

Eligibility for SCDDSN Services

For BabyNet eligible children birth to three who wish to pursue SCDDSN eligibility it is the Early Interventionist's responsibility to take the steps necessary to apply for SCDDSN services on behalf of the family.

If a family member believes their child, ages 3-6 years old has a developmental delay or intellectual disability, or autism, they should contact the DDSN toll-free screening service at 1-800-289-7012. This toll-free line is staffed by the University of South Carolina/Center for Disability Resources (USC/CDR) during normal business hours; however a message can be left at any time with calls returned the next business day.

If a child three through six is screened in, the family will be provided with a list of available Early Intervention providers. If the selected EI provider is not a DSN Board, they will receive a contact from USC-CDR via fax to accept or decline the referral. The selected EI provider will have four working days to inform USC-CDR of their decision. If the EI provider is a DSN Board, USC-CDR will submit the referral to the provider of choice's unassigned bucket on CDSS. If USC-CDR does not receive a response in this timeframe, USC-CDR will contact the family's second choice of EI provider. The chosen provider is responsible for necessary activities to pull together a complete application packet to submit to the DDSN Consumer Assessment Team.

Intake for children 0-3:

If a child is already receiving services because they are BabyNet eligible, the following steps should be taken to complete the intake process:

1. For children birth to three years old whose families wish to pursue DDSN eligibility, the EI shall prepare and submit the eligibility packet to the DDSN Consumer Assessment Team (CAT). The Early Interventionist must still establish residency through the use of the Early Intervention Residency Questionnaire (Attachment #1). If the child meets the residency requirements the Early Interventionist should proceed with the pursuit of SCDDSN eligibility. The need for SCDDSN services should be added to the IFSP in the Service Coordination Section.
2. Obtain a SCDDSN Service Agreement and Permission to Evaluate (Attachment #3), Release/Request for Information, HIPAA Acknowledgement form, Genetics Services Consent Form and Acknowledgement of SC/EI Choice Form (Attachment in Service Coordination Procedure Bulletin) signed by the child's parent or legal guardian (for a child in DSS Foster Care, the Foster Parent may sign the Service Agreement on the child's behalf) once the need for a DDSN service is identified and prior to any DDSN service being delivered.
3. Collect any information (e.g. birth records, medical records, developmental assessments, therapy reports) that will assist with the eligibility determination.
4. Assemble an Eligibility packet that will include; an Application for Eligibility Cover sheet (Attachment #6), the Consumer Information Summary (CIS) (Attachment #4), all pertinent records, and the IFSP. All referrals for eligibility, including Autism go directly to CAT. In the event that Autism is suspected, the Autism referral form is required along with your packet to the CAT. See Attachment #5 for Autism Referral form.
5. Send eligibility packet to the CAT within 5 business days of completion.
6. CAT will review the eligibility packet and will make a determination of eligibility, update CDSS with the eligibility category and fax the Early Interventionist an Eligibility Determination letter.
7. Notify the parent in writing of the decision made by CAT regarding eligibility within 5 business days of the provider's receipt of the eligibility decision. If denied, provide the parent with their right to appeal and the instructions for doing so. If a child (birth to three) is not DDSN eligible they can continue to receive Service Coordination/Family Training as long as they continue to be eligible for BabyNet.

Appeal Procedures for Eligibility

Because of the clinical nature of decisions made regarding eligibility for DDSN services, separate appeal procedures have been established for applicants.

Written notice of an eligibility decision will be provided to the applicant by the EI provider within five (5) working days of the provider's receipt of an eligibility decision. This notice will outline the basic reasons why the applicant did not meet eligibility criteria and will include information on the applicant's right to appeal an eligibility denial and the procedures for appeal. Upon request of the applicant, the EI provider must read or explain the eligibility decision and appeal procedures and provide a copy of the form to the applicant if eligibility is denied. See Attachment #6 for Appeal Form.

