

<p><b>CHAPTER</b></p> <p><b>6</b></p>
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## ENROLLMENTS

**Enrolling:** If an individual is assessed to have needs that can be met through the provision of waiver services, has chosen to receive services through the waiver, has Medicaid, has met ICF/IID Level of Care and has been allocated a waiver slot, then he/she can be enrolled in the ID/RD Waiver.

Enrollment occurs when the individual's status on the SC Department of Health and Human Services' (SCDHHS) Medicaid Management Information System (MMIS) is updated to reflect ID/RD Waiver enrollment. The effective date of the enrollment will be:

1. the day the individual 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 an individual is disenrolled from another Home and Community Based Waiver (e.g., CLTC's Community Choices Waiver, DDSN's Community Supports Waiver, etc.) as noted on the Memorandum of Confirmation of Transition (ID/RD Form 18); **OR**
4. the day after Community Long Term Care stops authorizing Children's PCA services/State Plan Nursing (note: this date must be negotiated with CLTC staff using the Memorandum of Confirmation of Transition (ID/RD Form 18); **OR**
5. the day the individual is discharged from a hospital (if entering the waiver immediately following a hospital admission); whichever is latest.

**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 (ID/RD Form 5) – completed by the District I ID/RD Waiver 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 ID/RD Waiver services can be authorized, the potential participant must be eligible for Medicaid. The SCDHHS Eligibility Division makes the determination of Medicaid eligibility.

SCDHHS has, in each region of the State, designated a Medicaid Eligibility Worker who works specifically with people who receive services through DDSN's ICF's/IID, ID/RD Waiver, Community Supports Waiver and HASCI Waiver. Their 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 the potential participant through the Medicaid eligibility process and to determine

the best possible eligibility category. Regional DHHS Medicaid Eligibility Workers' contact information is included in this chapter (see Attachment 2). They are responsible for all counties in their designated regions.

When the individual has been awarded an ID/RD Waiver slot, the Waiver Enrollment Coordinator will complete the Notice of Slot Allotment (ID/RD Form 5) and forward copies of it to the ID/RD Waiver Enrollment Coordinator and the DDSN Eligibility Division. The Waiver Case Manager/Early Interventionist will also receive a copy of the Notice of Slot Allotment (ID/RD Form 5), which is the notification that a waiver slot has been awarded.

The Waiver Enrollment Coordinator will notify the DHHS Eligibility Worker via SCDHHS Form 118A.

The Waiver Case Manager/Early Interventionist will then follow the Waiver Enrollment Timeline to enroll the individual in the ID/RD Waiver.

### **Waiver Enrollment Timeline** (*Applicable to all DDSN-operated HCBS Waivers*)

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

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

During the initial contact, when the individual 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 **31<sup>st</sup> 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 individual 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 individual 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 individual is pending DDSN eligibility, the initial LOC must requested within **30 calendar days** following the communication of the eligibility decision.

NOTE: In the rare circumstance when an individual 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](mailto: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 individual cannot be located/contacted, the **Non-Signature Declination process** must be immediately started.

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

If the potential participant is **not Medicaid eligible**, the DHHS Eligibility Worker will contact the participant/legal guardian to obtain the information needed to complete the application for Medicaid. The Waiver Case Manager/Early Interventionist should assist the potential participant in completing the application and returning it to the DHHS Eligibility Worker as soon as possible. In order to receive information from the DHHS Eligibility worker the CM/EI must obtain a DHHS Form 1282 signed by the individual allowing information to be shared with DDSN.

**Note:** Establishing Medicaid eligibility is a lengthy process. The process may take in excess of 90 days to complete, but should not exceed 120 days.

Once eligibility is determined, SCDHHS will notify the potential participant and SCDDSN's Waiver Enrollment 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, notification may be sent in April that a potential participant was determined eligible. If the application for the potential participant was submitted on January 20, eligibility will likely be effective January 1.

If the potential participant is deemed **not eligible** for Medicaid, the Waiver Enrollment Coordinator will delete the request for waiver enrollment once notification from DHHS Eligibility is received.

