

## **CHAPTER 4**

### **ENROLLMENT AND TERMINATION**

Revised May 2024

HASCI Waiver slot requests must be submitted to the HASCI Division Program Coordinator for review and approval. Upon approval of the slot request, the individual will be placed on the HASCI Waiver priority list. The following timeline explains the slot allocation and enrollment process from the point at which the individual has been placed on the HASCI Waiver priority list.

- A. At time of placement on priority list and at least annually thereafter:
  - 1. SCDDSN will send a letter to all individuals added to the priority list. The letter will include the person's position number on the respective priority list.
  - 2. Individuals who are not Medicaid eligible will be informed of the importance of applying for Medicaid and will be given information on how to make application with SCDHHS at the time they are added to the priority list. Information for the SCDHHS contract entity responsible for assistance with the application process will be provided.
  - 3. Annually, people will receive information on their status on the priority list.
  - 4. The Medicaid eligibility status of individuals on the priority list will be monitored annually. If the person is not eligible at time of annual review, he/she will be given information on how to apply. He/she will also be directed to the contract agency designated for application assistance.
  
- B. Six months prior to reaching the top of the priority list
  - 1. People on the priority list whose case has been closed:
    - a. SCDDSN will contact the person to determine if they are interested in waiver services. If the person is interested, they will be instructed to call Intake and Referral to have their case reopened. If the case has not been reopened in 30 days, a certified letter will be sent to the person informing them if they do not call to have their case reopened within two weeks, they will be removed from the priority list.
    - b. If the person cannot be located, they will be removed from the priority list using the non-signature declination process.
  - 2. People on the priority list who are not yet SCDDSN eligible
    - a. SCDDSN will contact the intake provider to determine the status of eligibility determination. SCDDSN will provide direction and assistance to expedite eligibility.
    - b. Those determined not eligible for SCDDSN services under Head and Spinal Cord Injury will be removed from the priority list at the time of the determination and notified via certified letter with appeals process attached.

- c. If the person cannot be located, the non-signature declination process will be followed, the person will be removed from the priority list, and the case will be closed.

C. Three months prior to reaching the top of the priority list

1. If the person is not connected to a SCDDSN contracted WCM provider, a choice of provider will be offered.
2. SCDDSN will send a SComm to the WCM provider with a list of the people on the Processing List for Waiver Enrollment. The WCM provider will access the Waiver Enrollment module in Therap and begin waiver enrollment activities immediately.
3. At the point in which a person is moved from the priority list to processing status, SCDDSN will approve active case management (MTCM, SFCM) as appropriate for a 45 day period. Case Management (CM) will only be extended past the 45 day period if the Plan has been completed and the intention to enroll has been documented.
4. The WCM must complete the Plan within 45 days of the MTCM or SFCM begin date. The full assessment must be completed.
5. The WCM will contact the family within 10 days of notification that the person has been moved to the Processing List for Waiver enrollment. The WCM will discuss waiver services, provide an overview of the process including timelines and ask the person/family to decide whether they want to pursue waiver services. The WCM must review the person's current services to determine if the person is receiving services through a Managed Care Organization (MCO) or another Home/Community Based Waiver program. This information should be discussed with the person/family. The person/family must sign the Freedom of Choice (FOC) to accept the waiver or decline the waiver by signing the Statement of Declination form within 30 days of the initial contact.

The following Forms/Information must be provided to the person/family by the WCM during this initial timeframe:

- Overview of Waiver Services
  - Freedom of Choice
  - Notice of Declination
  - SCDHHS Form 1282 (Authorization for Release of Information for Medicaid)
  - Acknowledgement of Rights and Responsibilities
  - Acknowledgement of Choice and Appeal Rights
  - Verification of Third Party Coverage
6. Once the FOC is signed, the WCM will upload the form to the person's record in Oversight Document Storage (Therap) with the specified "Type" of Freedom of Choice Form. The description should indicate HASCI waiver.
  7. The WCM will notify the Waiver Enrollment Coordinator via SComm that the FOC has been uploaded.

8. Upon notification the FOC has been uploaded, the Waiver Enrollments Coordinator will submit the SCDHHS Form 118A to SCDHHS so that financial look-back or full Medicaid determination for waiver eligibility can be completed.
  - a. The 118A is not needed for those with a Medicaid pay category of 80 (SSI) or 54 (Nursing Home SSI) or those transitioning from other waivers.
  - b. For those who require an 118A form, the WCM must inform the person/family they will receive an application from SCDHHS that must be completed as soon as possible. The WCM will provide assistance as appropriate.
  - c. For those who do not require the 118A, the Waiver Enrollments Coordinator will move the person to Ready for Slot Allocation.
9. When the completed 118A form has been received by SCDDSN, the Waiver Enrollments Coordinator will upload this information to the Waiver Enrollment module in Therap and move the person to Ready for Slot Allocation.
10. The person will be allocated a waiver slot when one is available. The Waiver Enrollment Coordinator will notify the WCM via SComm that a waiver slot has been awarded. The Waiver Enrollment module in Therap will also be updated.
11. The WCM will complete the initial Level of Care (LOC) referral within five business days of slot allocation notification. Once received, the WCM will upload the completed initial LOC onto THERAP, and send notification to the Waiver Enrollment Coordinator that it is available for review.
12. If the person is in a MCO, the WCM will be instructed to access the SCDHHS web-based link to complete the termination request. Once the request is submitted, the WCM is instructed to notify the Waiver Enrollment Coordinator.
13. If the person is in another Waiver, the WCM will be instructed to coordinate the transition with the corresponding Waiver personnel.
14. Once all requirements have been met, the person will be enrolled in the waiver. The Waiver Enrollment module will be updated and a SComm will be sent to the WCM.
  - a. Enrollment occurs regardless of whether services are ready for implementation;
  - b. A person must receive two waiver services within the first 60 days of enrollment or disenrollment procedures must be followed.

Once a slot has been allocated, Waiver enrollment must occur within 60 days unless prior approval is obtained from the HASCI Division.

### Waiver Enrollment Timeline Summary

Activity	Timeline
Initial Contact. Inform person/family it is time to begin activities towards waiver enrollment.	10 <sup>th</sup> business day Notice of Processing issued to WCM provider
Freedom of Choice or Waiver Declination form signed.	30 days from initial contact
Level of Care submitted.	By the 5 <sup>th</sup> business day upon notification of slot allocation.

