

CHAPTER

11

MR/RD WAIVER OVERVIEW

MR/RD Waiver Enrollment and Case Management Procedures

Allocation:

Step 1: Identification: Individual is identified as a potential MR/RD Waiver candidate or an individual/legal guardian requests waiver services/nursing.

Step 2: Request for Slot Allocation: Complete the **Request for MR/RD Waiver Slot Allocation (MR/RD Form 30)** within two (2) working days of the request for MR/RD Waiver services. Submit the request to your supervisor for their review and signature. Forward to the MR/RD Waiver Coordinator for Piedmont and Midlands Regions at Whitten Center (formerly the Piedmont Field Office) along with a copy of the individual's single plan, IFSP, or FSP (SCDDSN: Whitten Center; P.O. Box 239; Clinton, SC 29325). If the consumer is moving from an ICF/MR into a Waiver funded placement, the **MR/RD Form 30** is sent directly to the Lead Coordinator for MR/RD Waiver and Service Planning at SCDDSN Central Office. In addition a copy of the **Mental Retardation/Related Disabilities Waiver Information Sheet (MR/RD Info Sheet-1)** must be forwarded to the individual/legal guardian within three (3) working days of the request for wavier services/completion of application. The **Request for MR/RD Waiver Slot Allocation (MR/RD Form 30)** will be reviewed for approval by appropriate SCDDSN CO staff.

If a waiver slot is available and the slot request has been approved, the Lead Coordinator for MR/RD Waiver and Service Planning will complete the **Notice of Slot Allotment (MR/RD Form 5-Attachment 3, Chapter 6)**. This form will be forwarded to the Service Coordinator/Early Interventionist and the MR/RD Waiver Enrollment Coordinator. This notice serves as notification that a MR/RD Waiver slot has been awarded to the noted consumer. The MR/RD Waiver Enrollments Coordinator will notify the SCDHHS Eligibility Worker via the DHHS Form 118A that the consumer has been awarded a waiver slot and will proceed with processing the enrollment. It is the responsibility of the Service Coordinator/Early Interventionist to proceed with obtaining the Freedom of Choice Form (**Chapter 4**) and preparing and forwarding the Request for Level of Care (**Chapter 5**) to the Consumer Assessment Team.

If a MR/RD Waiver slot is not available, the consumer will be placed on the MR/RD Waiver Critical Waiting List or the MR/RD Waiver Regular Waiting List (**The Mental Retardation/Related Disabilities (MR/RD) Waiver Policy for Waiver Enrollment and Maintaining Waiting Lists** is included as Attachment 1 in this chapter). The consumer/family member/legal guardian will be notified in writing of this decision along with the Service Coordinator/Early Interventionist. The appeals/reconsideration process will be included with the written notification to the consumer/family member/legal guardian. When a slot becomes available for the consumer, the Service Coordinator/Early Interventionist will be notified by receiving the **Notice of Slot Allotment (MR/RD Form 5)**.

Enrollment

Step 4: Freedom of Choice: When the Service Coordinator/Early Interventionist/QMRP/District Office Representative is notified that an individual has received a waiver slot, they must proceed with

completing the **FOC Form (MR/RD Form 1)** with the individual/legal guardian within three (3) working days of notification. The Service Coordinator/Early Interventionist/QMRP/District Office Representative should take two copies of the form with the appeals procedure on the back. Leave one signed original form with the family and take one signed original copy for the working file (See FOC Chapter 4 in the manual for further instructions). When explaining the Freedom of Choice, you must inform the individual/legal guardian that they have the choice of home and community-based services or institutional services.

After completing the **FOC Form (MR/RD Form 1)**, the Service Coordinator/Early Interventionist/QMRP/District Office Representative should present the individual and/or legal guardian with the **Acknowledgement of Rights and Responsibilities (MR/RD Form 2)** that is included in Chapter 4 of your Waiver Manual. You must carefully review this information with the individual and/or family member/legal guardian and have the individual sign the **Acknowledgement of Rights and Responsibilities (MR/RD Form 2)** if they are over the age of 18 or the parent/legal guardian if the recipient is under 18 or cannot sign for himself or herself. You must also sign the form. This form should be kept in the Miscellaneous Waiver Section of the working file and should be completed each year at the annual Single Plan Meeting.

Step 5: **Level of Care:** The Service Coordinator/Early Interventionist/QMRP/District Office Representative should next submit the ICF/MR Level of Care packet (**MR/RD Form 9**) to the Consumer Assessment Team located at the District I Office within approximately seven (7) working days notification of slot award (see Chapter Five in the MR/RD Waiver for complete instructions). The Consumer Assessment Team will notify the Waiver Enrollments Coordinator of the Level of Care date via the MR/RD Form 9.

→ For those needing **prevocational services or supported employment**, documentation from South Carolina Vocational Rehabilitation (SCVR) must be requested using the **Request for Determination of Availability of Service (MR/RD Form VR)** stating this service is not available through a program funded by SCVR. This should be done during this phase so when the individual is enrolled, you can proceed with including the service on the budget and authorizing the service.