When an appeal is desired by the applicant, a signed and dated formal written appeal of an eligibility denial must be made within 30 calendar days of the eligibility decision. The appeal must be made by the applicant, his/her guardian, or any other person/entity advocating on behalf of the applicant, with the applicant's approval and must state the reason for believing that the denial of eligibility was in error. This written appeal must be given to the EI provider. If an oral request for appeal is made by the applicant to the EI provider and the applicant requires assistance, the SC/EI provider must assist the applicant in writing the appeal.

The applicant's record on CDSS will remain open until the time to request an appeal is over or until all appeals are completed.

The formal written appeal of a determination of ineligibility will be forwarded by the EI provider to the Director of DDSN CAT within five (5) workdays of receipt from the applicant. All pertinent documents upon which the eligibility denial was based will be reviewed. If new or additional information is provided which was not part of the original eligibility determination documents, the appeal will be considered a re-evaluation. Should new testing or assessment be indicated such testing or assessment will be conducted by persons not conducting the previous testing or assessment. A subsequent eligibility decision will be rendered by CAT within 30 days of receipt of the appeal or receipt of new testing/assessment results, whichever is later, and communicated to the applicant via the SC/EI provider.

If no new or additional information is provided, or in the case of re-evaluation, a subsequent determination of ineligibility is challenged, the appeal will be forwarded from CAT to the Associate State Director for Policy, who will review the decision with input

from CAT and appropriate Division Directors. The Associate State Director will review the case with the State Director, who has final authority over applicant eligibility in accordance with S.C. Code Ann. §44-20-430 (Supp. 2006). A written decision will be rendered within 30 days of receipt of appeal by CAT and communicated to the applicant in writing.

Intake for children 3-6:

1. When a child over the age of three is “screened in” by USC-CDR, they will then forward available information to the EI provider of choice within 4 working days;
2. Contact should be made with the family within two working days and a home visit should be scheduled;
3. At the initial home visit, the following should occur:
 - a. Completion of a SCDDSN Service Agreement and Permission to Evaluate
 - b. Conducting a Curriculum Based Assessment (CBA)
 - c. Completion of a Release/Request for information
 - d. HIPAA Acknowledgment Form
 - e. Genetics Services Consent Form
 - f. The Acknowledgement of Choice Form does not have to be completed as it was completed by the USC Screeners.
4. Family training should not occur until eligibility is established and a plan is in place;
5. Collect any information (e.g. birth records, medical records, therapy reports, Individual Education Plans) that will assist with the eligibility determination.
6. Assemble an Eligibility packet that will include; an Application for Eligibility Cover sheet (Attachment #6), the Consumer Information Summary (CIS) (Attachment #4), all pertinent records, and the IFSP. All referrals for eligibility, including Autism go directly to DDSN CAT. In the event that Autism is suspected, the Autism referral form is required along with your packet to the CAT. See Attachment #5 for Autism Referral form;
7. Send eligibility packet to CAT within 5 business days;
8. CAT will review the eligibility packet and will make a determination of eligibility, update CDSS with the eligibility category and fax the Early Interventionist an Eligibility Determination letter. It is through this process that DDSN establishes “medical necessity” to serve children in the Early Intervention program;

9. Notify the parent in writing of the decision made by CAT regarding eligibility within 5 business days of the provider's receipt of the eligibility decision. If denied, provide the parent with their right to appeal and the instructions for doing so;

10. The Family Service Plan (FSP) must be completed no later than 45 calendar days from the date that eligibility is determined.

*If a child is re-referred after having already received services from SCDDSN, all new Intake forms must be completed.

NOTE: If a request for a DDSN HCB Waiver has been made for someone later found not eligible for services, the appropriate DDSN Waiver Coordinator should be involved regarding notification of Appeals.

Appeal Procedures for Eligibility

Because of the clinical nature of decisions made regarding eligibility for DDSN services, separate appeal procedures have been established for applicants.

Written notice of an eligibility decision will be provided to the applicant by the EI provider within five (5) working days of the provider's receipt of an eligibility decision. This notice will outline the basic reasons why the applicant did not meet eligibility criteria and will include information on the applicant's right to appeal an eligibility denial and the procedures for appeal. Upon request of the applicant, the EI provider must read or explain the eligibility decision and appeal procedures and provide a copy of the form to the applicant if eligibility is denied. See Attachment #6 for Appeal Form.