Once ready for enrollment, if the enrollee is currently enrolled in another Home and Community Based Waiver or is receiving Children's PCA, Incontinence Supplies or Nursing through the State Plan, 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/Nursing, and/or Incontinence Supplies. The ID/RD Waiver enrollment date will be the day **after** the termination from the State Plan Program or other HCB Waiver to avoid a break in Medicaid eligibility and services. **This date should not, however, be negotiated with CLTC until it has been verified that the individual is ready to transition to the ID/RD Waiver (See Attachment 3 for instructions).**

**Application Withdrawal:** If, during the enrollment process, the individual/legal guardian decides that they no longer wish to pursue ID/RD Waiver services, they must complete the Statement of Consumer Declining Waiver Services (ID/RD Form 20). This must be signed by the individual/legal guardian along with the Waiver Case Manager/Early Interventionist. A copy must be forwarded to the District I Waiver Coordinator. A copy of the form must be provided to the individual and the original placed in the individual's file.

**Note: If the individual/legal guardian makes this decision after the enrollment process is finalized, the Notice of Disenrollment (ID/RD Form 17) must be completed. See Chapter 7 for instructions regarding disenrollments.**

If, at a later time, the individual wishes to re-apply for the ID/RD Waiver, a new Request for ID/RD Waiver Slot Allocation (ID/RD Form 30) must be submitted according to the procedures outlined in Chapter 3 (Requesting a Slot).

**Non-signature Declinations:** When a pending waiver enrollment case requires closure and the Waiver Case Manager/Early Interventionist (CM/EI) is unable to obtain the signature of the individual/legal guardian (e.g. family moved out-of-state, unable to locate individual/legal guardian or individual/legal guardian has been non-responsive to requests for required documentation or reluctant to make final decisions related to Waiver enrollment), the Waiver Enrollment Coordinator can close the case without a signature. **The CM/EI must meet the following conditions BEFORE non-signature declinations can be completed:**

1. The case file must contain specific dates when the CM/EI tried to contact the individual/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. After several telephone calls to no avail, 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 #4.
3. If during the ten (10) calendar days the individual 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 an individual/legal guardian's signature. A copy must be forwarded to the appropriate Waiver Coordinator, who will remove the individual's name from the waiting list. A copy of the form should be sent to the individual and the original placed in the individual's file. If, at a later time, the individual 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 individual/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

**\*\*These standards are a minimum, if at any time the CM/EI feels additional time is needed by the family it can be granted.**

**Waiver Enrollments Coordinator:**

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

**State ID/RD Waiver Program Coordinator:**

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

**District I ID/RD Waiver Coordinator:**

Whitten Center  
P.O. Office Box 239  
Clinton, SC 29325  
(864) 938-3520  
Fax: (864) 938-3435

**District II ID/RD Waiver Coordinator:**

Coastal Center  
9995 Miles Jamison Road  
Summerville, SC 29485  
(843) 832-5585  
(843) 832-5599 (fax)

**SCDHHS Regional Medicaid Eligibility Workers:****Midlands Region:**

Midlands Center  
Columbia, SC 29203  
Fax: (803) 255-8245

8301 Farrow Road  
(803) 935-5922

:

Richland	Aiken	Fairfield	Lancaster
Lexington	Newberry	Calhoun	
Kershaw	York	Chester	

**Piedmont Region:**

Whitten Center  
28373 Hwy 76 East  
Clinton, SC 29360  
(864) 938-3129/938-3175

P.O. Box 239

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 ID/RD WAIVER**

When transitioning an individual from the following programs to the ID/RD Waiver, it is important that the individual maintain Medicaid eligibility.

- Children’s Personal Care Assistance (CPCA)
- State Plan Private Duty Nursing
- 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 ID/RD 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 individual is ready to transition to the ID/RD Waiver; the following steps must be taken for a smooth transition to occur:

### **Children’s Personal Care/Incontinence Supplies to the ID/RD 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 ID/RD Waiver enrollment date, contact the providers of these services and inform them of the upcoming waiver transition.
- A Children’s PCA Assessment must be completed. If more than 10 hours per week is requested, the assessment must be sent to SCDDSN Central Office 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 ID/RD Waiver. This information must be obtained prior to the transition in order for services to be authorized on the ID/RD Waiver enrollment date. For additional information see Chapter 10.
- Complete the Memorandum of Confirmation of Transition (ID/RD 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 ID/RD 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 ID/RD Waiver**

