

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS (DDSN)
PROCESS FOR RECONSIDERATION OF SCDHHS DECISIONS**

“**SCDHHS decisions**” are decisions made regarding programs and services funded by Medicaid. The final authority for Medicaid decisions rests with the South Carolina Department of Health and Human Services (SCDHHS). However, before a Medicaid participant can request a Fair Hearing through SCDHHS, decisions made by DDSN (and its network of providers) must first be submitted to DDSN for reconsideration. The reconsideration by DDSN is required to ensure that established Medicaid policy and procedures were followed and appropriately applied when the decision was made.

Actions to suspend, reduce or terminate HCBS Waiver services may be halted while those actions are being reconsidered. In order to halt the action, thereby allowing the HCBS Waiver service to continue while the decision is being reconsidered, the participant, legal guardian or representative must specifically request that the action be halted, the services continue, and the decision be reconsidered. The request must be made in writing and submitted within 10 calendar days of receipt of written notification of the decision/action. If, upon completion of the DDSN Reconsideration and SCDHHS Appeal, the SCDHHS decision is upheld, the participant or legal guardian may be required to repay the cost of the HCBS Waiver services received during the pendency of the reconsideration/appeal.

If not requesting that actions to suspend, reduce or terminate HCBS Waiver services be halted, a request for DDSN reconsideration of a SCDHHS decision must be made in writing within 30 calendar days of receipt of written notification of the decision/action. The request must clearly state the basis of the complaint, previous efforts to resolve the complaint, and relief sought. If the decision was the denial of a request to exceed a waiver service limit, documentation justifying the need for the amount in excess of the limit must be submitted.

If needed, assistance with completion of the reconsideration request can be provided. The request must be dated and signed by the participant, legal guardian or representative assisting the participant. The request for reconsideration must be mailed to or e-mailed to:

**State Director
South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Columbia, SC 29203
appeals@ddsn.sc.gov**

The State Director or a designee will issue a written decision within 10 business days of receipt of the written reconsideration request. The written decision will be mailed to the participant, legal guardian or representative. If the State Director upholds the decision/action, the reason(s) for upholding shall be specifically identified in the written notification.