Begin non-signature declination process.	<p>11<sup>th</sup> business day Notice of Processing issued to WCM provider if contact attempts are unsuccessful.</p> <p>31<sup>st</sup> calendar day following initial contact if Freedom of Choice or Waiver Declination form not received.</p> <p>At any point if person/family cannot be located after reasonable attempts.</p>
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**NOTE:** At any point in this process, the WCM provider is able to access a person’s waiver enrollment status in the Waiver Enrollment module in Therap. The Waiver Enrollment module is updated by SCDDSN Waiver Enrollment Coordinators.

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

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.

**Voluntary Declination of a HASCI Waiver Slot**

If at any time during the enrollment process HASCI Waiver services are no longer wanted, the person or legal guardian must sign a *HASCI Waiver Slot Declination* (HASCI Form 3).

The Waiver Case Manager must forward a copy of this to the HASCI Division immediately so the HASCI Waiver slot can be rescinded. The original form must be maintained in the person’s file and copies sent to the person or legal guardian and to the SCDHHS Liaison Center.

Declining the HASCI Waiver does not prevent re-applying in the future. It also does not directly affect eligibility for or receipt of other SCDDSN services.

(HASCI Form 3 is not required if it is confirmed that the person died, does not qualify for Medicaid, or does not meet NF or ICF/IID Level of Care. The Waiver Case Manager must document such circumstances in a Case Note and must notify the HASCI Division immediately by SComm so the HASCI Waiver slot can be rescinded.)

## Non-Signature/Non-Cooperation Declination

When enrollment in the HASCI Waiver cannot be completed (*e.g. person moved out-of-state, person or legal guardian cannot be located, or person or legal guardian is non-responsive or uncooperative in providing required documentation or making decisions necessary for enrollment*) and the Waiver Case Manager (WCM) is unable to obtain signature on the HASCI Form 3, the HASCI Waiver slot will be rescinded only after the WCM has met the following conditions:

1. The case file must document specific dates when the WCM tried to contact the consumer or legal guardian. Case Notes must indicate phone numbers called and if a conversation took place or a message was left. The WCM must ensure that documented calls are made on multiple days and at varying times to all known contact numbers and at times when someone would typically be at home. Although not required, the WCM also may attempt (and document) contact by regular mail.
2. If there is no response after the above attempts, the WCM must send a certified letter to the person or legal guardian (with return receipt) that clearly explains what issues must be resolved and a statement that the HASCI Waiver slot will be rescinded in the next ten (10) calendar days if there is not an appropriate response. *The Process for Reconsideration of SCDHHS Decisions* must also be sent.  
**If no response within the 10 calendar days, proceed to Step #4.**
3. If during the 10 calendar days the person or legal guardian contacts the WCM and requests assistance or additional time, thirty (30) calendar days from date of the request must be allowed. If required documentation is not provided or decisions necessary for enrollment are not made at the end of 30 calendar days, the WCM must send a second certified letter to the person or legal guardian (with return receipt) that clearly explains what issues must be resolved and a statement that the HASCI Waiver slot will be rescinded in the next ten (10) calendar days if there is not an appropriate response. *The Process for Reconsideration of SCDHHS Decisions* must also be sent.  
**If no response within the 10 calendar days, proceed to Step #4.**
4. If the above steps have been taken, the *HASCI Waiver Slot Declination* (HASCI Form 3) must be completed indicating Non-Signature/Non-Cooperation Declination. The original signed form must be placed in the person's file. Copies must be sent to the person or legal guardian, to the HASCI Division, and to the SCDHHS Liaison Center.

### **Example of the contact flow:**

- Multiple contacts made to person or legal guardian to obtain required documentation or decisions
- If no resolution, certified letter sent
- After 10 days (if no resolution or request for additional time) HASCI Form 3 completed;
- HASCI Waiver slot rescinded by the HASCI Division

### **If the person or legal guardian requests additional time:**

- Additional 30 days allowed for resolution
- During the 30 days, person or legal guardian contacted for resolution
- If no resolution within 30 days, second certified letter sent
- After 10 days (if no resolution), HASCI Form 3 completed
- HASCI Waiver slot rescinded by the HASCI Division

These procedures are the **minimum** required.

If the person wants to re-apply for the HASCI Waiver at a later date, a new SCDDSN Waiver Slot Request Form must be submitted. [See Chapter 3, *ELIGIBILITY AND SLOT ALLOCATION*]

*When DDSN receives a request to reinstate a waiver slot or place a participant back on the priority list, who was previously removed, to their former position, a request must be submitted to DDSN. DDSN will review the request and if justification is provided which supports the participant should not have been removed from the priority list or disenrolled from the waiver, DDSN will send the request to DHHS. DHHS will render the final decision.*

## **Initiating HASCI Waiver Enrollment or Re-enrollment**

### **Freedom of Choice**

To begin the HASCI Waiver enrollment process, the person or legal guardian must complete a *Freedom of Choice* (HASCI Form 2). This form documents the choice to participate in home and community-based services instead of placement in an institution. The Waiver Case Manager must explain that admission to an institution cannot be guaranteed if that option is chosen. If requested, the Waiver Case Manager can assist with applying for admission to a NF or ICF/IID.

Following discussion, the *Freedom of Choice* form must be marked, signed, and dated by the person if he or she is a legal adult (age 18 years or older and not adjudicated incompetent) or by a legally responsible adult (parent or legal guardian of a child under age 18 years or legal guardian of an adult age 18 years or older who was adjudicated incompetent). The Waiver Case Manager must also sign and date the form.

- The only exception is when a legal adult is not physically capable of signing. The Waiver Case Manager must document on the *Freedom of Choice* form **and** in a Case Note the reason for absence of the person's signature.
- If the parent or legal guardian of a child under age 18 years signs the *Freedom of Choice* form, the person must sign it when he or she turns age 18 years unless adjudicated incompetent. The person or legal guardian may mark, sign, and date the original *Freedom of Choice* form or mark, sign, and date a new form unless not physically capable of signing. If the person is unable to sign, the Waiver Case

Manager must document on the *Freedom of Choice* form **and** in a Case Note the reason for absence of the person's signature.

