

Head and Spinal Cord Injury (HASCI) Waiver

South Carolina Department of Disabilities and Special Needs

HASCI Medicaid Waiver

Section 1915(c) of the Social Security Act enables South Carolina Department of Health and Human Services (DHHS) to contract with the South Carolina Department of Disabilities and Special Needs (DDSN) to operate a Home and Community-Based (HCB) Waiver program for a limited number of people with severe physical/cognitive disabilities. It is one of several HCB Waiver programs in South Carolina that can provide some level of services to individuals with traumatic brain injury (TBI), spinal cord injury (SCI), or similar disability (SD).

HASCI Waiver participants can receive Medicaid-funded services and supports in their homes and other community settings instead of in a hospital, nursing facility, or institution.

The aggregate cost of Medicaid HCB Waiver services must be equal to or no more than the aggregate cost if the same individuals received institutional care funded by Medicaid.

HASCI Waiver services are provided based on the identified needs of a participant and within limits and available funding.

HASCI Waiver Participation

To participate in the Head and Spinal Cord Injury Waiver, an individual must:

- ✓ meet diagnostic criteria (TBI, SCI, SD) as established by determination of eligibility for the DDSN Head and Spinal Cord Injury Division (see *back*)
- ✓ receive Medicaid in South Carolina or become eligible prior to enrollment
- ✓ meet Level of Care criteria (see *back*)
- ✓ have urgent circumstances affecting his or her health or functional status
- ✓ depend on others to provide or assist with critical health needs, basic activities of daily living, or require daily monitoring or supervision to avoid institutionalization
- ✓ require services not available from existing resources (family, private means, other agencies or programs) or current resources are inadequate to meet the basic needs of the individual to allow him/her to remain in the home
- ✓ have sufficient independence and/or adequate natural supports to live safely in a private residence or other community setting with the type and amount of services available from the HASCI Waiver

The HASCI Waiver does **not** provide income support, emergency funds, housing, room and board, general supervision, or 24-hour care.

Initial enrollment in the HASCI Waiver is limited to individuals prior to their **65th birthday**. Individuals already enrolled continue to be eligible after their **65th birthday**, if all other eligibility factors are met.

An individual must be offered choice between institutional services or home and community-based services, must choose to receive HASCI Waiver services, must be informed of all the alternatives available in the HASCI Waiver, and must choose from among qualified service providers.

HASCI Waiver Services

- ▶ **Attendant Care/Personal Assistance:** direct assistance with personal care and activities of daily living and/or supervision to assure health and safety
- ▶ **Respite Care:** short-term care and/or supervision in the absence of individuals normally providing care/supervision
- ▶ **Medicaid Waiver Nursing:** services within the scope of the SC Nurse Practice Act provided by an RN or LPN
- ▶ **Prescribed Drugs:** three (3) prescriptions per month in addition to drugs available through Medicaid State Plan
- ▶ **Supplies, Equipment and Assistive Technology:** specialized medical supplies and equipment and AT devices to better perform activities of daily living
- ▶ **Personal Emergency Response System:** electronic device to enable an individual to secure help in an emergency
- ▶ **Private Vehicle Modifications:** modifications to a vehicle driven by or routinely used to transport the individual
- ▶ **Environmental Modifications:** adaptations to an individual's private home to ensure health and safety or to enable greater independence
- ▶ **Occupational Therapy:** treatment to restore or improve fine motor functioning
- ▶ **Physical Therapy:** treatment to improve or compensate for mobility and movement dysfunction and related functional impairments
- ▶ **Speech and Hearing Services:** speech therapy, audiology services, and augmentative communication
- ▶ **Psychological Services:** treatment to address affective, cognitive, and substance abuse issues
- ▶ **Behavior Support:** validated practices to identify causes of specific problem behaviors and appropriate interventions to reduce or eliminate them
- ▶ **Health Education for Consumer-Directed Care:** instruction by a registered nurse to assist an individual to manage own personal care provided by another individual
- ▶ **Peer Guidance for Consumer-Directed Care:** information, advice, and encouragement provided by a peer to an individual with SCI/severe physical impairments to recruit, train, and supervise own caregivers
- ▶ **Day Activity:** assistance with acquisition, retention, or improvement of self-help, socialization and adaptive skills, in a licensed day program funded by DDSN
- ▶ **Career Preparation:** preparation for paid or unpaid employment (but not job-specific training) in a licensed day program funded by DDSN
- ▶ **Employment Services:** intensive/extended supports in a licensed employment program funded by DDSN
- ▶ **Residential Habilitation:** care, skills training, and supervision in a licensed residential program funded by DDSN
- ▶ **Waiver Case Management:** assistance in obtaining needed services through HASCI Waiver, Medicaid State Plan, and other agencies/programs/funding

