardian.

The Case Manager must document the meeting, discussion, signing of the form, the in a Service Note. It must also document the person or legal guardian was provided a copy of the form.

If subsequently a HASCI Waiver participant or legal guardian does not comply with the designated responsibilities, the Case Manager must document concerns or problems and efforts to resolve them in Service Notes. This must include reviewing and requiring that a new *Acknowledgement of Rights and Responsibilities* form be signed and dated.

If a person or legal guardian refuses to comply with the responsibilities for participation in the HASCI Waiver despite concerted documented efforts by the Case Manager and others to resolve the problems, there must be consultation with the HASCI Division to determine if termination must proceed.

Verification of Third Party Coverage

The Case Manager must assist the person or legal guardian to complete, sign, and date a *Verification of Third Party Coverage* (HASCI Form 18) identifying all private insurance, Medicare, or Medicaid coverage available to the person on the date the form is completed. The Case Manager must sign and date the form.

The meeting, discussion, and signing of the form must be documented in a Service Note. The original form must be placed the person's file.

Medicaid Eligibility

A person must already be receiving Medicaid or must become eligible in order to be enrolled in the HASCI Waiver. If a person allocated a HASCI Waiver slot is not already receiving Medicaid or has not applied, the Case Manager must assist him or her to apply immediately. For application information, consult the SCDHHS website at www.scdhhs.gov >Getting Medicaid >How to Apply.

Application for Medicaid is made online via the SCDHHS website or alternately at the SCDHHS (Medicaid) County Office for the locality where the person lives. If the person is hospitalized, application can be made at most hospitals. It must be clearly communicated when applying for Medicaid that the person is served by SCDDSN and has been allocated a HASCI Waiver slot.

Becoming eligible for Medicaid is a lengthy process, typically taking at 60-120 days or longer to be completed. There are DHHS Regional Medicaid Workers that facilitate Medicaid eligibility determination for people to be enrolled in the HASCI Waiver. If necessary, they also conduct a "36 month look back" to confirm financial eligibility of people already receiving Medicaid to enroll in the HASCI Waiver. DHHS Regional Medicaid Workers are located at the SCDDSN Midlands Center, Whitten Center, Pee Dee Center, and Coastal Center. A roster can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.

The DHHS Regional Medicaid Worker may require assistance in obtaining documentation or resolving issues related to an applicant's Medicaid eligibility determination or "36 month look back". Typically, this is due to the applicant being nonresponsive or uncooperative with requests made by telephone or mail.

In order for the DHHS Regional Medicaid Worker to discuss details about an applicant's eligibility status with the Case Manager and/or HASCI Division staff, the applicant or legal guardian must have signed a DHHS Form 1282 (*Authorized Representative & Release of Information*). In the form's bottom section, it must be specified that information may be released to the Case Management Agency. A separate form must be signed and specify that information may be released to the SCDDSN Head and Spinal Cord Injury Division.

During the visit to initiate HASCI Waiver enrollment, the Case Manager is advised to get a DHHS Form 1282 signed for the Case Management Agency and a separate one signed for the SCDDSN Head and Spinal Cord Injury Division. This should be done even if the person already receives Medicaid, which may be in an eligibility category not allowed for HCBS Waiver programs.

The signed DHHS Form 1282 must be submitted to SCDHHS by mail or toll-free Fax as indicated on the form. DHHS Form 1282 can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.

The Case Manager must document the signing of each DHHS Form 1282 in a Service Note and maintain a copy in the person's file. If a separate form was signed for the HASCI Division, a copy must be submitted to the HASCI Division.

There are several categories under which SCDHHS can determine eligibility for Medicaid. Most adult HASCI Waiver participants qualify under the Aged, Blind and Disabled (ABD) category. There is also Category 15 where Medicaid eligibility may be tentative until a person is tentatively enrolled in a HCBS Waiver for 30 days and receives at least one service. After the initial 30 days, Medicaid eligibility and Waiver enrollment become official, retroactive to first day of the month in which a Waiver service was received. Category 15 is often an option for a person receiving SSDI whose income is above the ordinary limit to qualify Medicaid. In some cases, the person will have to establish a Medicaid Income Trust to qualify for Medicaid via Category 15. If this is necessary, the DHHS Regional Medicaid Worker will provide information and assistance.

