

CHAPTER 6

Enrollments

Enrolling

If a person is assessed to have needs that can be met through the provision of waiver services, has chosen to receive services through this waiver, has been allocated a waiver slot, has Medicaid, and has met ICF/IID Level of Care; he/she is eligible to be enrolled in the Community Supports Waiver (pending slot availability).

Planning

The Community Supports Waiver includes a cost limit, which means that all services rendered to a participant during a fiscal year (July 1-June 30) **must not exceed** the cost limit amount. Because of this cost limit, it is essential that you discuss all options, services, and limitations of the waiver with the participant/representative to make sure that the waiver is appropriate BEFORE enrolling. Poor planning and budgeting can cause a participant to reach the cost limit before the end of the year. Participants must sign the **Cost Cap Acknowledgement** form in order to enter the Community Supports Waiver. It is **recommended** that a form be developed for participants to sign after reviewing their budgets as a precaution to make sure participants are aware of the choices they have made and how it affects their cost limit. It is also **recommended** that you reconcile a participant's budget on a monthly basis to keep track of expenditures.

Note: Thirty (30) calendar days without a waiver service is grounds for disenrollment.

Actual enrollment occurs when the participant's status on SCDHHS's Medicaid Management Information System (MMIS) is updated to reflect Community Supports Waiver enrollment. The effective date of the enrollment will be:

1. the day the person is discharged from an ICF/IID (as shown on the HHSFC Form 181); **OR**
2. the date on which Medicaid eligibility is established for a "new" enrollee **OR**
3. the day after a person is disenrolled/terminated from another Home and Community Based Waiver (i.e., CLTC's Community Choices Waiver or ID/RD Waiver) as noted on **Community Supports Form 18**); **OR**
4. the day after Community Long Term Care stops authorizing Children's PCA services (note: this date must be negotiated with CLTC staff using **Community Supports Form 18**); **OR**
5. the day the person is discharged from the hospital (if entering the waiver immediately following a hospital admission).

No waiver services can be authorized prior to the effective date of enrollment.

For enrollment to occur, the Waiver Enrollment Coordinator must have the following documents:

- Notice of Slot Allotment – completed by the Waiver Enrollment Coordinator
- SCDHHS Form 118A – completed by Waiver Enrollment Coordinator & SCDHHS Eligibility Worker
- Level of Care Determination for ICF/IID, see Chapter 5, ICF/IID Level of Care for additional information.
- SCDHHS Form 181, if the individual is being discharged from an ICF/IID – completed by the Regional Center Claims and Collections Office

Before Community Supports Waiver services can be authorized and received, the potential recipient must be eligible for Medicaid. The SC Department of Health and Human Services Eligibility Division (SCDHHS) makes the determination of Medicaid eligibility.

SCDHHS/SCDDSN has, in each region of the State, designated a Medicaid Eligibility Worker who works specifically with people who receive services through SCDDSN's ICF/IID, Community Supports Waiver, ID/RD Waiver, and HASCI Waiver. These offices are located at our four regional centers, Midlands Center (Richland County), Pee Dee Center (Florence County), Coastal Center (Dorchester County), and Whitten Center (Laurens County). These workers are available to help through the Medicaid eligibility process and to determine the best possible eligibility category. A list of the Regional SCDHHS Medicaid Eligibility Workers is included in this chapter (see **Attachment 3**). They are responsible for all counties in their designated regions.

When the participant has been awarded a Community Supports Waiver slot, the District I Waiver Coordinator will complete the **Notice of Slot Allotment (Community Supports Form 5)** and forward it to the Waiver Enrollments Coordinator. The Waiver Enrollments Coordinator will notify the SCDHHS Eligibility Worker via the **SCDHHS Form 118 A**. You will also receive a fax copy of the **Community Supports Form 5**, which is the notification of waiver slot award.

Waiver Enrollment Timeline:

Initial contact with the applicant, his/her legal guardian, or responsible party (applicant) must occur **within ten (10) business days** of receipt of the Waiver slot award.

