

CHAPTER 3

REQUESTING A SLOT

In order to be enrolled in the MR/RD Waiver, a potential participant must need the services and supports that can be provided through the MR/RD Waiver. The Service Coordinator/Early Interventionist (SC/EI) is responsible for assessing the consumer's needs and determining the service(s) and support(s) required to meet the identified needs. If, after assessing the needs and identifying the required services and supports, the SC/EI finds that the MR/RD Waiver is an appropriate mechanism for funding all or some of the needed services and supports, he/she should request a MR/RD Waiver slot.

If a potential participant/legal guardian, at any point in time, specifically requests enrollment in the MR/RD Waiver, the SC/EI **must** request a slot, regardless of whether or not the assessment of needs supports the need for waiver services, there is an open case, the applicant is SCDDSN-eligible or is awaiting BabyNet eligibility, etc. The provider should indicate this information on the application.

Since SCDDSN eligibility is not a criterion for MR/RD Waiver enrollment, being determined “not eligible” for SCDDSN services is not a sufficient reason for denying a MR/RD Waiver application/enrollment. An ICF/MR Level of Care determination must be made. SCDDSN eligibility through the MR/RD category is solely based on the presence of Mental Retardation or a Related Disability, and the presence of Mental Retardation or Related Disability is required for someone to meet ICF/MR Level of Care. Therefore, if someone is determined not eligible for SCDDSN Services, he/she cannot meet ICF/MR Level of Care.

The SC/EI must complete and submit the Request for MR/RD Waiver Slot Allocation (MR/RD Form 30) to the District I Waiver Coordinator at Whitten Center (SCDDSN; Whitten Center; P.O. Box 239; Clinton SC 29325 or via email or fax: 864-938-3435) within three (3) working days of the applicant/legal guardian's request for waiver services or of the determination that waiver services are needed. The SC/EI must also forward the Mental Retardation/Related Disabilities Waiver Information Sheet (MR/RD Info Sheet-1) to the applicant/legal guardian within three (3) working days.

Note: If the application is for Residential Services through the MR/RD Waiver, please refer to “Residential Slot Applications” later in this chapter.

The District I Waiver Coordinator will review the Request for MR/RD Waiver Slot Allocation (MR/RD Form 30). If a waiver slot is available and the slot request has been approved, the District I Waiver Coordinator will complete the Notice of Slot Allotment (MR/RD Form 5) and forward copies to the SC/EI, the Waiver Enrollment Coordinator and the Consumer Assessment Team (see Chapter 6). This notice serves as notification that a MR/RD Waiver slot has been awarded. The Waiver Enrollment Coordinator will notify the SCDHHS Eligibility Worker via DHHS Form 118A that the applicant has been awarded a waiver slot and will proceed with processing the enrollment. It is the responsibility of the SC/EI to proceed with obtaining the Freedom of Choice Form (see Chapter 4) and preparing and submitting the Request for ICF/MR Level of Care to the Consumer Assessment Team (see Chapter 5).

If a MR/RD Waiver slot is not available, the applicant will be placed on the MR/RD Waiver Critical Waiting List or the MR/RD Waiver Regular Waiting List [see the Mental Retardation/Related Disabilities (MR/RD) Waiver Policy for Waiver Enrollment and Maintaining Waiting Lists later in this chapter]. The consumer/legal guardian will be notified in writing of this decision, as will the SC/EI and the Service Coordination/Early Intervention Supervisor. The appeals/reconsideration process will be included with the written notification to the applicant/legal guardian. When a slot becomes available for the applicant, the SC/EI will be notified by the Notice of Slot Allotment (MR/RD Form 5).

For SCDDSN Consumers moving from an ICF/MR into a MR/RD Waiver-funded placement, the ICF/MR from which the consumer is exiting and the **SC/EI** must follow SCDDSN Directive 738-01-DD – Discharge Planning for Those Leaving ICFs/MR and Enrolling in the Mental Retardation/Related Disabilities (MR/RD) Waiver.

Note: The post-discharge plan of care (i.e. the Support Plan meeting both ICF/MR and MR/RD Waiver requirements) must be in place on the date of discharge for services to be funded by the MR/RD Waiver.

