

CHAPTER 6

Enrollments

Enrolling

If a person is assessed to have needs that can be met through the provision of waiver services, has chosen to receive services through this waiver, has been allocated a waiver slot, has Medicaid, and has met ICF/IID Level of Care; he/she is eligible to be enrolled in the Community Supports Waiver (pending slot availability).

Planning

The Community Supports Waiver includes an individual cost limit, which means that all services rendered to an individual during a fiscal year (July 1-June 30) **must not exceed** the individual cost limit amount. Because of this individual cost limit, it is essential that you discuss all options, services, and limitations of the waiver with the individual/legal guardian to make sure that the waiver is appropriate BEFORE enrolling. Poor planning and budgeting can cause an individual to reach the cost limit before the end of the year. DDSN has developed the **Supports Planning Worksheet** as a tool to help with planning and calculating an individual's budget. It can be found on the DDSN website www.ddsn.sc.gov. It is **recommended** that a form be developed for individuals to sign after reviewing their budgets as a precaution to make sure individuals are aware of the choices they have made and how it affects their individual cost limit. It is also **recommended** that you reconcile an individual's budget on a monthly basis to keep track of expenditures.

Note: Thirty (30) calendar days without a waiver service is grounds for disenrollment.

Actual enrollment occurs when the person's status on SCDHHS's Medicaid Management Information System (MMIS) is updated to reflect Community Supports Waiver enrollment. The effective date of the enrollment will be:

1. the day the person is discharged from an ICF/IID (as shown on the HHSFC Form 181); **OR**
2. the date on which Medicaid eligibility is established for a "new" enrollee **OR**
3. the day after a person is disenrolled/terminated from another Home and Community Based Waiver (i.e., CLTC's Community Choices Waiver or ID/RD Waiver) as noted on **Community Supports Form 18**); **OR**
4. the day after Community Long Term Care stops authorizing Children's PCA services/State Plan Nursing (note: this date must be negotiated with CLTC staff using **Community Supports Form 18**); **OR**
5. the day the person is discharged from the hospital (if entering the waiver immediately following a hospital admission).

No waiver services can be authorized prior to the effective date of enrollment.

To become enrolled, the Waiver Enrollments Coordinator (See Attachment 2), who is responsible for processing all enrollments, must receive appropriate information. This information includes the **Notice of Slot Allotment (Community Supports Form 5)** completed by the District I Waiver Coordinator, **SCDHHS Form 118A** completed by Waiver Enrollments Coordinator and SCDHHS Eligibility Worker, **Level of Care (Community Supports Form 9)**, which is sent to the Enrollments Coordinator by the Consumer Assessment Team and a **Form 181** if the person is being discharged from an ICF/IID. The **Form 181** is usually sent by the Regional Center Claims and Collections Office.

Before Community Supports Waiver services can be authorized and received, the potential recipient must be eligible for Medicaid. The SC Department of Health and Human Services Eligibility Division (SCDHHS) makes the determination of Medicaid eligibility.

SCDHHS/SCDDSN has, in each region of the State, designated a Medicaid Eligibility Worker who works specifically with people who receive services through SCDDSN's ICF/IID, Community Supports Waiver, ID/RD Waiver, PDD Waiver and HASCI Waiver. These offices are located at our four regional centers, Midlands Center (Richland County), Pee Dee Center (Florence County), Coastal Center (Dorchester County), and Whitten Center (Laurens County). These workers are available to help through the Medicaid eligibility process and to determine the best possible eligibility category. A list of the Regional DHHS Medicaid Eligibility Workers is included in this chapter (see **Attachment 3**). They are responsible for all counties in their designated regions.

When the individual has been awarded a Community Supports Waiver slot, the District I Waiver Coordinator will complete the **Notice of Slot Allotment (Community Supports Form 5)** and forward it to the Waiver Enrollments Coordinator. The Waiver Enrollments Coordinator will notify the DHHS Eligibility Worker via the **SCDHHS Form 118 A**. You will also receive a fax copy of the **Community Supports Form 5**, which is the notification of waiver slot award.

- If the potential recipient is **not Medicaid eligible**, the Medicaid Eligibility Worker will contact you and the individual/legal guardian to obtain the information needed to complete the application for Medicaid. You should assist the potential recipient to complete the application and return it to the Medicaid Eligibility Worker as soon as possible.

Please note: Establishing Medicaid eligibility is a lengthy process. The process may take in excess of 90 days to complete, but should not exceed 120 days.