HASCI Division Information and Referral

1-866-867-3864 (toll free)

Applying to DDSN

If you have severe impairments as a result of traumatic brain injury (TBI), spinal cord injury (SCI), or similar disability (SD), you or a family member should:

- ▶ Contact HASCI Division Information and Referral at the phone number above to be screened for referral to the DDSN Head and Spinal Cord Injury (HASCI) Division and referral to the HASCI Waiver, if requested.
- ▶ If screened as appropriate for consideration of eligibility, you will be given opportunity to choose a DSN Board or other qualified provider which offers HASCI Case Management (CM) for your locality. You will be notified by mail that referral was made to your chosen CM provider.
- ▶ The DDSN eligibility determination process includes review of medical records and other information, including the applicant's current functional status. The process is usually completed within 90 days.
- ▶ An applicant found ineligible for DDSN services will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Eligibility Criteria

[S.C. Code Ann. § 44-38-370](#) defines eligibility for services through the DDSN Head and Spinal Cord Injury Division:

"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 dementia, or a neurological disorder related to aging;
- (2) Is likely to continue 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 lifelong or extended duration and are individually planned or coordinated."

Level of Care Criteria for HASCI Waiver

In order to be eligible for HASCI Waiver services, an individual must meet Level of Care criteria for a Nursing Facility (NF) or an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID). The individual must be evaluated to meet Level of Care criteria within 30 days prior to enrollment in the HASCI Waiver. Level of Care is re-evaluated at least every 365 days.

NF Level of Care is determined by a licensed nurse who conducts a comprehensive evaluation of an individual's medical, psychobehavioral, and functional needs. An individual may meet NF Level of Care at the skilled or intermediate level. Both levels focus on an individual's need for extensive assistance from another person with personal care and activities of daily living.

To be eligible for the HASCI Waiver under the ICF/IID Level of Care, an individual must be determined to meet DDSN criteria for a Related Disability (onset prior to age 22 years) with substantial impairments in adaptive functioning and require ongoing supervision and services to acquire skills or prevent regression.

DDSN Reconsideration and Medicaid Appeal

If an applicant or participant is notified of an adverse decision/action affecting eligibility for or receipt of HASCI Waiver services, within 30 days the individual (or representative) may request that DDSN reconsider and reverse the decision/action. Information on the DDSN Reconsideration process and how to make a request will be provided by the HASCI Case Manager.

If the individual (or representative) fully completes the DDSN Reconsideration process and is dissatisfied with the results, an appeal of the adverse decision/action may be filed with the SC Department of Health and Human Services (State Medicaid Agency) within 30 days. Information on how to file a Medicaid appeal will be provided by the HASCI Case Manager.

You may be eligible to receive continued Medicaid benefits pending a hearing decision. If you are interested in continued benefits, you must contact your SCDDSN Service Coordinator within ten (10) calendar days of the effective date of the action. If the hearing decision is not in your favor, you may be required to repay Medicaid benefits received during the appeals process.

HASCI Waiver Termination

HASCI Waiver services are terminated when an individual...

- ✓ is no longer eligible for Medicaid in South Carolina
- ✓ is no longer meets Level of Care criteria
- ✓ does not receive any Waiver services for 30 days
- ✓ is admitted to an acute care hospital for 30 days
- ✓ is admitted to a nursing facility or ICF/IID
- ✓ refuses to comply with requirements or commits Medicaid fraud
- ✓ voluntarily withdraws from receiving services
- ✓ moves out of South Carolina