If the applicant cannot be contacted/located within ten (10) business days, then the **Non-Signature Declination process** must be started on the **11th business day**.

During the initial contact, when the applicant is informed of the Waiver slot award, he/she is also informed that a decision to participate or not to participate in the waiver must be made within **thirty (30) calendar days after the date of the initial contact**. The decision must be documented by completing either the **Freedom of Choice (FOC) form or the Waiver Declination form** and providing the completed form to the Waiver Case Manager.

If a **Waiver Declination form is completed**, the completed form must be submitted to the appropriate DDSN staff **within three (3) business days** following receipt of the completed form.

If FOC form or Waiver Declination form is not completed and received within 30 calendar days following the initial contact, the **Non-Signature Declination process** must be started on the **31st calendar day** unless there is clear evidence to suggest that the completed form exists but has not yet been delivered/provided to the Waiver Case Manager.

At the time of the initial contact, the applicant must also be notified that, upon enrollment, continued participation in the Waiver will require that, at a minimum, at least one waiver service be received at least every 30 calendar days; therefore, service provider(s) to deliver needed services must be promptly identified.

If the applicant is currently DDSN eligible, the **initial Level of Care (LOC)** must be requested **within 30 calendar days** of receipt of the completed FOC. If the applicant is pending DDSN eligibility, the initial LOC must be requested within **30 calendar days** following the communication of the eligibility decision.

NOTE: In the rare circumstance when an applicant is actively pursuing their only service from a provider that is not yet ready to provide services (e.g., Respite worker is actively pursuing qualification from the Respite Coalition), in order to ensure a waiver service will be received within the first 30 days following enrollment, a request to delay the submission of the LOC can be made to the SCDDSN Waiver Administration Division, Gabby Mack, gmack@ddsn.sc.gov. Delays will only be approved when the service being pursued is the only waiver service to be delivered and the delivery of the service is being actively pursued.

Once the LOC is determined, if all other Waiver enrollment requirements are met (*i.e., eligible for Medicaid, not living in an institutional placement, transferred from MCO or another Waiver program*), DDSN will complete the Waiver enrollment and notify of completion, typically within 30 calendar days.

If at **any point** during the Waiver enrollment process an applicant cannot be located/contacted, the **Non-Signature Declination process** must be immediately started.

DDSN-operated Waivers – Enrollment Deadlines Summary

Activity/task	Timeline
Initial contact with the applicant.	By the 10 th business day following slot award.
Begin Non-signature Declination process.	On the 11 th business day after slot award, if contact/location attempts are unsuccessful.
Receipt of completed Freedom of Choice or Waiver Declination form.	By the 30 th calendar day following initial contact.
Submit completed Waiver Declination form to DDSN.	By the 3 rd business day following receipt of completed Waiver Declination form
Begin Non-signature Declination process.	On the 31 st calendar day following initial contact, if Freedom of Choice or Waiver Declination form not received.
Request Level of Care.	By 30 th calendar day the date of receipt of completed Freedom of Choice. (If the applicant is pending DDSN eligibility, the initial LOC must requested within 30 calendar days following the communication of the eligibility decision)
Begin Non-signature Declination process.	At any point if applicant cannot be contacted/located after reasonable attempts.

- If the potential recipient is **not Medicaid eligible**, the Medicaid Eligibility Worker will contact you and the participant/legal guardian to obtain the information needed to complete the application for Medicaid. You should assist the potential participant to complete the application and return it to the Medicaid Eligibility Worker as soon as possible. In order to receive information from the SCDHHS Eligibility worker the CM/EI must obtain a SCDHHS Form 1282 signed by the participant allowing information to be shared with DDSN.
- Once eligibility is determined, SCDHHS will notify the potential participant and SCDDSN’s Waiver Enrollments Coordinator in writing of the decision. If determined eligible, the eligibility will be effective the first day of the month in which the application was submitted. For example, you may be notified in April that a potential participant was determined eligible. If the application for the recipient was submitted on January 20, eligibility will likely be effective January 1.
- If the potential participant is deemed **not eligible** for Medicaid, the Waiver Enrollments Coordinator will delete the request for waiver enrollment once notification from SCDHHS/Eligibility is received.

