

From: [Linguard, Christie](#)
Subject: Meeting Notice - The Commission of the SCDDSN - Policy Committee Meeting - February 14, 2023
Date: Friday, February 10, 2023 9:56:46 AM
Attachments: [February 14 2023 Policy Committee Meeting Packet.pdf](#)

Everyone,

The South Carolina Commission on Disabilities and Special Needs will hold an in-person Policy Committee meeting on Tuesday, February 14, 2023, at 3:00 p.m. The Committee Meetings are held at the SC Department of Disabilities and Special Needs Central Administrative Office, 3440 Harden Street Extension, Columbia, SC. This meeting can also be viewed via a live audio stream at <https://ddsn.sc.gov>.

Please see the attached meeting material for the Policy Committee Meeting.

For further information or assistance, contact (803) 898-9769 or (803) 898-9600.

Thank you.

POLICY COMMITTEE AGENDA

DRAFT

**Commission of the South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Columbia, South Carolina**

February 14, 2023

3:00 p.m.

- 1. Call to Order** **Committee Chair Barry Malphrus**
- 2. Statement of Announcement** **Lori Manos on behalf of Chairman Malphrus**
- 3. Invocation** **Committee Chair Barry Malphrus**
- 4. Adoption of Agenda**
- 5. Approval of Summary Notes from November 8, 2022 Meeting (pg. 1-2)**
- 6. New Business:**
 - A. 734-01-DD: Individual and Family Support and Respite – State Funding (pg. 3-9)**
 - B. 738-01-DD: Discharge Planning for those leaving an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and Enrolling in a Home and Community-Based Services (HCBS) Waiver Program (pg. 10-18)**
- 7. Adjournment – Next Meeting March 14, 2023**

MEETING SUMMARY OF THE POLICY COMMITTEE
Commission of the South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Columbia, South Carolina
November 8, 2022

**IN ATTENDANCE: Chairman, Barry Malphrus; Commissioner David Thomas, and
Commissioner Michelle Woodhead
Dr. Michelle Fry, Lori Manos, Ann Dalton, Quincy Swygert, PJ Perea and Colleen Honey**

1. Adoption of Agenda

Chairman Malphrus requested committee members to adopt the agenda.

As there were no objections, agenda was adopted.

2. Approval of Summary Notes from the October 11, 2022 Meeting

Chairman Malphrus requested committee members to adopt the summary notes.

As there were no objections, the summary notes from the September 6, 2022 meeting were adopted.

3. Old Business:

A. Administrative Agency Standards

The Standard was posted for external review. Several comments were received and staff made additional changes. The Chairman requested several additional changes. As there were no objections, the Standard will be presented to the full Commission for approval.

4. New Business:

A. 367-08-DD: Central Office Telephone Call Coverage Backup Policy

Staff presented to the Committee for approval to declare OBSOLETE as the directive has been incorporated to other directives. As there were no objections, the directive will be declared OBSOLETE in conjunction with 367-11-DD and 367-20-DD after they have gone out for external review.

B. 367-11-DD: Telephone Policy

Staff presented to the Committee for approval to post for external review. The Chairman requested one change. As there were no objections, the directive will be posted for public comment (10-day review) and will be presented at the next Policy meeting.

C. 367-20-DD: Portable Computing Devices

Staff presented to the Committee for approval to post for external review. As there were no objections, the directive will be posted for public comment (10-day review) and will be presented at the next Policy meeting.

D. 104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities

Staff presented to the Committee for approval to post for external review. As there were no objections, the directive will be posted for public comment (10-day review) and will be presented at the next Policy meeting.

E. 100-28-DD: Quality Management

Staff presented to the Committee for approval to post for external review. The Chairman requested one change. As there were no objections, the directive will be posted for public comment (10-day review) and will be presented at the next Policy meeting.

5. Adjournment

The next meeting will take place on January 10, 2023.

Reference Number: 734-01-DD

Title of Document: Individual and Family Support and Respite – State Funding

Date of Issue: August 8, 1989

~~Last Review Date: July 5, 2017~~

Date of Last Revision: ~~July 5, 2017~~ XXXX, 2023 (REVISED)

Effective Date: ~~August 8, 1989~~ XXXX, 2023

Applicability: Central Office; ~~DSN Boards; Contracted Service Providers~~ DDSN Contracted Case Management Providers

The Department of Disabilities and Special Needs (DDSN) recognizes that families are the greatest resource available to individuals with disabilities. DDSN believes families should be supported in their role as primary caregivers and be assisted when needed to care for their family member(s) at home, if possible.

