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 the waiver, has Medicaid, a slot is available and has been allocated, and has met ICF/IID Level of Care, then he/she can be enrolled in the ID/RD Waiver.

Enrollment occurs when the participant's status on the SC Department of Health and Human Services' (SCDHHS) Medicaid Management Information System (MMIS) is updated to reflect ID/RD Waiver enrollment. The effective date of the enrollment will be:

1. the day the participant is discharged from an ICF/IID (as shown on the HHSFC Form 181); **OR**

2. the date Medicaid eligibility is established for a "new" enrollee; **OR**

3. the day after a participant is disenrolled from another Home and Community Based Waiver (e.g., CLTC's Community Choices Waiver, DDSN's Community Supports Waiver, etc.) as noted on the Memorandum of Confirmation of Transition (ID/RD 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 the Memorandum of Confirmation of Transition (ID/RD Form 18); **OR**

5. the day the person is discharged from a hospital (if entering the waiver immediately following a hospital admission); whichever is latest.

No waiver services can be authorized prior to the effective date of enrollment or prior to approval of the services on the Support Plan by the Waiver Administration Division.

Within 60 days of enrollment, participants must receive two (2) waiver services each calendar month or the participant will be disenrolled from the waiver.

For enrollment to occur, the following must be completed:

- Signed Freedom of Choice Form uploaded to Oversight-Document Storage in Therap
- SCDHHS Form 118A completed by Waiver Enrollment Coordinator & SCDHHS Eligibility Worker (if required)
- Notification via SCOMM that a slot is available and the participant is pending enrollment
- Level of Care Determination for ICF/IID
- SCDHHS Form 181 (If the participant is being discharged from an ICF/IID. This form is completed by the Regional Center Claims and Collections Office)

Waiver Enrollment Timeline

A. At time of placement on priority list and at least annually thereafter
   1. DDSN will send a letter to all individuals added to the priority list. The letter will include the person's position number on the respective waiting list.
   2. People who are not Medicaid eligible are informed of the importance for applying for Medicaid. People will be given information on how to make application with DHHS and will be given contact information for the DHHS contract entity responsible for assistance with the application process.
   3. Annually, people will receive information on their status on each priority list.
   4. Medicaid eligibility status will be monitored annually. If not eligible at time of annual review, the person will be given information on how to apply. They will also be directed to the contract agency designated for application assistance.

B. Six months prior to reaching the top of the priority list
   1. People on the priority list whose case has been closed
      a. DDSN will contact the person to determine if they are interested in waiver services. If the person is interested, they will be instructed to call Intake and Referral to have their case reopened. If the case has not been reopened in 30 days, a certified letter will be sent to the person informing them if they do not call to have their case reopened within two weeks, they will be removed from the priority list.
      b. If the person's case was closed because they have been determined not eligible for DDSN services under intellectual or related disabilities, an adverse LOC will be completed by DDSN. The person will be removed from the priority list and notified via certified letter with the appeals process attached. Those determined not eligible for DDSN services under Head and Spinal Cord Injury will be removed from the priority list at the time of the determination and notified via certified letter with appeals process attached.
      c. If the person cannot be located, they will be removed from the priority list using the non-signature declination process.
   2. People on the priority list who are not DDSN eligible
      a. DDSN will contact the intake provider to determine the status of eligibility determination. DDSN will provide direction and assistance to expedite eligibility.
      b. If awaiting Autism testing, DDSN will contact the DDSN eligibility division to prioritize testing for the individual.
      c. If the person cannot be located, the non-signature declination process will be followed, the person will be removed from the waiting list, and the case will be closed.

C. Three months prior to reaching the top of the priority list
   1. If the person is not connected to a DDSN Contracted WCM provider, a choice of provider will be offered.
   2. DDSN will send a SComm to the WCM provider with a list of the people moved to the ***Processing*** List for Waiver Enrollment. The WCM provider will access the Waiver Enrollment module in Therap and begin waiver enrollment activities immediately.

NOTE: At any point in this process, the WCM provider is able to access a person's waiver enrollment status in the Waiver Enrollment module in Therap. The Waiver Enrollment module is updated by DDSN.