The Waiver Case Manager must document the meeting, discussion, signing of the form, and choice that was made in a Case Note.

The *Freedom of Choice* form signed prior to enrollment must remain in the person's file so long as he or she is enrolled in the HASCI Waiver. For a person previously terminated from the HASCI Waiver, a new *Freedom of Choice* form must be signed prior to re-enrollment and remain in the person's file.

### **Acknowledgement of Choice and Appeal Rights**

The Waiver Case Manager must explain the right of a HASCI Waiver participant to contact and choose providers of services from among those qualified. The Waiver Case Manager will assist in identifying qualified providers for the person or legal guardian to consider. Information concerning qualified providers can be found on the SCDDSN and SCDHHS websites.

It also must be explained that the person or legal guardian has the right to first request reconsideration by SCDDSN and then to submit an appeal to the State Medicaid agency (SCDHHS) concerning any adverse decision or action related to becoming enrolled in, receiving services through, or being terminated from the HASCI Waiver.

Following explanation, the person or legal guardian must sign and date an *Acknowledgement of Choice and Appeal Rights* (HASCI Form 1). The Waiver Case Manager must also sign and date the form. It must be signed prior to HASCI Waiver enrollment or re-enrollment and at least annually thereafter, usually during annual update of the person's Support Plan. The original form must be maintained in the person's file and a copy must be provided to the person or legal guardian.

The Waiver Case Manager must document the meeting, discussion, and signing of the form in a Case Note. It must also document that the person or legal guardian was provided a copy of the form.

### **Acknowledgement of Rights and Responsibilities**

The Waiver Case Manager must explain to the person or legal guardian the rights and responsibilities required for participating in the HASCI Waiver. It must be understood that failure to meet the designated responsibilities can result in termination from the HASCI Waiver.

Following explanation, the person or legal guardian and Waiver Case Manager must sign and date an *Acknowledgement of Rights and Responsibilities* (HASCI Form 20). It must be signed prior to HASCI Waiver enrollment or re-enrollment and at least annually thereafter, usually during annual update of the person's Support Plan. The original form

must be maintained in the person's file and a copy must be provided to the person or legal guardian.

The Waiver Case Manager must document the meeting, discussion, and signing of the form in a Case Note. It must also document the person or legal guardian was provided a copy of the form.

If subsequently a HASCI Waiver participant or legal guardian does not comply with the designated responsibilities, the Waiver Case Manager must document concerns or problems and efforts to resolve them in Case Notes. This must include reviewing and requiring that a new *Acknowledgement of Rights and Responsibilities* form be signed and dated.

If a person or legal guardian refuses to comply with the responsibilities for participation in the HASCI Waiver despite concerted documented efforts by the Waiver Case Manager and others to resolve the problems, there must be consultation with the HASCI Division to determine if termination will proceed.

### **Verification of Third Party Coverage**

The Waiver Case Manager must assist the person or legal guardian to complete, sign, and date a *Verification of Third Party Coverage* (HASCI Form 18) identifying all private insurance, Medicare, or Medicaid coverage available to the person on the date the form is completed. The Waiver Case Manager must sign and date the form.

The meeting, discussion, and signing of the form must be documented in a Case Note. The original form must be placed the person's file.

### **Medicaid Eligibility**

A person must already be receiving Medicaid or must become eligible in order to be enrolled in the HASCI Waiver.

Application for Medicaid is made online via the SCDHHS website or alternately at the SCDHHS (Medicaid) County Office for the locality where the person lives. If the person is hospitalized, application can be made at most hospitals.

Becoming eligible for Medicaid is a lengthy process, typically taking 60-120 days or longer to be completed. The SCDHHS Liaison Center facilitates Medicaid eligibility determination for people to be enrolled in the HASCI Waiver. If necessary, they also conduct a "look back" to confirm financial eligibility of people already receiving Medicaid to enroll in the HASCI Waiver.

The SCDHHS Liaison Center may require assistance in obtaining documentation or resolving issues related to an applicant's Medicaid eligibility determination or "look



back”. Typically, this is due to the applicant being nonresponsive or uncooperative with requests made by telephone or mail.

In order for the SCDHHS Liaison Center discuss details about an applicant’s eligibility status with the Waiver Case Manager, the applicant or legal guardian must have signed a SCDHHS Form 1282 (*Authorized Representative & Release of Information*). In the form’s bottom section, it must be specified that information may be released to the Waiver Case Management Agency.

**During the visit to initiate HASCI Waiver enrollment, the Waiver Case Manager is advised to have a SCDHHS Form 1282 signed for the Waiver Case Management Agency.** This should be done even if the person already receives Medicaid.

The signed SCDHHS Form 1282 must be submitted to SCDHHS by mail or toll-free Fax as indicated on the form. SCDHHS Form 1282 can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.

The Waiver Case Manager must document the signing of each SCDHHS Form 1282 in a Case Note and maintain a copy in the person’s file.

There are several categories under which SCDHHS can determine eligibility for Medicaid. Most adult HASCI Waiver participants qualify under the Aged, Blind and Disabled (ABD) category. There is also Category 15 where Medicaid eligibility may be tentative until a person is tentatively enrolled in a HCBS Waiver for 30 days and receives at least one service. After the initial 30 days, Medicaid eligibility and Waiver enrollment become official, retroactive to first day of the month in which a Waiver service was received. Category 15 is often an option for a person receiving SSDI whose income is above the ordinary limit to qualify Medicaid. In some cases, the person will have to establish a Medicaid Income Trust to qualify for Medicaid via Category 15. If this is necessary, the SCDHHS Liaison Center will provide information and assistance.