When an appeal is desired by the applicant, a signed and dated formal written appeal of an eligibility denial must be made within 30 calendar days of the eligibility decision. The appeal must be made by the applicant, his/her guardian, or any other person/entity advocating on behalf of the applicant, with the applicant's approval and must state the reason for believing that the denial of eligibility was in error. This written appeal must be given to the EI provider. If an oral request for appeal is made by the applicant to the EI provider and the applicant requires assistance, the SC/EI provider must assist the applicant in writing the appeal.

The applicant's record on CDSS will remain open until the time to request an appeal is over or until all appeals are completed.

The formal written appeal of a determination of ineligibility will be forwarded by the EI provider to the Director of DDSN CAT within five (5) workdays of receipt from the applicant. All pertinent documents upon which the eligibility denial was based will be reviewed. If new or additional information is provided which was not part of the original eligibility determination documents, the appeal will be considered a re-evaluation. Should new testing or assessment be indicated such testing or assessment will be conducted by persons not conducting the previous testing or assessment. A subsequent eligibility decision will be rendered by CAT within 30 days of receipt of the appeal or receipt of new testing/assessment results, whichever is later, and communicated to the applicant via the SC/EI provider.

If no new or additional information is provided, or in the case of re-evaluation, a subsequent determination of ineligibility is challenged, the appeal will be forwarded from CAT to the Associate State Director for Policy, who will review the decision with input

from CAT and appropriate Division Directors. The Associate State Director will review the case with the State Director, who has final authority over applicant eligibility in accordance with S.C. Code Ann. §44-20-430 (Supp. 2006). A written decision will be rendered within 30 days of receipt of appeal by CAT and communicated to the applicant in writing.

Eligibility Timeframes for children birth to three:

For a child who has been served in a BabyNet only category, it is imperative that a packet be sent to the Consumer Assessment Team at the time of transition planning (i.e. 30 months/2.5 yrs) but no later than the child's 36th month. If at 37 months, a DDSN eligibility determination has not been made, the case must be closed. In cases where there are extenuating circumstances, approval from CAT in consultation with DDSN Children's Services staff must be requested.

Eligibility Timeframes for children over the age of three:

If a child over three is referred and screened in, eligibility must be determined within 3 months of the case open date. If this does not occur, the EI will discuss with the parent/guardian and the EI Supervisor the reasons for the delay and document the discussion in the service notes. The EI will continue to work with the parent/guardian to complete the eligibility process for up to an additional 3 months. If eligibility is delayed due to the EI being unable to locate or contact the parent/guardian, the EI will meet with the EIS to discuss the case and determine if intake should be extended or case closed.

Note: No reporting to DDSN can take place beyond three months.

If eligibility is not determined within 6 months of the case open date, the EI/EIS will discuss the reason for delay with the parent/guardian, choices of further extension or case closure, and the option of reapplying if services are needed in the future. If an extension is chosen the EI will notify the EIS and the Executive Director.

Note:

EI's should not wait for any records to come in before submitting packets to the DDSN CAT if doing so will take you beyond the timeframes listed above. If information has been requested that may assist in determination of eligibility from other providers and not received, simply note this on the Eligibility Packet cover sheet.

Who is eligible for which services?

