


**Constance Holloway, Esq.**  
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**Janet Brock Priest**  
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*Operations*  
**Lori Manos**  
*Associate State Director*  
*Policy*  
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## MEMORANDUM

**TO:** Executive Directors, DSN Boards with Case Management  
CEOs of Contracted Service Providers with Case Management  
Case Management Supervisors  
Executive Directors, DSN Boards with Residential Services  
CEOs of Contracted Service Providers with Residential Services  
Residential Directors

**FROM:** Lori Manos, Associate State Director-Policy 

**DATE:** July 9, 2024

**RE:** Liquid Nutrition through the ID/RD and HASCI Waiver

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The purpose of this memo is to notify providers of a change in policy regarding liquid nutrition through the ID/RD and HASCI Waivers. Liquid nutrition is only available through the HASCI and ID/RD waivers for participants who are unable to consume sufficient calories/nutrients from food alone and who do not use a feeding tube/IV. Effective immediately, a prescription for liquid nutrition is **NO LONGER** required. In its place, A ***Physician's Order for Liquid Nutrition form is required for all liquid nutrition requests.*** For individuals that are currently receiving liquid nutrition, the Physician's Order for Liquid Nutrition is required when the individual's next Support Plan is completed. This form must be completed annually for all liquid nutrition requests. The Physician's Order form is being implemented to assist with ensuring that liquid nutrition funded by the HASCI and ID/RD Waivers meets waiver guidelines. Please see Physician's Order for Liquid Nutrition form in business tools.

If you have any questions, please contact Jennifer Jaques at (803) 898-9729 or by email at [jjagues@ddsn.sc.gov](mailto:jjagues@ddsn.sc.gov). Thank you.

Attachment

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
Physician's Order for Liquid Nutrition**

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The above-named participant:

Does not receive nutrition intravenously or by feeding tube.

Is unable to consume sufficient calories/nutrients from food alone due to the following diagnoses and/or conditions.

**List diagnoses and/or conditions and how they prevent the participant from consuming sufficient calories/nutrients:**

**Type of nutrition prescribed:**  Shakes  Other (list below)

**Amount of nutrition:** \_\_\_\_\_ per day

*\* This form is required for the Intellectual Disability/Related Disabilities (ID/RD) and Head and Spinal Cord Injury (HASCI) Waivers. Waivers do not cover nutritional supplements such as vitamins, minerals, herbs, sports nutrition/electrolyte replacement products, and/or other related products used to boost the nutritional content of the diet or to aid in the digestion/absorption of food/supplements/nutrients or to reduce or eliminate side effects of medications/supplements.*

Physician's Name: \_\_\_\_\_

Address (include zip code): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

Date: \_\_\_\_\_