SCDHHS Form 118A

A *Waiver Client Status Document* (SCDHHS Form 118A) must be completed prior to enrollment in the HASCI Waiver. It verifies Client Information, Medicaid Eligibility Status, Level of Care status, and start date of HASCI Waiver services. **Completion of this form will be processed by staff of the SCDDSN Head and Spinal Cord Injury Division and the DHHS Regional Medicaid Worker.**

In order for the DHHS Regional Medicaid Worker to discuss details about an applicant's eligibility status with HASCI Division staff, the applicant or legal guardian must have signed a DHHS Form 1282 specifying that information may be released to the SCDDSN Head and Spinal Cord Injury Division.

Level of Care

To be eligible for enrollment in the HASCI Waiver, a person must be otherwise eligible for placement in a Nursing Facility (NF) or an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID). **A person must be certified to meet Level of Care (LOC) criteria for NF or ICF/IID within at least 30 days prior to initial enrollment or re-enrollment in the HASCI Waiver.**

The majority of participants in the HASCI Waiver qualify under NF Level of Care as determined by a nurse employed or contracted by the State Medicaid Agency, South Carolina Department of Health and Human Services (SCDHHS).

For purposes of HASCI Waiver enrollment, a person with Traumatic Brain Injury or Similar Disability may be determined by the SCDDSN Consumer Assessment Team (CAT) to qualify under ICF/IID Level of Care if he or she meets criteria for Related Disability (onset prior to age 22 years and significant adaptive deficits).

ICF/IID Level of Care is not an option for a person with traumatic Spinal Cord Injury, regardless of age of onset.

NF Level of Care Initial Determination

For new enrollment or re-enrollment in the HASCI Waiver, the Case Manager must request SCDHHS Community Long Term Care (CLTC) to determine if the person meets NF Level of Care. This is done by first submitting an electronic referral through CLTC Centralized Intake using the following website: **https://phoenix.scdhhs.gov/cltc_referrals/new**

- Information is entered into a secure website.
- CLTC Centralized Intake Team has immediate access to the referral
- Referral will be transferred to the appropriate CLTC Area Office.
- A referral confirmation number will be given and this can be entered on the website later to determine the status of the referral.

After the electronic referral is made, the Case Manager must mail or fax the following supporting documents to the appropriate CLTC Area Office serving the locality where the person resides:

- *South Carolina Community Long Term Care Consent Form* (SCDHHS Form 121) signed by the person or legal guardian
- *DDSN/CLTC Transmittal Form for Nursing Facility Level of Care* (HASCI Form 7) with top section completed
- *South Carolina Long Term Care Assessment Form* (SCDHHS Form 1718) with pages 1, 2, and 3 completed

Following assessment of the person, CLTC staff will notify the Case Manager of the results by returning the completed HASCI Form 7 along with a copy of the completed SCDHHS Form 1718.

- If the person meets NF Level of Care, the Service Coordinator can proceed with HASCI Waiver enrollment.

If the person is not enrolled within 30 calendar days after the LOC determination date, the Case Manager must request CLTC to update the determination. This requires repeating the entire process of electronic referral through CLTC Centralized Intake and again submitting the forms indicated above to the CLTC Area Office.

Following re-assessment of the person, CLTC staff will notify the Case Manager of the results by returning the completed HASCI Form 7 and SCDHHS Form 1718 with a new LOC determination date. Upon receipt of these, if the person meets NF level of Care, the Case Manager can proceed with HASCI Waiver enrollment.

- If the person does not meet NF Level of Care, the Case Manager must notify the HASCI Division by faxing a copy of HASCI Form 7. The person or legal guardian representative must be notified using *Nursing Facility Level of Care Notification Letter* (HASCI Form 7A). SCDHHS Medicaid Appeal information must be provided. (*SCDDSN Reconsideration is not required because the adverse determination was made by CLTC staff and can only be appealed to SCDHHS.*)

HASCI Waiver enrollment cannot proceed unless the person appeals to SCDHHS and the adverse NF Level of Care determination is then reversed. If that occurs, CLTC staff must provide the Case Manager with a new or corrected HASCI Form 7 and a new or corrected SCDHHS Form 1718. Upon receipt of these, the Service Coordinator can proceed with enrollment.

ICF/IID Level of Care Initial Determination

For new enrollment or re-enrollment in the HASCI Waiver, the Case Manager must obtain and compile the person's medical and school records, psychological/adaptive testing reports, and functional information to support a formal diagnosis of Related Disability. Records reflecting the person's current intellectual and adaptive status also must be obtained and compiled. The person's Assessment and Support Plan must be current in CDSS.