I. DEFINITION OF FAMILY

A “family” is an individual who is eligible for DDSN services, his/her parent(s), sibling(s), relative(s), or other caregiver(s) who reside in the same household as the DDSN eligible individual.

II. PURPOSE/OBJECTIVE

The purpose of Individual and Family Support and Respite (IFS-R) funding is to provide, when needed, financial assistance to families who care for an individual with an intellectual or related disability, autism, or traumatic brain injury, spinal cord injury or similar disability in order to:

1. Provide relief from the responsibilities of direct, hands-on caregiving and supervision; or
2. Improve an unsafe, risky or dangerous situation.

IFS-R funding is directed toward those families who incur additional expenses due to the individual's disability. It is not intended to be used for typical expenses that are routinely incurred by families such as rent, utilities, childcare/babysitting for children under age 12, etc.

In accordance with state law, IFS-R funding is not an entitlement program or a general public assistance benefit. The receipt of IFS-R funding is intended to be limited, one-time or short term; it is not intended to be ongoing.

IFS-R funding should only be made available when needed goods or services cannot be funded by the family, other public agencies or community resources or through other DDSN services/programs. IFS-R funding will not be available to those who refuse/decline other available resources, services or programs. Consideration must be given to all of the resources available to the family, even those resources that cannot directly fund the needed goods or services. Priority must be given to those families with the greatest need.

PROHIBITIONS:

IFS-R funding shall **not** be available to:

- Those who are not DDSN eligible.
- Those who are enrolled in **any** Medicaid Home and Community Based Waiver.
- Those who are eligible for DDSN services in the "At-Risk" category (children three (3) to six (6) years).
- Those who receive Residential Habilitation.
- Those who reside in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), a Nursing Facility, or Assisted Living Facility.
- Those in SC Department of Social Services Foster Care or Therapeutic Foster Homes.
- Those residing in a Psychiatric Residential Treatment Facility (PRTF).
- Those receiving State Funded Community Supports may not also receive IFS-R funds for Respite.
- ~~Those participating in the state-funded Pervasive Developmental Disorder (PDD) program.~~
- Those families with income above the threshold specified in Attachment A - Income Standards, of this Directive may not receive IFS-R funding for assistance to improve an unsafe, risky, or dangerous situation.

III. ADMINISTRATION

All ~~boards/providers~~Case Management Providers administering IFS-R funds are expected to do so fairly and equitably, allowing access to anyone who meets criteria and is ~~considered part of their service area~~receiving active or inactive case management from provider.
~~Boards/Providers~~Case Management providers administering ISF-R funds do so without allocating administration costs from the award.

Each administering ~~board/provider~~Case Management Provider must develop a policy that aligns with this DDSN Directive and specifies the criteria and process to be used by the ~~board/provider~~ for the administration of IFS-R funds. The policy may include a maximum allowable amount per individual as long as the limit applies equally to all. The methods for monitoring the administration of the funds should also be specified.

Each administering ~~board/provider~~ must have a process whereby information necessary to make decisions about requests for funding is obtained. Each administering ~~board/provider~~ may develop its own application forms or use the forms attached to this DDSN Directive. The information contained in the forms attached to this DDSN Directive is required and must be collected by the administering board/provider. Any forms to be used to apply for IFS-R funding must readily be available and easily accessible to anyone wishing to apply.

~~Boards/Providers~~ administering IFS-R funds must maintain a log of all requests received. This log should include the name of DDSN eligible individual, the type of request (family support or respite), the date of the request, the amount requested, whether or not the request was approved/denied, and the date the family was notified of the approval or denial.

When requests for IFS-R are not approved, the family must be notified of their right to appeal the decision. Families should follow the process outlined in DDSN's Directive 535-11-DD: Appeal and Reconsideration Policy and Procedures of Decisions.

~~Susan Kreh Beck, Ed.S., NCSP~~
~~Associate State Director Policy~~
~~(Originator)~~

~~Beverly A.H. Busecemi, Ph.D.~~
~~State Director~~
~~(Approved)~~

~~Barry D. Malphrus~~
~~Vice-Chairman~~

~~Stephanie M. Rawlinson~~
~~Chairman~~

To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number.

