

Prescribed Drugs

Definition

Prescribed Drugs funded by the HASCI Waiver are an Extended State Plan Service, but may not include any drugs available to a participant under Medicare Part D.

The current Medicaid State Plan covers all drugs prescribed by a physician for those under age 21 years (through month of 21st birthday). Medicaid State Plan covers four (4) prescribed drugs per month for adults age 21 years and older. HASCI Waiver allows up to three (3) additional prescribed drugs over the limit allowed by the Medicaid State Plan.

Service Unit

The service unit is one (1) drug prescribed by a physician. HASCI Waiver will reimburse for a maximum one-month supply of a drug per new prescription or refill.

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

Not all drugs prescribed by a physician are covered by Medicaid. Drugs such as those for weight control, fertility, smoking cessation, etc. may not be covered.

Medicaid policy allows a pharmacist to submit a prescription limit override for the following reasons: (1) the monthly prescription limit has been met, (2) the individual has one of the following conditions, and (3) the prescription is for an essential drug used in the patient's treatment of the following:

- Acute sickle cell disease
- Behavior health disorder
- Cancer
- Cardiac disease
- Diabetes
- End stage lung disease
- End stage renal disease
- HIV/AIDS

- Hypertension
- Life-threatening illness
- Organ transplant
- Terminal state of an illness

Override of the monthly prescription limit is reserved for those prescriptions that, in the clinical judgment of the pharmacist, meet the prescription limit override criteria. Pharmacists may not use the override code for a prescription until the monthly prescription limit has been reached.

Providers

Prescribed drugs funded by Medicaid State Plan and HASCI Waiver must be provided by a licensed pharmacy enrolled with SCDHHS as a Medicaid provider.

Arranging and Authorizing the Service

When it is determined that prescribed drugs funded by HASCI Waiver are needed, the need must be clearly documented in the participant's Support Plan. The participant must be offered choice of provider(s) from among any pharmacies enrolled as a Medicaid provider. Offering of choice, as well as the provider(s) selected, must be documented in a Service Note.

The participant's Support Plan must be updated to clearly reflect the name of the service and payer, the amount, frequency, and duration of the service, and service provider type. Budget information for the service must then be entered in the Waiver Tracking System (WTS) and service information must be entered into the Service Tracking System (STS).

Following WTS processing, the participant or representative may directly contact the chosen provider(s) to fill or refill prescriptions. The Service Coordinator does not complete a service authorization. Instead, the participant must present his or her Medicaid card to a pharmacy enrolled as a Medicaid provider. The Medicaid card is imprinted with the statement "HASCI Waiver Client allowed 3 additional prescriptions per month above the current limit"

Billing

Prescribed Drugs funded by the HASCI Waiver must always be directly billed to SCDHHS by the pharmacy.

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.