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 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 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), and people with intellectual disability or related disabilities (ID/RD Waiver and Community Supports 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%2001%202022.pdf

In October 1991, SCDHHS and SCDDSN received approval to offer the Home and Community Based Waiver as an alternative to institutional care for people with an intellectual disability or a related disability. This option allows people with an intellectual disability or related disability to choose to receive care at home rather than in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). Although participants may choose to receive care at home, he/she must require the degree of care that would be provided in the ICF/IID. In other words, participants choosing this option must meet ICF/IID level of care.

Since the approval of the ID/RD Waiver in October 1991, several changes or amendments have been made to the original waiver request. Currently, the following services are funded by Medicaid through the ID/RD Waiver:

• Adult Attendant Care Services • Environmental Modifications • Nursing Services • Personal Care I, Personal Care II • Adult Day Health Care • Adult Day Health Care Nursing • Personal Emergency Response System (PERS) • Adult Companion Services • Private Vehicle Modification Assessment/Consultation • Private Vehicle Modifications • Adult Dental Services • Adult Vision Services • Audiology Services • Pest Control Treatment • Pest Control Bed Bugs	• Behavior Support Services • Respite Care • Career Preparation Services • Community Services • Day Activity • Employment Services • Support Center Services • Specialized Medical Equipment, Supplies and Assistive Technology • Specialized Medical Equipment, Supplies, and Assistive Technology Assessment/Consultation • Incontinence Supplies • Residential Habilitation • Waiver Case Management • Independent Living Skills

In order enroll in the Waiver, several conditions/criteria must be met. **The participant must be <u>eligible</u> 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. ID/RD 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.