Residential Slot Applications: If Residential Habilitation is an identified service that can meet the needs of a consumer seeking enrollment in the MR/RD Waiver, a Report of Critical/Urgent Circumstances must be submitted as outlined in SCDDSN Directive 502-05-DD – DDSN Waiting Lists. When the determination is made that the consumer is in a critical circumstance, he/she is placed on the Critical Needs Residential Waiting list. Once a consumer's name is placed on the Critical Needs List, a plan must be developed regarding his/her identified needs. The Community Residential Admissions/Discharge Report must be completed and forwarded to the District Director's office (see SCDDSN Directive 502-01-DD – Admissions/Discharge of Individuals To/From DDSN Funded Community Residential Settings). This process should begin either before or during the MR/RD Waiver application process. Section 3 of the Request for MR/RD Waiver Slot Allocation (MR/RD Form 30) must indicate the type of proposed residential placement the consumer needs, as well as the name of the residence and the county in which it is located, if known. For verification purposes, the Request for MR/RD Waiver Slot Allocation (MR/RD Form 30) must indicate whether or not the critical process has been initiated. All MR/RD Waiver residential slot requests should be sent to the District I Waiver Coordinator at Whitten Center (SCDDSN; Whitten Center; P.O. Box 239; Clinton SC 29325 or via email or fax: 864-938-3435).

Once the consumer's name is on the Critical Needs Residential Waiting List and the Community Residential Admissions/Discharge Report has been submitted and approved, the District I Waiver Coordinator will complete the Notice of Slot Allotment (MR/RD Form 5) and forward copies to the SC/EI, the Waiver Enrollment Coordinator and the Consumer Assessment Team (see Chapter 6).

If the consumer resides in an ICF/MR that is being converted into a CRCF or a CTH II, this should be indicated in Section 3 of the Request for MR/RD Waiver Slot Allocation (MR/RD Form 30). Form 30 should not be submitted for ICF/MR conversions more than 30 days prior to the scheduled conversion.

Consumers in SCDSS Custody: If someone in SCDSS custody is determined to need services funded through the MR/RD Waiver, or if the foster parent requests waiver services, the SC/EI must first ask the SCDSS Caseworker to contact the SCDSS State Office (803-898-7286) to begin discussing funding issues. Then, the SC/EI must provide the District I Waiver Coordinator at Whitten Center (864-938-3520 or via e-mail) with the consumer's name, social security number and Medicaid number and the SCDSS caseworker's name, as well as submit the Request for MR/RD Waiver Slot Allocation (MR/RD Form 30). A slot for this individual cannot be allocated until specific instruction is received from SCDDSN Central Office. All of these steps must be

documented.

Requests for Review of Regular Waiting List Consumers for Critical Waiting List Consideration: If, while on the MR/RD Waiver Regular Waiting list, a potential participant's needs/circumstances change, his/her waiting list placement may need to be reviewed for possible placement on the MR/RD Waiver Critical Waiting List. To initiate the review, the SC/EI should send written communication to the District I Waiver Coordinator detailing the changes that have occurred, the new needs and why the SC/EI feels that the consumer is at risk for imminent, serious harm if services are not immediately provided. This communication should not include a new Request for MR/RD Waiver Slot Allocation (MR/RD Form 30). The SC/EI will receive written notification regarding the decision of whether or not the consumer meets the criteria for placement on the MR/RD Waiver Critical Waiting List. The potential participant /legal guardian will also receive notification of the decision along with the reconsideration/appeals process.

Application Withdrawal/Request to be Removed from the MR/RD Waiver Waiting Lists: If, during the application process or while waiting for a slot, the potential participant /legal guardian decides that they no longer wish to pursue MR/RD Waiver services, they must complete the Statement of Consumer Declining Waiver Services (MR/RD Form 20). This must be signed by the potential participant /legal guardian along with the SC/EI. A copy must be forwarded to the District I Waiver Coordinator, who will remove the potential participant's name from the waiting list. A copy of the form must be provided to the potential participant /legal guardian and the original placed in the file. If, at a later time, the potential participant wishes to re-apply for the MR/RD Waiver, a new Request for MR/RD Waiver Slot Allocation (MR/RD Form 30) must be submitted according to the procedures outlined in this chapter.

When a potential participant/legal guardian requests to be removed from the MR/RD Waiver waiting list, the SC/EI should ask if he/she also wishes to be removed from the waiting list for any other SCDDSN operated waiver(s) on which he/she has been placed.

