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Title of Document: Discharge Planning for Individuals Leaving ICFs/IID and Enrolling in DDSN Operated Home and Community-based Waiver

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Applicability: Community ICFs/IID, DDSN Regional Centers, and Case Management Providers rendering Waiver Case Management

PURPOSE:

To establish the expectations of the South Carolina Department of Disabilities and Special Needs (DDSN) regarding discharge planning for residents who will need services funded by a DDSN-operated Home and Community-Based Services (HCBS) Waiver upon leaving a DDSN Regional Center or Community Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IID).

POLICY:

DDSN is committed to supporting South Carolinians with disabilities through choice to receive needed services in the most integrated settings when it is appropriate and desired. To assure that

needed services are available to newly discharged ICF/IID residents on the day of discharge and beyond, appropriate planning prior to discharge must occur.

ICF/IID residents who are preparing for discharge **must** receive Waiver Case Management Services. Waiver Case Management Services may be received for up to six (6) months prior to ICF/IID discharge. These services are intended to prepare the resident for discharge, thereby deterring the need for institutional (ICF/IID) care, by preparing/completing waiver program enrollment, assessing needs, and planning for the delivery of services to meet identified needs, after discharge. Waiver Case Management Services are paramount to successful discharge from an ICF/IID.

When ICF/IID discharge is likely (i.e., within six (6) months of the move), Qualified Intellectual Disability or Developmental Disability Professionals (QID/DDPs) or designees must provide the resident or his/her representative information about Waiver Case Management Services (Attachment 1) and information about the Case Management Services providers available in the county in which the resident will live after discharge. NOTE: Most Case Management Services providers render Waiver Case Management. The resident/representative must choose a provider to render Waiver Case Management services (a list of providers can be found on the DDSN website www.ddsn.sc.gov), select "Resources," then select "Find a Service Provider," then select "DDSN Provider/Service Directory" and then select "Provider Directory." Select "Case Management" from the "Service" list; select the person's disability category from the disability" list; and select the county to which the resident will be moving from the "county" list. The choice of Case Management Services provider must be properly documented using the Acknowledgement of Choice Form (Attachment 2). Once chosen, the resident/representative or the resident's QID/DDP or designee must contact the Case Management Services provider to request services. The caller must be prepared to provide basic demographic information, information about the anticipated setting in which the resident will live, the approximate ICF/IID discharge date, and supports/services likely to be needed in the anticipated setting. If the chosen Case Management Services provider is not willing to provide services, another provider must be chosen and the aforementioned process followed until a provider is found.

The chosen Case Management Services provider will assign a Waiver Case Manager to service the ICF/IID resident. Services rendered will be in accordance with DDSN Waiver Case Management Standards and applicable DDSN policies and procedures. Services rendered prior to discharge from the ICF/IID setting will be recorded by the Waiver Case Manager using the "Report of Case Management Services Rendered for ICF/IID Discharge Planning" (Attachment 3). Activity should be recorded as often as monthly for up to six (6) consecutive months prior to the date of discharge from the ICF/IID. For example, if discharged from an ICF/IID on June 15, the Report may be submitted for reportable activities provided prior to discharge, during June, May, April, March, February and January. If the discharge did not occur on the planned date of discharge, the Case Management provider can still report activity, provided the activity rendered is still within the six (6) months, prior to the actual discharge date. The completed "Report of Case Management Services Rendered for ICF/IID Discharge Planning" and a copy of case notes supporting the units of service reported must be submitted to DDSN.

ICF/IID services are funded by Medicaid. In South Carolina, DDSN-operated Home and Community-Based (HCB) Waiver programs, allow services similar to those provided in an ICF/IID to be funded by Medicaid when provided outside of an ICF/IID. Therefore, DDSN-operated HCBS Waivers allow ICF/IID residents to move from the ICF/IID to another setting (e.g., a home of their own, a family member's home, Community Training Home, Supervised Living Program, Community Residential Care Facility) that is not an institution (e.g., Nursing Facility, Hospital, another ICF/IID) and to receive Medicaid funding for services needed in that setting. For many ICF/IID residents, living outside of an institution would not be possible without HCBS Waiver services. More information about the DDSN-operated HCBS Waiver programs can be found by following the links notes in the "Related Documents" section of this directive.

In order to receive HCBS Waiver services, one must be enrolled in a waiver. To be enrolled, one must:

- Be eligible for Medicaid
- Be assessed to have needs that can be met through the provision of waiver services
- Be allocated a waiver slot
- Choose to receive services through the waiver, and
- Meet ICF/IID or Nursing Facility (for HASCI only) Level of Care criteria.

For ICF/IID residents preparing for discharge, the "Request for Waiver Slot Allocation" form (see appropriate Waiver manual) must be completed by the Waiver Case Manager within one (1) month prior to discharge from the ICF/IID and sent to the appropriate DDSN Waiver Enrollments Coordinator. At the same time, the process outlined in DDSN Directive 502-01-DD: Admissions/Discharges/Transfers To/From DDSN Funded Community Residential Settings, must be followed.

When a HCBS Waiver slot is awarded and Notice of Slot Allocation is received, the Case Manager must secure the Waiver "Freedom of Choice" and "Acknowledgement of Rights and Responsibilities" forms from the appropriate party (see appropriate Waiver Manual).

