



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department on Disability Services**  
**Developmental Disabilities Administration**

<b>STANDARD OPERATING PROTOCOL</b>	
Subject: Protocol for Discharging persons from DC HCBS Waiver Program for persons with IDD	SOP Number:
Responsible Program or Office: DDA – Medicaid Waiver Unit DDA- Service Coordination DHCF- Long Term Care Division	Effective Date: Month Day, 2014
	Number of Pages: _
Cross References and Related Policies and Procedures, and Related Documents:	

**I. Purpose**

The purpose of this Standard Operating Procedure (SOP) is to provide instruction on the process that occurs when people are identified to be discharged from the District of Columbia (DC) Home and Community Based Services (HCBS) Waiver Program for persons with Intellectual and Developmental Disabilities (I/DD)

**II. Scope**

The scope of these instructions will include information and parameters that will trigger a discharge from the District of Columbia (DC) Home and Community Based Services (HCBS) Waiver Program for persons with Intellectual and Developmental Disabilities (I/DD). The Developmental Disabilities Administration (DDA) units included in this process are:

- Service Coordination Unit and
- Medicaid Waiver Unit

**General**

People enrolled in the District of Columbia (DC) Home and Community Based Services (HCBS) Waiver Program for persons with Intellectual and Developmental Disabilities (I/DD) must receive at least one waiver service (this includes Skilled Nursing, Personal Care, Respite or other waiver services) during their ISP year to remain enrolled in the waiver program. If a person does not receive at least one authorized waiver service for 180 consecutive days a person may be discharged from the program.

**NON-USE OF AN AUTHORIZED WAIVER SERVICE**

If a person is not using an authorized waiver service, the reason must be documented by the Service Coordinator. The ISP team may need to convene to determine if the person needs another service or at a minimum to document why the service is not being utilized and whether or not the authorization should be terminated.



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Non-use of an authorized waiver service for more than 180 consecutive days may be cause for services to be canceled and/or discharge from the HCBS waiver program. If a service was canceled and the person requires the service once again the Service Coordinator will start the referral process. If the person is discharged and later wishes to be re-enrolled for HCBS waiver services, the Service Coordinator can initiate the enrollment process pending availability of a slot.

**DISCHARGE FROM HCBS WAIVER PROGRAM**

Discharge from the DC HCBS waiver program may occur for a variety of reasons, including but not limited to ineligibility for Medicaid, move to another Medicaid funded service such as a nursing facility or ICF/IID, or a status change that affects waiver eligibility. Breaks of authorized waiver services of more than 180 consecutive days are considered for discharge (see above section NON-USE OF AN AUTHORIZED WAIVER SERVICE). Discharge from the DC HCBS Waiver program may be initiated by the Department of Health Care Finance (DHCF), the Department on Disability Services, Developmental Disabilities Administration (DDS/DDA), or the person/guardian/legally responsible person. The Service Coordinator will follow the steps outlined in the DISCHARGE PROCESS to discharge a person from the program.

**Reasons for Discharge from the HCBS Waiver Program:**

- **Medicaid Eligibility**

The Department of Health Care Finance (DHCF), is the District of Columbia's state Medicaid agency. For a person to be enrolled in the HCBS waiver program they must be eligible for and remain eligible for DC Medicaid. People cannot receive Medicaid in two different states nor receive benefits from two different Waiver Programs.

The DC Economic Security Administration (ESA) determines eligibility for Medicaid and recertifies Medicaid eligibility on an annual basis. Recertification includes but is not limited to reevaluation of the person's disability and financial status. When a person fails to respond to a recertification notice in a timely manner (within 30 days) DC Medicaid will be closed. Recertification for persons served by DDS/DDA is completed by the Medicaid Waiver Unit.

When there is a change or loss in Medicaid eligibility ESA will send notifications to the person/guardian/legally responsible person. Loss of Medicaid eligibility becomes effective the last day of a month. The decision made by ESA may be appealed to the Office of Administrative Hearings.

In accordance with DDS Waitlist Policy should a person become Medicaid ineligible due to the assigned representative payee failure to maintain this benefit DDS would reserve the person's slot and pay for service using local funds, if needed.

- **Placement in another Medicaid Funded Setting**

If a person is admitted to an ICF/IID the Service Coordinator will discharge the person from the HCBS Waiver Program on the date of admission.



