

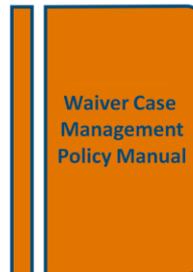


Activities of Waiver Enrollment

Version 1.0 (07/01/19)

Waiver Case Management

- ✓ Details
- ✓ Requirements
- ✓ Information



Your training continues in this module with learning the details of bringing an applicant into the Waiver and meeting the requirements of providing Waiver Case Management to the participant while in the waiver.

There will be a lot of detail and specific information in this module, so feel free to take notes, print out the transcript for your reference, and even keep your Waiver Case Management Policy manual nearby.

While you will not be expected to memorize every detail, you must know this content to ensure that you are complying with the requirements of the policy and providing the best service to Waiver participants.

Your policy manual and your supervisor are your two best resources in performing your responsibilities as a Waiver Case Manager. We cannot stress this enough!!!!

Are you ready? Let's begin!

Applying for Waiver Services

Department of Disabilities and Special Needs (DDSN)
1-800-289-7012



Waiting List

1. ID/RD
2. HASCI
3. CS

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Healthy Connections
MEDICAID 

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Individuals in the community who want information about the Intellectual Disability/Related Disabilities, Head and Spinal Cord Injury, and/or Community Supports waivers or other services the Department of Disabilities and Special Needs (DDSN) has to offer can call 1-800-289-7012.

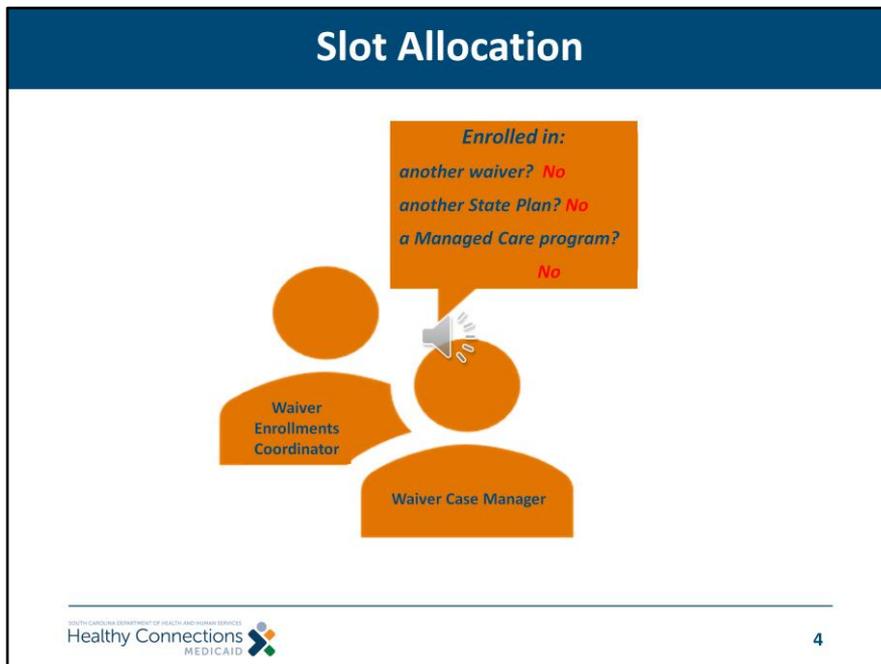
Currently the South Carolina Department of Disabilities and Special Needs manages the waiting lists for the following waivers:

Intellectual Disability/Related Disabilities or ID/RD,
Head and Spinal Cord Injury or HASCI, and
Community Supports or CS.

Once an applicant makes the call to express interest in a waiver, a slot is allocated and enrollment activities begin, or assessment for placement on a waiting list for the appropriate waiver takes place.