### **SCDHHS Form 118A**

In most cases, a *Waiver Client Status Document* (SCDHHS Form 118A) must be completed prior to enrollment in the HASCI Waiver. It verifies Client Information, Medicaid Eligibility Status, Level of Care status, and start date of HASCI Waiver services. **Completion of this form will be processed by staff of the SCDDSN Head and Spinal Cord Injury Division and the SCDHHS Liaison Center. The Waiver Case Manager will be notified of the outcome.**

### **Level of Care**

To be eligible for enrollment in the HASCI Waiver, a person must be otherwise eligible for placement in a Nursing Facility (NF) or an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID). **A person must be certified to meet Level of Care (LOC) criteria for NF or ICF/IID within 30 days prior to initial enrollment or re-enrollment in the HASCI Waiver.**

The majority of participants in the HASCI Waiver qualify under NF Level of Care as determined by a nurse employed or contracted by the State Medicaid Agency, South Carolina Department of Health and Human Services (SCDHHS), however, if a person appears to qualify for ICF/IID LOC, it is imperative that this type of LOC is first pursued.

For purposes of HASCI Waiver enrollment, a person with Traumatic Brain Injury or Similar Disability may be determined by the SCDDSN Eligibility Division to qualify under ICF/IID Level of Care if he or she meets criteria for Related Disability (onset prior to age 22 years and has significant adaptive deficits).

ICF/IID Level of Care is not an option for a person with traumatic Spinal Cord Injury, regardless of age of onset.

### **NF Level of Care Initial Determination**

For new enrollment or re-enrollment in the HASCI Waiver, the Waiver Case Manager must request SCDHHS Community Long Term Care (CLTC) to determine if the person meets NF Level of Care. This is done by first submitting an electronic referral through CLTC Centralized Intake using the following website: [https://phoenix.scdhhs.gov/cltc\\_referrals/new](https://phoenix.scdhhs.gov/cltc_referrals/new)

- Information is entered into a secure website.
- CLTC Centralized Intake Team has immediate access to the referral.
- Referral will be transferred to the appropriate CLTC Area Office.
- A referral confirmation number will be given and this can be entered on the website later to determine the status of the referral.

The following information should be uploaded and included with the referral:

- *South Carolina Community Long Term Care Consent Form*  
(SCDHHS Form 121) signed by the person or legal guardian
- *SCDDSN/CLTC Transmittal Form for Nursing Facility Level of Care*  
(HASCI Form 7) with top section completed
- *South Carolina Long Term Care Assessment Form*  
(SCDHHS Form 1718) with pages 1, 2, and 3 completed

If the Waiver Case Manager is unable to upload this information to the Phoenix Portal, he/she must mail or fax these supporting documents to the appropriate CLTC Area Office serving the locality where the person resides.

Following assessment of the person, CLTC staff will notify the Waiver Case Manager of the results by returning the completed HASCI Form 7 along with a copy of the completed SCDHHS Form 1718.

If the person meets NF Level of Care, the Waiver Case Manager can proceed with HASCI Waiver enrollment by uploading the completed initial NF LOC onto THERAP, and notifying the Waiver Enrollment Coordinator that the document is available for review.

A copy of the initial NF LOC certification must be uploaded to THERAP under Document Storage at the oversight level. The steps for uploading are outlined as follows:

- Go to “Document Storage” in the Oversight Account
- Select the individual whose initial LOC needs to be uploaded
- Under “Type”, select HASCI NF LOC
- Under “Received Date”, enter the date of the initial NF LOC
- Attach the initial NF LOC document

If the person is enrolled within 30 days of the LOC determination date, the initial NF LOC is valid for up to 365 days from the determination date.

If the person is not enrolled within 30 calendar days after the LOC determination date, the Waiver Case Manager must request CLTC to update the determination. This is done only if all other enrollment issues are resolved. This requires repeating the entire process of electronic referral through CLTC Centralized Intake and again submitting the forms indicated above to the CLTC Area Office.

Following re-assessment of the person, CLTC staff will notify the Waiver Case Manager of the results by returning the completed HASCI Form 7 and SCDHHS Form 1718 with a new LOC determination date. Upon receipt of these, if the person meets NF level of Care, the Waiver Case Manager can proceed with HASCI Waiver enrollment.

- If the person does not meet NF Level of Care, the Waiver Case Manager must notify the HASCI Division by forwarding a copy of HASCI Form 7. The Waiver Case Manager must notify the person or legal guardian using the *Nursing Facility Level of Care Notification Letter* (HASCI Form 7A). This must be sent via certified mail and must include the SCDHHS Medicaid Appeal information. (*SCDDSN Reconsideration is not required because the adverse determination was made by CLTC staff and can only be appealed to SCDHHS.*)

HASCI Waiver enrollment cannot proceed unless the person appeals to SCDHHS and the adverse NF Level of Care determination is then reversed. If that occurs, CLTC staff must provide the Waiver Case Manager with a new or corrected HASCI Form 7 and a new or corrected SCDHHS Form 1718. Upon receipt of these, the Waiver Case Manager can proceed with enrollment.

### **ICF/IID Level of Care Initial Determination**

For new enrollment or re-enrollment in the HASCI Waiver, the Waiver Case Manager must obtain and compile the person's medical and school records, psychological/adaptive testing reports, and functional information to support a formal diagnosis of Related Disability. Records reflecting the person's current intellectual and adaptive status also must be obtained and compiled. The person's Assessment and Support Plan must be current in Therap.

The Waiver Case Manager must complete the ICF/IID LOC on Therap, marking the type of LOC as "initial" and attaching all supporting documentation (medical records, school records, psychological/adaptive testing, etc.). Upon completion, by the case manager, the LOC will be electronically forwarded to the SCDDSN Eligibility Division for review. The Eligibility Division will review the documentation submitted, determine if new psychological and/or adaptive testing is needed, and notify the Waiver Case Manager to make arrangements if necessary.

The Waiver Case Manager will receive notification in Therap when the LOC determination is made.

- If the person meets ICF/IID Level of Care, the Waiver Case Manager can proceed with HASCI Waiver enrollment.

If the person is not enrolled within 30 calendar days after the date of the Initial ICF/IID Level of Care certification, the Waiver Case Manager must follow the same process for the initial LOC again, completing a new initial LOC in Therap and forwarding it to the Eligibility Division for review and determination.

The Waiver Case Manager will receive notification in Therap. If the LOC was approved, the Waiver Case Manager can proceed with HASCI Waiver enrollment.