Requests to Disenroll from the MR/RD Waiver and Enroll in the Community Supports Waiver: If a participant/legal guardian wishes to switch from the MR/RD Waiver to the Community Supports Waiver, the Request to Disenroll from MR/RD Waiver and Enroll in CS Waiver (MR/RD Form 31) must be sent to the District I Waiver Coordinator. The request will be reviewed, and, if approved, the District I Waiver Coordinator will complete the Notice of Slot Allotment (Community Supports Form 5) and send it to the SC/EI as well as a copy to the Waiver Enrollment Coordinator. This serves as notification that a MR/RD Waiver slot has been converted to a CS Waiver slot for the noted consumer. The Waiver Enrollment Coordinator will notify the SCDHHS Eligibility Worker, via DHHS form 118A, that the consumer has a converted waiver slot and will proceed with processing the enrollment.

It is the responsibility of the SC/EI to obtain the Freedom of Choice form and to complete and submit the Request for ICF/MR Level of Care (Community Supports Form 9) to the Consumer Assessment Team. A copy of the Level of Care determination must be forwarded to the District I Waiver Coordinator. Once the consumer is ready to be enrolled in the Community Supports Waiver, the SC/EI will complete the Notice of Disenrollment (MR/RD Form 17) and fax/email it to the Waiver Enrollment Coordinator. The Voluntary Termination Statement (MR/RD Form 19) is to be completed and faxed/emailed to the District I Waiver Coordinator.

Placement on Multiple Waiting Lists: A consumer can be on the MR/RD Waiver Waiting List as well as waiting lists for other waivers simultaneously. If a slot becomes available in the MR/RD Waiver first, the consumer can be enrolled in the MR/RD Waiver and remain on any other waiver waiting lists. Likewise, if enrolled in another waiver, a consumer can remain on the MR/RD Waiver Waiting List.

The SC/EI should discuss all options, services and limitations of any waiver being considered with the consumer/legal guardian to ensure that an informed choice is made.

Slot Conversions: Once someone is enrolled in and receives services through the MR/RD Waiver, his/her choice of residence does not affect the funding of the slot or access to MR/RD Waiver services. If a participant chooses to move to another setting (home or otherwise, receiving Residential Habilitation or not) and continues to need MR/RD Waiver services, then MR/RD Waiver services will continue. However, for internal purposes and funding, SCDDSN must be notified of any change in slot status (i.e. “Residential” or “Family Support” slot). This notification is made by completing and submitting the Request for MR/RD Waiver Slot Conversion (MR/RD Form 36) to the District I Waiver Coordinator at Whitten Center. For conversions from a “Family Support” slot to a “Residential” slot, the SC/EI must also forward the Community Residential Admission/Discharge Report to the District Director’s office (see SCDDSN Directive 502-01-DD – Admissions/Discharge of Individuals To/From DDSN Funded Community Residential Settings). Approval of the slot conversion will be communicated to the appropriate Service Coordination/Early Intervention Supervisor.

**Mental Retardation/Related Disabilities (MR/RD) Waiver
Policy for Waiver Enrollment and Maintaining Waiting Lists**

Effective Date: September 1, 2010

Waiting List Management

The SCDDSN MR/RD Waiver Office is responsible for maintaining a current list of all MR/RD Waiver applicants. Applicants who meet the Critical Criteria as established by this policy will be placed on the Critical MR/RD Waiver Waiting List and will be enrolled in the MR/RD waiver based on the earliest referral date contingent upon available funding.

Applicants who do not meet the Critical Criteria will be placed on the Regular MR/RD Waiver Waiting List and will be enrolled in the MR/RD waiver based on earliest referral date. Applicants on the Regular MR/RD Waiver Waiting List will be processed for waiver enrollment when there are no current applicants on the Critical MR/RD Waiver Waiting List contingent upon available funding.

The following applicants will be given priority and may be enrolled in the MR/RD waiver without being placed on a waiting list:

- Those discharged from an ICF/MR; the enrollment process must begin within 30 days of discharge.
- Children in SCDSS custody for whom SCDSS has agreed to sponsor MR/RD Waiver enrollment.
- Those applicants who reside in or need DDSN-sponsored residential placement in order to receive waiver supports and services.
- Those participants enrolled in the Community Supports Waiver who have anticipated, long term/ongoing needs that will exceed the individual cost limit of the Community Supports waiver.

