

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 participant'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 an intellectual disability 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 participants 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), division of the U.S. Department of Health and Human Services, 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 reevaluated. 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) to offer waivers to serve people with head or spinal cord injuries (HASCI Waiver), and people with intellectual disability or related disabilities [ID/RD or Community Supports (CS) Waiver]. For additional information about waiver programs in South Carolina, please refer to the Waiver Summary Chart.

<https://www.scdhhs.gov/sites/default/files/HCBS%20Waiver%20Summary%20Chart%20-%20External%20July%202001%202022.pdf>

The ID/RD and CS waivers allow participants with an intellectual disability or related disabilities to choose to receive care at home rather than in an Intermediate Care Facility for Participants with Intellectual Disabilities (ICF/IID). Although the participant may choose to receive care at home, he/she must require the degree of care that would be provided in the ICD/IID. In other words, participants choosing this option must meet ICD/IID level of care.

The purpose of the CS Waiver is to serve people with an intellectual disability or related disabilities in the community, **whose waiver service needs will not exceed the individual cost limit set forth in the waiver**. It also offers opportunities for participants to self-direct certain services if they choose.

In the following chapters we will discuss the process for applying for the CS Waiver and the following services:

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| Adult Day Health Care/Adult Day Health Nursing | Environmental Modifications |
| Personal Care I/II | Private Vehicle Modifications |
| Respite | Private Vehicle Modifications Assessment/Consultation |
| Behavior Support Services | Incontinence Supplies |
| Day Activity | Assistive Technology and Appliances |
| Career Preparation | Assistive Technology and Appliances Consultation |
| Community Services | Personal Emergency Response System |
| Employment Services | Waiver Case Management |
| Support Center Services | |
| In-Home Supports | |

In order to become enrolled in the CS Waiver, several conditions/criteria must be met. **The participant must be eligible to receive Medicaid**. The determination of eligibility for Medicaid is made by the SC Department of Health and Human Services Eligibility Division (SCDHHS).

The participant must be allocated a waiver slot. CS Waiver slots are allocated by SCDDSN. See Chapter 3 (*Requesting a Slot*) of this manual for additional information.

The participant must be given the option of receiving services in his/her home and community or in an ICF/IID. To be enrolled in the waiver, home and community based services must be chosen. See Chapter 4 (*Freedom of Choice*) in this manual.

The participant must meet ICF/IID Level of Care. The initial Level of Care determination is made by the SCDDSN Eligibility Division. This determination must be reviewed annually for continued participation in the waiver. See Chapter 5 (*ICF/IID 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/IID.

Once these conditions/criteria are met, the potential participant can be enrolled in the waiver.