- Attachment A - Income Standards
- Attachment B - Respite Application
- Attachment C - Family Support Application

**SC Department of Disabilities and Special Needs
Income Standards for Individual and Family Support**

FAMILY SIZE	MONTHLY INCOME	ELIGIBLE FOR IFS?	FAMILY SIZE	MONTHLY INCOME	ELIGIBLE FOR IFS?
1	\$0 - \$1,459 <u>1,823</u>	<input type="checkbox"/> YES	9	\$0 - \$5,519 <u>6,963</u>	<input type="checkbox"/> YES
1	\$1,460 <u>1,824</u> +	<input type="checkbox"/> NO	9	\$5,520 <u>6,924</u> +	<input type="checkbox"/> NO
2	\$0 - \$1,966 <u>2,465</u>	<input type="checkbox"/> YES	10	\$0 - \$6,026 <u>7,605</u>	<input type="checkbox"/> YES
2	\$1,967 <u>2,466</u> +	<input type="checkbox"/> NO	10	\$6,027 <u>7,606</u> +	<input type="checkbox"/> NO
3	\$0 - 2,474 <u>3,108</u>	<input type="checkbox"/> YES	11	\$0 - \$6,534 <u>8,248</u>	<input type="checkbox"/> YES
3	\$2,475 <u>3,109</u> +	<input type="checkbox"/> NO	11	\$6,535 <u>8,249</u> +	<input type="checkbox"/> NO
4	\$0 - \$2,981 <u>3,750</u>	<input type="checkbox"/> YES	12	\$0 - \$7,041 <u>8,890</u>	<input type="checkbox"/> YES
4	\$2,982 <u>3,751</u> +	<input type="checkbox"/> NO	12	\$7,042 <u>8,891</u> +	<input type="checkbox"/> NO
5	\$0 - \$3,489 <u>4,393</u>	<input type="checkbox"/> YES	13	\$0 - \$7,549 <u>9,533</u>	<input type="checkbox"/> YES
5	\$3,490 <u>4,394</u> +	<input type="checkbox"/> NO	13	\$7,550 <u>9,534</u> +	<input type="checkbox"/> NO
6	\$0 - \$3,996 <u>5,035</u>	<input type="checkbox"/> YES	14	\$0 - \$8,056 <u>10,175</u>	<input type="checkbox"/> YES
6	\$3,997 <u>5,036</u> +	<input type="checkbox"/> NO	14	\$8,057 <u>10,176</u> +	<input type="checkbox"/> NO
7	\$0 - \$4,504 <u>5,678</u>	<input type="checkbox"/> YES	15	\$0 - \$8,564 <u>10,818</u>	<input type="checkbox"/> YES
7	\$4,505 <u>5,679</u>	<input type="checkbox"/> NO	15	\$8,565 <u>10,819</u> +	<input type="checkbox"/> NO
8	\$0 - \$5,011 <u>6,320</u>	<input type="checkbox"/> YES	16	\$0 - \$9,071 <u>11,460</u>	<input type="checkbox"/> YES
8	\$5,012 <u>6,321</u> +	<input type="checkbox"/> NO	16	\$9,072 <u>11,461</u>	<input type="checkbox"/> NO

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS APPLICATION FOR RESPITE FUNDS

The purpose of Respite funding is to provide, when needed, financial assistance to families who care for a person with an intellectual or related disability, autism, or traumatic brain injury, spinal cord injury or similar disability in order to provide needed relief from the responsibilities of direct, hands-on caregiving and supervision. Respite funding is directed toward those families who incur additional expenses due to the person's disability. It is not intended to be used for typical expenses that are routinely incurred by families such as childcare/babysitting for children under age 12, etc. In accordance with state law, IFS-R funding is not an entitlement program or a general public assistance benefit.

Because these funds are limited, Respite funds are not available to:

- Those who are not DDSN eligible.
- Those who are enrolled in **any** Medicaid Home and Community Based Waiver.
- Those who are eligible for DDSN services in the "At-Risk" category (children three (3) to six (6) years).
- Those who receive Residential Habilitation.
- Those who reside in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or a Nursing Facility.
- Those in SC Department of Social Services Foster Care or Therapeutic Foster Homes.
- Those residing in a Psychiatric Residential Treatment Facility (PRTF).
- Those receiving State Funded Community Supports may not also receive IFS-R funds for Respite.