- Once eligibility is determined, SCDHHS will notify the potential recipient and SCDDSN's Waiver Enrollments Coordinator in writing of the decision. If determined eligible, the eligibility will be effective the first day of the month in which the application was submitted. For example, you may be notified in April that a potential recipient was determined eligible. If the application for the recipient was submitted on January 20, eligibility will likely be effective January 1.
- If the potential recipient is deemed **not eligible** for Medicaid, the Waiver Enrollments Coordinator will delete the request for waiver enrollment once notification from DHHS/Eligibility is received.

The Waiver Enrollment Coordinator will notify the Service Coordinator/Early Interventionist when a consumer is ready to be enrolled. The consumer will have thirty (30) calendar days from the date the Waiver Enrollment Coordinator sends the notification to be enrolled into the waiver. If the consumer is not enrolled within (30) calendar days, the Service Coordinator/Early Interventionist will update the LOC, per policy (see Chapter 5), and the enrollment will be completed.

If the enrollee is currently enrolled in another Home and Community Based Waiver or is receiving Children's PCA through the State Plan, the Service Coordinator/Early Interventionist must provide the Waiver Enrollment Coordinator with the negotiated date of disenrollment from the other Home and Community Based Waiver or the date of cessation of authorization of Children's PCA. **This date should not, however, be negotiated with CLTC until it has been verified that the consumer is ready to transition to the Community Supports Waiver.** This must be done by consulting the Waiver Enrollment Coordinator. Once the negotiated date is verified with CLTC, formal notification should be given by completing the Memorandum of Confirmation of Transition (Community Supports Form 18). The original is sent to the CLTC Case Manager and copies are sent to the Waiver Enrollment Coordinator and the DHHS Medicaid Eligibility Worker (See Attachment 3 for instructions).

If all enrollment requirements are met, SCDDSN submits the enrollment form to SCDHHS, and SCDHHS will complete the actual enrollment transaction on MMIS. The Waiver Enrollment Coordinator will notify the Service Coordinator/Early Interventionist via the Certification of Enrollment/Disenrollment Form (HCB Form 13) of the enrollment date. Once this is done, the Waiver Tracking System will show an "E" under ENINS. Upon receipt of the Certification of Enrollment/Disenrollment Form (HCB Form 13) or when the Waiver Tracking System indicates an "E" under ENINS, the Service Coordinator/Early Interventionist may complete the participant's budget, add it to the Waiver Tracking System, obtain approval, and begin authorizing services

Application Withdrawal: If for some reason during the enrollment process, the individual/legal guardian decides that they no longer wish to pursue Community Supports Waiver service and enrollment, they must complete the **Statement of Individual Declining Waiver Services (Community Supports Form 20)**. This form should be signed and dated by you along with the individual/legal guardian unless the procedures for a **Non-Signature Declination** are followed. A copy must be forwarded to the District I Waiver Coordinator at Whitten Center. A copy should be provided to the individual and the original placed in the individual's file (see chapter 3). If the individual/legal guardian makes this decision after the enrollment process is completed, the **Notice of Disenrollment (Community Supports Form 17)** must be completed. Please refer to Chapter 7 for instructions regarding disenrollments.

Note: If the individual/legal guardian makes this decision after the enrollment process is finalized, the **Notice of Disenrollment (Community Supports Waiver Form 17)** must be submitted according to the procedures outlined in Chapter 3.

If the enrollee is currently enrolled in another Home and Community Based Waiver, receiving Children's PCA or receiving State Plan Nursing, you must provide the Waiver Enrollments Coordinator with the negotiated date of disenrollment from the other Home and Community Based Waiver or the date of cessation of authorization of Children's PCA Services/State Plan Nursing. **However, do not proceed with negotiating this date with CLTC until you have verified that the individual is ready to transition.** This must be done by consulting the Waiver Enrollments Coordinator. Once the negotiated date is verified with CLTC, formal notification should be given by completing the **Memorandum of Confirmation of Transition (Community Supports Form 18)**. The original is sent to the CLTC Case Manager and copies are sent to the Waiver Enrollments Coordinator and the DHHS Medicaid Eligibility Worker (See **Attachment 4** of this section for form and instructions).