- If the person does not meet ICF/IID Level of Care, the Waiver Case Manager must notify the HASCI Division by SComm. The person or legal guardian must be notified by mailing a copy of the *Level of Care Certification Letter* along with *the Process for Reconsideration of SCDHHS Decisions*. **This information must be sent via certified mail.** The Eligibility Division will provide guidance if needed concerning the Process for Reconsideration of SCDHHS Decisions. HASCI Waiver enrollment cannot proceed unless SCDDSN or SCDHHS reverses the adverse LOC determination. If that occurs, the Eligibility Division will notify the Waiver Case Manager of the determination and effective date and will complete the Level of Care for ICF/IID in the person's record in Therap. The Waiver Case Manager can then proceed with HASCI Waiver enrollment.

## **Determining Services and Enrollment Date**

After all the forms for *Freedom of Choice*, *Acknowledgement of Choice and Appeal Rights*, *Acknowledgement of Rights and Responsibilities*, and *Verification of Third Party Coverage* have been signed, the person has been documented to be eligible for Medicaid, and a NF or ICF/IID Level of Care Initial Determination has been completed, **the Waiver Case Manager must work with the person or legal guardian to determine the specific HASCI Waiver services and qualified providers to be authorized with HASCI Waiver enrollment.**

- If a person is moving from an institutional setting (hospital, NF or ICF/IID, jail, mental health facility, etc.) the HASCI Waiver enrollment date is the day he or she is discharged from the facility and may receive one or more HASCI Waiver services in a community setting.
- If a person is enrolled in a Medicaid MCO (Managed Care Organization), he or she must be terminated from the MCO prior to the HASCI Waiver enrollment date. The Waiver Case Manager must assist the person in notifying the MCO and ensuring that termination is completed at least one day before the HASCI Waiver enrollment date.
- If a person is transferring to the HASCI Waiver from another HCBS Waiver program or will age-out of eligibility for Children's PDN/PCA funded by Medicaid State Plan, coordination with the CLTC or other Waiver Case Manager is critical to ensure there is not a lapse in services.

The CLTC Case Manager or Waiver Case Manager for the current Waiver program must be notified as soon as the person is allocated a HASCI Waiver slot to begin coordination. A transfer date must be mutually agreed upon when the person is ready for HASCI Waiver enrollment.

- Termination from the current HCBS Waiver program must be at least one day before the HASCI Waiver enrollment date.
- Children's PDN/PCA cannot be replaced by HASCI Waiver services more than 30 days before the person ages out of eligibility. The CLTC Case Manager must terminate Children's PDN/PCA at least one day before the HASCI Waiver enrollment date and start date of Medicaid Waiver Nursing and/or Attendant Care/Personal Assistance.
- **If a HASCI Waiver participant is under age 21 years, Children's PCA Services funded by Medicaid State Plan must be accessed to the extent possible prior to requesting AC/PA. The frequency and amount of Children's PCA Services received or that is potentially available will be**

**considered in the assessment to determine the frequency and amount of additional AC/PA that will be authorized.**

- If a person transferring to the HASCI Waiver from another HCBS Waiver program currently receives UAP Attendant Care Services, this will end upon termination from that Waiver program. The person can choose to receive Self-Directed Attendant Care (UAP Option) through the HASCI Waiver. If possible, the Waiver Case Manager should complete all procedures to arrange for Self-Directed Attendant Care (UAP Option) prior to enrollment so it can be authorized along with HASCI Waiver enrollment.
  - To ensure the person does not have a lapse in services, it may be necessary to temporarily authorize Attendant Care/Personal Assistance through a provider agency enrolled with SCDHHS until requirements are completed for Self-Directed Attendant Care (UAP Option).

### **Waiver Transfer Form**

For a person moving to the HASCI Waiver from another HCBS Waiver program, the SCDDSN Waiver Case Manager must contact the other Waiver Case Manager by phone to discuss the transition and agree upon a transfer date. The mutually agreed date for transfer must then be confirmed using the *Waiver Transfer Form* (HASCI Form 10).

A copy must be forwarded to the CLTC Case Manager or Waiver Case Manager for the current Waiver program as soon as possible. It must be documented in a Case Note that the *Waiver Transfer Form* was completed and copies forwarded as required. The original form must be maintained in the person's file.

### **Completing Enrollment**

HASCI Waiver enrollment cannot be completed until all of the preceding requirements have been met.

Before services are authorized, the Support Plan must be updated to include all requested waiver services, the amount, frequency, and duration of those services, and the correct provider type. In order to update the Support Plan, the Waiver Case Manager will complete a Plan Change Form on Therap. This form will be electronically submitted to the Waiver Administration Division for review. The Waiver Administration Division Staff will review the request and the Waiver Case Manager will receive electronic notification if the request has been approved or if additional information is needed.

Following approval of the requested services, the Waiver Case Manager can proceed with forwarding a service authorization to each provider. The start date for each service authorized must be the same as or after the HASCI Waiver enrollment date.

The HASCI Division is responsible to forward required enrollment information to SCDHHS.

- If a person has established a Medicaid Income Trust to qualify for Medicaid eligibility via Category 15, the Waiver Case Manager will be directed to complete *Medicaid Income Trust* form (HASCI Form 5-B) and submit it to the SCDHHS Division of Eligibility.
  - This form reports HASCI Waiver costs for Months 1, 2, and 3 and projected monthly costs beginning Month 4. A copy of the completed form must be sent to the SCDHHS Liaison Center and a copy must be placed in the participant's file.
  - It must be documented in a Case Note that HASCI Form 5-B was submitted to SCDHHS as requested and copies distributed as required.

Enrollment in the HASCI Waiver is official when SCDHHS has entered this status into the Medicaid Management Information System (MMIS).

### **Level of Care Re-evaluation**

For continued participation in the HASCI Waiver, the waiver participant's Level of Care must be formally reassessed and re-certified at least within every 365 calendar days.

It is the responsibility of the Waiver Case Manager/Supervisor to monitor the LOC certification of each HASCI Waiver participant, and to ensure it does not expire.

A participant's Level of Care must be reassessed immediately if the person demonstrates distinctly improved functioning.

### **NF Level of Care Re-evaluation**

The Nursing Facility Level of Care (NF LOC) Re-evaluation must be completed and submitted to SCDDSN for final determination **at least thirty days** prior to the expiration date of the previous NF LOC certification.