Respite funding is only available when the needed relief from caregiving and supervision cannot be paid for by the family, other public agencies or community resources or as a by-product of DDSN or other agency services/programs. Consideration must be given to all of the resources available to the family, even those resources that indirectly provide relief from caregiving and supervision. Requests should be short-term and not on-going.

DDSN Eligible Person's Name: _____ Date of birth: _____

Address: _____

Regarding the DDSN eligible person, he/she (check all that apply):

- Is individual Medicaid Eligible.
- Receives Children's Personal Care as a State Plan service.
- Receives Private Duty Nursing as a State Plan service.
- Receives Rehabilitative Behavioral Health Services (RBHS).
- Has Applied for Medicaid: _____ Date of Application: _____
- Attends Public or Private School.
- Receives Homebound Instruction - If yes, specify instructional time per week: _____
- Is Homeschooled by Family.
- Enrolled/participates in a Day Program, Adult Activity Center or Work Program.
- Receives Adult Day Health Care services.
- Is awaiting enrollment in a DDSN-operated Waiver (ID/RD, HASCI, CS, PDD)
- Is enrolled/participates in a DHHS-operated (CLTC) Home and Community-based Waiver
(SC Choices, Medically Complex Children's Waiver, HIV/AIDS Waiver, Ventilator Dependent Waiver)

Is currently employed: Full-time Part-time

If the DDSN eligible person is a child between ages 4-12; does he/she:

Engage in inappropriate, disruptive behavior on a daily basis (hitting, kicking, running away, smearing feces, eating objects that are not food, etc.)

Have a complex medical condition or disabilities that makes care difficult (diaper changes/incontinence care, hands on feeding, etc.)

If yes to either question above, explain: _____

(attach additional pages if needed)

Who, other than the DDSN eligible person, lives in the home? List each person's relationship to the DDSN eligible person and his/her age (e.g., *Mother – age 39; Father – age 40; Sister – age 12*):

Regarding the DDSN eligible person, who is his/her primary caregiver?

Name: _____ Relationship: _____

Age of Primary Caregiver: _____

Who provides care when the primary caregiver noted above is not available?

Name	Age	Relationship

This application is for funding for Respite:

To be provided (one-time) during the temporary absence of the primary caregiver. Explain why the caregiver will be unavailable (e.g., *caregiver is having surgery, etc.*): _____

Approximate amount of Respite needed: _____

Amount of Respite Funds requested: \$ _____

To be routinely provided:

Approximate amount of Respite needed per calendar month: _____

Amount of Respite Funds requested per calendar month: \$ _____

If needed for a portion of a calendar year, indicate time period/duration (e.g., *needed monthly for June, July and August only*): _____

Please include information about attempts at locating alternate resources for respite:

Regarding the person completing this application:

Printed Name: _____

Relationship to the DDSN Eligible Person: _____

Contact Information:

Address: _____

Telephone Number (s): _____ Email Address: _____

I certify that the above information is true and complete. I understand that submitting false information or use of Respite Funds for purposes other than as requested may result in termination of assistance and a payback of expended funds to DDSN.

Signature of Person Completing Application

Date: _____

Submit Completed Forms to the attention of Kim Lawer

Email: klawer@ddsn.sc.gov

Fax: (803) 898-2266

Michelle G. Fry, J.D., Ph.D.
State Director
Constance Holloway
General Counsel
Tracey Hunt
Chief Financial Officer
Janet Priest
Interim Associate State Director
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Reference Number: 738-01-DD

Title of Document: Discharge Planning for Individuals Leaving an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and Enrolling in a Home and Community-Based Services (HCBS) Waiver Program

Date of Issue: February 1, 2008

Date of Last Revision: ~~March 17, 2022~~ XXXX, 2023 (REVISED)

Effective Date: ~~March 17, 2022~~ XXXX, 2023

Applicability: Community ICFs/IID, DDSN Regional Centers, and Case Management Providers

PURPOSE:

To establish the expectations of the South Carolina Department of Disabilities and Special Needs (DDSN) regarding discharge planning for individuals who may need services funded by a DDSN-operated Home and Community-Based Services (HCBS) Waiver upon leaving a DDSN Regional Center or Community Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

POLICY:

DDSN is committed to supporting South Carolinians with disabilities through choice to receive needed services in the most integrated settings when it is appropriate and desired. To assure that needed services are available to newly discharged ICF/IID individuals on the day of discharge and beyond, appropriate planning prior to discharge must occur.