- If a child is eligible for DDSN services under the “High-Risk (0 to 3) category he/she may receive individual and family support and respite (IFS/R) based upon need, and Family Training and Service Coordination. Once the “High-Risk” infant turns 3 years of age and if CAT has determined that the child qualifies under the “At-Risk” category they will ONLY be eligible to receive Early Intervention Service Coordination, Family Training and Federal Family Support (if all other criteria for that funding are met). Early Interventionist’s should educate families about these distinctions in order to prepare them for this transition of services.
- If a child is eligible for services under the category “ID/RD Time limited” he/she is eligible for ALL services including; IFS/R and early intervention. The child’s eligibility must be reviewed prior to the expiration date listed on the eligibility certification letter otherwise; the child’s case must be closed.
- If a child has a vision and/or hearing impairment and receives services (FT/SC) from the South Carolina School for the Deaf and Blind (SCSDB) and DDSN services are identified as a need, (respite or family support funds) the DSN Board or Contracted Provider will provide Concurrent Service Coordination for DDSN services. The SCSDB Service Coordinator should forward all pertinent records, to include the IFSP, to the Early Interventionist. The Early Interventionist should follow the same intake process as described earlier in this Bulletin. Once DDSN eligibility has been established, the EI should request that the SCSDB Service Coordinator hold an IFSP review in order to add the DDSN services to the “Other Services” section of the IFSP. If attempts to add the needed services to the IFSP fail, the EI should contact the Supervisor at SCSDB to ensure that the needed services get added to the plan.

- If a child is receiving services from SCSSDB and the need for a ID/RD, HASCI, CS or Pervasive Developmental Disorder (PDD) Waiver services are identified or if the family expresses an interest in or desire for a waiver, the EI will complete the waiver and/or eligibility process as a Concurrent Service Coordinator (Refer to appropriate waiver manual for additional information). At time of enrollment in the Waiver the Early Interventionist MUST then become the child's Primary Service Coordinator. The original IFSP should be forwarded to the EI from the SCSSDB Coordinator. If the child is receiving Family Training from SCSSDB they should continue to receive those services from them.
- Once the need for a ID/RD, HASCI, or PDD Waiver service has been identified or the family expresses an interest in or desire for the ID/RD waiver, the Early Interventionist must complete an application, without regard to the child's eligibility category. See ID/RD, CS, PDD, or the HASCI Waiver Manuals for specifics about this process.

Who is NOT eligible to receive Family Training?

A child is not eligible for Family Training when any of the following apply:

- Parent requests services to cease;
- Child no longer needs the service;
- Child is three or older and is not eligible for DDSN services;
- Child turns five years old unless justification is submitted and approved by DDSN Office of Children's Services staff;
- Child resides in an institutional setting (i.e., habilitation center (formerly ICF/ID), nursing facility, a hospital within the Department of Mental Health or any other psychiatric hospital); or
- A child who has turned six years of age.

Early Intervention Residency Questionnaire

Child's Name: _____

Date of Birth: _____

This questionnaire is to be used for BabyNet eligible children who are pursuing DDSN eligibility. Check the appropriate description of the child.

- The person is a child born in the United States (U.S.), and lives with parents who are U.S. citizens and reside in South Carolina (SC). Proceed with an eligibility packet.
- The person is a child with a SC Medicaid card. Proceed with an eligibility packet. (A copy of the child's birth certificate, birth records or SC Medicaid number will be required for intake packet to the Consumer Assessment Team (CAT)).
- The person is a child, not born in the U.S. Confer with CAT.

Early Interventionist Signature

Date

Family Support Funds Quick Reference Guide

State Funding

High Risk 0-3 yrs	At-Risk 3-6 yrs	“ID” Time- Limited
Yes	No	Yes
Enrolled in ID/RD Waiver- No		
Enrolled in the PDD Waiver- No		

Federal Funding

High Risk 0-3 yrs	At-Risk 3-6 yrs	“ID” Time- Limited
Yes	Yes	Yes

**SOUTH CAROLINA
DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**

Service Agreement and Permission to Evaluate

I, _____(print applicant's legal name), am requesting the following services from the South Carolina Department of Disabilities and Special Needs (SCDDSN)

- SCDDSN Eligibility Determination Other Evaluations and Services

I understand that SCDDSN may obtain and review existing available medical/service records and, if necessary, require psychological evaluations or other evaluations of me to establish or rule out my eligibility for the requested service.

I understand that if I meet the criteria for eligibility for any of the above services, my eligibility to continue receiving those services may be re-evaluated, particularly when there are indications of improvement in my ability to do things for myself.

I understand that being approved for SCDDSN eligibility does not guarantee that I will receive specific services as these will be dependent upon documentation of my need and upon availability of a program or service or availability of a program/service opening. I understand that in the absence of a program/service opening I may be placed on a waiting list for that program/service.