For HCBS Waiver enrollment, one must be evaluated against the appropriate ICF/IID Level of Care criteria prior to, but not more than one (1) month before the date of, enrollment in the waiver. Waiver enrollment cannot occur unless it is determined that the individual meets the criteria and the determination is made within the appropriate time period. Please refer to the appropriate Waiver manual for more information regarding Level of Care evaluations.

To determine if an individual meets the criteria, appropriate information about the individual (i.e., Level of Care Packet) must be provided to the DDSN Eligibility Division. The ICF/IID Level of Care Packet must be prepared by the Waiver Case Manager with assistance from the QID/DDP or designee and must include:

- A completed request for ICF/IID Level of Care (refer to the appropriate Waiver manual for the appropriate request form).

- A formal psychological evaluation(s) that includes cognitive and adaptive scores that support a diagnosis of intellectual or developmental disability, a related disability, or a traumatic brain injury with onset prior to age 22, or documentation that supports that the person has a related disability such as a report from DDSN Autism Division, or appropriate medical, genetic or adaptive assessments. If available, the individual's DDSN Eligibility Letter should be included.
- A current plan including Behavior Support Plan.
- Current information about the individual's ability to complete personal care and daily living tasks, behavior/emotional functioning, and physical health status. For ICF/IID, the Code of Federal Regulations at §483.440(b) (5) (i) - [W203] requires that a final summary of the individual's developmental, behavioral, social, health and nutritional status be developed. The QID/DDP or designee should provide this final summary to the Case Manager for inclusion in the Level of Care Packet.

When the ICF/IID Level of Care evaluation is complete for ID/RD or Community Supports Waiver recipients, the DDSN Eligibility Division will provide notification as appropriate.

To determine if an individual meets Nursing Facility (NF) Level of Care for HASCI Waiver enrollment, forms specified in the HASCI Waiver Manual must be completed and submitted to the DHHS-Community Long Term Care (CLTC) Office serving the locality where the individual will live. When the Nursing Facility Level of Care evaluation is complete, the CLTC Office will provide notification as appropriate.

Once the ICF/IID resident has been assessed to have needs that can be met through the provision of waiver services, has chosen to receive services through the waiver, has been allocated a waiver slot, and has been determined to meet the appropriate ICF/IID Level of Care, he/she is ready for enrollment in the chosen HCBS DDSN-operated Waiver. Actual enrollment cannot occur until the individual is discharged from the ICF/IID. In most situations, the Waiver enrollment date will be the date the resident is officially discharged from the ICF/IID.

If during the enrollment process, the ICF/IID resident decides not to pursue HCBS Waiver enrollment, a statement must be obtained by the Waiver Case Manager from the resident/representative declining Waiver services (see the appropriate Waiver manual for more information).

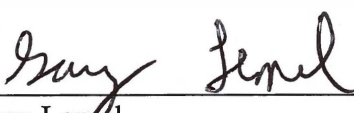
Once the statement of declination of Waiver services is completed, the original should be maintained in the Case Management Services record and a copy maintained in the ICF/IID record. A copy will also be sent to the DDSN Waiver Enrollment Coordinator. If the statement of declination of Waiver services is not sent to the DDSN Waiver Enrollment Coordinator, the enrollment process will continue.

For ICFs/IID, the Code of Federal Regulations at §483.440(b)(5)(ii) - [W205] requires that a post-discharge plan of care be provided that will assist the individual to adjust to the new living environment to which they are moving. DDSN HCB Waiver programs require that **only** the

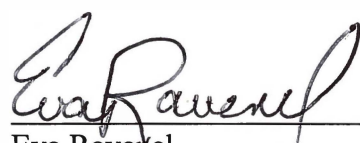
services included in the plan of care be provided. If any waiver services are to be received immediately following discharge from the ICF/IID (e.g., residential habilitation), appropriate planning prior to discharge from the ICF/IID must occur.

The Waiver Case Manager, with input from QID/DDPs, will develop one plan. This plan must document both the post-discharge plan that will assist the individual to adjust to the new living environment and the HCBS Waiver services to be furnished, the provider type and amount of services, frequency and duration of services to be delivered. The plan must be in the format required by the HCBS Waiver program for use as the Plan of Care.

Once the plan is developed, the resident/representative can select the Waiver service providers to be authorized to provide services immediately following discharge upon enrollment (i.e., effective date of authorization = the date of Waiver enrollment).



Gary Lemel
Vice-Chairman



Eva Ravenel
Chairman

To access the following attachments, please see the agency website page "Current Directives" at: <https://www.ddsn.sc.gov/providers/directives-and-standards/current-directives>.

- Attachment 1: Case Management Services
- Attachment 2: Freedom of Choice
- Attachment 3: Report of Case Management Services Rendered for ICF/IID Discharge Planning

Related Documents:

Intellectual Disability/Related Disability Waiver Information Sheet
<https://www.ddsn.sc.gov/sites/default/files/Documents/Resources/Medicaid%20HCBS%20Waiver/ID-RD%20Information%20Sheet.PDF>

Community Support Waiver Information Sheet
<https://www.ddsn.sc.gov/sites/default/files/Documents/Resources/Medicaid%20HCBS%20Waiver/Community%20Support%20Waiver%20Information%20Sheet%201-2019.PDF>

HASCI Waiver Information Sheet
<https://www.ddsn.sc.gov/sites/default/files/Documents/Services/HASCI%20Waiver%20Fact%20Sheet%209-18.pdf>

DDSN Directive 502-01-DD: Admissions/Discharges/Transfers of Individuals to/from DDSN Funded Community Residential