If the potential participant is currently enrolled in another Home and Community Based Waiver or is receiving Children’s PCA through the State Plan Medicaid, the Waiver Case Manager/Early Interventionist must provide the Waiver Enrollment Coordinator with the negotiated date of disenrollment from the other Home and Community Based Waiver or the date of cessation of authorization of Children’s PCA. **This date should not, however, be negotiated with CLTC until it has been verified that the consumer is ready to transition to the Community Supports Waiver.** This must be done by consulting the Waiver Enrollment Coordinator. Once the negotiated date is verified with CLTC, formal notification should be given by completing the Memorandum of Confirmation of Transition (Community Supports Form 18). The original is sent to the CLTC Waiver Case Manager and copies are sent to the Waiver Enrollment Coordinator and the SCDHHS Medicaid Eligibility Worker (See Attachment 3 for instructions).

If all enrollment requirements are met, SCDDSN submits the enrollment form to SCDHHS, and SCDHHS will complete the actual enrollment transaction on MMIS. The Waiver Enrollment Coordinator will notify the Waiver Case Manager/Early Interventionist via the Certification of Enrollment/Disenrollment Form (HCB Form 13) of the enrollment date. Once this is done, the Waiver Tracking System will show an “E” under ENINS. Upon receipt of the Certification of Enrollment/Disenrollment Form (HCB Form 13) or when the Waiver Tracking System indicates an “E” under ENINS, and once the Support Plan has been approved by the SCDDSN Waiver Administration Division the Waiver Case Manager/Early Interventionist may begin authorizing services.

Application Withdrawal: If for some reason during the enrollment process, the participant/legal guardian decides that they no longer wish to pursue Community Supports Waiver service and enrollment, they must complete the **Statement of Consumer Declining Waiver Services (Community Supports Form 20)**. This form should be signed and dated by you along with the participant/legal guardian unless the procedures for a **Non-Signature Declination** are followed. A copy must be forwarded to the District I Waiver Coordinator at Whitten Center. A copy should be provided to the participant and the original placed in the participant's file (see chapter 3). If the participant/legal guardian makes this decision after the enrollment process is completed, the **Notice of Disenrollment (Community Supports Form 17)** must be completed. Please refer to Chapter 7 for instructions regarding disenrollments.

Note: If the participant/legal guardian makes this decision after the enrollment process is finalized, the **Notice of Disenrollment (Community Supports Waiver Form 17)** must be submitted according to the procedures outlined in Chapter 3.

If the participant is currently enrolled in another Home and Community Based Waiver or receiving Children's PCA, you must provide the Waiver Enrollments Coordinator with the negotiated date of disenrollment from the other Home and Community Based Waiver or the date of cessation of authorization of Children's PCA Services. **However, do not proceed with negotiating this date with CLTC until you have verified that the participant is ready to transition.** This must be done by consulting the Waiver Enrollments Coordinator. Once the negotiated date is verified with CLTC, formal notification should be given by completing the **Memorandum of Confirmation of Transition (Community Supports Form 18)**. The original is sent to the CLTC Waiver Case Manager and copies are sent to the Waiver Enrollments Coordinator and the SCDHHS Medicaid Eligibility Worker (See **Attachment 4** of this section for form and instructions).

