

CHAPTER 8

Extension, Reduction, Suspension, Denial or Termination of Waiver Services

Any time a waiver service is denied, reduced, suspended, or terminated, the participant and/or legal guardian must be given written notice of the action and must be given written notice of the right to request reconsideration /appeal. Additionally, there is a ten (10) calendar day waiting period (from the date the form is completed and sent to the participant/legal guardian) before proceeding with the reduction, suspension, or termination. Exceptions that do not require the 10 calendar day waiting period are as follows:

- Denial of Waiver service
- Participant requested reduction
- Loss of Medicaid eligibility
- Voluntary withdrawal
- Death
- Participant moves out of state
- Participant moves to another HCB Waiver
- Participant cost limit has been reached
- Suspension of services due to admission to Hospital, Nursing Home, ICF/IID, or Jail

Extensions

The Community Supports Waiver is different from many home and community-based waiver programs in that it includes an individual cost limit. This cost limit is the maximum dollar amount allocated to each waiver participant per waiver year (state fiscal year) that can be spent for authorized waiver services as indicated on the Plan. This allocated amount does not include any amount spent on state plan services or targeted case management. Waiver participants/legal guardians should be instructed that the allocated amount per participant/per year is the total amount available for CS waiver services and must be used to fund assessed needs. To document this information, the **Cost Cap Acknowledgement form (Community Supports Form CCA 1)** must be signed and dated by the participant/legal guardian and Waiver Case Manager at the time of the annual plan. This will confirm an understanding of the yearly cost cap. You must give one signed copy to the participant/legal guardian and keep one signed copy in the participant record. It is expected that each participant will receive authorized services consistent with his/her Plan. Additionally, it is expected that Case Management staff will instruct participants/legal guardians to consider the benefits of reserving a portion of their cost cap throughout the course of the year for unexpected situations. Waiver Case Managers will carefully monitor utilization of waiver services to ensure that participants/legal guardians are aware/remain aware of the participant cost cap and how much funding is available to meet the assessed need.

However, for some participants, unanticipated situations (i.e. crisis) will occur. When unanticipated changes happen, every effort must be made to respond to the changes within the confines of the cost limit. In the rare event that the person's needs change due to unanticipated circumstances, and the needs cannot be met within the confines of the cost limit, two options are available.

- 1) If a participant, due to an unanticipated change in his/her condition or situation, has increased needs that will require the long term, ongoing authorization of services that exceed the waiver cost limit, he/she will be referred for enrollment in the ID/RD waiver.
- 2) If a participant, due to an unanticipated, urgent change in his/her condition/situation, has increased needs that can be met by the short-term authorization of Community Supports Waiver services, an extension of the individual cost limit may be allowed. A short-term, unanticipated, urgent need (crisis) is defined as a situation in which the participant:
 - 1) requires, on a short term basis, a service available through the Community Supports Waiver which if not provided will likely result in serious and imminent harm, **and**
 - 2) has an immediate need for direct care or supervision due to a change in his/her condition **or**
 - 3) has recently lost his/her primary caregiver and needs temporary care until further arrangements are made, **or**
 - 4) has a caregiver who is temporarily and unexpectedly hospitalized, **or**
 - 5) is ready for or has recently been discharged from a hospital and immediately needs services, on a short-term basis, to allow discharge or prevent readmission.

Extensions will not be approved for those participants who exhausted their funding (up to the individual cost limit) prior to the next year's reallocation without a crisis situation identified and validated. Costs exceeding the individual cost cap without approval become the fiscal responsibility of the local Board/qualified provider. The CS waiver is not responsible for any amount or costs that participants incur over the individual waiver cost cap.

When the crisis situation is identified, a thorough explanation of the situation must be provided to the State Community Supports Waiver Coordinator for validation at the following address:

SC Department of Disabilities and Special Needs
Attention: Randy Swingle
3440 Harden Street Ext.
P.O. Box 4706
Columbia, South Carolina 29240

This explanation must include the nature of the unanticipated change; an explanation of why the change is urgent or creates a crisis (must correspond to reasons defined above); the services and amount of service authorized or to be authorized to address the crisis, the length of time anticipated before stabilization, and your email address and the email address of your Supervisor. All efforts to address the crisis within the confines of the cost limit must be explained thoroughly including the reasons why efforts were not successful. Any supporting documentation should be submitted.

Once received, the information will be reviewed to determine/validate that a crisis situation exists. You will be notified via email of the determination. This validation should be printed and placed in the participant's file. At the end of the fiscal/budget year, if services related to the crisis situation resulted in the individual cost limit being exceeded and the crisis situation has been validated, additional state dollar funds to cover the cost of those crisis response services provided can be requested from DDSN State Office. The Community Supports waiver is not permitted to fund waiver costs that exceed the individual cost cap per waiver participant/per waiver year.

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 a District Waiver Coordinator.

