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Chief Information Officer



**South Carolina
Department of Disabilities
and Special Needs**

3440 Harden Street Extension
Columbia, South Carolina 29203
(803) 898-9600
Toll Free: 888/DSN-INFO
Home Page: ddsn.sc.gov

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Title of Document: Discharge Planning for Individuals Leaving an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and Enrolling in a Home and Community-Based Services (HCBS) Waiver Program

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Applicability: Community ICFs/IID, DDSN Regional Centers, and Case Management Providers

PURPOSE:

To establish the expectations of the South Carolina Department of Disabilities and Special Needs (DDSN) regarding discharge planning for individuals who may need services funded by a DDSN-operated Home and Community-Based Services (HCBS) Waiver upon leaving a DDSN Regional Center or Community Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

POLICY:

DDSN is committed to supporting South Carolinians with disabilities through choice to receive needed services in the most integrated settings when it is appropriate and desired. To assure that needed services are available to newly discharged ICF/IID individuals on the day of discharge and beyond, appropriate planning prior to discharge must occur.

Individuals receiving care in ICF/IID settings who are preparing for discharge **must be offered information about Home and Community-Based services and Case Management Services**. Case Management Services may be received for up to six (6) months prior to ICF/IID discharge. These services are intended to prepare the individual for discharge, by preparing/completing waiver program enrollment, assessing needs, and planning for the delivery of services to meet identified needs, after discharge. Case Management Services are paramount to successful discharge from an ICF/IID.

When ICF/IID discharge is likely (i.e., within six (6) months of the move), Qualified Intellectual Disability Professionals (QIDPs) or designees must provide the individual or his/her legal representative information about DDSN-Operated Home and Community Based Services and

information about the Case Management providers available in the county in which the individual will live after discharge. **NOTE:** Most Case Management Services providers render Waiver Case Management. The individual/legal representative must choose a provider to render Case Management services (a list of providers can be found on the DDSN website www.ddsn.sc.gov, select “Services,” then select “Find a Service Provider,” then select “DDSN Provider/Service Directory” and then select “Provider Directory.” Select “Case Management” from the “Service” list; select the person’s disability category from the “disability” list; and select the county to which the individual will be moving from the “county” list. The choice of Case Management Services provider must be properly documented using the Acknowledgement of Choice Form (Attachment 2). Once chosen, the QIDP must contact the Case Management Services provider to request services. The QIDP must be prepared to provide basic demographic information, information about the anticipated setting in which the individual will live, the approximate ICF/IID discharge date, and supports/services likely to be needed in the anticipated setting. If the chosen Case Management Services provider is not willing to provide services, another provider must be chosen and the aforementioned process followed until a provider is found.

The chosen Case Management Services provider will assign a Case Manager to service the individual preparing for ICF/IID discharge. Services rendered will be in accordance with DDSN-Operated Home and Community Based Standards and applicable DDSN Directives. Services rendered prior to discharge from the ICF/IID setting will be recorded by the Case Manager.

ICF/IID services are funded by Medicaid. In South Carolina, DDSN-operated Home and Community-Based (HCB) Services Waiver programs, allow services similar to those provided in an ICF/IID to be funded by Medicaid when provided outside of an ICF/IID. Therefore, DDSN-operated HCBS Waivers allow ICF/IID individuals to move from the ICF/IID to another setting (e.g., a home of their own, a family member’s home, Community Training Home, Supervised Living Program, Community Residential Care Facility) that is not an institution setting (e.g., Nursing Facility, Hospital, another ICF/IID) and to receive Medicaid funding for services needed in that setting. For many individuals receiving services in an ICF/IID, living outside of an institution setting would not be possible without HCBS Waiver services. More information about the DDSN-operated HCBS Waiver programs can be found by following the links notes in the “Related Documents” section of this directive.

In order to receive HCBS Waiver services, one must be enrolled in a waiver. To be enrolled, one must:

- Be eligible for Medicaid;
- Be assessed to have needs that can be met through the provision of waiver services;
- Be allocated a waiver slot;
- Choose to receive services through the waiver, and
- Meet ICF/IID or Nursing Facility (for HASCI only) Level of Care criteria.

For an individual receiving services in an ICF/IID preparing for discharge, the “Request for Waiver Slot Allocation” form (see appropriate Waiver manual) must be completed by the Case Manager within one (1) month prior to discharge from the ICF/IID and sent to the appropriate DDSN Waiver Enrollments Coordinator. If the individual is transferring to a DDSN sponsored residential habilitation setting, then the process outlined in DDSN Directive 700-09-DD: Determining Need for Residential Services, must be followed.

When a HCBS Waiver slot is awarded and Notice of Slot Allocation is received, the Case Manager must secure the Waiver “Freedom of Choice” and “Acknowledgement of Rights and Responsibilities” forms from the appropriate party (see appropriate Waiver Manual).

For HCBS Waiver enrollment, one must be evaluated against the appropriate ICF/IID Level of Care criteria prior to, but not more than one (1) month before the date of, enrollment in the waiver. Waiver enrollment cannot occur unless it is determined that the individual meets the criteria and the determination is made within the appropriate time period. Please refer to the appropriate Waiver manual for more information regarding Level of Care evaluations.