The NF Level of Care is re-evaluated by the Waiver Case Manager in the participant's place of residence, using recent medical and functional documentation, information provided by the participant/representative, and direct observation of the participant to determine if there is change/improvement in functioning that may affect NF Level of Care status. Findings are recorded on SCDHHS Form 1718.

If a re-evaluation visit in a location other than the participant's home would be of benefit to the participant and/or family, the Waiver Case Manager must contact the HASCI Division to request an exception to this policy. The approval or denial will be provided in writing and must be maintained in the record.

Within three business days of the home visit, the Waiver Case Manager must complete all sections of the SCDHHS Form 1718, review the initial findings with supervisory staff, and sign and date the form on the appropriate page, indicating the staffing team's preliminary findings. The Waiver Case Manager must submit the SCDHHS Form 1718 to the SCDDSN, NF LOC Re-eval Scomm box.

The DDSN Program Coordinator will complete a formal review of the document for approval within ten business days of receipt. The DDSN Program Coordinator will contact the Waiver Case Manager for any necessary clarification and will notify the Waiver Case Manager of any necessary revisions based on review. If corrections or revisions are required, they must be completed within two business days and resubmitted to the SCDDSN, NF LOC Re-eval Scomm box. The LOC re-certification is not considered complete until it has been approved by the DDSN Program Coordinator.

If the person is determined to continue to meet NF Level of Care, the DDSN Program Coordinator will sign the Re-Certification for Nursing Facility Level of Care Form (HASCI Form 6) designating whether the waiver participant was determined to meet skilled or intermediate nursing facility LOC and indicating the effective date as the date approved by the DDSN Program Coordinator. The DDSN Program Coordinator will enter the LOC re-certification date on the Waiver Tracking System (WTS), will upload the completed, approved NF LOC Re-certification along with HASCI Form 6 to THERAP under Document Storage at the oversight level, and will notify the Waiver Case Manager via SComm.

If the DDSN Program Coordinator's review appears to confirm the participant does **NOT** meet NF Level of Care, DDSN will consult with the SCDHHS HASCI Waiver Administrator, and if advised, will request a new initial LOC evaluation be completed by SCDHHS Community Long Term Care.

If consultation with the SCDHHS HASCI Waiver Administrator/completion of a new initial NF LOC determines the participant does NOT meet NF Level of Care, the DDSN Program Coordinator will complete the Re-certification of Nursing Facility LOC form (HASCI Form 6), indicating the waiver participant does **not** meet NF LOC, upload the form and the completed 1718 to Therap document storage and notify the Waiver Case Manager via SComm on the date of the determination.

Within 2 business days, the DDSN Program Coordinator will send the Nursing Facility Level of Care Notification Letter (HASCI Form 7A) via certified mail to the HASCI Waiver Participant, to inform the participant or legal guardian that the participant no longer meets NF-Level of Care. The Process for Reconsideration of SCDHHS Decisions will be provided along with the notice. A copy will be provided to the Waiver Case Manager via SComm.

If the negative determination is subsequently reversed by SCDDSN or SCDHHS, the DDSN Program Coordinator will advise the Waiver Case Manager to correct/adjust the



Form 1718 as necessary, complete an updated HASCI Form 6, enter the LOC re-certification date on the Waiver Tracking System (WTS), and upload the revised copy of the Form 6 and Form 1718 on THERAP Document Storage. Notification will be provided to the Waiver Case Manager via SComm.

If the negative determination is not reversed and it is determined the participant does not meet NF Level of Care, within 2 business days, the Waiver Case Manager must mail *Notice of Waiver Termination* (HASCI Form 8) to inform the participant or legal guardian that the participant no longer meets NF-Level of Care and will be terminated from the HASCI Waiver effective 10 calendar days after the notice date. *The Process for Reconsideration of SCDHHS Decisions* must be provided along with the notice. This information must be sent to the waiver participant or legal guardian via certified mail.

### **ICF/IID Level of Care Re-evaluation**

The ICF/IID Level of Care (NF LOC) Re-evaluation must be completed and submitted to SCDDSN for re-determination **at least thirty days** prior to the expiration date of the previous LOC certification.

The Waiver Case Manager must obtain and compile the person's medical and school records, psychological/adaptive testing reports, and functional information to support a formal diagnosis of Related Disability. Records reflecting the person's current intellectual and adaptive status also must be obtained and compiled. The person's Assessment and Support Plan must be current in Therap.

The Waiver Case Manager must complete the ICF/IID LOC on Therap, attaching all supporting documentation (medical records, school records, psychological/adaptive testing, etc.). Upon completion, by the case manager, the LOC will be electronically forwarded to the SCDDSN Eligibility Division for review. The Eligibility Division will review the documentation submitted, determine if new psychological and/or adaptive testing is needed, and notify the Waiver Case Manager to make arrangements if necessary.

The Waiver Case Manager will receive notification in Therap when the LOC re-determination is made by the SCDDSN Eligibility Division.

If the person **does not** meet ICF/IID Level of Care, within two business days, the SCDDSN Eligibility Division will notify the participant or legal guardian by mailing a copy of the *ICF/IID Level of Care Notification Letter* along with *the Process for Reconsideration of SCDHHS Decisions*. This information must be sent via certified mail. A copy will be provided to the Waiver Case Manager via SComm.

If the negative determination is subsequently reversed by SCDDSN or SCDHHS, the SCDDSN Eligibility Division will complete an updated ICF/IID LOC re-determination reflecting this decision. Notification will be provided to the Waiver Case Manager via SComm.

If the negative determination is not reversed and it is determined the participant does not meet ICF/IID Level of Care, within 2 business days, the Waiver Case Manager must mail *Notice of Waiver Termination* (HASCI Form 8) to inform the participant or legal guardian that the participant no longer meets ICF/IID Level of Care and will be terminated from the HASCI Waiver effective 10 calendar days after the notice date. *The Process for Reconsideration of SCDHHS Decisions* must be provided along with the notice. This information must be sent to the waiver participant or legal guardian via certified mail.

