CHAPTER 9

Waiver Services

In the following sections, you will find the definition of each waiver service, any limits on the service, the types of providers of each service, instructions for arranging for the service, instructions for monitoring, and service management. Community Supports Waiver funded services are to be provided in response to the specific needs of the participant. These needs must be clearly documented in his/her plan along with the type of service to be provided to meet the need, and the amount, frequency, and duration with which the service will be provided. Exact Waiver service names must be used in the participant's plan and in documentation.

Note: **Community Support Waiver services cannot be provided in Community Residential Care Facilities.**

You are responsible for documenting the information in the participant's plan. Additionally, you are responsible for budgeting for the services, authorizing the services, monitoring the services and discontinuing the services when the need is met or services are no longer needed.

When authorizing direct billed services, you must use the Prior Authorization Number(s). For the Community Supports Waiver, Prior Authorization Numbers begin with the **letters "CS"** followed by five numbers. Please see your supervisor for more information.

The Waiver Case Manager is responsible for assessing the individual's need for specific waiver services. Once a waiver service is identified, the Waiver Case Manager will assess for the amount, frequency and duration of the service. The Waiver Case Manager will submit a request for services to the SCDDSN Waiver Administration Division. The Waiver Case Manager must submit supporting documentation and/or assessments as specified in this chapter. For example, a Respite Assessment must accompany all requests for Hourly Respite services.

Once service levels are approved by the SCDDSN Waiver Administration Division, a letter will be sent to the participant/family and Waiver Case Manager that specifies the service levels approved. If the participant/family does not agree with the amount of services approved, they will have thirty days to submit medical documentation current within the last year that supports why the participant must receive additional services. This request will be reviewed by SCDDSN Waiver Administration Division and a decision will be made. If the decision is to uphold the level approved, the family will be given the right to appeal the decision to the South Carolina Department of Health and Human Services (SCDHHS).

Monitorship of Community Supports Waiver Services

Each service is monitored according to the guidelines included in the service chapters. See each service chapter for the specific monitoring for each service and suggestions for areas of inquiry when monitoring.

Monitoring will be considered complete when **one or more** of the following has been conducted:

- Conversation/discussion with the participant, participant's family/caregiver, or Day staff member for the purpose of determining the effectiveness, frequency, duration, benefits, and usefulness of the service. **(strongly recommended)**

- Review of documentation of services provided for the purpose of assessing the effectiveness, frequency, duration, benefits, and usefulness of the service (i.e. review of progress notes submitted by a psychologist providing psychological services)

- Conversation with the service provider about the effectiveness, frequency, duration, benefits, and usefulness of the service.

- On-site observation of the service being rendered for the purpose of determining the effectiveness, frequency, duration, benefits, and usefulness of the service.

In all cases you **must** vary your monitoring because perspectives can be different depending on to whom you speak regarding the service. You may want to speak with several individuals to complete a monitoring.