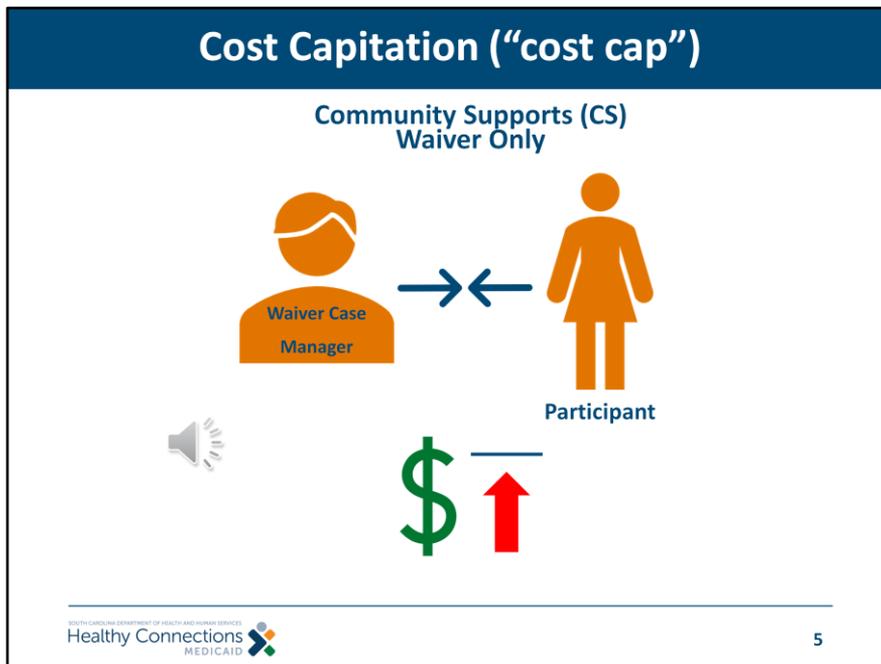
In later modules on each waiver, the waiting list process and management is discussed.

If a slot is allocated, what are the enrollment activities? Let's take a look.



It must be verified that the waiver applicant is not enrolled in another waiver, State plan or managed care program prior to submitting the enrollment request. The Waiver Enrollments Coordinator at the SCDDSN State Office performs this task. If the waiver applicant is enrolled in one of those programs, the Waiver Enrollments Coordinator will notify the Waiver Case Manager, who must coordinate program transition as needed.

To aid in the transition between a managed care program and waiver enrollment, there is a form to complete on the SCDHHS website called "Waiver Notification".



The WAIVER CASE MANAGER must inform the waiver participant/representative about the individual cost capitation for the Community Supports Waiver.
The WAIVER CASE MANAGER is also responsible for monitoring the individual cost cap for the Community Supports Waiver.
The cost cap is specific to the actual expenditures for waiver services each waiver year.

Freedom of Choice

Alternatives under the waiver

Institutional Care
Or
Home and Community Based
Services

YOU DECIDE

Right to request
reconsideration

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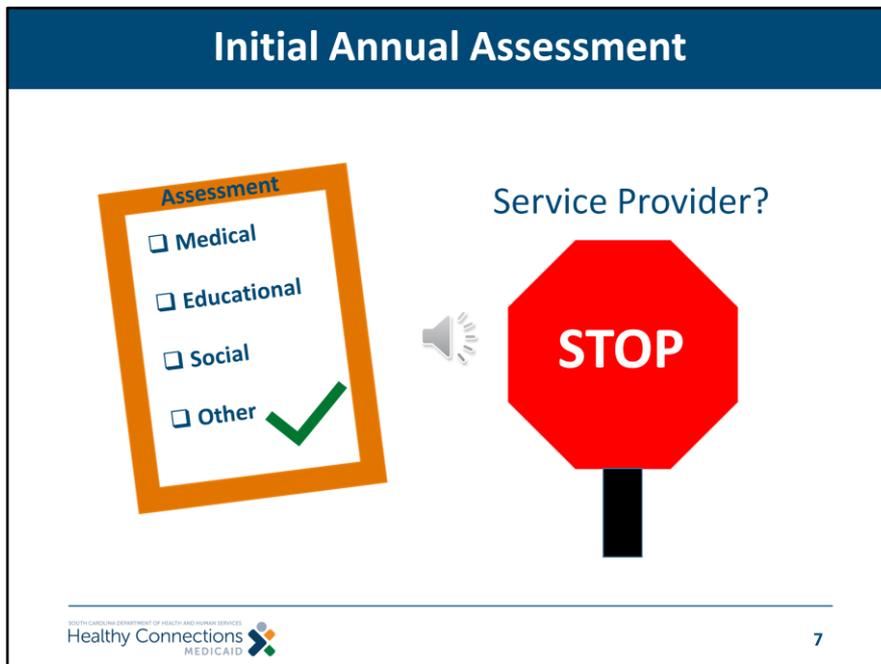
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Once an individual is awarded a slot, it should be determined if an individual has needs that could likely be met either in an Intermediate Care Facility for Individuals with Intellectual Disabilities or in the community with the provision of waiver services. Freedom of Choice is the process of informing the waiver applicant of the “feasible alternatives under the waiver”.