### **HASCI Waiver Termination**

A participant must be terminated from the HASCI Waiver for the following reasons:

- Death
- Moved out of state
- No longer eligible for Medicaid
- Admitted to a Nursing Facility (NF) or to an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID)
- Admitted to a Psychiatric Residential Treatment Facility (PRTF)
- No longer qualifies for NF or ICF/IID Level of Care
- Does not receive two HASCI Waiver services for a full calendar month due to hospitalization, incarceration, non-availability of a provider, or other reasons
- Refusal to meet responsibilities as a HASCI Waiver participant
- No longer wants HASCI Waiver services
- Does not receive two HASCI Waiver services within sixty calendar days of enrollment date
- Enrolls into another Medicaid waiver

Being terminated from the HASCI Waiver does not prevent re-applying in the future if qualifications can be met. It does not directly affect eligibility for or receipt of other SCDDSN services.

When a participant is terminated from the HASCI Waiver, the associated slot is also revoked. The slot may be retained temporarily under certain circumstances (page 4-22).

If the person wants to re-enroll in the future, the Waiver Case Manager must submit a new *Request for HASCI Waiver Slot* (HASCI Form 1) to the HASCI Division. If there is not a HASCI Waiver waiting list at that time, an available slot will be allocated. If there is a waiting list, the person will be added effective the date the request is received.

See Chapter 3, *ELIGIBILITY AND SLOT ALLOCATION*

### **Procedures for Termination**

Within two (2) days after confirming that a participant must be terminated from the HASCI Waiver, the Waiver Case Manager must complete a *Notice of Waiver Termination* (HASCI Form 8) indicating the reason for termination and mail it to the participant or legal guardian along with *the Process for Reconsideration of SCDHHS Decisions*. Copies of the HASCI Form 8 must be sent to the HASCI Division Program Coordinator and to the SCDHHS Liaison Center. A copy must be maintained in the participant's file.

- Except if it is verified the participant died, moved out of state, is no longer eligible for Medicaid, was admitted to a NF, ICF/IID, or PRTF, or voluntarily declined to continue participating in the HASCI Waiver, the Waiver Case Manager must give the participant or legal guardian ten-day prior written notice stating the reason for termination and provide the Process for Reconsideration of SCDHHS Decisions. The effective date of termination must be at least 10 calendar days after the date HASCI Form 8 was completed.

This allows the participant or legal guardian at least 10 calendar days to initiate SCDDSN Reconsideration, which must be fully completed prior to SCDHHS Medicaid Appeal. It also gives the participant or legal guardian the opportunity to request that HASCI Waiver services continue during the Process for Reconsideration of SCDHHS Decisions.

### **Termination due to death:**

The effective date of termination will be the day the participant died.

When a waiver participant is terminated due to death, within 24 hours of their notification of the fatality, the Waiver Case Manager must follow SCDDSN Directive 505-02-DD to report the death to SCDDSN using the Death Reporting function on the Incident Management System except in instances where:

- The person was living in a residential program operated or contracted for operation by SCDDSN
- The person's death occurred at a SCDDSN Regional Center or provider location (e.g., day program) or while under the supervision of a SCDDSN Regional Center or board/provider staff person (e.g., respite, employment).

In all other instances, the Waiver Case Manager is required to complete the death report. See SCDDSN Directive 505-02-55 for additional information regarding completion of the required death report.

**Termination due to participant moved out of state:**

The effective date of termination will be the date the Waiver Case Manager is notified that the participant moved out of state and is no longer receiving services.

**Termination due to participant is no longer eligible for Medicaid:**

The effective date of termination will be the day before the participant's Medicaid eligibility ended. *Example: Participant lost Medicaid effective 11/1/21. Waiver termination date would be 10/31/21.*

**Termination due to Nursing Facility, ICF/IID, or PRTF admission:**

The effective date of termination will be the day before the admission date. *Example: Participant is admitted on 1/30/23. Waiver termination date would be 1/29/23.*

**Termination due to participant no longer meets Level of Care:**

The effective date of termination will be ten (10) calendar days after the date the participant was found to no longer meet Level of Care.

**Termination due to participant not receiving two waiver services for a full calendar month:**

The effective date of termination will be the last day of the month following the month when the last Waiver service was received. *Example: If the last date two waiver services were received was on 3/17/22, the participant must receive two waiver services by 4/30/22 to prevent termination. The Waiver Case Manager must give the participant or legal guardian ten-day prior written notice of the termination date effective 4/30/22.*

If the form is completed late, the effective date of termination will be ten (10) days from date that the Notice of Waiver Termination was completed. If the participant is able to receive two waiver services prior to the tenth (10<sup>th</sup>) day, the Waiver Case Manager must

notify the HASCI Program Coordinator to request the termination be disregarded and the participant remain enrolled.

**Termination due to participant voluntarily withdrawing:**

The effective date of termination is the date identified on the Voluntary Termination Statement by the HASCI Waiver participant.

If the participant or legal guardian no longer wants HASCI Waiver services, he or she must sign a *Voluntary Termination Statement* (HASCI Form 16). The original form must be maintained in the participant's file. A copy must be forwarded to the HASCI Division and to the SCDHHS Liaison Center, along with the Notice of Waiver Termination.

**Termination due to participant not receiving two waiver services within 60 days of enrollment date:**

The effective date of termination will be seventy (70) calendar days from the participant's enrollment date. The Notice of Waiver Termination form should be completed on the 60<sup>th</sup> day after enrollment, however if the form is completed late, the effective date of termination will be ten (10) calendar days from the date the Notice of Waiver Termination is completed.

**Termination due to participant enrolling in another Medicaid Waiver:**

The effective date of termination must be the day before enrollment is scheduled into the selected Medicaid Waiver to prevent lapse in coverage. The effective termination date must be coordinated with the Enrollment Coordinator of the selected Medicaid Waiver. *Example: If the waiver participant is scheduled to enroll into another Medicaid Waiver on January 1/23/23, the effective HASCI Waiver termination date must be 1/22/23 to prevent lapse in services.*

If a participant is eligible for Medicaid under Category 15, termination from the HASCI Waiver will also result in loss of Medicaid coverage. The Waiver Case Manager must notify the participant or legal guardian of this in writing. It must be documented in a Case Note that notification was made. A copy of the communication must be placed in the participant's file.

The Waiver Case Manager will end all electronic authorizations, sending notification to the affected service providers. The service end date must be the same as the Waiver termination date on HASCI Form 8.