3. DDSN will approve Case Management services (MTCM, SFCM) as appropriate for a 45 day period. CM will only be extended past the 45 day period if the Plan has been completed and intention to enroll has been documented.
4. The WCM must complete the Plan within 45 days of the MTCM or SFCM begin date. The full assessment must be completed.
5. The WCM will contact the family within 10 days of notification that the person is on the Processing List for Waiver enrollment. The WCM will discuss waiver services, provide an overview of the process including timelines and ask the person/family to decide whether they want to pursue waiver services. The WCM should review the person's current services to determine if the person is receiving services through a Managed Care Organization (MCO) or another Home/Community Based Waiver program. This information should be discussed with the person/family. The person/family must sign the Freedom of Choice (FOC) to accept the waiver or decline the waiver by signing the Statement of Declination form within 30 days of the initial contact.

   The following Forms/Information must be provided to the family by the WCM during the initial timeframe:

   - Overview of Waiver Services
   - Freedom of Choice
   - Notice of Declination
   - DHHS Form 1282 (Authorization for Release of Information for Medicaid)
   - Acknowledgement of Rights and Responsibilities
   - Acknowledgement of Choice and Appeal Rights (HASCI only)
   - Verification of Third Party Coverage (HASCI only)

6. Once the FOC is signed, the WCM will upload the form to the person's record in Oversight Document Storage (Therap) with Freedom of Choice listed as "type" of form. The description of the form should indicate the relevant waiver.
7. The WCM will notify the Celesa Williams, Waiver Enrollment Coordinator via SComm that the FOC has been uploaded.
8. Upon notification the FOC has been uploaded, the Waiver Enrollments Coordinator will submit the DHHS Form 118A to DHHS so that a financial look-back or full Medicaid eligibility for waiver eligibility can be completed.
   a. The 118A is not needed for those with a Medicaid pay category of 80 (SSI) or 54 (Nursing Home SSI) or those transitioning from other waivers.
   b. For those who require an 118A form, the WCM must inform the person/family they will receive an application from DHHS that must be completed as soon as possible. The WCM will provide assistance as appropriate.
   c. For those who do not require the 118A, the Waiver Enrollments Coordinator will move the person to ***Ready for Slot Allocation***.
9. When the completed 118A form has been received by DDSN, the Waiver Enrollments Coordinator will upload this information to the Waiver Enrollment module in Therap and move the person to ***Ready for Slot Allocation.***

10. The person will be allocated a waiver slot when one is available. The Waiver Enrollment Coordinator will notify the WCM via SComm that a waiver slot has been awarded. The Waiver Enrollment module in Therap will also be updated to ***Pending.***
11. The WCM will complete the initial Level of Care (LOC).
12. If the person is in a MCO, the WCM will be instructed to access the DHHS web-based link to complete the termination request (A confirmation will not be received following submission of the request). Once the request is submitted, the WCM is instructed to notify the Waiver Enrollment Coordinator.
13. If the person is in another Waiver, the WCM will be instructed to coordinate the transition with the corresponding Waiver personnel. See Transitioning from Another Medicaid Program to the ID/RD Waiver at the end of this chapter.
14. Once all requirements have been met, the person will be enrolled in the waiver. The Waiver Enrollment module will be updated to ***Enrolled*** and a SComm will be sent to the WCM.
    a. Enrollment occurs regardless of whether services are ready for implementation;
    b. A person must receive two waiver services in the first 60 days of enrollment or disenrollment procedures must be followed.
15. Once a slot has been allocated, Waiver enrollment must occur within 60 days unless prior approval is obtained from the Waiver Policy, Administration, and Case Management division. A compliance process will be developed that includes a pre-determined financial penalty for any enrollment that does not occur within the required timeframes.

Waiver Enrollment Timeline Summary

Activity	**Timeline**
Initial Contact. Inform person/family it is time to begin activities towards waiver enrollment.	10th business day from the day the WCM provider is notified the person has been moved to the processing list and to begin enrollment activities
Freedom of Choice or Waiver Declination form signed.	30 days from date of initial contact with person/family
Level of Care submitted.	By the 5th business day upon notification of slot allocation
Begin non-signature declination process.	11th business day from the day the WCM provider is notified the person has been moved to the processing list if contact attempts are unsuccessful. 31st calendar day following initial contact with person/family if Freedom of Choice or Waiver Declination form not received. At any point if person/family cannot be located after reasonable attempts.

Application Withdrawal: If, during the enrollment process, the participant/legal guardian decides that they no longer wish to pursue ID/RD Waiver services, they must complete the Statement of Consumer Declining Waiver Services (ID/RD Form 20). This form must be signed by the participant/legal guardian along with the Case Manager/Early Interventionist. A copy must be forwarded to Celesa Williams, Waiver Enrollments Coordinator. A copy of the form must be provided to the participant/legal guardian and maintained in the participant's file.