Individuals receiving care in ICF/IID settings who are preparing for discharge **must be offered information about Home and Community-Based services and Case Management Services.**

Case Management Services may be received for up to six (6) months prior to ICF/IID discharge. These services are intended to prepare the individual for discharge, by preparing/completing waiver program enrollment, assessing needs, and planning for the delivery of services to meet identified needs, after discharge. Case Management Services are paramount to successful discharge from an ICF/IID.

When ICF/IID discharge is likely (i.e., within six (6) months of the move), Qualified Intellectual Disability Professionals (QIDPs) or designees must provide the individual or his/her legal representative information about DDSN-Operated Home and Community Based Services and information about the Case Management providers available in the county in which the individual will live after discharge. **NOTE:** Most Case Management Services providers render Waiver Case Management. The individual/legal representative must choose a provider to render Case Management services (a list of providers can be found on the DDSN website www.ddsn.sc.gov, select “Services,” then select “Find a Service Provider,” then select “DDSN Provider/Service Directory” and then select “Provider Directory.” Select “Case Management” from the “Service” list; select the person’s disability category from the “disability” list; and select the county to which the individual will be moving from the “county” list. The choice of Case Management Services provider must be properly documented using the Acknowledgement of Choice Form (Attachment 2). Once chosen, the QIDP must contact the Case Management Services provider to request services. The QIDP must be prepared to provide basic demographic information, information about the anticipated setting in which the individual will live, the approximate ICF/IID discharge date, and supports/services likely to be needed in the anticipated setting. If the chosen Case Management Services provider is not willing to provide services, another provider must be chosen and the aforementioned process followed until a provider is found.

The chosen Case Management Services provider will assign a Case Manager to service the individual preparing for ICF/IID discharge. Services rendered will be in accordance with DDSN-Operated Home and Community Based Standards and applicable DDSN Directives. Services rendered prior to discharge from the ICF/IID setting will be recorded by the Case Manager.

ICF/IID services are funded by Medicaid. In South Carolina, DDSN-operated Home and Community-Based (HCB) Services Waiver programs, allow services similar to those provided in an ICF/IID to be funded by Medicaid when provided outside of an ICF/IID. Therefore, DDSN-operated HCBS Waivers allow ICF/IID individuals to move from the ICF/IID to another setting (e.g., a home of their own, a family member’s home, Community Training Home, Supervised Living Program, Community Residential Care Facility) that is not an institution setting (e.g., Nursing Facility, Hospital, another ICF/IID) and to receive Medicaid funding for services needed in that setting. For many individuals receiving services in an ICF/IID, living outside of an institution setting would not be possible without HCBS Waiver services. More information about the DDSN-operated HCBS Waiver programs can be found by following the links notes in the “Related Documents” section of this directive.

In order to receive HCBS Waiver services, one must be enrolled in a waiver. To be enrolled, one must:

- Be eligible for Medicaid;
- Be assessed to have needs that can be met through the provision of waiver services;
- Be allocated a waiver slot;
- Choose to receive services through the waiver, and
- Meet ICF/IID or Nursing Facility (for HASCI only) Level of Care criteria.

For an individual receiving services in an ICF/IID preparing for discharge, the “Request for Waiver Slot Allocation” form (see appropriate Waiver manual) must be completed by the Case Manager within one (1) month prior to discharge from the ICF/IID and sent to the appropriate DDSN Waiver Enrollments Coordinator. If the individual is transferring to a DDSN sponsored residential habilitation setting, then the process outlined in DDSN Directive [502-01-DD: Admissions/Discharges/Transfers To/From DDSN Funded Community Residential Settings](#) [700-09-DD: Determining Need for Residential Services](#), must be followed.

When a HCBS Waiver slot is awarded and Notice of Slot Allocation is received, the Case Manager must secure the Waiver “Freedom of Choice” and “Acknowledgement of Rights and Responsibilities” forms from the appropriate party (see appropriate Waiver Manual).

For HCBS Waiver enrollment, one must be evaluated against the appropriate ICF/IID Level of Care criteria prior to, but not more than one (1) month before the date of, enrollment in the waiver. Waiver enrollment cannot occur unless it is determined that the individual meets the criteria and the determination is made within the appropriate time period. Please refer to the appropriate Waiver manual for more information regarding Level of Care evaluations.

