

CHAPTER**1****WHAT IS A WAIVER?**

Prior to 1981, people in need of long term care services could only receive Medicaid funding for such services when the services were provided in an institutional setting such as a nursing home. In October 1981, the Social Security Act was amended to allow states to choose to offer Medicaid funding for long term care services when those services are provided in the person's home or community. This became known as the Home and Community Based (HCB) Waiver or Medicaid Waiver option.

When the HCB waiver option is selected by a state, that state is choosing to waive the institutional requirements and must decide for whom those requirements will be waived. The state can select the group or groups of people for whom they wish the requirements to be waived. Some examples of groups of people for whom these requirements may be waived are, people who are elderly or disabled, people who have mental retardation or a related disability, or people who have a head or spinal cord injury.

In addition to choosing to waive the institutional requirements and selecting the groups of people for whom the requirement will be waived, states are allowed to choose which goods or services will be funded through the HCB waiver. The state must choose services that are not already funded as part of the State's Medicaid Program Plan.

When the HCB Waiver option is chosen, the state must make several assurances to the Centers for Medicare and Medicaid Services (CMS), which is the division of the U.S. Department of Health and Human Services that is responsible for reviewing, approving and monitoring any waiver options selected by the state. The state must assure that necessary safeguards are taken to protect the health and welfare of all participants, assure that all participants require the level of care that would be provided in an institution and assure that the participant's need for the specified level of care is periodically re-evaluated. The state must assure that participants are informed of any reasonable alternatives available under the waiver, assure that participants are given the choice of either institutional or home and community-based services and assure that the expenditures under the waiver will not exceed the amount that would have been spent if the participant had chosen institutionalization.

In South Carolina, the SC Department of Health and Human Services (SCDHHS) is the state agency responsible for all Medicaid funding. South Carolina has chosen to serve several different populations by utilizing the HCB waiver option. SCDHHS, through its Community Long Term Care (CLTC) Division, administers HCB Waivers to serve the elderly and disabled (Community Choices Waiver), people with HIV or AIDS (HIV/AIDS Waiver) and adults who are dependent on a life support system (Ventilator Dependent Waiver). In addition, SCDHHS partners with the South Carolina Department of Disabilities and Special Needs (SCDDSN) in administering waivers to serve people with head or spinal cord injuries (HASCI Waiver), pervasive developmental disorders (PDD) and people with mental retardation or related disabilities (MR/RD Waiver and Community Supports Waiver). See attached DDSN Waiver Summary and CLTC Waiver Summary for an overview of all HCB Waivers available in South Carolina.

In October 1991, SCDHHS and SCDDSN (then known as the Department of Mental Retardation) received approval to offer the Home and Community Based Waiver as an alternative to institutional care for people with

mental retardation or a related disability. This option allows people with mental retardation or related disabilities to choose to receive care at home rather than in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). Although the consumers may choose to receive care at home, he/she must require the degree of care that would be provided in the ICF/MR. In other words, consumers choosing this option must meet ICF/MR level of care.

Since the approval of the MR/RD Waiver in October 1991, several changes or amendments have been made to the original waiver request. As of January 1, 2010, the following services are funded by Medicaid through South Carolina's MR/RD Waiver:

- Adult Attendant Care Services
- Adult Companion Services
- Adult Day Health Care Services
- Adult Day Health Care Nursing
- Adult Day Health Care Transportation
- Adult Dental Services
- Adult Vision
- Audiology Services
- Behavior Support Services
- Career Preparation Services
- Community Services
- Day Activity
- Employment Services
- Environmental Modifications
- Nursing Services
- Personal Care 2, Personal Care 1
- Personal Emergency Response System (PERS)
- Prescribed Drugs
- Private Vehicle Modifications
- Psychological Services
- Residential Habilitation
- Respite Care
- Specialized Medical Equipment, Supplies and Assistive Technology
- Support Center Services

These services – and specific limitations related to these services – will be discussed in subsequent chapters.

In order to become enrolled in the MR/RD Waiver, several conditions/criteria must be met. **The potential participant must be eligible to receive services from SCDDSN (i.e. have a diagnosis of Mental Retardation or Related Disability).** This does not mean that the applicant must be currently receiving services from SCDDSN.

Note: The only criterion for SCDDSN eligibility is that the person have mental retardation or a related disability. The eligibility determination is made by the Office of Consumer Assessment at the SCDDSN Midlands Center. See SCDDSN Directive 100-30-DD Eligibility Diagnostic Criteria, Screening and Intake Processes for Eligibility, and Appeal Procedures.

In addition to being eligible to receive services from SCDDSN, **the potential participant must be eligible to receive Medicaid.** This does not mean that the potential participant must be receiving Medicaid but instead means that, once application is made, Medicaid will likely be awarded. The determination of eligibility for Medicaid is made by the SC Department of Health and Human Services Eligibility Division (SCDHHS).participant

A potential participant must be allocated a waiver slot. MR/RD Waiver slots are allocated by SCDDSN. See Chapter 3 (*Requesting a Slot*) of this manual for more information.

In addition to being eligible for SCDDSN services, being eligible for Medicaid and being allocated a slot, **a potential participant must be given the option of receiving services in his/her home and community or in an ICF/MR.** To be enrolled in the waiver, home and community based services must be chosen. See Chapter 4 (*Freedom of Choice*) of this manual.

Lastly, **a potential participant must meet ICF/MR Level of Care.** The initial Level of Care determination is made by the Consumer Assessment Team located at the Midlands Center. This determination must be reviewed annually for continued participation in the waiver. See Chapter 5 (*ICF/MR Level of Care*) of this manual for more information.

