

# 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 Waiver Case Manager/Early Interventionists 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:** Individual is identified as a potential ID/RD Waiver candidate and/or an individual/legal guardian requests waiver services.
- Step 2: Request for Slot Allocation:** Complete the Request for ID/RD Waiver Slot Allocation (ID/RD Form 30) within three (3) working days of the request for ID/RD Services. Submit the request to your supervisor for their review and signature. Forward to District I Waiver Coordinator at Whitten Center (SCDDSN; Whitten Center; P.O. Box 239; Clinton SC 29325 or via email or fax: 864-938-3435). In addition a copy of the Intellectual Disability/Related Disabilities Waiver Information Sheet (ID/RD Info Sheet-1) must be forwarded to the individual/legal guardian within three (3) working days of the request for waiver 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 Waiver Case Manager/Early Interventionist, 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 individual is not Medicaid eligible, the consumer will receive an application for Medicaid from DHHS/Eligibility. You will need to work with the individual/family member to complete. Waiver services will not begin until the individual is Medicaid eligible. Please keep in mind, the determination process can take as long as 90 days. If you have questions on how to complete the Medicaid application, contact your Regional DHHS Medicaid Eligibility Worker or see your Supervisor.

It is the responsibility of the Waiver Case Manager/Early Interventionist 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 Waiver Case Manager/Early Interventionist. The appeals/reconsideration process will be included with the written notification to the consumer/family member/legal guardian. When a slot becomes available for the consumer, the Waiver Case Manager/Early Interventionist will be notified by receiving the Notice of Slot Allotment (ID/RD Form 5).

## **Enrollment**

### **Step 4:**

**Freedom of Choice:** When the Waiver Case Manager/Early Interventionist is notified that an individual has received a waiver slot, they must proceed with completing the FOC Form (ID/RD Form 1) with the individual/legal guardian. The Waiver Case Manager/Early Interventionist should take two copies of the form with the appeals procedure on the back. 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, you must inform the individual/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 Waiver Case Manager/Early Interventionist should present the individual and/or legal guardian with the Acknowledgement of Rights and Responsibilities (ID/RD Form 2) that is in Business Tools. You must carefully review this information with the individual

and/or family member/legal guardian and have the individual 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. You 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 Waiver Case Manager/Early Interventionist 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 individuals moving from an ICF/IID:** If the individual 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 individuals 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 individual 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 you via the Certification of Enrollment/Disenrollment Form (HCB Form 13) of the enrollment date. You can, upon receipt of the Certification of Enrollment/Disenrollment Form, complete the individual’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 individual’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 Waiver Case

Manager/Early Interventionist must do the following (documenting each step in service notes):

- a. Assess the need.
- b. Offer choice of provider.
- 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 Waiver Case Manager/Early Interventionist 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 individual/family's satisfaction with the service. For policies refer to the individual services chapters in your ID/RD Waiver Manual. You 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 an individual'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 an individual 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.