To determine if an individual meets the criteria, appropriate information about the individual (i.e., Level of Care Packet) must be provided to the DDSN Eligibility Division. The ICF/IID Level of Care Packet must be prepared by the Waiver Case Manager with assistance from the QID/DDP or designee and must include:

- A completed request for ICF/IID Level of Care (refer to the appropriate Waiver manual for the appropriate request form).
- A formal psychological evaluation(s) that includes cognitive and adaptive scores that support a diagnosis of intellectual or developmental disability, a related disability, or a traumatic brain injury with onset prior to age 22, or documentation that supports that the person has a related disability such as a report from DDSN Autism Division, or appropriate medical, genetic or adaptive assessments. If available, the individual’s DDSN Eligibility Letter should be included.
- A current plan including Behavior Support Plan.

- Current information about the individual's ability to complete personal care and daily living tasks, behavior/emotional functioning, and physical health status. For ICF/IID, the Code of Federal Regulations at §483.440(b) (5) (i) - [W203] requires that a final summary of the individual's developmental, behavioral, social, health and nutritional status be developed. The QIDP or designee should provide this final summary to the Case Manager for inclusion in the Level of Care Packet.

When the ICF/IID Level of Care evaluation is completed for ID/RD or Community Supports Waiver recipients, the DDSN Eligibility Division will provide notification as appropriate.

To determine if an individual meets Nursing Facility (NF) Level of Care for HASCI Waiver enrollment, forms specified in the HASCI Waiver Manual must be completed and submitted to the DHHS-Community Long Term Care (CLTC) Office serving the locality where the individual will live. When the Nursing Facility Level of Care evaluation is complete, the CLTC Office will provide notification as appropriate.

Once the ICF/IID individual has been assessed to have needs that can be met through the provision of waiver services; has chosen to receive services through the waiver; has been allocated a waiver slot, and has been determined to meet the appropriate ICF/IID Level of Care, he/she is ready for enrollment in the chosen HCBS DDSN-operated Waiver. Actual enrollment cannot occur until the individual is discharged from the ICF/IID. In most situations, the Waiver enrollment date will be the date the individual is officially discharged from the ICF/IID.

If during the enrollment process, the ICF/IID individual decides not to pursue HCBS Waiver enrollment, a statement must be obtained by the Waiver Case Manager from the individual/legal representative declining Waiver services (see the appropriate Waiver manual for more information).

Once the statement of declination of Waiver services is completed, the original should be maintained in the Case Management Services record and a copy maintained in the ICF/IID record. A copy will also be sent to the DDSN Waiver Enrollment Coordinator. If the statement of declination of Waiver services is not sent to the DDSN Waiver Enrollment Coordinator, the enrollment process will continue.

For ICFs/IID, the Code of Federal Regulations at §483.440(b)(5)(ii) - [W205] requires that a post-discharge plan of care be provided that will assist the individual to adjust to the new living environment to which they are moving. DDSN HCB Waiver programs require that **only** the services included in the plan of care be provided. If any waiver services are to be received immediately following discharge from the ICF/IID (e.g., residential habilitation), appropriate planning prior to discharge from the ICF/IID must occur.

The Waiver Case Manager, with input from QIDPs, will develop ~~one plan~~ a Plan. This plan must document both the post-discharge plan that will assist the individual to adjust to the new living environment and the HCBS Waiver services to be furnished, the provider type and amount of services, frequency and duration of services to be delivered. The plan must be in the format required by the HCBS Waiver program for use as the Plan of Care.

Once the plan is developed, the individual/representative can select the Waiver service providers to be authorized to provide services immediately following discharge upon enrollment (i.e., effective date of authorization = the date of Waiver enrollment).

Case Management providers may bill for Transitional Waiver Case Management utilizing codes outlined in their Contracts. Billing for all Transitional Waiver Case Management should use the Waiver enrollment date as the date of service.

Barry D. Malphrus
Vice-Chairman

Stephanie M. Rawlinson
Chairman

To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>

- Attachment 1: Case Management Services
- Attachment 2: ~~Freedom of Choice~~ Acknowledgement of Choice of Provider Form
- Attachment 3: DDSN Regional Center Individual Transition Checklist

Related Documents:

[Intellectual Disability/Related Disability Waiver Information Sheet](#)

[Community Support Waiver Information Sheet](#)

[HASCI Waiver Information Sheet](#)

DDSN Directive ~~502-01-DD: Admissions/Discharges/Transfers of Individuals to/from DDSN Funded Community Residential~~ 700-09-DD: Determining Need for Residential Services

WAIVER CASE MANAGEMENT SERVICES

Transitional Waiver Case Management (WCM) Services are provided to those who are seeking enrollment in and receiving services through a Medicaid Home and Community Based Services (HCBS) Waiver.