In addition to the conditions/criteria listed above, **a potential participant must have needs that can be addressed by the provision of services funded by the waiver.** The cost of these services should not exceed the cost of care that would be provided in an ICF/MR.

Once these conditions/criteria are met, the potential participant can be enrolled in the waiver. Upon enrollment, approved providers may be authorized to render the needed services that are indicated on the participant's Support Plan and included in his/her approved waiver budget.

Community Long Term Care

A Division of the Department of Health and Human Services

The South Carolina Community Long Term Care Division has a variety of programs to serve individuals who want to work and/or live at home, need assistance, and are eligible for Medicaid. The statewide home and community-based waiver programs provide pre-admission screening, level of care determination, coordination of services, and case management or care advisement for eligible individuals seeking alternatives to institutionalized care. A summary of the waiver programs are listed below.

Waiver	Community Choices	HIV/AIDS	Mechanical Ventilator	Medically Complex Children's
Population Served	Medicaid eligible, age 18 years or older	Medicaid eligible, any age, diagnosed with HIV/AIDS and at risk of hospitalization	Medicaid eligible, age 21 years or older who meet skilled or intermediate level of care and who require mechanical ventilation	Medicaid eligible, under 18 years of age, and meet Medical Eligibility Criteria
Point of Entry	CLTC Area Office*	CLTC Area Office*	CLTC Area Office*	MCC Waiver Intake & Referral 803-898-2577
Level of Care	Nursing Facility (NF)	At-Risk for Hospitalization	Nursing Facility and Dependent on Mechanical Ventilation	Nursing Facility (NF) or ICF/MR
Services	<ul style="list-style-type: none"> • Case management • Personal Care I & II • Attendant Care • Companion • Environmental Modification • Enhanced Environmental Modifications • Home Delivered Meals • Adult Day Health Care • Adult Day Health Care Nursing • Adult Day Health Care Transportation • Adult Care Home (pending CMS approval) • Institutional Respite Care • Respite in CRCF • Personal Emergency Response System (PERS) • Incontinence Supplies • Nursing Home Transition Services • Chore Service • Nutritional Supplements • Limited Durable Medical Equipment • Telemonitoring 	<ul style="list-style-type: none"> • Case Management • Personal Care I & II • Attendant Care • Companion • Environmental Modifications • Home Delivered Meals • Private Duty Nursing • Prescription Drugs • Incontinence Supplies • Nutritional Supplements • Enhanced Environmental Modifications 	<ul style="list-style-type: none"> • Personal Care I & II • Attendant Care • Private Duty Nursing • Environmental Modification • Specialized Medical Equipment & Supplies • Institutional Respite Care • In-Home Respite Care • Personal Emergency Response System (PERS) • Prescription Drugs • Incontinence Supplies • Nutritional Supplies • Enhanced Environmental Modifications 	<ul style="list-style-type: none"> • Care Coordination • Medical Day Care • Incontinence Supplies • In-home respite
Waiting List	Yes	No	Yes	Yes

Department of Disabilities and Special Needs (DDSN) Waiver Summaries

Waiver	Mental Retardation or Related Disabilities (MR/RD)	Head and Spinal Cord Injuries (HASCI)	Pervasive Developmental Disorder (PDD)	Community Supports
Population Served	Medicaid eligible, all ages, Mental Retardation (MR) or Related Disabilities (RD)	Medicaid eligible with head <u>or</u> spinal cord injuries <u>or</u> both <u>or</u> similar disabilities; age 0-65	Medicaid eligible, ages 3 through 10, diagnosed with a PDD including autism or Asperger's Syndrome	Medicaid eligible, all ages, Mental Retardation (MR) or Related Disabilities (RD)
Point of Entry	Local County Disabilities and Special Needs (DSN) Board	HASCI Division Information & Referral Service 1-866-867-3864 (toll free)	PDD Waiver Intake & Referral Toll Free Number 1-888-576-4658	Local County Disabilities and Special Needs (DSN) Board
Level of Care	ICF/MR	Nursing Facility or ICF/MR	ICF/MR	ICF/MR
Services	<ul style="list-style-type: none"> • Personal Care I & II • Residential Habilitation • Environmental Modifications • Private Vehicle Modifications • DME/Assistive Technology • Prescription Drugs • Respite Care • Audiology Services • Adult Companion Services • Psychological Services • Nursing Services • Adult Dental • Adult Vision • Adult Day Health Care • Adult Day Health Care - Transportation Services • Behavior Support Services • Adult Day Health Care - Nursing Services • Adult Attendant Care • Career Preparation • Employment Services • Day Activity Services • Community Services • Support Center Services • Personal Emergency Response System 	<ul style="list-style-type: none"> • Prevocational Habilitation • Day Habilitation • Supported Employment • Attendant Care • Health Education for Consumer Directed Care • Peer Guidance for Consumer Directed Care • Residential Habilitation • Medical Supplies, equipment and Assistive Technology • Prescription Drugs • Respite Care • Speech, Hearing and Language services • Personal Emergency Response System • Physical Therapy • Occupational Therapy • Psychological Services • Behavior Support Services • Nursing Services • Private Vehicle Mods • Environmental Mods 	<ul style="list-style-type: none"> • Case Management • Early Intensive Behavioral Intervention 	<ul style="list-style-type: none"> • Personal Care I & II • Adult Day Health Care • Respite Care • Environmental Modifications • Specialized medical equipment, supplies, assistive technology and appliances • Psychological Services • Private Vehicle Modifications • Behavior Support Services • Day Activity Services • Career Preparation • Community Services • Employment Services • Support Center Services • In-home Support • Adult Day Health Care - Nursing Services • Adult Day Health Care - Transportation Services
Waiting List	Yes	Yes	Yes	Yes