Non-Signature Declinations

When a pending waiver enrollment case requires closure (e.g. family moved out-of-state, unable to locate participant/legal guardian or participant/legal guardian has been non-responsive to required documentation or decisions related to Waiver enrollment) and the Waiver Case Manager/ Early Interventionist (CM/EI) is unable to obtain the signature of the participant/legal guardian, the Waiver Enrollment Coordinator can close the case without a signature only after the CM/EI has met the following conditions:

1. The case file must contain specific dates when the CM/EI tried to contact the participant/legal guardian. Notes will indicate what phone number was called and if a message was left or if a conversation took place. The CM/EI will ensure that calls are made on multiple days, at varying times to all available contact numbers and during times the file indicates someone would typically be at home.
2. If, after the above attempts, there is still no response, the CM/EI should send a certified, return receipt letter clearly explaining what issues need to be resolved, a copy of the appropriate appeals process and a statement that the case will be closed in the next ten (10) calendar days if no appropriate response is received. If there is no response in the ten (10) calendar days proceed to Step #5.
3. If during the ten (10) calendar days the participant contacts the CM/EI and requests assistance or additional time to make a decision, they should be given 30 calendar days from the request. If a decision is still not reached or documentation has not been received at the end of 30 calendar days then another certified letter should be sent clearly explaining what issues need to be resolved, a copy of the appropriate appeals process and a statement that the slot will be revoked in the next ten (10) calendar days if no appropriate response is received.
4. If the above steps have been taken, the Statement of Consumer Declining Waiver Services can be processed without the participant's/legal guardian's signature. A copy must be forwarded to the appropriate Waiver Coordinator, who will remove the participant's name from the waiting list. A copy of the form should be sent to the consumer and the original placed in the participant's file. If, at a later time, the participant wishes to re-apply for the Waiver, a new Request for Waiver Slot Allocation must be submitted according to the procedures outlined in the waiver manual.

Example of the contact flow:

- Multiple contacts documented informing the family of the required decision/documentation
- Certified letter
- 10 days later (if no contact is made or there is no request for additional time) Form 20 is completed and slot revoked

If the consumer/family requests additional time:

- Allow an additional 30 days for resolution
- Contact family for resolution
- Certified letter (if no resolution)
- 10 days later Form 20 is completed and slot revoked

Re-Enrolling Into the Community Supports Waiver after the Slot Has Been Held From the Previous Year

To re-enroll a Community Supports Waiver participant who has had his/her slot held from the previous year, the procedures for obtaining a current **Support Plan**, new **Freedom of Choice Form (Community Supports Form 1)**, new **Acknowledgement of Rights and Responsibilities Form (Community Supports Form 2)**, a new **Cost Cap Acknowledgement** and new **Level of Care** re-determination must be followed. If the participant meets ICF/IID Level of Care, the participant will be re-enrolled back into the waiver. If the participant **does not** meet Level of Care, follow the procedures outlined in **Chapter 5 (ICF/IID Level of Care)**.

NOTE: All items must be acquired within 364 days of the date previously completed forms.

State Coordinator for Community Supports Waiver:

3440 Harden Street Ext.
P.O. Box 4706
Columbia, SC 29240
Phone: (803) 898-9729
Fax: (803) 898-9660

Waiver Enrollments Coordinator:

Whitten Center
P.O. Office Box 239
Clinton, SC 29325
Phone: (864) 938-3292
Fax: (864) 938-3302

Waiver Enrollments Coordinator:

PO Box 239
Clinton SC 29325
Office: 864-938-3137
Fax: 864-938-3302

District I Waiver Coordinator:

Whitten Center
P.O. Office Box 239
Clinton, SC 29325
Phone: (864) 938-3292
Fax: (864) 938-3435

District II Waiver Coordinator:

Coastal Center
9995 Jamison Road
Summerville, SC 29485
Phone: (843) 832-5585
Fax: (843) 832-5599

SCDHHS Regional Medicaid Eligibility Workers:

Midlands Region:

Midlands Center
8301 Farrow Road
Columbia, SC 29203
(803) 935-5922
Fax: (803) 255-8245

Richland Aiken Fairfield Lancaster
Lexington Newberry Calhoun
Kershaw York Chester