Request for ICF/IID Level of Care Determination (HASCI Form 4) and copies of all documentation must be submitted to the SCDDSN Consumer Assessment Team (CAT) by mail at 8301 Farrow Road, Columbia, SC 29203 or by fax at 803/935-6170. CAT will determine if new psychological and/or adaptive testing is necessary and notify the Case Manager to make arrangements.

Following its review, CAT will notify the Case Manager by E-mail of the determination and effective date. CAT will also complete the Level of Care for ICF/IID in the person's record in CDSS. This will generate a *Level of Care Certification Letter* in CDSS which the Case Manager can print. File information submitted to CAT for the determination will not be returned.

- If the person meets ICF/IID Level of Care, the Case Manager can proceed with HASCI Waiver enrollment.

If the person is not enrolled within 30 calendar days after date of the Initial ICF/IID Level of Care certification, the Case Manager must request CAT to re-certify the determination. This is done only if all other enrollment issues have been resolved.

The Case Manager must notify CAT by e-mail that the determination is expired and must be re-certified. The Case Manager will fax HASCI Form 4 to CAT along with copies of any updated or new documentation of the person's condition/functioning. CAT will decide whether an Initial LOC Update or a new Initial LOC determination is warranted. It will depend on amount of time since the Initial LOC determination and consideration of changes in condition/supervision needs.

CAT will notify the Case Manager by e-mail of its determination and effective date and will complete the Level of Care for ICF/IID in the person's record in CDSS. The Case Manager can then proceed with HASCI Waiver enrollment.

- If the person does not meet ICF/IID Level of Care, the Case Manager must notify the HASCI Division by e-mail. The person or legal guardian must be notified by mailing a copy of the *Level of Care Certification Letter* along with a *Notice of SCDDSN Reconsideration-Medicaid Appeal Rights*. CAT will provide guidance if needed concerning SCDDSN Reconsideration, which must be completed prior to SCDHHS Appeal. HASCI Waiver enrollment cannot proceed unless SCDDSN or SCDHHS reverses the adverse LOC determination. If that occurs, CAT will notify the Case Manager by e-mail of the determination and effective date and will complete the Level of Care for ICF/IID in the person's record in CDSS. This will generate a *Level of Care Certification Letter* in CDSS which the Case Manager can print. The Case Manager can then proceed with HASCI Waiver enrollment.

Determining Services and Enrollment Date

After the all the forms for *Freedom of Choice*, *Acknowledgement of Choice and Appeal Rights*, *Acknowledgement of Rights and Responsibilities*, and *Verification of Third Party Coverage* have been signed, the person has been documented to be eligible for Medicaid, and a NF or ICF/IID Level of Care Initial Determination has been completed, **the Case Manager must work with the person or legal guardian to determine the specific HASCI Waiver services and qualified providers to be authorized with HASCI Waiver enrollment.**

See Chapter 5, *PROCEDURES FOR SERVICES* and Chapter 6, *SERVICES*

When the amount, type and frequency of each service are determined and one or more providers are chosen for each service, the **person's Support Plan must be updated** to reflect the name of each service and payer, the amount, frequency and duration of each service, and provider type(s) for each service.

After services and providers have been confirmed and the Support Plan updated, the Case Manager must consult with the HASCI Division to **target a HASCI Waiver enrollment date and start date for services**. The enrollment date is the first date that one or more authorized services may be received.

- If a person is moving from an institutional setting (hospital, NF or ICF/IID, jail, mental health facility, etc.) the HASCI Waiver enrollment date is the day he or she is discharged from the facility and may receive one or more HASCI Waiver services in a community setting.
- If a person is enrolled in a Medicaid MCO (Managed Care Organization), he or she must be terminated from the MCO prior to the HASCI Waiver enrollment date. The Case Manager must assist the person in notifying the MCO and ensuring that termination is completed at least one day before the HASCI Waiver enrollment date.
- If a person is transferring to the HASCI Waiver from another HCBS Waiver program or will age-out of eligibility for Children's PDN/PCA funded by Medicaid State Plan, coordination with the CLTC or other Case Manager is critical to ensure there is not a lapse in services. The CLTC Case Manager or Case Manager for the current Waiver program must be notified as soon as the person is allocated a HASCI Waiver slot to begin coordination. A transfer date must be mutually agreed upon.
 - Termination from the current HCBS Waiver program or must be at least one day before the HASCI Waiver enrollment date.
 - Children's PDN/PCA cannot be replaced by HASCI Waiver services more than 30 days before the person ages out of eligibility. The CLTC Case Manager must terminate Children's PDN/PCA at least one day before the HASCI Waiver enrollment date and start date of Medicaid Waiver Nursing and/or Attendant Care/Personal Assistance.
- If a person transferring to HASCI Waiver from another HCBS Waiver program currently gets UAP Attendant Care Services, this will end upon termination from that Waiver program. The person can choose to get Self-Directed Attendant Care (UAP Option) through the HASCI Waiver. If possible, the Case Manager can complete all procedures to arrange for Self-Directed Attendant Care (UAP Option) so it can be authorized along with HASCI Waiver enrollment.

