

Waiver Case Management

Revised August 2022

Definition

Waiver Case Management is a service to assist participants in gaining access to needed waiver services, State Plan Medicaid services, and other non-Medicaid services and resources, regardless of the funding sources. Waiver Case Managers are responsible for initiating and/or conducting the process to evaluate and/or re-evaluate the participant's level of care as specified in waiver policy. Waiver Case Managers are responsible for conducting assessments and service plans as specified in waiver policy. This includes the ongoing monitoring of the provision of services included in the participant's service plan. Waiver Case Managers are responsible for the ongoing monitoring of the participant's health and welfare, which may include crisis intervention, and referral to non-waiver services.

CMS defines Waiver Case Management (WCM) as "a set of activities that are undertaken to ensure that the waiver participant receives appropriate and necessary services. These activities may include (but are not necessarily limited to) assessment, service plan development, service plan implementation and service monitoring as well as assistance in accessing waiver, State Plan, and other non-Medicaid services and resources."

This service also includes Transitional Waiver Case Management. Transitional WCM is used when a person in an institutional setting is being discharged from the setting and entering a waiver program. Persons served under the waiver may receive Case Management services while they are still institutionalized, for up to 180 consecutive days prior to discharge.

****Detailed policy requirements for the provision of WCM are outlined in the DDSN Waiver Case Management Standards. A current copy of the standards is maintained on the DDSN website and is readily available to Waiver Case Managers at all times.**

Service Unit: One unit equals fifteen minutes.

Service Limit/Restrictions:

- SCDHHS will reimburse for no more than 40 units per month per participant of WCM. Waiver Case Managers must work within the allotted 40 units per month to complete all required WCM activities. If applying the limits would create a substantial risk that the participant would no longer be able to live in the community as a result of the limit in services causing the participant to be institutionalized, a request for additional units may be submitted for review. Requests for additional units should be rare and only submitted for critical situations as defined above. In these cases, WCM must be prior approved. Case Notes for the participant will be thoroughly reviewed to confirm the activities performed support the amount of time reported.

STEPS TO REQUEST WAIVER CASE MANAGEMENT UNITS ABOVE THE LIMIT

1. Complete the *Request for Additional WCM Units* form and forward it to your Supervisor along with all of the Case Notes completed within the month that you are requesting additional WCM units
2. If your Supervisor is in agreement with the request, you will send *the Request for Additional WCM Units* form and the Case Notes via SComm to WCM Request/Waiver Case Management Request
3. The request will be reviewed and sent to SCDHHS for review. SCDHHS has the final authority to approve additional WCM units.
4. The Case Manager will receive written notification of the determination. If the request is approved, the Support Plan will be updated by the DDSN Waiver Administration Division. **Additional units must be approved and authorized prior to delivery.**

Providers

Waiver Case Management services will only be provided by South Carolina Department of Disabilities and Special Needs (DDSN), a Disabilities and Special Needs (DSN) Board, or a DDSN-qualified Waiver Case Management provider.

Conflict Free Case Management (effective June 1, 2021):

A Waiver Case Manager's role is to educate, without bias or interference, all options available to a participant to address supports and services identified in their Plan. When the same agency helps people gain access to services, monitors those services and provides services to that person, there is a potential for conflict of interest.

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

Arranging for the Services

Once it is determined that Waiver Case Management services are needed, the participant or his/her family must be informed of the right to choose any qualified provider of WCM. The participant or his/her family must be provided with a listing of qualified providers of Waiver Case Management. The offering of choice must be documented in the Case Notes. Choice should be offered at a minimum of annually.

The need for Waiver Case Management must be clearly documented in the participant's plan including the amount and frequency of the service and the provider. An electronic authorization for Waiver Case Management must be issued to the Waiver Case Management provider.

Billing

Waiver Case Management services must be direct-billed to SCDHHS. The provider is responsible for following SCDHHS billing procedures.

Monitoring the Services

Waiver Case Managers must ensure that minimum WCM contacts are based on the participant's needs. A WCM contact is defined as "a meaningful communication exchange with the participant or his representative to provide one or more WCM activities". Methods of contact include face to face conversations and non-face to face telephone calls, text messages, email messages, or written correspondence. The minimum requirements for WCM contacts are as follows:

- **A contact at least monthly**
- **A face-to-face contact at least once every three (3) months**
- **A face-to-face contact in the participant's residential setting every six (6) months.**

Service Denial, Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for denial. The Process for Reconsideration of SCDHHS Decisions must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for the action. The Process for Reconsideration of SCDHHS Decisions must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

Can be accessed via the SCDDSN Application Portal>Business Tools>Forms>HASCI Waiver.

When the action becomes effective, the participant's Support Plan must be updated. The Waiver Administration Division Staff will update the Support Plan to reflect the change in the service and will reconcile the waiver budget accordingly.

Service information in the Service Tracking System (STS) must be updated by the Waiver Case Manager as necessary.