Non-Signature Declinations

When you are unable to locate the parent/legal guardian or the parent/legal guardian has been non-responsive and you are unable to obtain the signature of the individual/legal guardian to signify their declination of waiver services, you must:

- Document in the case file the specific dates when you tried to contact the family. Notes must carefully document if a message was left or a conversation with the parent took place. You should ensure that calls are made on multiple days at varying times. Calls must be attempted to numbers provided for work, home and/or cell phone.
- After four (4) telephone attempts/calls to no avail, the record must reflect that a certified, return receipt letter was sent. The content of the letter must clearly explain what issues need to be resolved with a ten (10) calendar day deadline to respond. A copy of this letter must be kept in the file.
- If, after the above attempts, there is still no response, you must send a second certified, return receipt letter clearly explaining what issues need to be resolved, a copy of the appropriate appeals process, and a statement that the case will be closed in the next ten (10) calendar days if no appropriate response is received.

If the individual/responsible party contacts you after this process has been completed, explain the attempts taken to make contact and the resulting action taken. You must provide them with a copy of the returned correspondence if requested.

If the above steps have been taken, the Statement of Individual Declining Waiver Services can be processed without an individual/legal guardian's signature.

A copy must be forwarded to the District I Waiver Coordinator. The Waiver Enrollments Coordinator will remove the consumer from the Waiver Tracking System (WTS).

Re-Enrolling Into The Community Supports Waiver After The Slot Has Been Held From The Previous Year

To re-enroll a Community Supports Waiver individual who has had his/her slot held from the previous year, the procedures for obtaining a current **Support Plan**, new **Freedom of Choice Form (Community Supports Form 1)**, new **Acknowledgement of Rights and Responsibilities Form (Community Supports Form 2)**, and new **Level of Care** re-determination must be followed. If the individual meets ICF/IID Level of Care, the individual will be re-enrolled back into the waiver. If the individual **does not** meet Level of Care, follow the procedures outlined in **Chapter 5 (ICF/IID Level of Care)**.

NOTE: All items must be acquired within 364 days of the date previously completed forms.

State Coordinator for Community Supports Waiver:

3440 Harden Street Ext.

P.O. Box 4706

Columbia, SC 29240

Phone: (803) 898-9703

Fax: (803) 898-9660

Waiver Enrollments Coordinator:

Whitten Center

P.O. Office Box 239

Clinton, SC 29325

Phone: (864) 938-3292

Fax: (864) 938-3302

District I Waiver Coordinator:

Whitten Center

P.O. Office Box 239

Clinton, SC 29325

Phone: (864) 938-3520

Fax: (864) 938-3435

District II Waiver Coordinator:

Coastal Center

9995 Jamison Road

Summerville, SC 29485

Phone: (843) 832-5585

Fax: (843) 832-5599

SCDHHS Regional Medicaid Eligibility Workers:

Midlands Region:

Jason Beever
Midlands Center
8301 Farrow Road
Columbia, SC 29203
Phone: (803) 935-5041
Fax: (803) 255-8245
E-mail: Beever@scdhhs.gov

Lloyd McCrary
Midlands Center
8301 Farrow Road
Columbia, SC 29203
Phone: (803) 935-5922
Fax: (803) 255-8245
E-mail: McClary@scdhhs.gov

Richland	Aiken	Fairfield	Lancaster
Lexington	Newberry	Calhoun	
Kershaw	York	Chester	

Piedmont Region:

Robin Austin
Whitten Center
P.O. Box 239
Clinton, SC 29325
(864) 938-3200
Fax: (864) 938-3119
E-mail: Austin@scdhhs.gov

Susan Leverette
Whitten Center
P. O. Box 239
Clinton, SC 29325
Phone: (864) 938-3129
Fax: (864) 938-3119
E-mail: Levpaula@scdhhs.gov

Anderson	Pickens	Oconee	Edgefield	Greenwood
Cherokee	Saluda	Spartanburg	McCormick	
Greenville	Laurens	Union	Abbeville	

Coastal Region:

Sandra Greene
Coastal Center
9995 Miles Jamison Road
Summerville, SC 29485
(843) 821-5887
fax: (843) 821-5889
E-mail: Greenesl@scdhhs.gov

Allendale	Colleton	Beaufort	Jasper
Bamberg	Dorchester	Berkeley	Orangeburg
Barnwell	Hampton	Charleston	

Pee Dee Region:

Lisa McCarty
Pee Dee Center
714 National Cemetery Road
Florence, SC 29501
Phone: (843) 664-2707
Fax: (843) 664-2730
E-mail: McCartyl@scdhhs.gov

Chesterfield	Dillon	Horry	Marlboro
Clarendon	Florence	Lee	Sumter
Darlington	Georgetown	Marion	Williamsburg