- To ensure the person does not have a lapse in services, it may be necessary to temporarily authorize Attendant Care/Personal Assistance through a provider agency enrolled with SCDHHS until requirements are completed for Self-Directed Attendant Care (UAP Option).

Pre-Enrollment Form

After a target date for HASCI Waiver enrollment has been confirmed with the HASCI Division, the Case Manager must complete the *Pre-Enrollment Form* (HASCI Form 9). It must be documented in a Service Note that the *Pre-Enrollment Form* was completed. The original form must be maintained in the person's file.

Waiver Transfer Form

For a person moving to the HASCI Waiver from another HCBS Waiver program, the mutually agreed date for transfer must be confirmed using *Waiver Transfer Form* (HASCI Form 10).

A copy must be forwarded to the CLTC Case Manager or Case Manager for the current Waiver program as soon as possible. A copy must also be sent to the DHHS Regional Medicaid Worker. It must be documented in a Service Note that the *Waiver Transfer Form* was completed and copies forwarded as required. The original form must be maintained in the person's file.

Completing Enrollment

HASCI Waiver enrollment cannot be completed until all of the preceding requirements have been met. Do not forward information or documents to the HASCI Division in a piecemeal fashion.

Enrollment in the HASCI Waiver requires submitting an entire enrollment package to the HASCI Division, including copies of the following completed documents:

- *HASCI Waiver Pre-enrollment Form* (HASCI Form 9)
- *Freedom of Choice Form* (HASCI Form 2)
- *Acknowledgement of Choice and Appeal Rights* (HASCI Form 19)
- *Acknowledgement of Rights and Responsibilities* (HASCI Form 20)
- *Verification of Third Party Coverage* (HASCI Form 18)

- For NF Level of Care:
 - *DDSN/CLTC Transmittal Form for Nursing Facility Level of Care (HASCI Form 7) and*
 - *South Carolina Long Term Care Assessment Form (SCDHHS Form 1718)*

For ICF/IID Level of Care:

- *Level of Care for ICF/IID form printed from person's record in CDSS*
- *Waiver Transfer Form (HASCI Form 10) if the person is transferring to the HASCI Waiver from another HCBS Waiver program.*

Following submission of the enrollment package, the Case Manager will be notified by HASCI Division staff to complete the participant's initial Waiver budget and enter it into the Waiver Tracking System (WTS).

HASCI Division staff will review the budget and notify the Case Manager by e-mail or telephone that the budget is approved or if changes are required.

Following approval of the budget, the Case Manager can proceed with entering services into the Service Tracking System (STS) and forwarding a service authorization to each provider. The start date for each service authorized must be the same as or after the HASCI Waiver projected enrollment date.

The HASCI Division is responsible to forward required enrollment information to SCDHHS. HASCI Division staff will then move the person to "Enrolled" status in WTS ("E" on ENINQ screen) based on the enrollment date reported to SCDHHS.

If a person has Category 15 Medicaid eligibility requiring 30 days of HCBS Waiver participation prior to formal enrollment, he or she will be placed in "Awaiting" status in WTS ("A" on ENINQ screen) for the first 30 days, and then moved to "Enrolled" status ("E" on ENINQ screen) retroactive to the start date of at least one HASCI Waiver service.

- If a person has established a Medicaid Income Trust to qualify for Medicaid eligibility via Category 15, the Service Coordinator will be directed to complete *Medicaid Income Trust* (HASCI Form 5-B) and submit it to the SCDHHS Division of Eligibility.
 - This form reports HASCI Waiver costs for Months 1, 2, and 3 and projected monthly costs beginning Month 4. A copy of the completed form must be sent to the DHHS Regional Medicaid Worker and a copy must be placed in the participant's file.
 - It must be documented in a Service Note that HASCI Form 5-B was submitted to SCDHHS as requested and copies distributed as required.