~~Waiver Case Management~~Transitional WCM Services are provided by trained professionals, called Waiver Case Managers, who have knowledge of the medical, social, educational, and other services that are available. Waiver Case Managers facilitate the person's enrollment in a HCBS Waiver, learn about each individual's specific needs, through assessment, so that he/she may plan for and facilitate the delivery of specific services to meet those needs. Waiver Case Manager's assure that services are appropriate and effective and, as needed, make referrals and/or link people to appropriate service providers.

Waiver Case Managers are employed by Disabilities and Special Needs (DSN) Boards and contracted service provider agencies that have been qualified by DDSN as providers of Case Management Services. Those who will receive Transitional Waiver Case Management Services must choose a service provider from among those available. A list of providers can be found on the DDSN web site (<https://app.ddsn.sc.gov/public/directory/landing.do>).

Acknowledgement of Choice of Provider

Name: _____

Date of Birth: _____

By signing this form, I acknowledge that a list of qualified Transitional Waiver Case Management (WCM) Services providers has been made available to me. I have chosen the provider listed below. I understand I may choose a different provider at any time.

~~Waiver Case Management~~ Transitional WCM Services Provider: _____

Printed Name

Signature

Relationship to ICF/IID Resident

Date

Witness

Date

**South Carolina Department of Disabilities and Special Needs
DDSN REGIONAL CENTER INDIVIDUAL TRANSITION CHECKLIST**

General Information (Completed by DDSN Regional Center Staff)

Name: _____ SSN: _____ DOB: _____

DDSN Regional Center/Residence Currently Living In: _____

Current DDSN Regional Center Qualified Intellectual Disability Professional: _____

Previous Community Supports Received (*if applicable*): Date(s): _____ Provider(s): _____

Reason(s) for Previous Return to DDSN Regional Center (*if applicable*): _____

Community Service Preparations (Completed by Community Service Provider Staff)

Proposed Community Residential Service Provider: _____

Proposed Community Day Service Provider: _____

Transitional Waiver Case Management Provider: _____

Overnight visits to new home occurred (*dates*): _____

Residential/Day Direct Support Staff Observed Individual at DDSN Regional Center (*dates*): _____

Actions Taken to Address Barriers to Successful Community Living (*if applicable*): _____

Daily Activity Schedule Developed: Yes No Special Diet Developed (*if applicable*): Yes No

Specialized Training Received (*dates if applicable*): _____

Nurse: _____ Behavior Support Provider: _____ Program Coordinator: _____

Medical/Therapy Provider Identified (*Name if applicable*): _____

MD: _____ Dentist: _____

Pharmacist: _____ PT: _____

Other: _____

Environmental Modifications Completed (if applicable): Yes No

Adaptive Equipment Available (if applicable): Yes No

Support Plan Developed: Yes No Waiver Slot Allocation Requested (if applicable): Yes No

Freedom of Choice Completed (if applicable): Yes No

Level of Care Completed (if applicable): Yes No

~~I attest that the above information is a correct reflection of the preparations which have been completed to facilitate the transition of the named person. I believe that all necessary preparations have been made to allow for the successful transition of this person.~~

~~_____
CEO/Residential Service Provider _____ Date _____ CEO/Day Service Provider (if different) _____ Date~~

~~_____
CEO/Case Management Provider (if different) _____ Date~~

DDSN Regional Center Preparations (Completed by DDSN Regional Center Staff)

Behavior Support Plan/Data Updated and Filed: Yes No Medical Records Updated/Filed: Yes No

Two-Week Supply of Drugs/Supplies/Nutritional Supplements Packed (if applicable): Yes No

Clothing/Personal Possessions Inventories/Packed: Yes No

~~I attest that the above information is a correct reflection of the preparations which have been completed to facilitate the transition of the named person. I believe that all necessary preparations have been made to allow for the successful transition of this person.~~

~~_____
Facility Administrator/DDSN Regional Center _____ Date: _____~~

DDSN Review

Transition Approved Transition Disapproved

Reason for Disapproval (if applicable): _____

DDSN District Director _____ Date: _____