SC Department of Disabilities and Special Needs

Community Supports Waiver

Notice of Slot Allotment

Date: _____

Individual: _____

SSN: _____

Medicaid #: _____

SC/EI/District Office Rep: _____

Provider: _____

Chosen Service Coordination Provider: _____

The above referenced individual has been awarded a Community Supports Waiver slot. The Service Coordinator/Early Interventionist/District Office Representative should proceed with determination of Freedom of Choice. Once the Freedom of Choice form is completed, prepare the Community Supports Waiver Level of Care packet according to instructions located in Chapter 5 of the Community Supports Waiver Manual. The Level of Care packet should be forwarded to the Consumer Assessment Team located at 8301 Farrow Road; Columbia, SC 29203-3294.

District I Waiver Coordinator or designee

Date

Original: File

Copies: Enrollment Coordinator, District Rep/SC/EI,
Service Coordination Provider (if applicable), & CAT

Transitioning From Another Medicaid Program To The Community Supports Waiver

When transitioning a person from a State Plan Medicaid Program such as Children's Personal Care Assistance (CPCA) or State Plan Private Duty Nursing, from one of the CLTC Waivers such as Community Choices, the Mechanical Vent Waiver, the HIV/AIDS Waiver or the Medically Complex Children's Waiver, or from another SCDDSN Waiver, it is important that the person seeking to enter the Community Supports Waiver maintain Medicaid eligibility.

To prevent an interruption of Medicaid services, coordination with the CLTC Case Manager/Nurse, the provider(s) of service, and the Waiver Enrollment Coordinator is needed **prior** to any change. In order to maintain uninterrupted Medicaid eligibility, the Medicaid Eligibility Worker must be informed of the Community Supports Waiver enrollment date and the participant's ICF/IID Level of Care date to properly update the participant's information.

For a smooth transition between Medicaid programs to occur, the following steps must be taken:

1. Verify with the Waiver Enrollment Coordinator that the person is ready to transition from State Plan Children's PCA/State Plan Private Duty Nursing or other Home and Community Based (HCB) Waiver. Once this has been verified, the Service Coordinator/Early Interventionist must contact the CLTC Case Manager to **discuss** the services being received **and determine** an agreeable transition date for the current services to end and for the Community Supports Waiver services to begin. The Community Supports Waiver enrollment date will be the day **after** termination from the State Plan program/other HCB Waiver to avoid a break in Medicaid eligibility.
2. Contact the Waiver Enrollment Coordinator (see Attachment 1) to verify that the agreed upon transition date is acceptable to allow for proper completion of all enrollment requirements. Once the Waiver Enrollment Coordinator states that all enrollment processes are complete, then the Service Coordinator/Early Interventionist will complete the Memorandum of Confirmation of Transition (Community Supports Form 18).
3. Send the Memorandum of Confirmation of Transition (Community Supports Form 18) to:
 - the CLTC Case Manager (or Waiver Coordinator/designee, if transferring from another DDSN waiver) as verification of the waiver transition date;
 - the Waiver Enrollment Coordinator;
 - the DHHS Medicaid Eligibility Worker; and
 - retain a copy in the participant's file.
4. After the case has been properly coordinated for transition, CLTC staff will terminate the participant from State Plan/waiver services and the relevant programs (or, if transferring from another DDSN waiver, the SC/EI will terminate existing services).

NOTE: CLTC policy prohibits backdating terminations for any CLTC or State Plan Program.

**Notification of Termination of Request for
Community Supports Waiver Enrollment**

Individuals Name: _____

Social Security Number: ____ - ____ - _____

The individual listed above will not enroll into the Community Supports Waiver due to:

- Individual has been admitted into an ICF/IID or Nursing Facility
- Individual has been determined not eligible for Medicaid by SCDHHS
- Consumer was not enrolled within thirty (30) calendar days of notification
- Other: _____

Service Coordinators Signature

Date

APPEALS PROCESS IS ATTACHED

Original: Individual/ Legal Guardian and District I Waiver Coordinator

Copy: File

SCDDSN RECONSIDERATION PROCESS AND SCDHHS MEDICAID APPEALS PROCESS

The SC Department of Disabilities and Special Needs (SCDDSN) is responsible for authorizing some Medicaid State Plan services for Intellectual Disability/Related Disabilities (ID/RD) Waiver, Community Supports (CS) Waiver and Head and Spinal Cord Injury (HASCI) Waiver participants. A request for reconsideration of an adverse decision **must be** sent in writing to:

**SC Department of Disabilities and Special Needs
Attn: State Director
P. O. Box 4706
Columbia, SC 29240**

A formal request for a reconsideration must be made in writing within thirty (30) calendar days of receipt of written notification of the adverse decision. The request must state the basis of the complaint, previous efforts to resolve the complaint and the relief sought. The reconsideration request must be dated and signed by the individual, representative, or person assisting the individual in filing the request. If necessary, staff will assist the individual in filing a written reconsideration.