Enrollment in the HASCI Waiver is official when SCDHHS has entered this status into the Medicaid Management Information System (MMIS).

Level of Care Re-evaluation

For continued participation in the HASCI Waiver, the person's Level of Care must be formally re-assessed and re-certified at least every 365 calendar days.

It is the responsibility of the Case Manager/Supervisor to monitor the LOC certification of each HASCI Waiver participant, and to insure it does not expire.

A participant's Level of Care must be re-assessed immediately if the person demonstrates distinctly improved functioning.

NF Level of Care Re-evaluation

NF Level of Care Re-evaluation must be scheduled to allow sufficient time for consultation with the HASCI Division if necessary (for an adverse decision) and submission to the LOC Quality Assurance (QA) Reviewer at USC Center for Disability Resources prior to the expiration date of the previous LOC certification.

NF Level of Care is re-evaluated by the Case Manager using recent medical and functional documentation, information provided by the person/representative, and direct observation of the person to determine if there is change/improvement in functioning that may affect NF Level of Care status. Findings are recorded on SCDHHS Form 1718.

The assessment must be staffed with the CM Supervisor (or other supervisory staff) and Form 1718 must be signed/initialed and dated on appropriate pages.

The LOC certification date of the re-evaluation is the date of the staffing and signing/initialing of Form 1718.

- If the person meets NF Level of Care, the Case Manager must complete *Re-Certification for Nursing Facility Level of Care* (HASCI Form 6) which designates the effective date and must enter the new LOC certification date on the Waiver Tracking System (WTS).

Copies of the Form 6 and Form 1718 must be mailed to the QA Reviewer within 2 work days. The Case Manager must comply with any directions from the QA Reviewer to correct originals/re-submit copies of the Form 6 and Form 1718 within 3 work days after notification.

After the determination is confirmed, the QA Reviewer will enter the new LOC certification date into the HASCI Waiver database and mail copies of Form 6 and Form 1718 to SCDHHS.

- If the person does not meet NF Level of Care due to improvement in functioning, HASCI Form 6 is not completed and a copy of the SCDHHS Form 1718 must be sent to the HASCI Division within 2 work days.

HASCI Division staff will review the assessment/determination with the Case Manager/Supervisor and may advise that corrections or adjustments be made in the keying/scoring of Form 1718.

- If consultation with the HASCI Division determines the person meets NF Level of Care, the Case Manager will correct/adjust the Form 1718 as necessary, complete HASCI Form 6, and enter the new LOC certification date on the Waiver Tracking System (WTS).

Copies of the Form 6 and Form 1718 must be mailed to the QA Reviewer within 2 work days. The Case Manager must comply with any directions from the QA Reviewer to correct originals and re-submit copies of the Form 6 and Form 1718 within 3 work days after notification.

After the determination is confirmed, the QA Reviewer will enter the new LOC certification date into the HASCI Waiver database and mail copies of the Form 6 and Form 1718 to SCDHHS.

- If consultation with HASCI Division confirms the person does not meet NF Level of Care, within 2 work days, the Case Manager must mail *Notice of Waiver Termination* (HASCI Form 8) to inform the person or legal guardian that the person no longer meets NF-Level of Care and will be terminated from the HASCI Waiver effective 10 calendar days after the notice date. *Notice of SCDDSN Reconsideration-Medicaid Appeal Rights* must be provided along with the notice.

A copy of the Form 1718 must be mailed to the QA Reviewer within 2 work days. The Case Manager must comply with any directions from the QA Reviewer to correct original/re-submit a copy of the Form 1718 within 3 work days after notification. After the copy of Form 1718 is confirmed, the QA Reviewer will mail it to SCDHHS. The QA reviewer will not update the HASCI Waiver data base (*determination was negative*.)

If the negative determination is subsequently reversed by SCDDSN or SCDHHS, the Case Manager will correct/adjust the Form 1718 as necessary, complete HASCI Form 6, and enter the new LOC certification date on the Waiver Tracking System (WTS).

Copies of the Form 6 and Form 1718 must be mailed to the QA Reviewer within 2 work days. The Case Manager must comply with any directions from the QA Reviewer to correct originals and re-submit copies of the Form 6 and Form 1718 within 3 work days after notification.

After the determination is confirmed, the QA Reviewer will enter the new LOC certification date into the HASCI Waiver database and mail copies of the Form 6 and Form 1718 to SCDHHS.