I further understand that if approved for SCDDSN eligibility and if I have a need for placement in a SCDDS-sponsored residential setting that such placement will be dependent upon demonstration of my need for placement and dependent upon the availability of a bed in a SCDDSN-sponsored residential setting most appropriate to my need.

I also understand that SCDDSN may bill private insurance, Medicare, Medicaid, and/or any other third party payer for any covered services provided by SCDDSN and that neither my parents nor my legal guardian (if either are applicable) will be held responsible for costs not covered by that payer.

Applicant's Signature

Date

Parent/Legal Guardian's Signature
(For applicant under 18 years or legally incompetent)

Date

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
CONSUMER INFORMATION SUMMARY

MR/RD DIVISION

HASCI DIVISION

I. CONSUMER'S BIOGRAPHICAL INFORMATION

First/Middle/Last Name:	
Nickname: <i>(if applicable)</i>	
DOB:	SS#: <i>(must be submitted)</i>

II. SC/EI INFORMATION

DSN Board/Private Provider name:
E.I. Program Name: <i>(If applicable)</i>
SC/EI Name: <i>(please print)</i>
SC/EI office/cell phone:

III. TYPE OF REFERRAL *(check one)*

<input type="checkbox"/>	NEW: <i>(First time referral to DDSN-screening should be enclosed)</i>
Referral source and relation to applicant:	
HASCI Information and Referral date: <i>(If applicable)</i>	

	RE-OPEN: <i>(Eligible for DDSN services in the past-screening should be enclosed)</i>
When was the case closed?	
Why was the case closed?	
What was the eligibility category while open?	
Was eligibility time limited? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you include a copy of the original eligibility paperwork in this packet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, explain:	

	TIME-LIMITED ELIGIBILITY: <i>(Eligible, but requires review prior to eligibility end date or category change from current status if new information exists that might warrant a change)</i>
What eligibility category does this consumer have now?	
What is/was the time limited due date?	
Are you submitting this file early in order to request a category change? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If Yes, what is the new information you have submitted?

Have you included the original eligibility determination letter in this packet?

Yes No

If No, explain:

Do you recommend continued eligibility?

Yes No

Explain:

RETURN: *(Unable to determine eligibility; file returned for further information and/or action from the SC/EI)*

What additional information have you attached to the Communication Exchange? *(Please be sure to return the entire file along with the requested new information)*

RE-EVALUATION: *(Re-visit prior ineligible determination or current eligibility status if there is evidence that the consumer may no longer qualify for DDSN services)*

If re-evaluation is requested for a reason other than ineligibility, please explain your rationale and list the documentation you have to support your request.

If re-evaluation is based upon a prior ineligibility determination, please note the date of ineligibility. *(Please include all prior ineligibility letters)*

Why was the person found ineligible?

Who is questioning the eligibility decision now and what is their affiliation to the applicant?

What new/additional information is included that supports your request for re-evaluation?

If reevaluation determination is/remains ineligible after CAT review, does the referring party want the file to be forwarded onto Central Office for Appeal at this time?

Yes No

APPEAL: *(Request for Central Office review after all available information has been considered by CAT and determination remains ineligible)*

Who is requesting the appeal and what is their affiliation to the applicant? *(Please be sure to include letter of appeal from either the referring party or the SC/EI.)*

IV. INFORMATION PERTAINING TO CHILDREN (0-18 YEARS)

Briefly summarize relevant social/family information. Include any social aspects that might influence the child's overall development *(e.g., living situation, family issues, abuse/neglect, substance abuse, non-compliance, legal involvement, other family members with disabilities).*

Were there significant pregnancy, delivery, or neonatal problems that resulted in neurological involvement?

Yes No

(If Yes, please provide supporting documentation to include MRI's and CT SCANS)

For children birth to 6, are there significant developmental delays in at least three areas? *(Please circle all that apply.)*

Self-help	Cognitive	Expressive Language	Receptive Language
Fine Motor	Gross Motor	Social	

Are there significant behavior/emotional issues?