To determine if an individual meets the criteria, appropriate information about the individual (i.e., Level of Care Packet) must be provided to the DDSN Eligibility Division. The ICF/IID Level of Care Packet must be prepared by the Waiver Case Manager with assistance from the QID/DDP or designee and must include:

- A completed request for ICF/IID Level of Care (refer to the appropriate Waiver manual for the appropriate request form).
- A formal psychological evaluation(s) that includes cognitive and adaptive scores that support a diagnosis of intellectual or developmental disability, a related disability, or a traumatic brain injury with onset prior to age 22, or documentation that supports that the person has a related disability such as a report from DDSN Autism Division, or appropriate medical, genetic or adaptive assessments. If available, the individual's DDSN Eligibility Letter should be included.
- A current plan including Behavior Support Plan.
- Current information about the individual's ability to complete personal care and daily living tasks, behavior/emotional functioning, and physical health status. For ICF/IID, the Code of Federal Regulations at §483.440(b) (5) (i) - [W203] requires that a final summary of the individual's developmental, behavioral, social, health and nutritional status be developed. The QIDP or designee should provide this final summary to the Case Manager for inclusion in the Level of Care Packet.

When the ICF/IID Level of Care evaluation is completed for ID/RD or Community Supports Waiver recipients, the DDSN Eligibility Division will provide notification as appropriate.

To determine if an individual meets Nursing Facility (NF) Level of Care for HASCI Waiver enrollment, forms specified in the HASCI Waiver Manual must be completed and submitted to the DHHS-Community Long Term Care (CLTC) Office serving the locality where the individual will live. When the Nursing Facility Level of Care evaluation is complete, the CLTC Office will provide notification as appropriate.

Once the ICF/IID individual has been assessed to have needs that can be met through the provision of waiver services; has chosen to receive services through the waiver; has been allocated a waiver slot, and has been determined to meet the appropriate ICF/IID Level of Care, he/she is ready for enrollment in the chosen HCBS DDSN-operated Waiver. Actual enrollment cannot occur until the individual is discharged from the ICF/IID. In most situations, the Waiver enrollment date will be the date the individual is officially discharged from the ICF/IID.

If during the enrollment process, the ICF/IID individual decides not to pursue HCBS Waiver enrollment, a statement must be obtained by the Waiver Case Manager from the individual/legal representative declining Waiver services (see the appropriate Waiver manual for more information).

Once the statement of declination of Waiver services is completed, the original should be maintained in the Case Management Services record and a copy maintained in the ICF/IID record. A copy will

also be sent to the DDSN Waiver Enrollment Coordinator. If the statement of declination of Waiver services is not sent to the DDSN Waiver Enrollment Coordinator, the enrollment process will continue.

For ICFs/IID, the Code of Federal Regulations at §483.440(b)(5)(ii) - [W205] requires that a post-discharge plan of care be provided that will assist the individual to adjust to the new living environment to which they are moving. DDSN HCB Waiver programs require that *only* the services included in the plan of care be provided. If any waiver services are to be received immediately following discharge from the ICF/IID (e.g., residential habilitation), appropriate planning prior to discharge from the ICF/IID must occur.

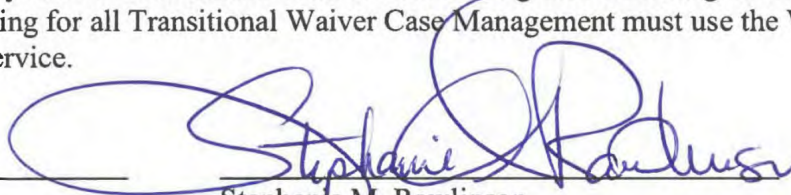
The Waiver Case Manager, with input from QIDPs, will develop a Plan. This plan must document both the post-discharge plan that will assist the individual to adjust to the new living environment and the HCBS Waiver services to be furnished, the provider type and amount of services, frequency and duration of services to be delivered. The plan must be in the format required by the HCBS Waiver program for use as the Plan of Care.

Once the plan is developed, the individual/representative can select the Waiver service providers to be authorized to provide services immediately following discharge upon enrollment (i.e., effective date of authorization = the date of Waiver enrollment).

Case Management providers may bill for Transitional Waiver Case Management utilizing codes outlined in their Contracts. Billing for all Transitional Waiver Case Management must use the Waiver enrollment date as the date of service.



Barry D. Malphrus
Vice-Chairman



Stephanie M. Rawlinson
Chairman

To access the following attachments, please see the agency website page "Current Directives" at:
<https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>

- Attachment 1: Case Management Services
- Attachment 2: Acknowledgement of Choice of Provider Form
- Attachment 3: DDSN Regional Center Individual Transition Checklist (optional)

Related Documents:

[Intellectual Disability/Related Disability Waiver Information Sheet](#)

[Community Support Waiver Information Sheet](#)

[HASCI Waiver Information Sheet](#)

DDSN Directive 700-09-DD: Determining Need for Residential Services