ICF/IID Level of Care Re-evaluation

ICF/IID Level of Care Re-evaluation must be scheduled to allow sufficient time for consultation with or review by the SCDDSN Consumer Assessment Team (CAT) and submission to the LOC Quality Assurance (QA) Reviewer at USC Center for Disability Resources prior to the expiration date of the person's previous LOC certification.

For a HASCI Waiver participant with time-limited SCDDSN eligibility, ICF/IID Level of Care Re-evaluation must be done by CAT. The Case Manager must allow sufficient time and follow the same procedures as when requesting an ICF/IID Level of Care Initial Determination.

For all other HASCI Waiver participants, ICF/IID Level of Care is re-evaluated by the Case Manager using recent medical/functional documentation, information provided by the person/representative, and direct observation of the person to determine if there is improvement in functioning.

Findings must be staffed with the CM Supervisor (or other supervisory staff). If there is evidence the person's functioning has significantly improved, CAT must be consulted by telephone before an adverse LOC determination is made.

- If the person continues to meet ICF/IID Level of Care, the Case Manager must complete an *"Annual/Recertification" Level of Care for ICF/IID* in the person's record in CDSS and enter the new certification date into the Waiver Tracking System (WTS).

Within 2 days, the Case Manager must forward a copy of the updated *"Annual/Recertification" Level of Care for ICF/IID* form to the QA Reviewer.

The QA Reviewer will enter the new ICF/IID certification date into the HASCI Waiver data base and forward the updated *"Annual/Recertification" Level of Care for ICF/IID* form to SCDHHS.

- If the person no longer meets ICF/IID Level of Care, the Case Manager must complete an *"Annual/Recertification" Level of Care for ICF/IID* in the person's record in CDSS. Within 2 work days the Service Coordinator must submit HASCI Form 4 and copies of all information/documentation used in making the adverse determination to CAT.

The person's Assessment and Support Plan in CDSS must be current. CAT will decide if any new psychological/ adaptive testing is necessary.

- If CAT determines the person continues to meet ICF/IID Level of Care, it will notify Case Manager by E-mail and complete a new *Level of Care for ICF/IID* in the person's record in CDSS.

The Case Manager must complete an “*Annual/Recertification*” *Level of Care for ICF/IID* in the person's record in CDSS and enter the new certification date into the Waiver Tracking System (WTS).

Within 2 days, the Case Manager must forward a copy of the updated “*Annual/Recertification*” *Level of Care for ICF/IID* form to the QA Reviewer.

The QA Reviewer will enter the new ICF/IID certification date into the HASCI Waiver data base and forward the updated “*Annual/Recertification*” *Level of Care for ICF/IID* form to SCDHHS.

- If CAT concurs the person does not meet ICF/IID Level of Care, it will notify the Case Manager by E-mail and complete a new *Level of Care for ICF/IID* in the person's record in CDSS.

Within 2 work days, the Case Manager must mail a *Notice of Waiver Termination* (HASCI Form 8) to inform the person or legal guardian that the person no longer meets ICF/IID Level of Care and will be terminated from the HASCI Waiver effective 10 calendar days after date of the notice. *Notice of SCDDSN Reconsideration-Medicaid Appeal Rights* must be provided. (*CAT will provide guidance for SCDDSN Reconsideration*).

Within 2 days, the Case Manager must forward a copy of the updated *Level of Care for IC/-IID* to the QA Reviewer. The QA Reviewer will forward this to SCDHHS, but will not update the HASCI Waiver data base (*because the determination was negative*).

If the negative determination is reversed by SCDDSN or SCDHHS, the Case Manager must complete a new “*Annual/Recertification*” *Level of Care for ICF/IID* in the person's record in CDSS and enter the new certification date into the Waiver Tracking System (WTS).

Within 2 days, the Case Manager must forward a copy of the updated “*Annual/Recertification*” *Level of Care for ICF/IID* form to the QA Reviewer. The QA Reviewer will enter the new ICF/IID certification date into the HASCI Waiver data base and forward the updated “*Annual/Recertification*” *Level of Care for ICF/IID* form to SCDHHS.

HASCI Waiver Termination

A participant must be terminated from the HASCI Waiver if the following occurs:

- Death
- Moved out of state
- No longer eligible for Medicaid
- Admitted to a Nursing Facility (NF) or to an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID)
- No longer qualifies for NF or ICF/IID Level of Care
- Does not receive a HASCI Waiver service for a full calendar month due to hospitalization, incarceration, non-availability of a provider, or other reasons
- Refusal to meet responsibilities as a HASCI Waiver participant
- No longer wants HASCI Waiver services

When it is necessary for a participant to be terminated from the HASCI Waiver, the Case Manager must give the person or legal guardian prior written notice stating the reason for termination and providing information concerning SCDDSN Reconsideration and SCDHHS Medicaid Appeal processes.