Yes No

(If Yes, please explain and provide supporting documentation, if applicable)

V. INFORMATION PERTAINING TO ADULTS (OVER 18 YEARS)

Briefly summarize relevant social/family information. Include any social aspects that might influence the person's overall development (*e.g., living situation, family issues, abuse/neglect, substance abuse, non-compliance, legal involvement, other family members with disabilities*).

If you suspect Mental Retardation, did you establish that onset occurred before age 18?

Yes No

If you suspect a Related Disability, did you establish that onset occurred before age 22?

Yes No

If no formal records of onset could be located, is there informal or descriptive information available to suggest onset?

Yes No

Please explain:

Are there significant behavioral/emotional issues that might impact eligibility (*mental health/drug & alcohol*)?

Yes No

(If Yes, please explain and provide supporting documentation, if applicable)

INFORMATION PERTAINING TO BOTH CHILDREN AND ADULTS

List all current diagnoses the person has been given by various professionals:

Does the person take medication? Yes No

Condition	Medication/Dosage

Has there been a traumatic head or spinal cord injury or similar non-traumatic illness or condition?

Yes No

(If No, please disregard the following questions that are marked with an asterisk)*

*If Yes, please describe:
*Are onset records included in this packet? <input type="checkbox"/> Yes <input type="checkbox"/> No
*If No, what supporting documentation is included in this packet?
*Is the Substantial Functional Limitations Inventory (SFLI) or other Functional Inventory Tool current within 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
*If No, is an updated/amended (SFLI)/other Functional Inventory Tool being submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
If No, why not?

Is Autism suspected? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, please disregard the following questions that are marked with an asterisk*).</i>
*If Yes, are reports/behavioral observations that support the individual's autistic-like behaviors enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Has the consumer been referred to the Autism Division? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
*If Yes, please give current status of that referral: <i>(If necessary, please refer to the appropriate regional Autism Division for an update on status)</i>
*If No, why has a referral not been made?

What services do the applicant/family want?

Are service needs described as urgent by the referring party?

Yes No

If Yes, what is the urgency?

Having observed this person, reviewed all the enclosed records, and considered DDSN eligibility criteria, summarize your impressions so that we may gain a clear picture of this person, his or her needs and relevant service concerns.

Referral for Autism Division Evaluation

Name of individual referred: _____ DOB: _____

Name of family member(s) or guardian(s): _____

Home address: _____

Home county: _____

Telephone #: _____ Work #: _____ Best time to call: _____

County: _____ Soc. Sec. #: _____ Medicaid #: _____

Other Medical/Health Insurance Company: _____

SC/EI Name: _____ Organization: _____

PO / Street Address: _____

City: _____ Zip: _____ County: _____ Phone: _____ Today's date: _____

Please include/attach the following information if available:

- | | |
|-------------------------------------|--|
| _____ Consumer Info. Summary | _____ Psychological assessment; behavioral program if relevant |
| _____ POS/PCP/IFSP | _____ IEP/IPP/Hab Plan |
| _____ Medical evaluations | _____ Genetics screening |
| _____ Service Agreement form | _____ DDSN eligibility letter (if DDSN eligible) |
| _____ Social History (if available) | _____ Other _____ |

Is documentation of prior diagnosis of Autism included? _____yes _____no

Reason for referral: _____

Rate level of need for Autism Division assessment/services:

- _____ 1. Need is immediate AND critical (note reason in comment section)
- _____ 2. Need is immediate, but NOT critical
- _____ 3. Need is NEITHER immediate, nor critical

Additional comments: _____

What is this person's eligibility status with DDSN?