This includes:

Documenting the choice between receiving institutional care or receiving home and community- based services; and

The right to request reconsideration if he/she feels a choice of either institution or waiver services was not offered.



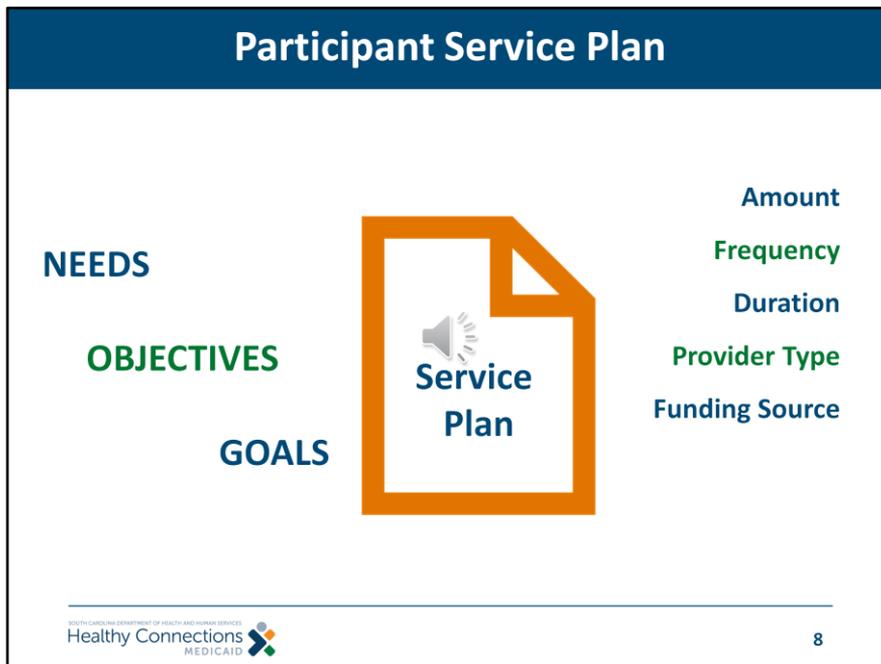
Once the slot is allocated and the waiver applicant has selected home and community-based services on the Freedom of Choice form, the WAIVER CASE MANAGER conducts the **initial annual assessment**.

An assessment is a comprehensive tool to determine the participant’s medical, educational, social or other service needs. This assessment is done annually.

While conducting the assessment, the waiver case manager should also talk to the participant about what providers the participant may want to provide their services.

While the waiver case manager can share a list of available service providers, the participant/family must decide which providers will provide their services. The Waiver case manager is not allowed to select the providers for the participant/family.

Be sure to talk to your supervisor for good tips on how to complete a thorough assessment for the participant.



Once the WAIVER CASE MANAGER conducts a thorough assessment with the participant, the WAIVER CASE MANAGER must then develop the annual person-centered Service Plan.

A Service Plan is a document that identifies the individual needs, specific and time limited objectives, and goals of the participant that are person centered. The Service Plan must be completed prior to authorizing any services for the participant.

The goal of this process is to ensure that the services are consistent with the participant’s needs, strengths, and reflects personal preferences and the participant’s desired outcomes.

The process for developing the Service Plan must be person-centered, which means it is driven by the individual and includes people chosen by the individual to be a part of that process.

Needs listed on the Service Plan must include:

The amount of the service (i.e., the number of units for the service);

The frequency of the service or how often it will be provided, i.e., one day a week, 5 days a week, etc.;

The duration of the service or how long it will be provided, i.e., for 2 months, for 3 weeks, etc.);

The provider type for waiver services (nursing provider, personal care provider, etc.) and Funding source

The Service Plan should also include identified State Plan services or other additional needs as identified by the participant or family regardless of funding source.