Prior notification is not required if it is verified the individual died, moved out of state, or voluntarily declined to continue participating in the HASCI Waiver.

Being terminated from the HASCI Waiver does not prevent re-applying in the future if qualifications can be met. It does not directly affect eligibility for or receipt of other SCDDSN services.

When a person is terminated from the HASCI Waiver, the associated slot is also revoked, so long as there is not a HASCI Waiver waiting list. If there is a HASCI Waiver waiting list, the slot may be retained temporarily under certain circumstances (page 4-19).

If the person wants to re-enroll in the future, the Case Manager must submit a new *Request for HASCI Waiver Slot* (HASCI Form 1) to the HASCI Division. If there is not a HASCI Waiver waiting list at that time, an available slot will be allocated. If there is a waiting list, the person will be placed on it in Regular or Urgent status.

See Chapter 3, *ELIGIBILITY AND SLOT ALLOCATION*

Procedures for Termination

Within two (2) days after confirming that a participant must be terminated from the HASCI Waiver, the Case Manager must complete a *Notice of Waiver Termination* (HASCI Form 8) indicating reason for termination and mail it to the person or legal guardian along with a *Notice of SCDDSN Reconsideration-Medicaid Appeal Rights*. Copies of the HASCI Form 8 must be sent to the HASCI Division and to the DHHS Regional Medicaid Worker. A copy must be maintained in the person's file.

- Except if it is verified the person died, moved out of state, or voluntarily declined to continue participating in the HASCI Waiver, the effective date of termination must be at least 10 calendar days after the date HASCI Form 8 was completed.

This allows the person or legal guardian at least 10 calendar days to initiate SCDDSN Reconsideration, which must be fully completed prior to SCDHHS Medicaid Appeal. It also gives the person or legal guardian the opportunity to request that HASCI Waiver services continue during the SCDDSN Reconsideration and SCDHHS Medicaid Appeals processes.

- If the participant did not receive a HASCI Waiver service for a full calendar month due to hospitalization, incarceration, non-availability of a provider, or other reasons, the termination date is the last day of the month following the month when the last Waiver service was received.

Example: If a Waiver service was received on March 17 and no other Waiver service was received before April 30, then the individual must be terminated effective April 30.

- If the person or legal guardian no longer wants HASCI Waiver services, he or she must sign a *Voluntary Termination Statement* (HASCI Form 16). The original form must be maintained in the person's file. A copy must be forwarded to the HASCI Division and to the Regional Sponsored Medicaid Worker.
- If a person is eligible for Medicaid under Category 15, termination from the HASCI Waiver will also result in loss of all Medicaid coverage. The Case Manager must notify the person or legal guardian of this in writing. It must be documented in a Service Note that notification was made. A copy of the communication must be placed in the person's file.

The Case Manager must notify all providers that HASCI Waiver services for the person must be ended by completing a *Notice of Service Termination* (HASCI Form 11) and forwarding it to each provider. The service end date must be the same as the Waiver termination date on HASCI Form 8. A copy of each HASCI Form 11 must be maintained in the person's file.

- The service end date must be after the deadline for the person or legal guardian to request SCDDSN Reconsideration and/or request services to continue during the SCDDSN Reconsideration and SCDHHS Medicaid Appeal processes.

The HASCI Division is responsible to forward required termination information to SCDHHS. HASCI Division staff will then move the person to “Terminated” in WTS (“T” on ENINQ screen) based on the termination date reported to SCDHHS.

Within two (2) work days following the projected Waiver termination date, the Case Manager must update the person’s Support Plan and budget information in the Waiver Tracking System (WTS) must be adjusted.

- Update the person’s Support Plan to reflect actual units of services received through the HASCI Waiver prior to termination.
- Determine actual units of budgeted services received by the individual and adjust the Waiver budget in WTS accordingly and with actual end date for services. Excess or unused service units must be deleted from the budget.
- Update the Service Tracking System (STS) to reflect that there is no longer HASCI Waiver funding for any services.

Termination from the HASCI Waiver is official when SCDHHS has entered this status into the Medicaid Management Information System (MMIS).