- _____ Eligible _____ (date determined) _____ (category)
- _____ Eligible, time limited _____ (re-eval date)
- _____ Not eligible _____
- _____ Pending with CAT _____ (date sent to CAT)
- _____ Not sent to CAT

_____ First Referral, _____ Referred Previously _____ (note if more than 2nd)

Autism Division use only

Referred to: _____

SCDDSN
CONSUMER ASSESSMENT TEAM

APPLICATION FOR ELIGIBILITY

COVER SHEET

Name: _____ County: _____

SC/EI: _____ Board/Program: _____

- New Consumer***
- Return***
- Re-open***
- Review of Time Limited Eligibility***
- Re-evaluate***
- Appeal***
- Other***

Comments:

Service Coordinator/Early Interventionist

SC/EI Supervisor

Service Justification Form

Child's Name:	Child's Age:
Early Interventionist's Name:	Case Open Date:
Board/Agency:	Date:

- Family Training Frequency- The child will receive less than 2 hours per month of FT as determined by the TEAM (3-6 years).
- Child did not meet Family Training Indicators (3 or 4 year old)
- Child is 5 or is turning 5 years of age
- Declining of Services- The family does not wish to receive FT for an extended time frame (more than 3 months) for a specific reason OR the Family Training provider is unable to provider FT (for more than a month) and the family does not wish to have an alternate (0-6 years).

I do not wish to have an alternate Early Interventionist during my Early Interventionist's absence. Our family will continue to work on the outcomes identified on my child's IFSP/FSP during this time frame. I understand my family will continue to receive service coordination and I have been made aware of whom the service coordinator will be.

Parent's Signature (if applicable) _____ Date _____

Early Interventionist's Signature _____ Date _____

_____ Approved _____ Denied More Information Needed _____

Early Intervention Supervisor Signature _____ Date _____

Early Intervention Program Coordinator's Signature _____ Date _____

Parent's signature is only required in a declining of services situation

SCDDSN RECONSIDERATION PROCESS AND SCDHHS MEDICAID APPEALS PROCESS

The SC Department of Disabilities and Special Needs (SCDDSN) is responsible for the day-to-day operations of the Mental Retardation/Related Disabilities (MR/RD) Waiver and the Head and Spinal Cord Injury (HASCI) Waiver. A request for reconsideration of an adverse decision **must be** sent in writing to the State Director at SCDDSN, P. O. Box 4706, Columbia, SC 29240. The SCDDSN reconsideration process **must be** completed in its entirety before seeking an appeal from the South Carolina Department of Health and Human Services (SCDHHS).

A formal request for a reconsideration must be made in writing within thirty (30) calendar days of receipt of written notification of the adverse decision. The request must state the basis of the complaint, previous efforts to resolve the complaint and the relief sought. The reconsideration request must be dated and signed by the consumer, representative, or person assisting the consumer in filing the request. If necessary, staff will assist the consumer in filing a written reconsideration.

Note: In order for waiver benefits/services to continue during the reconsideration/appeal process, the consumer/representative's request for reconsideration must be submitted within ten (10) calendar days of the written notification of the adverse decision. If the adverse action is upheld, the consumer/representative may be required to repay waiver benefits received during the reconsideration/appeal process.

The State Director or his designee shall issue a written decision within ten (10) working days of receipt of the written reconsideration request and shall communicate this decision to the consumer/representative. If the State Director upholds the original adverse action/decision, the reason(s) shall be specifically identified in the written decision.

If the consumer/representative fully completes the above reconsideration process and is dissatisfied with the results, the consumer/representative has the right to request an appeal with the SCDHHS. The purpose of an administrative appeal is to prove error in fact or law. The consumer/representative must submit a written request to the following address no later than thirty (30) calendar days from the receipt of the SCDDSN written reconsideration decision:

Division of Appeals and Hearings
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

The consumer/representative must attach a copy of the written reconsideration decision received from the SCDDSN regarding the specific matter on appeal. In the appeal request the consumer/representative must clearly state with specificity, which issue(s) the consumer/representative wishes to appeal.

Unless the request is made to the above address within thirty (30) calendar days of the receipt of the SCDDSN written reconsideration decision, the SCDDSN decision will be final and binding. An appeal request is considered filed at the above address if postmarked by the thirtieth (30th) calendar day following receipt of the SCDDSN written reconsideration decision. The consumer/representative shall be advised by the SCDHHS Division of Appeals and Hearings as to the status of the appeal request.