Piedmont Region:

Whitten Center
P.O. Box 239
28373 Hwy 76 East
Clinton, SC 29360
(864) 938-3129/938-3175
Fax: (864) 938-3119

Anderson Pickens Oconee Edgefield Greenwood
Cherokee Saluda Spartanburg McCormick
Greenville Laurens Union Abbeville

Coastal Region:

Coastal Center
9995 Miles Jamison Road
Summerville, SC 29485
(843) 821-5887
Fax: (843) 821-5889

Allendale Colleton Beaufort Jasper
Bamberg Dorchester Berkeley Orangeburg
Barnwell Hampton Charleston

Pee Dee Region:

Pee Dee Center
714 National Cemetery Road
Florence, SC 29501
(843) 664-2707
Fax: (843) 664-2730/664-7116

Chesterfield Dillon Horry Marlboro
Clarendon Florence Lee Sumter
Darlington Georgetown Marion Williamsburg

TRANSITIONING FROM ANOTHER MEDICAID PROGRAM TO THE COMMUNITY SUPPORTS WAIVER

When transitioning a participant from the following programs to the Community Supports Waiver, it is important that the participant maintain Medicaid eligibility.

- Children's Personal Care Assistance (CPCA)
- Incontinence Supplies
- Community Choices Waiver
- Mechanical Vent Waiver
- HIV/AIDS Waiver
- Medically Complex Children's Waiver
- Community Supports Waiver

To prevent an interruption of Medicaid services, coordination with the CLTC Waiver Case Manager/Nurse, Support Staff, SCDHHS Program Staff, the provider(s) of service, and the Waiver Enrollment Coordinator is needed **prior** to any change. In order to maintain uninterrupted Medicaid eligibility, the Medicaid Eligibility Worker must be informed of the Community Supports Waiver enrollment date and the participant's ICF/IID Level of Care date to properly update the participant's information.

Once it is verified that the participant is ready to transition to the Community Supports Waiver; the following steps must be taken for a smooth transition to occur:

Children's Personal Care/Incontinence Supplies to the Community Supports Waiver

- Contact CLTC Support Staff (see CLTC Area Office Transition Contacts) to determine the CPCA Care Coordinator.
- Contact the CPCA Care Coordinator to establish the transition date and gather information about services received. For CPCA and/or Incontinence Supply services that need to be authorized on the Community Supports Waiver enrollment date, contact the providers of these services and inform them of the upcoming waiver transition.
- A Personal Care Assessment must be completed. The assessment must be sent to SCDDSN Waiver Administration Division for review. A Children's Personal Care Aide (PCA) Physician Information Form and/or Incontinence Supply Assessment and Physician's Certification of Incontinence must be completed prior to authorizing services through the Community Supports Waiver. This information must be obtained prior to the transition in order for services to be authorized on the Community Supports Waiver enrollment date. For additional information see Chapter 10.
- Complete the Memorandum of Confirmation of Transition (CSW Form 18)
- Send the Memorandum of Confirmation of Transition to:
 - CPCA Care Coordinator;
 - CLTC Support Staff (see CLTC Area Office Transition Contacts) by email;
 - Waiver Enrollment Coordinator;
 - SCDHHS Medicaid Eligibility Worker; and
 - Retain a copy in the participant's file
- CPCA Care Coordinator terminates CPCA application/authorizations (& IS application/authorizations if applicable) the day before the agreed upon transition date.
- The Waiver Enrollment Coordinator will send the Waiver Case Manager/Early Interventionist a Certification of Enrollment/Disenrollment Form (HCB Form 13) as notification of enrollment.
- The Waiver Tracking System will show an "E" under ENINS.
- For services that must be authorized on the Community Supports Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval to authorize from the SCDDSN Waiver Administration.

