

CHAPTER 8

MISCELLANEOUS

Revised May 2025

HASCI Waiver and Hospice Services:

When a HASCI Waiver participant elects to also receive State Plan Hospice Services, the Hospice provider becomes the “Authorizer” of all State Plan Medicaid and Waiver services. As a result, the Waiver Case Manager must obtain authorization from the Hospice provider before waiver services can be provided.

The Waiver Case Manager must obtain the Hospice authorization number (e.g. HSP028) from the Hospice service provider when notified of the waiver participant’s admission to Hospice services. The Hospice authorization number is also known as the Medicaid Legacy Provider number (e.g. HSP028).

Once the Hospice authorization number/Medicaid Legacy Provider number has been obtained, The Waiver Case Manager must complete the Hospice Services Information Form located in business tools – forms- HASCI Waiver and submit it to the DDSN Waiver Enrollment Coordinator.

The Waiver Enrollment Coordinator will be responsible for reporting this information to the Residential Provider, and the Waiver Case Manager will be responsible for reporting this information to all other waiver service providers.

No HASCI Waiver services may be authorized for participants who elect to receive Hospice services funded by State Plan Medicaid without a prior authorization number from the Hospice provider.

Children (age 0-21) enrolled in the HASCI Waiver that are receiving State Plan Medicaid Hospice services are eligible to receive any needed HASCI Waiver funded services as long as the service is being provided in accordance with waiver service definitions and policies.

The HASCI Waiver services in the left column of the table below may be routinely authorized by DDSN for **adult** (age 21 and up) participants, if appropriate. Those services in the right column may **NOT** be authorized for adult participants while receiving the Hospice benefit:

May be routinely authorized if appropriate	May not be authorized
Residential Habilitation	Nursing Services
Personal Emergency Response System (PERS)	Attendant Care
Specialized Medical Equipment, Supplies, and Assistive Technology *Note: this service will be limited to those items already identified on the plan of service. These services will not be authorized for newly requested items for waiver participants entering Hospice.	Respite Care
Incontinence Supplies	Behavior Support Services
Waiver Case Management	Environmental Modifications
Pest Control	Private Vehicle Modifications
	Private Vehicle Modification Assessments/Consultations
	Day Activity
	Career Preparation
	Employment Services
	Physical Therapy
	Psychological Services
	Occupational Therapy

	Speech and Hearing Services
	Health Education of Participant-Directed Care
	Peer Guidance for Participant-Directed Care
	Equipment and Assistive Technology Assessment/Consultation
	Independent Living Skills

Dually Eligible Beneficiaries

If an individual is eligible for Medicare as well as Medicaid, the hospice benefit must be elected and revoked simultaneously under both programs. In other words, if a Medicaid beneficiary elects the hospice Medicaid benefit and is also eligible for Medicare, then the beneficiary must also elect the Medicare hospice benefit. If a Medicare beneficiary elects the hospice Medicare benefit and is also eligible for Medicaid, then the beneficiary must also elect the Medicaid hospice benefit. For dually eligible beneficiaries, Medicare is the primary payer for the hospice benefit, though the Medicaid hospice election process must also be completed.

Authorizing/Billing Waiver Services for Participants Receiving State Plan Hospice Services

Claims submitted for waiver services must include the Hospice Authorization/Medicaid Legacy ID. Therap does not have the ability to add this information for billing purposes. Therefore, services typically billed through Therap must be billed through the Medicaid Web Portal while a participant is receiving Hospice Services. The Hospice Authorization/Medicaid Legacy Provider number must be submitted on the claim in the “MHN Referral Number” field located under the “Misc Info” tab in the Web Portal.

Out of State Travel:

HASCI Waiver participants may travel out of state and retain a waiver slot under the following conditions:

- The trip is planned and will not exceed 90 consecutive days;
- The participant continues to receive two waiver services consistent with SCDDSN policy;
- Waiver services received are provided by a South Carolina Medicaid provider;
- South Carolina Medicaid eligibility is maintained.

During travel, waiver services will be limited to the frequency of service currently approved on the participant’s Support Plan. Services must be monitored according to SCDDSN policy.

The parameters of this policy are established by SCDHHS for all HCB Waiver participants.

Income Trust:

If a potential participant is deemed “not eligible” for Medicaid due to excessive income, he/she may become eligible after an Income Trust is established. The potential participant must meet all other Medicaid eligibility criteria.

Under this option, the potential participant establishes a trust account into which all of his/her income is deposited. Each month, after appropriate deductions for living expenses and other fees, Medicaid bills the trust for any Medicaid services provided.

Specific and detailed information about Income Trusts is available from the South Carolina Department of Health and Human Services (SCDHHS/Eligibility). Income Trusts must be set up by an attorney or trust professional and must be set up according to the specific guidelines set by SCDHHS/Eligibility.