Denials

If the participant and/or legal guardian requests a service(s) but it is denied (either at the local or state level) you must complete the **Notice of Denial (Community Supports Form 16-A)** within two (2) business days of notification that the service is denied. The denied services(s) must be indicated on the form along with the reason(s) and any supporting comments. The effective date is the same date the form is completed. The original **Notice of Denial (Community Supports Form 16-A)** must be sent to the participant/legal guardian along with the reconsideration/appeals process. A copy of the denial must also be placed in the participant's file. The participant/legal guardian has thirty (30) calendar days to request reconsideration.

Terminations

If the participant's service(s) will be terminated, you must complete the **Notice of Termination of Service (Community Supports Form 16-B)**. The service(s) must be indicated on the form along with the reason and any supporting comments. The effective date for termination must be at least 10 calendar days from the date the form is completed and mailed to the participant/legal guardian. This gives the participant/legal guardian the opportunity to request a reconsideration of the decision. The original **Notice of Termination of Service (Community Supports Form 16-B)** must be sent to the provider of the service, a copy must be sent to the participant and/or legal guardian along with the reconsideration/appeal process, and a copy must be placed in the participant's file.

Note: For exceptions where the ten (10) calendar day waiting period is not required, the effective date of termination is the same day the form is completed.

Although termination of services will be effective ten (10) calendar days from the date the form was completed/mailed to the participant/legal guardian, the participant/legal guardian has thirty (30) calendar days to request reconsideration. If the request is received within ten (10) calendar days of the notification, the participant may choose to have the service(s) uninterrupted while awaiting the outcome of the reconsideration. However, if the reconsideration is upheld, the participant/legal guardian may be liable for payment of those services.

Note: If the participant/legal guardian requests reconsideration within ten (10) calendar days and chooses to continue services during the reconsideration process, you must contact the provider of service and ensure that the service is uninterrupted. This contact must be documented in the participant's record.

Suspensions

During a participant's enrollment in the Community Supports Waiver, there may be circumstances when service(s) needs to be suspended. One example is when a participant is admitted to a hospital, nursing home, ICF/IID, or jail, and it is likely he/she may discharge within thirty (30) calendar days. In these instances, all waiver services must be suspended, including incontinence products which might be arranged on automatic delivery. A ten (10) calendar day waiting period is not required in cases when the participant has been hospitalized, admitted to a nursing facility, ICF/IID, or is in jail. The effective date of suspension is the same day the form is completed. **If the service(s) suspended is the only waiver service the participant is receiving and it has been suspended for more than 30 days, please follow the disenrollment policy stated in Chapter 7.**

For other situations when the participant's waiver service(s) is suspended, you must complete the **Notice of Suspension of Service (Community Supports Form 16-C)**. The suspended service(s) must be indicated on the form along with any supporting comments. The effective date for suspension must be at least ten (10) calendar days from the date the form is completed/mailed to the participant/legal guardian. This gives the

participant/legal guardian the opportunity to request a reconsideration of the decision. The original **Notice of Suspension of Service (Community Supports Form 16-C)** must be sent to the provider of the service, a copy must be sent to the participant and/or legal guardian along with the reconsideration/appeal process, and a copy must be placed in the participant's file.

Although suspension of services will be effective ten (10) calendar days from the date the form was completed and mailed to the participant/legal guardian, the participant/legal guardian has thirty (30) calendar days to request reconsideration. If the reconsideration request is received within ten (10) calendar days of the notification, the participant/legal guardian may choose to have the service(s) uninterrupted while awaiting the outcome of the reconsideration. However, if the reconsideration is upheld, the participant/legal guardian may be liable for payment of those services.

Note: If the participant/legal guardian requests reconsideration within ten (10) calendar days and chooses to continue services during the reconsideration process, you must contact the provider of service and ensure that the service is uninterrupted. This contact must be documented in the participant's record.

Once the participant is ready to resume the service(s), you must submit a new authorization form to the designated provider(s). If the participant is not able to resume services after thirty (30) calendar days, please follow the disenrollment policy stated in Chapter 7.

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

Reductions

If service(s) will be reduced, you must complete the **Notice of Reduction of Service (Community Supports Form 16-D)**. The reduced service(s) must be indicated on the form along with any supporting comments. The effective date for termination must be at least ten (10) calendar days from the date the form is completed and mailed to the participant/legal guardian. This gives the participant/legal guardian the opportunity to request a reconsideration of the decision. The original **Notice of Reduction of Service (Community Supports Form 16-B)** must be is sent to the provider of the service, a copy must be sent to the participant and/or legal guardian along with the reconsideration process, and a copy must be placed in the participant's file.

Note: When a reduction is requested by the participant, a ten (10) calendar day waiting period is not required. The effective date of reduction is the same day the form is completed.

Although reduction of services will be effective ten (10) calendar days from the date the form was completed and mailed to the participant/legal guardian, the participant/legal guardian has thirty (30) calendar days to request reconsideration. If the request is received within ten (10) calendar days of the notification, the participant may choose to have the service(s) uninterrupted while awaiting the outcome of the reconsideration. However, if the reconsideration is upheld, the participant/legal guardian may be liable for payment of those services.

Note: If the participant/legal guardian requests reconsideration within ten (10) calendar days and chooses to continue services at the previously authorized amount during the reconsideration process, you must contact the provider of service and ensure that the service is uninterrupted. This contact must be documented in the participant's record.