Medically Complex Children's (MCC) Waiver to the Community Supports Waiver

- Contact the MCC Waiver Coordinator, Allison Shumpert at allison.shumpert@scdhhs.gov to negotiate a transition date and discuss services. This includes notifying the service provider/s of the upcoming waiver transition.
- Services that need to be authorized on the Community Supports Waiver enrollment date must be arranged prior to the waiver transition.
- Complete the Memorandum of Confirmation of Transition (CSW Form 18).
- Send the Memorandum of Confirmation of Transition to:
 - SCDHHS MCCW;
 - Waiver Enrollment Coordinator;
 - SCDHHS Medicaid Eligibility Worker; and
 - Retain a copy in the participant's file
- Once the DHHS MCCW receives the Memo of Transition, SCDHHS MCCW will advise the MCC Care Coordinator (CC) that the participant will be transitioning to another program. The MCC Care Coordinator will process the transition.
- The Waiver Enrollment Coordinator will send the Waiver Case Manager/Early Interventionist via the Certification of Enrollment/Disenrollment Form (HCB Form 13) as notification of enrollment.
- The Waiver Tracking System will show an "E" under ENINS.
- For services that must be authorized, see Chapter 10 and request approval to authorize from the SCDDSN Waiver Administration.

Community Choices, HIV/AIDS or Ventilator Waiver to the Community Supports Waiver

- Contact CLTC Waiver Case Manager to establish the transition date and discuss services. This includes notifying the service provider/s of the upcoming waiver transition.
- Services that need to be authorized on the Community Supports Waiver enrollment date must be arranged prior to the waiver transition. For example, if an adult consumer receives ongoing Personal Care services, the SCDDSN Personal Care/Attendant Care Assessment for Adults must be completed prior to the waiver transition (See Chapter 10 for additional information).
- Complete the Memorandum of Confirmation of Transition (CSW Form 18).
 - Send the Memorandum of Confirmation of Transition to:
 - CLTC Area Office Lead Team Waiver Case Manager (see CLTC Area Office Transition Contacts) by email;
 - CLTC Support Staff (see CLTC Area Office Transition Contacts) by email;
 - CLTC Waiver Case Manager;
 - Waiver Enrollment Coordinator;
 - SCDHHS Medicaid Eligibility Worker; and
 - Retain a copy in the participant's file
- CLTC Waiver Case Manager terminates CLTC application and authorizations the day before the agreed upon transition date
- CLTC Support Staff keys the termination date in MMIS within 4 days.
- The Waiver Enrollment Coordinator will notify the Waiver Case Manager/Early Interventionist via the Certification of Enrollment/Disenrollment Form (HCB Form 13) of the enrollment date.
- The Waiver Tracking System will show an "E" under ENINS
- For services that must be authorized on the Community Supports Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval to authorize from the SCDDSN Waiver Administration.

ID/RD Waiver to the Community Supports Waiver

- Review all services to prepare for the waiver transition. For services that need to be authorized on the Community Supports Waiver enrollment date, contact the provider/s of these service/s and inform them of the upcoming waiver transition.

- For services that must be authorized on the Community Supports Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval from the SCDDSN Waiver Administration Division.
- Send the ID/RD Notice of Disenrollment Form (ID/RD Form 17) to:
 - Waiver Enrollment Coordinator
 - Participant/Legal Guardian
 - SCDHHS Medicaid Eligibility Worker; and
 - Retain a copy in the participant’s file
- Send the Memorandum of Confirmation of Transition to:
 - Waiver Enrollment Coordinator, Celesa Williams
 - SCDHHS Medicaid Eligibility Worker; and
 - Retain a copy in the participant’s file
- Enrollment in the Community Supports Waiver will occur the day following termination from the ID/RD Waiver (If the LOC is over 30 days old; a LOC update will be required prior to enrollment).
- The Waiver Enrollment Coordinator will notify the Waiver Case Manager/Early Interventionist via the Certification of Enrollment/Disenrollment Form (HCB Form 13) of the enrollment date.
- The Waiver Tracking System will show an “E” under ENINQ.
- For services that must be authorized on the Community Supports Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval to authorize from the SCDDSN Waiver Administration Division.

