

# CHAPTER 11

## ID/RD Waiver Overview

**This chapter is a quick overview of the steps involved when working with a consumer who wishes to be enrolled in the waiver. This chapter attempts to summarize the rest of this manual and therefore is not comprehensive and is meant simply to be used as a general guide. It is the WCMs duty to be familiar enough with each chapter in the manual to understand the full scope of the summary below.**

### Slot Allocation:

**Step 1: Identification:** Person is identified as a potential ID/RD Waiver candidate **and/or** an person/legal guardian requests waiver services.

**Step 2: Request for Slot Allocation:** Complete the Request for Waiver Slot Allocation within three (3) working days of the request for ID/RD Services. Submit the request to Carmen Hay at DDSN-Central office. In addition, a copy of the Intellectual Disability/Related Disabilities Waiver Information Sheet (ID/RD Info Sheet-1) must be forwarded to the applicant/legal guardian within three (3) working days of the request for wavier services/ completion of application. For SCDDSN Consumers moving from an ICF/IID into an ID/RD Waiver-funded placement, the ICF/IID 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 Intellectual Disability/Related Disabilities (ID/RD) Waiver). **Note:** The post-discharge plan of care (i.e. the Support Plan that meets both ICF/IID and ID/RD Waiver requirements) must be in place on the date of discharge for services to be funded by the ID/RD Waiver. The Request for ID/RD Waiver Slot Allocation (ID/RD Form 30) will be reviewed for approval by appropriate SCDDSN Central Office staff.

### Step 3:

**Slot Available:** 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 (ID/RD Form 5, see Chapter 6). This form will be forwarded to the WCM, the ID/RD Waiver Enrollment Coordinator, and the Consumer Assessment Team. This notice serves as notification that an ID/RD Waiver slot has been awarded to the noted consumer. The Waiver Enrollment Coordinator will notify the SCDHHS Eligibility Worker via the DHHS Form 118A that the consumer has been awarded a waiver slot (If Medicaid Financial Eligibility has not been determined).

If the applicant is not Medicaid eligible, the person will receive an application for Medicaid from DHHS/Eligibility. The WCM will need to work with the applicant/family member to complete. Waiver services will not begin until the applicant is Medicaid eligible. Please keep in mind, the determination process can take as long as 90 days.

It is the responsibility of the WCM to proceed with obtaining the Freedom of Choice Form (Chapter 4) and preparing and forwarding the Request for Level of Care (Chapter 5) to the Consumer Assessment Team.

**Slot not available:** If a ID/RD Waiver slot is not available, the consumer will be placed on the ID/RD Waiver Waiting List (The Intellectual Disability/Related Disabilities (ID/RD) Waiver Policy for Waiver Enrollment and Maintaining Waiting Lists is in chapter 3). The consumer/family member/legal guardian will be notified in writing of this decision along with the WCM. The Process for Reconsideration of SCDHHS Decisions will be included with the written notification to the consumer/family member/legal guardian. When a slot becomes available for the consumer, the WCM will be notified by receiving the Notice of Slot Allotment (ID/RD Form 5).

**Enrollment  
Step 4:**

**Freedom of Choice:** When the WCM is notified that an applicant has received a waiver slot, they must proceed with completing the FOC Form (ID/RD Form 1) with the applicant/legal guardian. The WCM should take two copies of the form with the Process for Reconsideration of SCDHHS Decisions. Leave one signed original form with the family and take one signed original copy for the working file (See FOC Chapter 4 in the manual for further instructions). When explaining the Freedom of Choice, the WCM must inform the applicant/legal guardian that they have the choice of home and community-based services or institutional services.

After completing the FOC Form (ID/RD Form 1), the WCM should present the participant and/or legal guardian with the Acknowledgement of Rights and Responsibilities (ID/RD Form 2) that is in Business Tools. The WCM must carefully review this information with the participant and/or family member/legal guardian and have the participant sign the Acknowledgement of Rights and Responsibilities (ID/RD Form 2) if they are over the age of 18 or the parent/legal guardian if the recipient is under 18 or cannot sign for himself or herself. The WCM must also sign the form. This form should be kept in the working file and should be completed annually.

**Step 5:**

**Level of Care:** The WCM should next submit the ICF/IID Level of Care packet (ID/RD Form 9) to the Consumer Assessment Team located at the District I Office (see Chapter 5 in the ID/RD Waiver for complete instructions). The Consumer Assessment Team will notify the Waiver Enrollments Coordinator of the Level of Care date via the ID/RD Form 9.

**Step 6: For people moving from an ICF/IID:** If the participant is moving from an ICF/IID to a community residential placement, once all enrollment issues are resolved the WCM will receive an e-mail notification from the Waiver Enrollment Coordinator with instructions on how to proceed. The WCM will be notified that ID/RD waiver enrollment is contingent upon completion of the Medicaid Financial Eligibility process. Please ensure the DHHS Sponsored Medicaid Eligibility Worker receives the DHHS Discharging 181 following discharge so he/she can proceed with completion of the Medicaid Financial Eligibility process. The Regional Center Claims and Collection office will notify the Waiver Enrollment Coordinator and the DHHS Sponsored Medicaid Eligibility Worker once the consumer discharges from the ICF/IID via the DHHS Discharging Form 181. Once the enrollment is certified by DHHS State Office, the WTS is updated and the Enrollment Form (HCB Form 13) faxed.