Critical Criteria

An applicant will be assigned to the Critical MR/RD Waiver Waiting List when he/she requires a service available thru the MR/RD Waiver which, if not provided, will likely result in serious and imminent harm;

AND

Has an immediate need for direct care or supervision, which directly relates to the person's disability;

OR

Has recently lost a primary caregiver or is at imminent risk of losing primary caregiver;

OR

Is ready for or has recently been discharged from a hospital and needs services immediately to prevent readmission.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUEST FOR MR/RD WAIVER SLOT ALLOCATION**

Section 1: Consumer Information**Date:** _____

Name of Consumer:		Social Security #:	
Address:		Medicaid #:	
		If none, has application been made? <input type="checkbox"/> yes <input type="checkbox"/> no	
Date of Birth:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Caregiver/Parent's Name if applicant under the age of 18:			
Where does the consumer currently reside:			
<input type="checkbox"/> At Home w/ Family	<input type="checkbox"/> Residentially Placed – Location (e.g. SLP II) _____		
<input type="checkbox"/> Independent Living	<input type="checkbox"/> ICF/MR		
<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Hospital	<input type="checkbox"/> DSS Custody/Foster Care		
<input type="checkbox"/> Boarding Home	DSS Caseworker: _____		
Classification of Eligibility: <input type="checkbox"/> MR <input type="checkbox"/> RD _____			
<input type="checkbox"/> Autism	<input type="checkbox"/> At-Risk/High Risk	<input type="checkbox"/> Not Currently Eligible	<input type="checkbox"/> Time Limited MR/RD

Section 2: Provider Information

SC/EI/QMRP (circle appropriate title):	Provider:
Address:	
SC/EI Supervisor:	County:
District Office Representative (if applicable):	
FOR ICF/MR CONSUMERS ONLY	
Chosen Community Service Coordination Provider:	

Section 3: Request Information**Anticipated Residential Placement (After Waiver Enrollment):** _____

TYPE OF PLACEMENT	FACILITY NAME AND COUNTY	TYPE OF SLOT REQUESTED
At home with family <input type="checkbox"/>		Family Support <input type="checkbox"/>
Independent Living <input type="checkbox"/>		Residential <input type="checkbox"/>
SLP I <input type="checkbox"/>		Critical Process Started, if applicable Yes <input type="checkbox"/> No <input type="checkbox"/>
SLP II <input type="checkbox"/>		ICF/MR Conversion? Yes <input type="checkbox"/> No <input type="checkbox"/>
CTH I <input type="checkbox"/>		Applicant on Aging Caregiver list? Yes <input type="checkbox"/> No <input type="checkbox"/>
CTH II <input type="checkbox"/>		Applicant on Priority 1 waiting list? Yes <input type="checkbox"/> No <input type="checkbox"/>
CRCF <input type="checkbox"/>		
Other <input type="checkbox"/>		

Anticipated Waiver-Funded Services	Anticipated Units Per Month or Needed Items	One-Time or Ongoing/Comments

<p>Is the consumer currently enrolled in the Community Choices Waiver through CLTC? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, what services is he/she receiving?</p>
<p>Is the consumer currently receiving Children's PCA from SCDHHS? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, how many hours per week?</p>
<p>Is the consumer currently receiving Children's Private Duty Nursing from SCDHHS? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, how many hours per week?</p>
<p>Is the consumer receiving Family Support Funds Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, in what amount per month, and what services are funded?</p>

NOT COMPLETED WHEN REQUESTING SLOT CONVERSION

Section 4: Indicate specifically how the services identified will assist the consumer and prevent the need for institutional placement. Include any information regarding the consumer's critical situation (do not repeat Waiver Service Definitions).

I verify that the SC Annual Assessment and Support Plan/IFSP/FSP have been reviewed and support the request for MR/RD Waiver Services.

The applicant does not yet have a plan to include.

Supervisor/District Office Representative/QMRP

Date

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUEST FOR MR/RD WAIVER SLOT CONVERSION**

Section 1: Participant Information

Name of Participant:	Social Security #:
Address:	Medicaid #:

Section 2: Provider Information

SC/EI (circle appropriate title):	Provider:
Address:	
SC/EI Supervisor:	County:

Section 3: Conversion Information

TYPE OF PLACEMENT	FACILITY NAME AND COUNTY	SLOT CONVERSION
At home with family <input type="checkbox"/>		Residential to Family Support <input type="checkbox"/>
Independent Living <input type="checkbox"/>		Family Support to Residential <input type="checkbox"/>
SLP I <input type="checkbox"/>		
SLP II <input type="checkbox"/>		
CTH I <input type="checkbox"/>		
CTH II <input type="checkbox"/>		
CRCF <input type="checkbox"/>		
Other <input type="checkbox"/>		

Section 4: Slot Conversion Approval

Director of SCDDSN Cost Analysis/Designee

Date

Mental Retardation/Related Disabilities (MR/RD) Waiver Information Sheet

South Carolina Department of Disabilities and Special Needs

Prior to 1991, the Federal Medicaid program paid for services to SCDDSN consumers only if that person lived in an institution. The approval of Federal Home and Community Based Waiver programs allowed Medicaid to pay for services to consumers 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 to collaborate with the South Carolina Department of Disabilities and Special Needs (SCDDSN) to operate a Home and Community-Based Waiver program for people with Mental Retardation or Related Disabilities (MR/RD).