Note: In order for waiver benefits/services to continue during the reconsideration/appeal process, the individual/representative's request for reconsideration must be submitted within ten (10) calendar days of the written notification of the adverse decision. If the adverse action is upheld, the individual/representative may be required to repay waiver benefits received during the reconsideration/appeal process.

The State Director or his designee shall issue a written decision within ten (10) working days of receipt of the written reconsideration request and shall communicate this decision to the individual/representative. If the State Director upholds the original adverse action/decision, the reason(s) shall be specifically identified in the written decision.

If the individual/representative fully completes the above reconsideration process and is dissatisfied with the results, the individual/representative has the right to request an appeal with the SCDHHS. The purpose of an administrative appeal is to prove error in fact or law. The individual/representative must submit a written request to the following address no later than thirty (30) calendar days from the receipt of the SCDDSN written reconsideration decision.

**Division of Appeals and Hearings
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206**

The individual/representative must attach copy of the written reconsideration notifications received from the SCDDSN regarding the specific matter on appeal. In the appeal request the individual/representative must clearly state with specificity, which issue(s) the individual/representative wishes to appeal.

Unless the request is made to the above address within thirty (30) calendar days of the receipt of the SCDDSN written reconsideration decision, the SCDDSN decision will be final and binding. An appeal request is considered filed at the above address if postmarked by the thirtieth (30th) calendar day following receipt of the SCDDSN written reconsideration decision. The individual/representative shall be advised by the SCDHHS Division of Appeals and Hearings as to the status of the appeal request.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY SUPPORTS WAIVER
STATEMENT OF INDIVIDUAL DECLINING WAIVER SERVICES

Please Type or Print

Individuals Name: _____

Social Security Number: _1_ _2_ _3_ _4_ _5_ _6_ _7_ _8_ _9_

I, _____, as recipient / legal guardian of recipient, have decided at this time to not pursue enrollment in the Community Supports Waiver. I understand that declining participation now does not prohibit me from reapplying for the Community Supports Waiver in the future.

I understand that this decision does not directly affect my eligibility for other services available through the South Carolina Department of Disabilities and Special Needs.

Individual/Legal Guardian

Date

Service Coordinator/Early Interventionist

Date

I am unable to obtain a signature from either the individual or legal guardian, therefore, the procedure for a Non-Signature Declination was followed and is documented in the individual's file.

Service Coordinator/Early Interventionist

Date

Original: File Copy: Individual/Legal Guardian and District I Waiver Coordinator

MEMORANDUM OF CONFIRMATION OF TRANSFER

DATE: _____

TO: _____
Service Coordination/Early Intervention Supervisor from Receiving DSN Board/Provider

DSN Board/Provider

FROM: _____
Service Coordination/Early Intervention Supervisor from Current DSN Board/Provider

DSN Board/Provider

RE: _____
Waiver Recipient

Recipient's Medicaid #

Recipient's Social Security #

EFFECTIVE DATE OF TRANSFER:

Below are the Community Supports Waiver services that the recipient has been receiving:

- | | |
|--|---|
| <input type="checkbox"/> Respite Services | <input type="checkbox"/> Personal Care I Services |
| <input type="checkbox"/> Adult Day Health Care | <input type="checkbox"/> PERS |
| <input type="checkbox"/> Assistive Technology and Appliances | <input type="checkbox"/> In-Home Support Services |
| <input type="checkbox"/> Day Activity | <input type="checkbox"/> Adult Day Health Care-Nursing |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Adult Day Health Care-Transportation |
| <input type="checkbox"/> Career Preparation | <input type="checkbox"/> Private Vehicle Modifications |
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Environmental Modifications |
| <input type="checkbox"/> Support Center Services | <input type="checkbox"/> Behavior Support Services |
| <input type="checkbox"/> Incontinence Supplies | <input type="checkbox"/> Personal Care II Services |

Comments: _____

Service Coordination/Early Intervention Supervisor's Signature

Date