Declinations
Celesa Williams, Waiver Enrollments Coordinator
Whitten Center
28373 Highway 79 East, Clinton, SC 29325
Email: cwilliams@ddsn.sc.gov

Note: If the participant/legal guardian makes this decision after the enrollment process is finalized, the Notice of Disenrollment (ID/RD Form 17) must be completed. See Chapter 7 for instructions regarding disenrollments.

If, at a later time, the participant wishes to re-apply for the ID/RD Waiver, a new Request for Waiver Slot must be submitted according to the procedures outlined in Chapter 3 (Requesting a Slot).

Declinations and Non-signature Declinations: If a **Waiver Declination form is completed,** the completed form must be submitted to Celesa Williams, Waiver Enrollments Coordinator, **within three (3) business days** following receipt of the completed form.

When a Waiver Case Manager (WCM) is unable to obtain the signature of the participant/legal guardian (e.g. family moved out-of-state, unable to locate participant/legal guardian or participant/legal guardian has been non-responsive to requests for required documentation or reluctant to make final decisions related to Waiver enrollment), the Waiver Enrollment Coordinator can revoke the slot without a signature. The WCM must meet the following conditions BEFORE non-signature declinations can be completed:

1. The case file must contain specific dates when the WCM tried to contact the participant/legal guardian. Notes will indicate what phone number was called and if a message was left or if a conversation took place. The WCM will ensure that calls are made on multiple days, at varying times to all available contact numbers and during times the file indicates someone would typically be at home.

2. After several telephone calls to no avail, the WCM should send a 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 there is no response in the ten (10) calendar days proceed to Step #4.

3. If during the ten (10) calendar days the participant contacts the WCM and requests assistance or additional time to make a decision, they should be given 30 calendar days from the request. If a decision is still not reached or documentation has not been received at the end of 30 calendar days then another certified letter should be sent clearly explaining what issues need to be resolved, a copy of the appropriate appeals process and a statement that the slot will be revoked in the next ten (10) calendar days if no appropriate response is received.

4. If the above steps have been taken, the Statement of Consumer Declining Waiver Services can be processed without a participant/legal guardian's signature. A copy must be forwarded to Celesa Williams, Waiver Enrollment Coordinator, who will remove the participant's name from the waiting list. A copy of the form should be sent to the participant and the original placed in the participant's file. If, at a later time, the participant wishes to re-apply for the Waiver, a new Request for Waiver Slot must be submitted according to the procedures outlined in Chapter 3.

Example of the contact flow:

- *Multiple contacts documented informing the family of the required decision/documentation*
- *Certified letter*
- *10 days later (if no contact is made or there is no request for additional time) Form 20 is completed and slot revoked*

If the participant/family requests additional time:

- *Allow an additional 30 days for resolution*
- *Contact family for resolution- Certified letter (if no resolution)*
- *10 days later, Declination is completed and slot revoked*

***These standards are a minimum, if at any time the WCM feels additional time is needed by the family, it can be granted.*

Medicaid Eligibility Status Updates

Requests for status updates related to Medicaid Eligibility for individuals in DDSN Waivers or enrolling in DDSN Waivers will be directed through the Liaison Center. The DHHS 1282 Form granting permission for DHHS to share information with indicated parties is required.

Questions regarding Medicaid Eligibility Status	**Send documentation such as the DHHS Form 1282, 3400b and other documentation to:**
Contact the Nursing Home Provider Liaison Center at: Phone: 1-877-797-5409, 8:00am-5:00pm (Monday-Friday) **OR** Email: NursingHomePLC@bcbssc.com Subject line: (Site/Provider Name), NHPLC Team # Example: Whitten Center, Team #9 8888201204@fax.scdhhs.gov	Email address: 8032558296@fax.scdhhs.gov **OR** Fax line: 803-255-8296

NHPLC Team 9 – Region 1	NHPLC Team 14 – Region 2	NHPLC Team 14 – Region 3	NHPLC Team 9 – Region 4
Oconee	York	Calhoun	Chesterfield
Pickens	Union	Orangeburg	Marlboro
Anderson	Chester	Dorchester	Darlington
Abbeville	Lancaster	Colleton	Lee
Greenwood	Fairfield	Allendale	Sumter
Laurens	Kershaw	Hampton	Clarendon
Newberry	Richland	Jasper	Williamsburg
Greenville	Lexington	Beaufort	Florence
Spartanburg	Saluda	Charleston	Marion
Cherokee	McCormick	Berkeley	Dillon
Whitten Center	Edgefield	Coastal Center	Horry
	Aiken		Georgetown
	Barnwell		Pee Dee Center
	Bamberg		
	Midlands Center		

TRANSITIONING FROM ANOTHER MEDICAID PROGRAM TO THE ID/RD WAIVER

When transitioning a participant from the following programs to the ID/RD Waiver, it is important that the participant maintain Medicaid eligibility.