If the individual is not Medicaid eligible, the consumer will receive an application for Medicaid from DHHS/Eligibility. You will need to work with the individual/family member to complete. Waiver services will not begin until the individual is Medicaid eligible.

Please keep in mind, the determination process can take as long as 90 days. If you have questions on how to complete the Medicaid application, contact your Regional DHHS Medicaid Eligibility Worker (see Chapter 6 for a list of these contacts) or see your Supervisor.

→ **For individuals moving from an ICF/MR:** If the individual is moving from an ICF/MR to a community residential placement, obtain a DHHS Form 181 from the ICF/MR and submit a copy to Reta Whitten (fax 935-5293). The individual's enrollment cannot be completed without the Form 181.

If the person is still not enrolled within 30 days of the Level of Care determination please refer to the Chapter 5: Level of Care for detailed instructions.

→ **Conversions from other Waivers:** If the individual is currently enrolled in another Home and Community Based Waiver (i.e. CLTC's Elderly and Disabled Waiver) or Children's PCA refer to the Memorandum of Confirmation of Transition in Chapter 6 of the Waiver Manual for complete instructions.

The enrollment date, in most cases, is either the LOC date, the date the individual moved from the ICF/MR, the Medicaid eligibility date, or the date the enrollment request is sent to SCDHHS.

Step 6: Once the Waiver Enrollments Coordinator receives all information, enrollment can proceed. Once all information is submitted to SCDHHS for enrollment, the Waiver Tracking System will indicate the enrollment status as "A" for awaiting. The Enrollments Coordinator will notify you via the **Certification of Enrollment/Disenrollment Form (HCB Form 13)** of the enrollment date. You can, upon receipt of the **Certification of Enrollment/Disenrollment Form**, complete the individual's budget and add it to the Waiver Tracking System, obtain approval and begin authorizing services. The Waiver Tracking System will show the consumer as "E" (enrolled). Please note, a consumer cannot receive Supported Employment or Prevocational Services without correspondence from South Carolina Department of Vocational Rehabilitation stating that the consumer is not eligible for their services.

Arranging For Services

Step 7: **The Budget:** The contract period is based on the fiscal year (July 1 – June 30). The individual's budget begin date for their initial budget is the enrollment date that can be found on the ENINQ screen of the Waiver Tracking System and on the **Certification of Enrollment/Disenrollment Form**. Prior to completing the budget the Service Coordinator/Early Interventionist must do the following:

- a. Assess the need.
- b. Document the need.
- c. Offer choice of provider.
- d. Document offering of choice of provider.
- e. Contact chosen providers to discuss/make arrangements.
- f. Document contact with chosen providers.
- g. Document specifics in the single plan/IFSP/FSP. Include the proper name of the service/provider type, funding source, amount, frequency, and duration. Make sure all

services are justified in the Single Plan or IFSP. Services not on the Plan/IFSP/FSP are not billable to the MR/RD Waiver.

- h. Reflect the services in the Waiver budget and obtain approval (see the Waiver Tracking System Manual for needed instructions). Most budgets will approve at the local level. However, all environmental modifications, private vehicle modifications, adult day health, outlier budgets, alternative placements, and budgets over 70,000 will forward to DDSN Central Office for approval.

DO NOT SUBMIT REFERRALS AUTHORIZING ANY SERVICE TO BEGIN UNTIL SERVICES HAVE BEEN APPROVED.

- Step 7:** **Referrals:** Once the budget has been approved, the Service Coordinator/Early Interventionist may authorize the service or services by submitting a referral form to the provider. A referral form is needed in all cases except for prescribed drugs, adult vision, adult dental, or an audiological evaluation. Refer to the specific service in the MR/RD Waiver manual for complete instructions for each service.
- Step 8:** **Monitoring:** All services funded through the MR/RD Waiver must be monitored to determine the usefulness and effectiveness of the service provided and the individual/family's satisfaction with the service. For policies refer to the individual services chapters in your MR/RD Waiver Manual. **You must document monitoring of all services.**
- Step 9:** **Termination, Reduction, Suspension or Denial of Services:** Refer to Chapter 9 of the MR/RD Waiver Manual for all details.
- Step 10:** **Entering Monthly Utilization Forms on the WTS:** Report monthly utilization information for all board billed services (except respite, companion, residential, day, prevocational, or supported employment services) using the Waiver Tracking System. See Chapter 13 in your MR/RD Waiver Manual for complete instructions. This information must be completed on a monthly basis on the Waiver Tracking System by the 15th day of the month after services are provided.
- Step 11:** **Budget Revisions:** Complete budget revisions as needed by updating the WTS. You have 7 working days to update the Plan and submit a budget revision to your Supervisor after identifying a new need. A revision is required whenever an individual's needs change. Most budget revisions will approve at the local level. However, all environmental modifications, private vehicle modifications, Adult Day Health, Outlier Budgets, Alternative Placements, and budgets over 70,000 will forward to DDSN Central Office for approval.
- Step 12:** **Level of Care Re-evaluations:** Complete the LOC re-evaluation every 365 days. The LOC re-evaluation must be completed before the expiration date on the certification letter, but no sooner than 90 days prior to this date unless an individual undergoes a major life change. **Please note the that the Consumer Assessment Team located at the District I Office will continue to process the LOC re-evaluations for those who have time-limited**

eligibility or who are served At-Risk or High Risk. See Chapter 5 for re-evaluation instructions.