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

Note: The consumer must be residentially placed prior to enrollment.

**For people in a Non-ICF/IID moving to residential placement:** Once enrollment requirements are met, the Assistant District Director and the WCM will receive an e-mail from the Waiver Enrollment Coordinator informing the WCM that the consumer is ready for enrollment.

The WCM and/or the Assistant District Director will let the Waiver Enrollment Coordinator know once the consumer is placed. Once the consumer is placed, the enrollment request will be submitted to DHHS State Office for enrollment certification. Once the enrollment is certified by DHHS State Office, the WTS is updated and the Enrollment Form (HCB Form 13) faxed.

Note: The consumer must be residentially placed prior to enrollment.

**Conversions from other Waivers:** If the participant is currently enrolled in another Home and Community Based Waiver (e.g. CLTC's Community Choices Waiver) or Children's PCA, the WCM will be notified via an e-mail from the Waiver Enrollment Coordinator once all enrollment issues are resolved. The WCM will contact CLTC to coordinate a transition date. Once a date is agreed upon, the WCM will submit a copy of the Form 18 to the Waiver Enrollment Coordinator, the CLTC CM and the DHHS Medicaid Eligibility Worker. Upon receipt of the notification, the Waiver Enrollment Coordinator will proceed with submitting the request for enrollment to DHHS State Office. Once the termination request is processed and the enrollment certified by DHHS State Office, the WTS is update and the Enrollment Form (HCB Form 13) faxed.

**Please refer to the Memorandum of Confirmation of Transition in Chapter 6 of the Waiver Manual for complete instructions.**

**Conversions from MCO:** If a consumer is in a Managed Care (MCO), the WCM will be notified via an e-mail from the Waiver Enrollment Coordinator once all enrollment issues are resolved. 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. Upon receipt of the notification, the Waiver Enrollment Coordinator will proceed with submitting the request for enrollment to DHHS State Office. Once the MCO termination request is processed and the enrollment certified by DHHS State Office, the WTS is updated and the Enrollment Form (HCB Form 13) faxed.

**After notifying the Waiver Enrollment Coordinator, please allow a few days for completion of the process.**

**Step 7:** Once the Waiver Enrollments Coordinator receives all information, enrollment can proceed. The Enrollments Coordinator will notify the WCM via the Certification of Enrollment/Disenrollment Form (HCB Form 13) of the enrollment date. The WCM can, upon receipt of the Certification of Enrollment/Disenrollment Form, complete the participant's budget and add it to the Waiver Tracking System, obtain approval and begin authorizing services. The Waiver Tracking System will show the consumer as "E" (enrolled).

**Note: Until the budget is completed in the Waiver, the financial manager will not receive the funding band payment.**

**Step 8:** **The Budget:** The contract period is based on the fiscal year (July 1 – June 30). The participant's budget begin date for their initial budget is the enrollment date that can be found on the ENINQ screen of the Waiver Tracking System and on the Certification of Enrollment/Disenrollment Form. Prior to the SCDDSN Waiver Administration Division completing the budget the WCM must do the following (documenting each step in service notes):

- a. Assess the need.
- b. Offer choice of provider.

**Conflict Free Case Management**

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

- c. Contact chosen providers to discuss/make arrangements.
- d. Document specifics in the support plan/IFSP/FSP. Include the proper name of the service/provider type, funding source, amount, frequency, and duration. Make sure all services are justified in the Support Plan or IFSP.

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

- Step 7:**      **Authorizations:** Once the budget has been approved, the WCM may authorize the service or services by submitting an authorization form to the provider. An authorization form is needed in all cases except for adult vision, adult dental, or an audiological evaluation. Refer to the specific service in the ID/RD Waiver manual for complete instructions for each service.
- Step 8:**      **Monitoring:** All services funded through the ID/RD Waiver must be monitored to determine the usefulness and effectiveness of the service provided and the participant/family's satisfaction with the service. For policies refer to the individual services chapters in the ID/RD Waiver Manual. The WCM must document monitoring of all services.
- Step 9:**      **Termination, Reduction, Suspension or Denial of Services:** Refer to Chapter 9 of the ID/RD Waiver Manual for all details.
- Step 10:**     **Budget Revisions:** Complete budget revisions as needed by updating the WTS. Revisions should be made in a timely fashion in order to ensure consumer's needs are met. A revision is required whenever a participant's waiver services change.
- Step 11:**     **Level of Care Re-evaluations:** Complete the LOC re-evaluation every 365 days. The LOC reevaluation must be completed before the expiration date on the certification letter or sooner if a participant undergoes a major life change. Please note that the Consumer Assessment Team located at the District I Office will continue to process the LOC re-evaluations for those who have time-limited eligibility or who are served At-Risk or High Risk. See Chapter 5 for re-evaluation instructions.
- Step 13:**     **Disenrollments:** Refer to Chapter 7 of the ID/RD Waiver Manual for all details.