- Children's Personal Care Assistance (CPCA)
- State Plan Private Duty Nursing
- Incontinence Supplies
- Community Choices Waiver
- Mechanical Vent Waiver
- HIV/AIDS Waiver
- Medically Complex Children's Waiver
- Community Supports Waiver

To prevent an interruption of Medicaid services, coordination with the CLTC Case Manager/Nurse, Support Staff, SCDHHS Program Staff, 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 ID/RD Waiver enrollment date and the participant's ICF/IID Level of Care date to properly update the participant's information.

Once it is verified that the participant is ready to transition to the ID/RD Waiver; the following steps must be taken for a smooth transition to occur:

Children's Personal Care/Incontinence Supplies to the ID/RD Waiver

- Contact CLTC Support Staff (see CLTC Area Office Transition Contacts) to determine the CPCA Care Coordinator.
- Contact the CPCA Care Coordinator to establish the transition date and gather information about services received. For CPCA and/or Incontinence Supply services that need to be authorized on the ID/RD Waiver enrollment date, contact the providers of these services and inform them of the upcoming waiver transition.
- A Children's PCA Assessment must be completed. If more than 10 hours per week is requested, the assessment must be sent to SCDDSN Central Office for review. A Children's Personal Care Aide (PCA) Physician Information Form and/or Incontinence Supply Assessment and Physician's Certification of Incontinence must be completed prior to authorizing services through the ID/RD Waiver. This information must be obtained prior to the transition in order for services to be authorized on the ID/RD Waiver enrollment date. For additional information see Chapter 10.
- Complete the Memorandum of Confirmation of Transition (ID/RD Form 18)
- Send the Memorandum of Confirmation of Transition to:
    - CPCA Care Coordinator;
    - CLTC Support Staff (see CLTC Area Office Transition Contacts) by email;
    - Waiver Enrollment Coordinator;
    - SCDHHS Medicaid Eligibility Worker; and
    - Retain a copy in the participant's file
- CPCA Care Coordinator terminates CPCA application/authorizations (& IS application/authorizations if applicable) the day before the agreed upon transition date.
- The Waiver Enrollment Coordinator will send the Case Manager/Early Interventionist a Certification of Enrollment/Disenrollment Form (HCB Form 13) as notification of enrollment.
- For services that must be authorized on the ID/RD Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval to authorize from the SCDDSN Waiver Administration.

Medically Complex Children's (MCC) Waiver to the ID/RD Waiver

- Contact the SCDHHS Waiver Administrator, Allison Shumpert at allison.shumpert@scdhhs.gov to negotiate a transition date and discuss services. For Nursing services that need to be authorized on the ID/RD Waiver enrollment date, contact the provider/s of this service and inform them of the upcoming waiver transition.
- Services that need to be authorized on the ID/RD Waiver enrollment date must be arranged prior to the waiver transition. This includes notifying the service provider/s of the upcoming waiver transition. For example, if a participant receives ongoing Nursing services a Medical Necessity Criteria for Private Duty Nursing Care Coordination Form, a Checklist for Medical Necessity Criteria for State Plan Private Duty Nursing Service (PDN Form 02) and a Physician's order for Nursing Services (ID/RD Form 2) must be completed prior to the waiver transition (See Chapter 10 for additional information).
- Complete the Memorandum of Confirmation of Transition (ID/RD Form 18).
- Send the Memorandum of Confirmation of Transition to:
    - SCDHHS MCCW Program Coordinator I;
    - Waiver Enrollment Coordinator;
    - SCDHHS Medicaid Eligibility Worker; and
    - Retain a copy in the participant's file
- Once the DHHS MCCW Program Coordinator I receives the Memo of Transition, the DHHS MCCW Program Coordinator I will advise the MCC Care Coordinator (CC) that the participant will be transitioning to another program. The MCC Care Coordinator will process the transition.
- The Waiver Enrollment Coordinator will send the Case Manager/Early Interventionist via the Certification of Enrollment/Disenrollment Form (HCB Form 13) as notification of enrollment.
- The Waiver Tracking System will show an "E" under ENINS.
- For services that must be authorized on the ID/RD Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval to authorize from the SCDDSN Waiver Administration.