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If a person is admitted to a medical institution for more than 180 consecutive days the Service Coordinator will discharge the person from the HCBS waiver program.

If a person is incarcerated for more than 180 consecutive days, DDS/DDA will place this person's waiver slot on hold. DDA will consider the circumstance of the incarceration (i.e. length of incarceration, other community-based supports available, waitlist etc.) to determine if the slot will be held. The Service Coordinator shall provide quarterly updates regarding the person to the DDA Deputy Director, Director of Service Planning and Coordination Division, and the Medicaid Waiver Program Manager.

- **Moves Out of State**

If a person chooses to move out of the District of Columbia they will no longer be eligible for DC Medicaid and will be discharged from the HCBS waiver program.

- **Death**

If a person dies, the Service Coordinator must follow the DDS/DDA policy and procedures on Incident Reporting. The Service Coordinator will complete and submit the following:

- Notification of Death via email or memo; and
- Case Closure Summary

- **Refusal of Services**

If a person refuses to receive any of the authorized waiver services for 180 consecutive days, the Service Coordination must call a meeting with the person/guardian/legally responsible person to determine if the person chooses to remain in the waiver or is in need of a different/new waiver service. If the person no longer wishes to participate in the waiver program the Service Coordinator must initiate the Discharge Process (see below).

- **Other Discharges**

If the discharge is for reasons other than those covered above, the Service Coordinator must ensure that the person is aware of the potential for discharge and must coordinate the proposed discharge with the person and their ISP team (see Discharge Process).

### **DISCHARGE PROCESS:**

A Discharge Summary must be completed and submitted in order for a person to be discharged from the District of Columbia (DC) Home and Community Based Services (HCBS) Waiver Program for persons with Intellectual and Developmental Disabilities (I/DD).

The Service Coordinator must complete the following:

- Step 1.** Inform in writing the person/guardian/legally responsible party of the person of the impending discharge.



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- Step 2.** Complete and submit written notification (Discharge Summary or Notification of Death) to their assigned supervisor.
- Step 3.** Complete and submit written notification (Discharge Summary or Notification of Death) to the Medicaid Waiver Unit Supervisor or designated staff member.
- Step 4.** Notify the HCBS waiver provider agency (agencies) of the discharge and discontinuation of the authorized service(s).

The Medicaid Waiver Unit is responsible for the following:

- Step 1.** Completion of the discharge the person from the HCBS Waiver Program in MCIS.
- Step 2.** Submit written notification (Discharge Summary or Notification of Death) to Economic Security Administration; Social Service Representative or designated staff member.
- Step 3.** Submit timely written notification to the person/guardian/legal responsible person of their appeal rights.\*
- Step 4.** Submit written notification to the Division of Long Term Care (DHCF), Division of Special Needs, Project Manager or designated staff member.
- Step 5.** Upload the Discharge Summary to MCIS Client Benefits

\* Timely means that the written notice is sent by certified U.S. Mail within five (5) business days of the decision to discharge the person from the waiver to the last known address for the person and their legal representative as included in the completed application or entered in the DDA database (MCIS) for the person.

### **APPEAL PROCESS**

If the person/guardian/legally responsible person wishes to appeal the HCBS waiver program discharge decision, the Service Coordinator will assist the person/guardian/legally responsible person through the appeal process. Should the person/guardian/legally responsible person wish to continue services for the pendency of the appeal, Maintenance of Services (see below) applies. The Service Coordinator keeps the Waiver Unit and provider agency/agencies informed of the status of the appeal.

The person/guardian/legally responsible person can file a request for hearing with the Office of Administrative Hearings 441 4th Street, NW, Suite 450 North, Washington, DC 20001 at (202) 442-9094. The District of Columbia's Office of the Health Care Ombudsman and Bill of Rights located at 899 North Capitol Street, NE 6th Floor Washington, DC 20002 (202) 724-7491 can also assist the person through the appeal process.

### **MAINTENANCE OF SERVICES**



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Maintenance of Service (MOS) means the continuation of authorization during the appeal period when a person appeals a decision to terminate authorized service(s). This right to receive services applies even if the person changes qualified waiver providers. The service will be provided at the same level the person was receiving at the time of the discharge decision. The service(s) that continue must be based on the person's current condition and must be in accordance with all applicable state and federal statutes, rules and regulations. MOS ends upon a final decision that upholds the decision to terminate services.