MR/RD Waiver Participation

To participate in the MR/RD Waiver, a person must:

- ✓ be diagnosed with Mental Retardation 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/MR; therefore, meet ICF/MR Level of Care criteria.
- ✓ be given the option of receiving services in his/her home and community or in an ICF/MR and choose to receive services in his/her home and community.
- ✓ have needs that can be met by the MR/RD Waiver.
- ✓ be allocated a waiver slot.
- ✓ be informed of the alternatives covered by the MR/RD Waiver, choose to receive MR/RD Waiver services, and choose among qualified providers.

MR/RD Waiver Termination

MR/RD Waiver Enrollment is terminated when the participant:

- ✓ is admitted to an ICF/MR or nursing facility.
- ✓ no longer meets ICF/MR Level of Care.
- ✓ is no longer eligible for Medicaid, as determined by SCDHHS.
- ✓ voluntarily withdraws or no longer wishes to receive services funded by the MR/RD Waiver.
- ✓ does not receive a MR/RD Waiver service for 30 consecutive days.

Applying for MR/RD Waiver Services

- Contact your assigned Service Coordinator/Early Interventionist (SC/EI). If you are not receiving Service Coordination or Early Intervention, contact the Disabilities and Special Needs (DSN) Board in the county in which you live. This information can be obtained by contacting the SCDDSN Office of Community Education at (803) 898-9692 or at www.state.sc.us/ddsn/.
- Inform your SC/EI or local DSN Board that you wish to apply for the MR/RD Waiver. They will work with you to gather the information needed to complete the application.
- You will receive a written response from SCDDSN regarding your MR/RD Waiver application.

Applying for DDSN Services

- For persons under age 3, application must be made through BabyNet. Contact information can be obtained by calling the BabyNet Care Line at 1-800-868-0404. BabyNet eligibility/services do not have to be obtained in order to apply for the MR/RD Waiver.
- For persons age 3 and older, contact the University of South Carolina, Center for Disability Resources at 1-800-289-7012.
- If you are screened appropriate for consideration of eligibility, you will choose a Service Coordination/Early Intervention (SC/EI) provider, who will assist you with completing the eligibility process. Application for MR/RD Waiver services can be made at this time.
- An applicant found ineligible for SCDDSN 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 within 365 days of the previous plan. If your new plan is not completed by the 364th day, Medicaid cannot pay for your services that were provided. Please work with your Service Coordinator or Early Interventionist to make sure that your plan is completed at least once every year.

Mental Retardation/Related Disabilities Waiver Services

MR/RD Waiver services are provided based on identified needs of the participant and the appropriateness of the service to meet the need. Services may be limited due to provider availability. A list of enrolled and qualified providers of MR/RD Waiver services can be located at the SCDDSN website (www.state.sc.us/ddsn/) or by contacting the local Disabilities and Special Needs Board in the county in which the participant lives or the participant's Service Coordination/Early Intervention provider. The following services are available through the MR/RD Waiver:

- **Adult Attendant Care Services:** assistance with activities of daily living and personal care for those adult participants (age 21 or older) who are able to self-direct their care; limited to 28 hours per week (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2)
- **Adult Companion Services:** non-medical care, supervision, and socialization provided to an adult (age 21 or older); limited to 28 hours per week (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2)
- **Adult Day Health Care:** care furnished to someone 21 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:** provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/wound care, tracheotomy care, tube feedings and nebulizer treatment
- **Adult Day Health Care Transportation:** prior-authorized for participants receiving Adult Day Health Care (ADHC) who reside within fifteen (15) miles of the ADHC center
- **Adult Dental Services:** extension of the State Plan Medicaid benefit for adult participants (21 or older)
- **Adult Vision:** extension of the State Plan Medicaid benefit for adult participants (21 or older)
- **Audiology Services:** extension of the State Plan Medicaid benefit for adult participants (21 or older)
- **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
- **Career Preparation Services:** services aimed at preparing participants for careers through exposure to and experience with various 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 his/her 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
- **Day Activity:** activities and services provided in therapeutic settings to enable participants to achieve, maintain, improve or decelerate the loss of personal care, social or adaptive skills
- **Employment Services:** intensive, on-going supports for participants 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
- **Environmental Modifications:** physical adaptations to the participant's home which are necessary to ensure the health, welfare and safety of the participant (e.g. installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, etc.); lifetime cap of \$7,500
- **Nursing Services:** services provided within the scope of the South Carolina Nurse Practice Act, as ordered by a physician; cannot exceed 56 hours/week of LPN services or 42 hours/week of RN services; Nursing Services are available through State Plan Medicaid for those under 21
- **Personal Care (I and II):** assistance with personal care and activities of daily living for consumers 21 or older; limited to 6 hours per week of Personal Care 1 and 28 hours per week of Personal Care 2 (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2); Personal Care Services are available through State Plan Medicaid for those under 21
- **Personal Emergency Response System (PERS):** an electronic device that enables participants at high risk of institutionalization to secure help in an emergency; limited to those participants who live alone or who are alone in their own home for significant parts of the day or night and who would otherwise require extensive routine supervision
- **Prescribed Drugs:** two (2) prescriptions in addition to the State Plan Medicaid limit of four (4) for adult participants (21 or older)
- **Private Vehicle Modifications:** modifications to a privately owned vehicle used to transport the participant (e.g. installation of a lift, tie downs, lowering the floor of the vehicle, raising the roof, etc.); limit of \$7,500 per vehicle with a lifetime cap of 2 vehicles
- **Psychological Services:** services focused on assessment of needs and counseling/therapy designed to address cognitive and/or affective skills
- **Residential Habilitation:** care, skills training and supervision in a non-institutional setting
- **Respite Care:** care provided on a short-term basis because of the absence or need for relief of those persons normally providing the care; limited to 68 hours per month unless approved for an exception by SCDDSN
- **Specialized Medical Equipment, Supplies and Assistive Technology:** devices, controls, appliances, items necessary for life support, ancillary supplies, equipment, and durable and non-durable equipment not available through State Plan Medicaid that provides medical or remedial benefit to the participant; liquid nutrition limited to 2 cases per month; limit of one (1) wheelchair every five (5) years, limited to a cost of \$8,000 per wheelchair; diapers and under pads are available for participants 3 years old and older, limited to 3 cases of diapers/month and 3 cases of under pads/month
- **Support Center:** non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the participant's home to people who, because of their disability, are unable to care for and supervise themselves

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Request to Disenroll from MR/RD Waiver and Enroll in CS Waiver

Section 1: Participant Information

Date: _____

Name of Consumer:		Social Security #:	
Address:		Medicaid #:	
		If none, has application been made? <input type="checkbox"/> yes <input type="checkbox"/> no	
Date of Birth:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Caregiver/Parent's Name if applicant under the age of 18:			
Where does the Consumer <u>currently reside</u> :			
<input type="checkbox"/> Family			
<input type="checkbox"/> Independent Living			
<input type="checkbox"/> Other _____			
Classification of Eligibility: <input type="checkbox"/> MR <input type="checkbox"/> RD _____			
<input type="checkbox"/> Autism <input type="checkbox"/> High Risk <input type="checkbox"/> Not Currently Eligible <input type="checkbox"/> Time Limited MR/RD			

Section 2: Provider Information

SC/EI (circle appropriate title):	Provider:
Address:	
SC/EI Supervisor:	County:
District Office Representative (if applicable):	

Section 3: Request Information

Anticipated Waiver-Funded Services	Anticipated Units Per Month or Needed Items	One-Time or Ongoing/Comments

Is the consumer currently receiving Children's PCA from SCDHHS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how many hours per week?	
Is the consumer currently receiving Children's Private Duty Nursing from SCDHHS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how many hours per week?	
Is the consumer receiving Family Support Funds	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, in what amount per month, and what services are funded?	

Section 4: Include justification for why the Community Supports Waiver will be more appropriate for this consumer:

I verify that the consumer listed above has meet all the criteria to converted over to the Community Supports Waiver, and the SC Annual Assessment and Support Plan/ IFSP/FSP have been reviewed and support the request for Community Supports Waiver Services.

The applicant does not yet have a plan to include.

Supervisor/District Office Representative/QMRP

Date

SAMPLE