CLTC Area Office Transition Contacts

	Support Staff- keys RSP	Case Management LTCM/CMII
Greenville CLTC Area 1	Tammy Andrews <andrewst@scdhhs.gov>	Carolyn Smith, LTCM <smithc@scdhhs.gov>
Spartanburg CLTC Area 2	Shelly Trotter <TROTTER@scdhhs.gov>	SUSAN TROUT, LTCM <Trout@scdhhs.gov>
Greenwood CLTC Area 3	Robin Davenport <DAVENRT@scdhhs.gov>	Jana Jones, LTCM <JONESJT@scdhhs.gov>
Rock Hill CLTC Area 4	FRAN LATHAN <Lathan@scdhhs.gov>	Roxanne Nivens, LTCM <Nivensr@scdhhs.gov>
Columbia CLTC Area 5	Terri Jo Shupe <SHUPET@scdhhs.gov>	Sandra Marcengill, LTCM <MARCENG@scdhhs.gov> David Hannon, CMII <David.Hannon@scdhhs.gov>
Orangeburg CLTC Area 6	Debbie Faison <FAISON@scdhhs.gov>	JEANNETTE GOODWIN, LTCM <GOODWINJ@scdhhs.gov>

Sumter CLTC Area 7	<p>LIZ KILGORE <Kilgore@scdhhs.gov></p> <p>Dorothy Conyers <CONYERS@scdhhs.gov></p> <p>Dorothy Cunningham <CUNNDOR@scdhhs.gov></p>	<p>MAEBELL STUCKEY, LTCM Stuckey@scdhhs.gov</p> <p>Ada Antoine, CMII <Ada.Antoine@scdhhs.gov></p>
Florence CLTC Area 8	<p>Bobbie Lee <leebob@scdhhs.gov></p> <p>Cathy Stroman <STROMAN@scdhhs.gov></p>	<p>Ruby LaSane, LTCM <LASANE@scdhhs.gov></p> <p>Natrice Ford, CMII <Natrice.Ford@scdhhs.gov></p> <p>CHRISTY CARAWAN, CMII <Carawanc@scdhhs.gov></p>
Conway CLTC Area 9	<p>Diane Alford <Alforddi@scdhhs.gov></p> <p>Myra D. Graham GrahamM@scdhhs.gov</p> <p>Tracie Tyler <TYLERT@scdhhs.gov></p>	<p>Cynthia Outing, LTCM OUTING@scdhhs.gov</p> <p>Tametrice Merriman, CMII <Tametrice.Merriman@scdhhs.gov></p>
Charleston CLTC Area 10	<p>ANNA MIDDLETON <Midda@scdhhs.gov></p> <p>Georgette Smith <SMITHGL@scdhhs.gov></p>	<p>FLORENCE GAILLIARD, LTCM <GAILLIAR@scdhhs.gov></p> <p>DEBORAH MCMURRAY, CMII <Mcmurray@scdhhs.gov></p>
Anderson CLTC Area 11	<p>DARLA GARRAUX <Garraux@scdhhs.gov></p>	<p>Kimberly Johnson, LTCM Kimberly.Johnson@scdhhs.gov</p> <p>Staci Ward, CMII <Staci.Ward@scdhhs.gov></p>
Ridgeland CLTC Area 13	<p>Yvette Smith SMITHYV@scdhhs.gov</p> <p>ANNA MIDDLETON <Midda@scdhhs.gov></p>	<p>JEANIE ROBERTSON, CMII <Robertso@scdhhs.gov></p>
Aiken CLTC Area 14	<p>Cynthia P Scott <SCOTTCP@scdhhs.gov></p>	<p>JEANNETTE GOODWIN, LTCM <GOODWINJ@scdhhs.gov></p> <p>Yvonne Chess, CMII <CHESS@scdhhs.gov></p>