Temporary Retention of HASCI Waiver Slot Following Termination when there is a HASCI Waiver waiting list.

When there is a HASCI Waiver waiting list, the following criteria will be applied for the slot of a person terminated from the HASCI Waiver to be temporarily retained in the following circumstances:

- An individual terminated from the HASCI Waiver due to interruption of Medicaid eligibility will have his or her Waiver slot held up to 90 consecutive days after the date of termination if it is anticipated Medicaid eligibility will be reinstated during that time.

The DHHS Regional Sponsored Medicaid Worker can assist the individual to re-qualify for Medicaid. In order for the DHHS Regional Medicaid Worker to discuss details with the Case Manager and HASCI Division staff, the person or legal guardian must have signed a DHHS Form 1282 releasing information to the Case Management Agency and a separate form releasing information to the SCDDSN Head and Spinal Cord Injury Division.

- An individual terminated from the HASCI Waiver because of hospitalization or temporary admission to a nursing facility or ICF/IID exceeding a full calendar month will have his or her Waiver slot held up to 90 consecutive days after the date of termination if it is anticipated the person will be discharged from the hospital, nursing facility or ICF/IID during that time. The Case Manager must be directly involved with discharge planning.
- An individual terminated from the HASCI Waiver because a service was not received during a full calendar month due to non-availability of a provider or other reasons will have his or her Waiver slot held up to 90 consecutive days after the date of termination if it is expected services can be resumed within that time. The Case Manager must actively seek a provider or assist in addressing other circumstances which resulted in the termination.

If none of these circumstances apply, the person will be terminated from the HASCI Waiver and the associated slot revoked.

Re-enrollment in the HASCI Waiver Following Termination

Re-enrollment in the HASCI Waiver following termination is contingent upon the person having a HASCI Waiver slot and newly obtained documentation that all eligibility requirements are met.

Re-enrollment in the HASCI Waiver requires all the same procedures as for initial enrollment. It includes submitting an entire enrollment package to the HASCI Division with copies of all the required fully completed documents;

- *HASCI Waiver Pre-enrollment Form* (HASCI Form 9)
- *Freedom of Choice Form* (HASCI Form 2)
- *Acknowledgement of Choice and Appeal Rights* (HASCI Form 19)
- *Acknowledgement of Rights and Responsibilities* (HASCI Form 20)
- *Verification of Third Party Coverage* (HASCI Form 18)
- For NF Level of Care:
 - *DDSN/CLTC Transmittal Form for Nursing Facility Level of Care* (HASCI Form 7) and
 - *South Carolina Long Term Care Assessment Form* (SCDHHS Form 1718)
- For ICF/IID Level of Care:
 - *Level of Care for ICF/IID* form printed from person's record in CDSS

Following submission of the enrollment package, the Case Manager will be notified by HASCI Division staff to complete the participant's initial Waiver budget and enter it into the Waiver Tracking System (WTS).

HASCI Division staff will review the budget and notify the Case Manager by e-mail or telephone that the budget is approved or if changes are required.

Following approval of the budget, the Case Manager can proceed with entering services into the Service Tracking System (STS) and forwarding a service authorization to each provider. The start date for each service authorized must be the same as or after the HASCI Waiver projected enrollment date.

The HASCI Division is responsible to forward required enrollment information to SCDHHS. HASCI Division staff will then move the person to "Enrolled" status in WTS ("E" on ENINQ screen) based on the enrollment date reported to SCDHHS.

If a person has Category 15 Medicaid eligibility requiring 30 days of HCBS Waiver participation prior to formal enrollment, he or she will be placed in "Awaiting" status in WTS ("A" on ENINQ screen) for the first 30 days, and then moved to "Enrolled" status ("E" on ENINQ screen) retroactive to the start date of at least one HASCI Waiver service.

- If a person has established a Medicaid Income Trust to qualify for Medicaid eligibility via Category 15, the Service Coordinator will be directed to complete *Medicaid Income Trust* (HASCI Form 5-B) and submit it to the SCDHHS Division of Eligibility.
 - This form reports HASCI Waiver costs for Months 1, 2, and 3 and projected monthly costs beginning Month 4. A copy of the completed form must be sent to the DHHS Regional Medicaid Worker and a copy must be placed in the participant's file.
 - It must be documented in a Service Note that HASCI Form 5-B was submitted to SCDHHS as requested and copies distributed as required.

Enrollment in the HASCI Waiver is official when SCDHHS has entered this status into the Medicaid Management Information System (MMIS).