

Residential Habilitation

Revised July 2020

Definition

Residential Habilitation means personal care, assistance with activities of daily living, supervision, behavior supports, and skills training provided to a HASCI Waiver participant through a licensed residential program. Individually tailored supports and training assist the participant to reside in the most integrated setting appropriate to his or her needs. Supports may include direct care, nursing to the extent permitted by State law, hands-on assistance, direction and/or cueing, and supervision. Training is focused on acquisition, retention, or improvement in skills for living in the community with maximum independence. Supports may also include social and leisure activities and community inclusion opportunities.

Transportation may be provided between the participant's place of residence and other sites as a component of Residential Habilitation. The cost of this transportation is included in the rate paid to the residential provider.

Service Unit

The service unit for Residential Habilitation is one (1) day if the participant is the resident of a CTH I, CTH II, SLP II, or CRCF as documented on the facility's daily census.

The service unit for Residential Habilitation is 15 minutes if the participant is a resident of a SLP I as documented on the participant's Individual Service Report.

Refer to the current HASCI Waiver rate table for reimbursement amounts. *This can be accessed via the SCDDSN Application Portal >R2D2 >View Reports >Waiver >Service Rates >HASCI.*

Service Limit / Restrictions

Residential Habilitation funded by the HASCI Waiver must be provided within a residential facility or program contracted by SCDDSN. These include:

- Community Training Home I or II (CTH-I or CTH-II) licensed by SCDDSN or its contracted QIO
- Supervised Living Program I or II (SLP-I or SLP-II) licensed by SCDDSN or its contracted QIO
- Community Residential Care Facility (CRCF) licensed by South Carolina Department of Health and Environmental Control (SCDHEC).

Payment for Residential Habilitation does not include the cost of room and board or building maintenance, upkeep, and improvement, other than costs for modifications or adaptation required to assure the health and safety of residents or meet requirements of the applicable life safety code.

Payment for Residential Habilitation will not be made for activities or supervision for which a payment is made by a source other than Medicaid.

Payment for Residential Habilitation will not be made, directly or indirectly, to members of the participant's immediate family.

Participants receiving Residential Habilitation may not also be authorized to receive Attendant Care services, Nursing services, or Respite Care services through the HASCI Waiver.

Providers

HASCI Waiver Residential Habilitation must be provided by a SCDDSN-contracted provider of residential services for persons with traumatic brain injury, spinal cord injury, and similar disability. The provider has the option to directly enroll with SCDHHS as a Medicaid provider of Residential Habilitation for the HASCI Waiver.

Arranging and Authorizing the Service

If a HASCI Waiver participant is determined to need Residential Habilitation, the need for the service must be documented and there must be justification that those needs cannot be met through the provision of waiver services in the participant's own home/community in conjunction with natural supports. The need for the service will be documented in his/her assessments, Support Plan, Case Notes, and other pertinent documentation. His or her Support Plan must clearly document the need for personal care, assistance with activities of daily living, supervision, behavior supports, and/or skills training.

For HASCI Waiver participants seeking Residential Habilitation services through the HASCI Waiver, the initial need for Residential Habilitation will be determined by SCDDSN District Office. This determination must be made prior to the update of the participant's Support Plan identifying the HASCI Waiver as the funding source for the Residential Habilitation service need.

Once the Case Manager determines that Residential Habilitation is needed or if the family requests the service, the Case Manager will complete the **Assessment of Need for**

Residential Habilitation (HASCI Form A-RH) and the **Request for Determination (Form 502-05-DD Attachment A)** form and forward it to SCDDSN District Office Staff along with any supporting documentation (e.g., medical records, police reports). The **Assessment of Need for Residential Habilitation** with appropriate supporting documentation must justify the need for services to be provided outside of the person's current home and in a licensed setting. The SCDDSN District Office staff will review this information along with the electronic review of any available Case Management Annual Assessments, Support Plans and Case Notes.

Upon receipt of a complete Assessment of Need for Residential Habilitation, appropriate and complete supporting documents, Annual Assessments, Support Plans, and Case Notes, the District Office will have ten (10) business days to approve or deny Residential Habilitation.

If Residential Habilitation is approved the participant's Support Plan must be updated to clearly reflect the name of the service and payer, the amount, frequency, and duration of the service, and the provider type. In order to update the Support Plan, the Case Manager will request approval from the SCDDSN Waiver Administration Division.

Upon approval, the Case Manager must enter the service into the Service Tracking System (STS).

- Residential Habilitation funded by the HASCI Waiver must be entered into the Service Tracking System (STS) by the Case Manager before budget information can be entered into WTS by the Waiver Administration Division.

Choice must be offered among all SCDDSN-contracted residential providers approved to serve people with traumatic brain injury, spinal cord injury, and similar disability that have a funded vacancy appropriate for the participant. It must be clearly documented in Case Notes that choice was offered and the residential provider selected (or accepted) by the participant.

To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

If Residential Habilitation is not approved, a **Notice of Denial of Services (HASCI Form 11c)** must be completed within two (2) working days of notification that the service is denied. The denied service must be indicated on the form along with reason(s) and any supporting comments. The original **Notice of Denial of Services** is sent to the participant/legal guardian along with the written reconsideration/appeals process. A copy of the notice must be part of the participant's file

Billing

Residential Habilitation must be Board-billed to the participant's SCDDSN Financial Manager agency. This must be indicated on the authorization.

The Financial Manager agency must follow *Procedures to Report and Bill for Board-Based Services Provided to HASCI Waiver Recipients* to receive reimbursement from SCDDSN.

This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >Finance Manual Chapter 10, Section 10-14.

Monitorship

The Waiver Case Manager must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider(s).

Some questions to consider during monitorship include:

- Is the participant satisfied with his/her current residence?
- Is the apartment/home clean (sanitary)?
- Is the apartment/home in good repair?
- How often does the participant go home?
- Are there health/safety issues?
- Is there contact with family? What is the frequency?
- Does the participant have friends outside of the residential program and does the program assist the participant in seeing them?
- What type of recreational activities does the person participant in?
- What types of recreational activities does the residential program offer?
- Does the participant feel comfortable interacting with staff?
- Are there any new needs regarding Residential Habilitation?

- How does the participant handle his or her finances?
- How much spending money does the participant get?
- How does the residential program account for the participant's money?
- What are the opportunities for choice given to the participant?
- What type of care skills training is the participant receiving? Is the participant satisfied with the care and skills training?
- Are the training areas identified consistent with the participant's overall life goals?
- Is the participant making progress in training areas identified? If not, are goals and objectives reviewed and amended as needed?
- What is the level of supervision required?

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Case Notes.

Service Denial, Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for denial. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

These can be accessed via the SCDDSN Application Portal>Business Tools>Forms>HASCI Waiver.

When the action becomes effective, the participant's Support Plan must be updated. Budget information in the Waiver Tracking System (WTS) must be adjusted accordingly.

Service information in the Service Tracking System (STS) must be updated by the Waiver Case Manager as necessary.