- The service end date must be after the deadline for the participant or legal guardian to request the Process for Reconsideration of SCDHHS Decisions and/or request services to continue during the Process for Reconsideration of SCDHHS Decisions.

The HASCI Division is responsible for forwarding required termination information to SCDHHS.

- Within two (2) business days following the projected Waiver termination date, the Waiver Case Manager must complete/submit a Plan Change Form to the Waiver Administration Division, noting the effective date of termination, and providing information to reconcile the waiver budget. The Waiver Administration Division staff will update the Support Plan to reflect the changes and adjust the waiver budget in WTS accordingly and with actual end date for services. Excess or unused service units will be deleted from the budget.
- The Waiver Case Manager must update the Service Tracking System (STS) to reflect that there is no longer HASCI Waiver funding for any services.

Termination from the HASCI Waiver is official when SCDHHS has entered this status into the Medicaid Management Information System (MMIS).

**Temporary Retention of HASCI Waiver Slot Following Termination when there is a HASCI Waiver waiting list.**

When there is a HASCI Waiver waiting list, the following criteria will be applied for the slot of a person terminated from the HASCI Waiver to be temporarily retained in the following circumstances:

- **A person terminated from the HASCI Waiver due to interruption of Medicaid eligibility will have his or her Waiver slot held up to 90 consecutive days after the date of termination if it is anticipated Medicaid eligibility will be reinstated during that time.** If Medicaid eligibility is not reinstated within ninety (90) calendar days, the participant will be removed from pending status, and the slot will be revoked. If Medicaid eligibility is reinstated within ninety (90) calendar days, the Waiver Case Manager must notify the HASCI Program Coordinator. The Waiver Case Manager will be responsible for completing all initial enrollment procedures for re-enrollment.

The SCDHHS Liaison Center can assist the individual to re-qualify for Medicaid. In order for the SCDHHS Liaison Center to discuss details with the Waiver Case Manager, the participant or legal guardian must have signed a SCDHHS Form 1282 releasing information to the Waiver Case Management Agency.

- **A person terminated from the HASCI Waiver because of hospitalization or temporary admission to a nursing facility, ICF/IID or PRTF exceeding a full calendar month will have his or her Waiver slot held up to 90 consecutive days after the date of termination if it is anticipated the person will be discharged from the hospital, nursing facility, ICF/IID or PRTF during that time.** If the

participant is not discharged within ninety (90) days, the participant will be removed from pending status and the slot will be revoked. The Waiver Case Manager must be directly involved with discharge planning and notify the HASCI Program Coordinator if the participant will be discharged within ninety (90) days. The Waiver Case Manager will be responsible for completing all initial enrollment procedures for re-enrollment.

- **A person terminated from the HASCI Waiver because two waiver services were not received during a full calendar month due to non-availability of a provider or other reasons will have his or her Waiver slot held up to 90 consecutive days after the date of termination if it is expected services can be resumed within that time.** The Waiver Case Manager must actively seek a provider or assist in addressing other circumstances which resulted in the termination. If two waiver services are not identified, and ready to resume within ninety (90) calendar days, the participant will be removed from pending status and the slot will be revoked. If two services are identified and ready to resume within ninety (90) calendar days, the Waiver Case Manager must notify the HASCI Program Coordinator. The Waiver Case Manager will be responsible for completing all initial enrollment procedures for re-enrollment.
- **A person terminated from the HASCI Waiver because two waiver services were not received within 60 days of the enrollment date due to non-availability of a provider or other reasons will have his or her Waiver slot held up to 90 consecutive days after the date of termination if it is expected services can be received within that time.** The Waiver Case Manager must actively seek a provider or assist in addressing other circumstances which resulted in the termination. If two waiver services are not identified, and ready to start within ninety (90) calendar days, the participant will be removed from pending status and the slot will be revoked. If two services are identified and ready to resume within ninety (90) calendar days, the Waiver Case Manager must notify the HASCI Program Coordinator. The Waiver Case Manager will be responsible for completing all initial enrollment procedures for re-enrollment.

**If none of these circumstances apply, the participant will be terminated from the HASCI Waiver and the associated slot revoked.**

### **Re-enrollment in the HASCI Waiver Following Termination**

Re-enrollment in the HASCI Waiver following termination is contingent upon the person having a HASCI Waiver slot and newly obtained documentation that all eligibility requirements are met.

Re-enrollment in the HASCI Waiver requires all the same procedures as for initial enrollment. The following Forms/Information must be provided to the person/family by the WCM during this initial timeframe:

- Overview of Waiver Services
- Freedom of Choice
- Notice of Declination
- SCDHHS Form 1282 (Authorization for Release of Information for Medicaid)
- Acknowledgement of Rights and Responsibilities
- Acknowledgement of Choice and Appeal Rights
- Verification of Third Party Coverage

Before services can be authorized, the Support Plan must be updated to include the type and amount of services needed at enrollment. The Waiver Case Manager must complete the Plan Change Form in the person's record on Therap, indicating the type and amount of services needed at enrollment. This form will be electronically submitted to the Waiver Administration Division. The Waiver Case Manager should also enter services into the Service Tracking System.

The Waiver Administration Division Staff will review the request and the Waiver Case Manager will receive electronic notification if the request has been approved or if additional information is needed.

Following approval of the plan revisions, the Waiver Case Manager must proceed with forwarding a service authorization to each provider. The start date for each service authorized must be the same as or after the HASCI Waiver projected enrollment date.

The HASCI Division is responsible for forwarding required enrollment information to SCDHHS.

- If a person has established a Medicaid Income Trust to qualify for Medicaid eligibility via Category 15, the Waiver Case Manager will be directed to complete *Medicaid Income Trust* (HASCI Form 5-B) and submit it to the SCDHHS Division of Eligibility.
  - This form reports HASCI Waiver costs for Months 1, 2, and 3 and projected monthly costs beginning Month 4. A copy of the completed form must be sent to the SCDHHS Liaison Center and a copy must be placed in the participant's file.
  - It must be documented in a Case Note that HASCI Form 5-B was submitted to SCDHHS as requested and copies distributed as required.

Enrollment in the HASCI Waiver is official when SCDHHS has entered this status into the Medicaid Management Information System (MMIS).