Community Choices, HIV/AIDS or Ventilator Waiver to the ID/RD Waiver

- Contact CLTC Case Manager to establish the transition date and discuss services.
- Services that need to be authorized on the ID/RD Waiver enrollment date must be arranged prior to the waiver transition. This includes notifying the service provider/s of the upcoming waiver transition. For example, if an adult participant receives ongoing Personal Care services, the SCDDSN Personal Care/Attendant Care Assessment for Adults must be completed prior to the waiver transition (See Chapter 10 for additional information).
- Complete the Memorandum of Confirmation of Transition (ID/RD Form 18).
    - Send the Memorandum of Confirmation of Transition to:
    - CLTC Area Office Lead Team Case Manager (see CLTC Area Office Transition Contacts) by email;
    - CLTC Support Staff (see CLTC Area Office Transition Contacts) by email;
    - CLTC Case Manager;
    - Waiver Enrollment Coordinator;
    - SCDHHS Medicaid Eligibility Worker; and
    - Retain a copy in the participant's file
- CLTC Case Manager terminates CLTC application and authorizations the day before the agreed upon transition date
- CLTC Support Staff keys the termination date in MMIS within 4 days.
- The Waiver Enrollment Coordinator will notify the Case Manager/Early Interventionist via the Certification of Enrollment/Disenrollment Form (HCB Form 13) of the enrollment date.
- The Waiver Tracking System will show an "E" under ENINS
- For services that must be authorized on the ID/RD Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval to authorize from the SCDDSN Waiver Administration.

Children's Private Duty Nursing Services to the ID/RD Waiver

- Contact the SCDHHS Waiver Administrator, Allison Shumpert at allison.shumpert@scdhhs.gov to negotiate a transition date and discuss services. For Nursing services, that need to be authorized on the ID/RD Waiver enrollment date, contact the provider/s of this service and inform them of the upcoming waiver transition.
- Complete a Medical Necessity Criteria for Private Duty Nursing Care Coordination Form to determine that criteria has been met for Nursing services, if the criteria is met a Checklist for Medical Necessity Criteria for State Plan Private Duty Nursing Service (PDN Form 02) should be completed. A physician's order for Nursing Services (ID/RD Form 28) must be completed by a licensed physician, specifying the skill level required (RN or LPN). The Nursing services must also be prior approved by the Waiver Administration Division.
- Complete the Memorandum of Confirmation of Transition (ID/RD Form 18).
- Send the Memorandum of Confirmation of Transition to:
  - SCDHHS Waiver Administrator;
  - Waiver Enrollment Coordinator;
  - SCDHHS Medicaid Eligibility Worker; and
  - Retain a copy in the participant's file
- The Waiver Enrollment Coordinator will notify the Case Manager/Early Interventionist via the Certification of Enrollment/Disenrollment Form (HCB Form 13) of the enrollment date.
- The Waiver Tracking System will show an "E" under ENINS
- For services that must be authorized on the ID/RD Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval to authorize from the SCDDSN Waiver Administration.

Community Supports Waiver to the ID/RD Waiver

- Review all services to prepare for the waiver transition. For services that need to be authorized on the ID/RD Waiver enrollment date, contact the provider/s of these service/s and inform them of the upcoming waiver transition.
- For services that must be authorized on the ID/RD Waiver enrollment date, complete all necessary documentation (see Chapter 10) and update the Support Plan to seek approval from the SCDDSN Waiver Administration Division.
- Send the CSW Notice of Disenrollment Form (CSW Form 17) to:
  - Waiver Enrollment Coordinator
  - Participant/Legal Guardian
  - SCDHHS Medicaid Eligibility Worker; and
  - Retain a copy in the participant's file
- Send the Memorandum of Confirmation of Transition to:
  - Waiver Enrollment Coordinator, Celesa Williams
  - SCDHHS Medicaid Eligibility Worker; and
  - Retain a copy in the participant's file
- Enrollment in the ID/RD waiver will occur the day following termination from the CS Waiver.
- The Waiver Enrollment Coordinator will notify the Case Manager/Early Interventionist via the Certification of Enrollment/Disenrollment Form (HCB Form 13) of the enrollment date.
- The Waiver Tracking System will show an "E" under ENINQ.
- For services that must be authorized on the ID/RD Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval to authorize from the SCDDSN Waiver Administration.

For CLTC Area Office Transition Contacts, go to the link below:
https://www.scdhhs.gov/site-page/community-long-term-care-addresses