

## Waiver Case Management

**Definition:** Services that assist participants in gaining access to needed waiver, State plan and other services, regardless of the funding sources for the services to which access is gained. Waiver case managers are responsible for initiating and/or conducting the process to evaluate and/or re-evaluate the individual'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.”

**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 identified and actively seeking discharge from an institution may receive up to 180 consecutive days of Transitional Waiver Case Management services to coordinate transitions from an institution to waiver funded community services. Transitional WCM must be billed through the web tool.

Transitional Waiver case Management may continue:

1. Upon release from the institution until the client is officially enrolled in a waiver (even if community housing came first).
2. For no more than 180 days consecutive days.
3. Until it is determined that transitioning to the community is no longer a viable option.

\*\*Detailed policy requirements for the provision of WCM are outlined in the DDSN Waiver Case Management Standards which are located on the DDSN website.

[https://ddsn.sc.gov/sites/default/files/Documents/Quality%20Management/Current%20Standards/Waiver%20Case%20Management%20-%20Revised%20\(061719\).pdf](https://ddsn.sc.gov/sites/default/files/Documents/Quality%20Management/Current%20Standards/Waiver%20Case%20Management%20-%20Revised%20(061719).pdf)

**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**

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/representative 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. 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 authorization for Waiver Case Management must be issued to the Waiver Case Management provider when billing utilizing Therap.

**Service Limits:** SCDHHS will reimburse for no more than 40 units of WCM per calendar month per participant. WCMs 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, but would, because of the limit in services, have to be institutionalized, a request for additional units may be submitted for review. **Requests for additional WCM units should be rare and only submitted for critical situations as defined above.** Requests for additional units must be prior approved. Case notes for the participant will be thoroughly reviewed to confirm 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 by DDSN and then forwarded to SCDHHS for review. **SCDHHS has the final authority to approve additional WCM units.**
4. You 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.

\*See *Request for Additional WCM Units* in business tools.

**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 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.
- During the six (6) month face-to-face contact, the Case Management Monitoring Tool must be completed to meet assurances as outlined in the waiver document.

**Reduction, Suspension, or Termination of Services:** If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian including the details regarding the change(s) in service, allowance for reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See *Chapter 9* for specific details and procedures regarding written notification and the reconsideration/appeals process.