

CHAPTER

9

DENIAL, REDUCTION, SUSPENSION OR TERMINATION OF WAIVER SERVICES

Any time a waiver service is denied, reduced, suspended or terminated, the participant/legal guardian must be given written notice of the action and must be given written notice of the right to request reconsideration. Additionally, there is a ten (10) calendar day waiting period (from the date form is completed and sent to the participant/legal guardian) before proceeding with a reduction, suspension or termination (See the list of exceptions below).

The following exceptions do not require a ten (10) calendar day notice before proceeding with the action:

- Denial of waiver service(s), including requests for units beyond established limits
- Participant-requested reduction
- Termination due to loss of Medicaid eligibility
- Voluntary withdrawal
- Termination due to death
- Termination due to move out of state
- Termination due to admission to an ICF/IID/Nursing Facility or Jail
- Suspension of services due to Hospital Admission

The forms in this chapter include a reason of “Other”. This reason should rarely be used and should not be used without first consulting with DDSN.

Denials: If the participant/legal guardian requests a waiver service and is denied (either at the local or state level), the Waiver Case Manager must complete the Notice of Denial of Service (ID/RD Form 16-A) within two (2) working days of notification that the service is denied. The denied service(s) must be indicated on the form along with the reason(s) and any supporting comments. The original Notice of Denial of Services (ID/RD Form 16-A) is sent to the participant/legal guardian along with the Process for Reconsideration of SCDHHS Decisions included/attached. A copy of the denial must be placed in the participant’s file.

Terminations: If a waiver service will be terminated, the WCM must complete the Notice of Termination of Service (ID/RD Form 16-B) with the Process for Reconsideration of SCDHHS Decisions attached. The terminated service(s) must be indicated on the form along with the reason(s) and any supporting comments. The effective date for termination must be at least ten (10) calendar days from the date that the form is completed and sent to the participant/legal guardian (exceptions previously noted apply). This gives the participant/legal guardian ten (10) calendar day notice prior to termination and the opportunity to request reconsideration. If the participant requests a timely reconsideration (within ten (10) calendar days of the termination notification), then the participant may choose to continue to receive the services uninterrupted while awaiting the decision. If a Reconsideration decision is upheld, then the participant may be liable for payment of those services. Although

the participant has a total of thirty (30) calendar days to request reconsideration, the service will be terminated if the reconsideration is not requested within ten (10) calendar days. The original Notice of Termination of Service (ID/RD Form 16-B) is sent to the provider of the service. A copy, with the appeals process included/attached, is sent to the participant/legal guardian, and another copy must be placed in the participant's file.

Note: If the participant/legal guardian requests reconsideration within ten (10) calendar days of the notice and chooses to continue to receive services while awaiting the outcome of the reconsideration, the WCM must contact the provider of service and ensure that the service continues uninterrupted. This contact must be documented in the participant's record.

Suspensions: When enrolled in the ID/RD Waiver, there may be circumstances when a participant's service(s) may need to be suspended. One example is when a participant is admitted to a hospital. In these instances, all waiver services must be suspended. Many participants and their providers of Residential Habilitation have made arrangements for prescribed drugs and Assistive Technology supplies to be delivered directly to the residence on a regular schedule. These arrangements must cease while the participant is hospitalized.

NOTE: When a waiver participant is "on leave" from the residential program, authorizations for Residential Habilitation services must remain active. In this situation, "on leave" refers to time spent away from the residence while still admitted to the program. Examples of leave reasons would include hospitalization, vacation and/or time spent with family and friends outside of the residential program. **During leave time, Residential Habilitation service authorizations must not be suspended.**

If a waiver service is suspended, the WCM must complete the Notice of Suspension of Service (ID/RD Form 16-C) and attach Process for Reconsideration of SCDHHS Decisions. The service(s) must be indicated on the form along with the reason(s) and any supporting comments. The suspension date will be at least ten (10) calendar days from the date the form is completed and sent to the participant/legal guardian (exceptions previously noted apply). This gives the participant a ten (10) calendar day notice prior to suspension of the service and the opportunity to request reconsideration. As a reminder, **if the participant has been admitted to a hospital, then a ten (10) calendar day notice is not required.** If the participant requests reconsideration within 10 calendar days of the notification, then the participant/legal guardian may choose to continue to receive the services uninterrupted while awaiting the outcome of the reconsideration. If, however, the decision is upheld upon reconsideration, then the participant/legal guardian may be liable for payment of those services. Although the participant has a total of thirty (30) calendar days to request reconsideration of/appeal the decision, the service will be suspended if the reconsideration is not requested within ten (10) calendar days. The original Notice of Suspension of Service (ID/RD Form 16-C) is sent to the provider of the service. A copy, with the reconsideration process included/attached, must be sent to the participant/legal guardian, and another copy must be placed in the participant's file.

Once the participant is ready to resume the service(s), the WCM must submit a new authorization form to the designated provider(s).

If the Level of Care certification or the Support Plan exceeds three hundred sixty-five (365) days, waiver services must be suspended until a current Level of Care certification or Support Plan is completed, at which time a new authorization form must be completed.

Reminder: Two (2) waiver services must be received every thirty (30) calendar days in order for the participant to remain enrolled. If all waiver services are suspended for thirty (30) calendar days (for example: a 30-day hospitalization) then the individual must be disenrolled from the waiver (See chapter 7).

Note: If the participant/legal guardian requests reconsideration within ten (10) calendar days of the notice of suspension and chooses to continue to receive services while awaiting the outcome of the reconsideration, the WCM must contact the provider of service and ensure the service continues uninterrupted. This contact must be documented in the participant record.

Reductions: If a waiver service will be reduced, the WCM must complete the Notice of Reduction of Service (ID/RD Form 16-D) with the Process for Reconsideration of SCDHHS Decisions attached. The reduced service(s) must be indicated on the form along with the reason(s) and any supporting comments. The reduction effective date must be at least ten (10) calendar days from the date that the form is completed and sent to the participant/legal guardian. This gives the participant/legal guardian notice prior to reduction of the service and the opportunity to request reconsideration of the decision. If the participant/legal guardian requests reconsideration within 10 calendar days of the notice, then the participant may choose to continue to receive the services uninterrupted while awaiting the outcome of the reconsideration. If, however, the decision is upheld upon reconsideration, then the participant/legal guardian may be liable for payment of those services. Although the participant/legal guardian has a total of thirty (30) calendar days to request reconsideration, the service will be reduced if the reconsideration is not requested within ten (10) calendar days. The original Notice of Reduction of Service (ID/RD Form 16-D) is sent to the provider of the service. A copy, with the Process for Reconsideration of SCDHHS Decisions attached, must be sent to the participant/legal guardian, and another copy must be placed in the participant's file. **The WCM must also complete a new authorization, reflecting the reduced units of service, and send the original to the provider.** Copies of the new authorization must also be sent to the participant/legal guardian and placed in the participant's file.

Note: If the participant/legal guardian requests reconsideration within ten (10) calendar days of the notice of reduction and chooses to receive services in the authorized amount while awaiting the outcome of the reconsideration, the WCM must contact the provider of service and ensure that the service continues uninterrupted. This contact must be documented in the participant record.