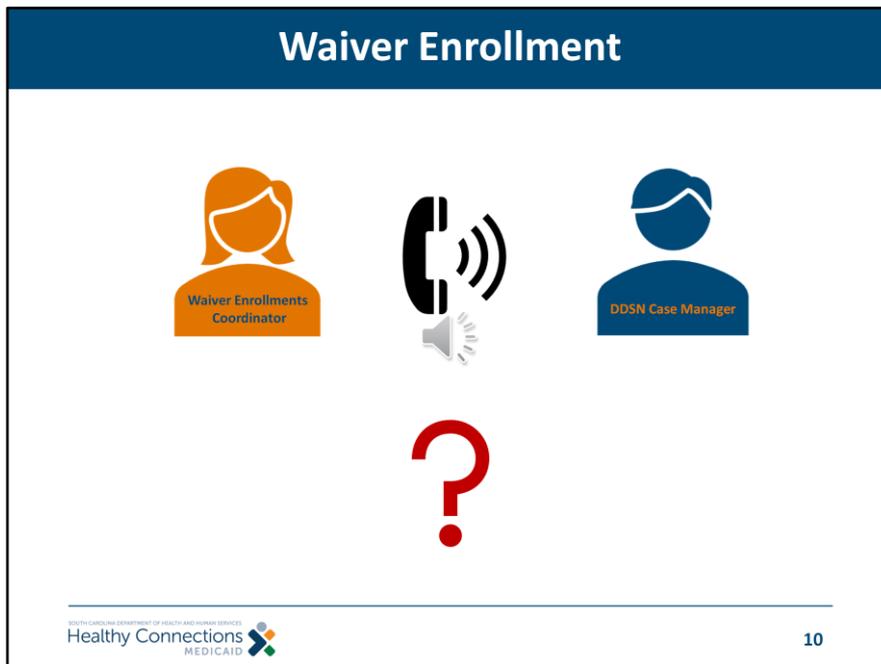
Talk to your supervisor for good tips on completing a person-centered Service Plan!

Level of Care (LOC) Determination



Level of Care Determination is the next step. The Level of Care Determination is the process by which a waiver applicant is evaluated based on information provided to the DDSN Eligibility Division to determine if they meet the level of care criteria required for participation in the waiver.

Be sure to check the appropriate waiver manual for the full documentation and procedural details on this step in the process!



Once the LOC Determination is made, the Waiver Enrollments Coordinator will notify the DDSN Case Manager that they are ready for enrollment. .

Failure to receive two waiver services every 30 days is grounds for waiver termination, except during the first 60 days of enrollment.

As a WAIVER CASE MANAGER you must monitor the participant's Service Plan to ensure services are delivered as needed in order for the participant to maintain his/her waiver slot. Please refer to your waiver manual or supervisor for any questions.

Service Assessment: Use and Frequency

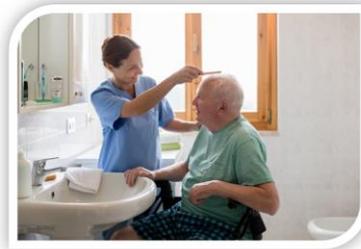
Waiver Services

- Respite
- In-Home Support
- Personal Care/Attendant Care
- Incontinence Supplies
- Nursing
- Residential Habilitation



State Plan Services

- Children's Personal Care
- Nursing
- Incontinence Supplies



There are services that require using a separate, designated Service Assessment to verify the need and determine the appropriate number of service hours or supplies. This assessment document is very different than the Participant/Consumer Assessment. The separate assessment for these certain services is done after the Participant/Consumer Assessment is completed. These services can be waiver services or state plan services.

Waiver services that require this additional assessment are:

Respite
In-Home Support
Personal Care/Attendant Care
Incontinence Supplies
Nursing and
Residential Habilitation

The specific forms for these assessments are found in the Waiver Services Chapter of their respective waiver manuals on SCDDSN's website.

State Plan services that require this additional assessment are:

Children's Personal Care
Nursing and
Incontinence Supplies

Additional waiver services may require an assessment in the future.

Further information can be found in the individual waiver manuals located on SCDDSN's website.

Your supervisor can also offer more guidance on this process.



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