

Community Supports Waiver Information Sheet

South Carolina Department of Disabilities and Special Needs

Prior to 1991, the Federal Medicaid program paid for services to South Carolina Department of Disabilities and Special Needs (DDSN) individuals only if that individual lived in an institution. The approval of Federal Home and Community Based Waiver programs allowed Medicaid to pay for services to individuals in their homes and in their communities. Section 1915(c) of the Federal Social Security Act enables the South Carolina Department of Health and Human Services (DHHS) to collaborate with DDSN to operate a Home and Community-Based Waiver program for people with an intellectual or developmental disability or related disabilities to offer Community Supports Services.

Community Supports Waiver Participation

To participate in the Community Supports Waiver, an individual must:

- ✓ be diagnosed with an Intellectual or Developmental Disability or a Related Disability.
- ✓ be eligible to receive Medicaid or already qualify for Medicaid.
- ✓ require the degree of care that would be provided in an ICF/IID; therefore, meet ICF/IID Level of Care criteria.
- ✓ be given the option of receiving services in his/her home and community or in an ICF/IID.
- ✓ have needs that can be met by the Community Supports Waiver.
- ✓ be allocated a Waiver slot.
- ✓ be informed of the alternatives covered by the Community Supports Waiver, choose to receive Community Supports Waiver services, and choose among qualified providers.
- ✓ Maintain services within the individual cost limit.

Community Supports Waiver Termination

Community Supports Waiver Enrollment is terminated when the individual:

- ✓ is admitted to an ICF/IID or nursing facility.
- ✓ no longer meets ICF/IID Level of Care.
- ✓ is no longer eligible for Medicaid as determined by DHHS.
- ✓ voluntarily withdraws or no longer wishes to receive services funded by the Community Supports Waiver.
- ✓ does not receive a Community Supports Waiver service for 30 consecutive days.
- ✓ moves out of state.
- ✓ moves to another HCB waiver
- ✓ has exhausted the individual cost limit.

Applying for Community Supports Waiver Services

- Regardless of the applicant's age, contact your Case Manager to apply for the Community Supports Waiver.
- Your Case Manager will be responsible for working with you to gather the information to complete the application.
- You will receive written response from DDSN regarding your Community Supports Waiver application.

Applying for DDSN Services

- For individuals 0-3, application must be made through Babynet. Contact information can be obtained by calling the Babynet Care Line 1-877-621-0865. Babynet eligibility/services do not have to be obtained in order to apply for the Community Supports Waiver.
- For individuals 3 and older, contact DDSN's eligibility line at 1-800-289-7012 which is operated through the University of South Carolina, Center for Disability Resources.
- If you are screened appropriate for consideration of eligibility, you will choose a Case Manager/Early Intervention provider who will assist you with completing the eligibility process. An applicant found ineligible for DDSN services will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Your Annual Plan

An annual plan of services and supports **must** be completed once every 364 days. If your new plan is not completed by the 364th day, Medicaid cannot pay for services that were provided to you. Please work with your Case Manager or Early Interventionist to make sure that your plan is completed at least once every year.

Community Supports Waiver Services

Community Supports Waiver services are provided based on identified needs of the individual and the appropriateness of the service to meet the need. The services listed below may be limited due to provider availability. A list of enrolled and qualified providers of Community Supports Waiver services can be located at the DDSN website <http://www.ddsn.sc.gov/consumers/findaprovider/Pages/QualifiedServiceProvidersList.aspx>.

- **Adult Day Health Care Services:** Care furnished to someone 18 or older, 5 or more hours per day for one or more days per week, in an outpatient setting, encompassing both health and social services.
- **Adult Day Health Care-Nursing Services:** Provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/ wound care, tracheostomy care, tube feedings and nebulizer treatment.
- **Adult Day Health Care-Transportation:** This service is prior-authorized for individuals receiving the Adult Day Health Care (ADHC) service, who reside within fifteen (15) miles of the ADHC center.
- **Behavior Support Services:** Services to assist people who exhibit problem behaviors learn why the behavior occurs and to teach new appropriate behaviors which are effective and improve their quality of life.
- **Day Activity:** Supports and services provided in therapeutic settings to enable individuals to achieve, maintain, improve, or decelerate the loss of personal care, social or adaptive skills.
- **Career Preparation:** Services aimed at preparing individuals for paid and unpaid employment and careers through exposure to and experience careers and through teaching such concepts as compliance, attendance, task completion, problem solving, safety, self-determination, and self-advocacy.
- **Community Services:** Services aimed at developing one's awareness of, interaction with and/or participation in their community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital.
- **Employment Services:** Employment services consist of intensive, on-going supports that enable individuals for whom competitive employment at or above minimum wage is unlikely absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting.
- **Support Center Services:** Non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the individual's home to people who because of their disability are unable to care for and supervise themselves.
- **In-Home Support:** Care, supervision, teaching and/or assistance provided directly to or in support of the individual and provided in the individual's home, family home, the home of others, and/or in community settings. This service is self-directed.
- **Environmental Modification:** Physical adaptations to the individual's home which are necessary to ensure the health, welfare and safety of the individual (e.g. installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, etc.)
- **Personal Care Services (I and II):** Assistance with personal care and activities of daily living for individuals 21 or older. Personal Care Services are available through the Medicaid State Plan for those under 21.
- **Private Vehicle Modification:** Modifications to a privately owned vehicle used to transport the individual (e.g. installation of a lift, tie downs, lowering the floor of the vehicle, raising the roof, etc.).
- **Respite Services:** Care provided on a short-term basis because of the absence or need for relief of those persons normally providing the care.
- **Assistive Technology and Appliances:** A device, an item, piece of equipment, or product system that is used to increase or improve functional capabilities of participants thereby resulting in a decrease or avoidance of need for other waiver services.
- **Personal Emergency Response System:** An electronic device which enables a participant who is at high risk of institutionalization to secure help in an emergency.
- **Incontinence Supplies:** Diapers, under-pads, wipes, liners and disposable gloves provided to participants who are at least 21 years old and who are incontinent of bowel and/or bladder according to established medical criteria.