Step 13: Disenrollments: Within two days, the Service Coordinator/Early Interventionist must update the budget to reflect actual units used prior to disenrollment, inactivate the budget via BDINA on the Waiver Tracking System with the disenrollment date, and complete the **Notice of Disenrollment (MR/RD form 17)** and forward to the Waiver Enrollments Coordinator (Reta Whitten). Reasons for disenrollment include:

- the individual was admitted to a ICF/MR or Nursing Facility
- the individual no longer meets ICF/MR LOC
- the individual is no longer eligible for Medicaid
- the individual voluntarily withdraws or no longer wishes to receive services funded by the Waiver
- the individual no longer receives MR/RD Waiver services (has not received a service for 30 days)
- the individual died
- the individual moved out of state
- the individual was placed in a nursing facility or hospital in an excess of 30 days
- the individual has not received a service in thirty (30) days
- the individual has not received a service since enrollment

The following special exceptions apply to disenrollment and allow an individual to disenroll from the Waiver, but the ability to retain their Waiver slot.

- A recipient has not received a service for 30 days due to provider non-availability; therefore the individual will be disenrolled, but will remain in pending status for 90 days to allow for provider procurement. If a provider has not been located within 90 days, the individual will be removed from pending status and the slot will be revoked. If a provider is secured within 90 days, the consumer may be re-enrolled. The Service Coordinator/Early Interventionist must notify the Waiver Enrollments Coordinator that the consumer is ready to re-enroll. The Service Coordinator/Early Interventionist will be responsible for getting a new Freedom of Choice Form (MR/RD Form 1) signed and submitting a new initial Level of Care Request to the Consumer Assessment Team. The Waiver Enrollments Coordinator will notify the Regional DHHS Medicaid Eligibility Worker that the consumer is ready to be enrolled into the Waiver. The same procedures apply as outlined above.
- A recipient has entered the hospital for more than 30 days; however, the individual will still require their MR/RD Waiver Services when released from the hospital. Therefore, the individual will be disenrolled, but remain in pending status for 90 days. If the consumer has not been discharged from the hospital within 90 days, the individual will be removed from pending status and the slot will be revoked. If the consumer is released from the hospital within 90 days, the consumer may be re-enrolled. The Service Coordinator/Early Interventionist must notify the Waiver Enrollments Coordinator that the consumer is ready to be re-enrolled. The Service Coordinator/Early Interventionist will be responsible for getting a new Freedom of Choice Form (MR/RD Form 1) signed and submitting a new initial Level of Care Request to the Consumer Assessment Team. The Waiver Enrollments Coordinator will notify the Regional DHHS Medicaid

Eligibility Worker that the consumer is ready to be enrolled into the Waiver. The same procedures apply as outlined above.

- A recipient's Medicaid eligibility has been interrupted for more than 30 calendar days, but Medicaid eligibility should be reinstated within 90 calendar days; therefore the individual will be disenrolled, but will remain in pending status for 90 calendar days to allow for Medicaid Eligibility to be regained; therefore, retaining the slot. If Medicaid eligibility is not reinstated within 90 calendar days, the individual will be removed from pending status and the slot will be revoked. If Medicaid is reinstated, the consumer may be re-enrolled. The Service Coordinator/Early Interventionist must notify the Waiver Enrollments Coordinator that the consumer is ready to be re-enrolled. The Service Coordinator/Early Interventionist will be responsible for getting a new Freedom of Choice Form (MR/RD Form 1) signed and submitting a new initial Level of Care Request to the Consumer Assessment Team. The Waiver Enrollments Coordinator will notify the Regional DHHS Medicaid Eligibility Worker that the consumer is ready to be enrolled into the Waiver. The same procedures apply as outlined above.

In all of these circumstances, the recipient will be disenrolled, but they will not lose their Waiver Slot. Their status will be changed to pending on the Waiver Tracking System.

Regardless of the reason for disenrollment, it is the responsibility of the Service Coordination Supervisor or Early Intervention Supervisor to check the Waiver Tracking System to ensure that the individual has indeed been disenrolled. When checking the WTS, you will note that the termination/disenrollment date will be directly under "Enrollment End Date" although there is an "E" in the Enrollment Status column. If you find after checking the system on several occasions that the individual continues to be enrolled, contact the Waiver Enrollments Coordinator (see Attachment 1) to ensure that the Notice of Disenrollment (MR/RD Form 17).