- Contact the SCDHHS MCC Waiver Coordinator, Michelle White at (803) 898-0079, [michelle.white@scdhhs.gov](mailto:michelle.white@scdhhs.gov) to negotiate a transition date and discuss services.
- Services that need to be authorized on the ID/RD Waiver enrollment date must be arranged prior to the waiver transition. This includes notifying the service provider/s of the upcoming waiver transition. For example, if an individual receives ongoing Nursing services a Medical Necessity Criteria for Private Duty Nursing Care Coordination Form, a Checklist for Medical Necessity Criteria for State Plan Private Duty Nursing Service (PDN Form 02) and a Physician's order for Nursing Services (ID/RD Form 2) must be completed prior to the waiver transition (See Chapter 10 for additional information).
- Complete the Memorandum of Confirmation of Transition (ID/RD Form 18).
- Send the Memorandum of Confirmation of Transition to:
  - SCDHHS MCCW Program Coordinator I;
  - Waiver Enrollment Coordinator;
  - SCDHHS Medicaid Eligibility Worker; and
  - Retain a copy in the participant's file
- Once the DHHS MCCW Program Coordinator I receives the Memo of Transition, the DHHS MCCW Program Coordinator I 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 on the ID/RD Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval to authorize from the SCDDSN Waiver Administration.

## **Community Choices, HIV/AIDS or Ventilator Waiver to the ID/RD Waiver**

- Contact CLTC Waiver Case Manager to establish the transition date and discuss services.
- Services that need to be authorized on the ID/RD Waiver enrollment date must be arranged prior to the waiver transition. This includes notifying the service provider/s of the upcoming waiver transition. For example, if an adult individual 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 (ID/RD 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 ID/RD Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval to authorize from the SCDDSN Waiver Administration.

## **Children’s Private Duty Nursing Services to the ID/RD Waiver**

- Contact the SCDHHS Waiver Administrator Michelle White at (803) 898-0079, [michelle.white@scdhhs.gov](mailto:michelle.white@scdhhs.gov) to negotiate a transition date and discuss services. For Nursing services, that need to be authorized on the ID/RD Waiver enrollment date, contact the provider/s of this service and inform them of the upcoming waiver transition.
- Complete a Medical Necessity Criteria for Private Duty Nursing Care Coordination Form to determine that criteria has been met for Nursing services, if the criteria is met a Checklist for Medical Necessity Criteria for State Plan Private Duty Nursing Service (PDN Form 02) should be completed. A physician’s order for Nursing Services (ID/RD Form 28) must be completed by a licensed physician, specifying the skill level required (RN or LPN). The Nursing services must also be prior approved by the SCDDSN Director of Health Services at Whitten Center, who will also determine the number of units needed.
- Complete the Memorandum of Confirmation of Transition (ID/RD Form 18).
- Send the Memorandum of Confirmation of Transition to:
  - SCDHHS Waiver Administrator;
  - Waiver Enrollment Coordinator;
  - SCDHHS Medicaid Eligibility Worker; and
  - Retain a copy in the participant’s file
- 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 ID/RD Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval to authorize from the SCDDSN Waiver Administration.

## **Community Supports Waiver to the ID/RD Waiver**

- Review all services to prepare for the waiver transition. For services that need to be authorized on the ID/RD 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 ID/RD Waiver enrollment date, complete all necessary documentation (see Chapter 10) and update the Support Plan to seek approval from the SCDDSN Waiver Administration Division.
- Send the CSW Notice of Disenrollment Form (CSW Form 17) to:
  - Waiver Enrollment Coordinator
  - Individual/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 ID/RD waiver will occur the day following termination from the CS Waiver.
- 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 ID/RD Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval to authorize from the SCDDSN Waiver Administration.

## CLTC Area Office Transition Contacts

	<b>Support Staff- keys RSP</b>	<b>Case Management LTCM/CMII</b>
<b>Greenville CLTC Area 1</b>	Tammy Andrews <andrewst@scdhhs.gov>	Carolyn Smith, LTCM <smithc@scdhhs.gov>
<b>Spartanburg CLTC Area 2</b>	Shelly Trotter <TROTTER@scdhhs.gov>	SUSAN TROUT, LTCM <Trout@scdhhs.gov>
<b>Greenwood CLTC Area 3</b>	Robin Davenport <DAVENRT@scdhhs.gov>	Jana Jones, LTCM <JONESJT@scdhhs.gov>
<b>Rock Hill CLTC Area 4</b>	FRAN LATHAN <Lathan@scdhhs.gov>	Roxanne Nivens, LTCM <Nivensr@scdhhs.gov>
<b>Columbia CLTC Area 5</b>	Terri Jo Shupe <SHUPET@scdhhs.gov>	Sandra Marcengill, LTCM <MARCENG@scdhhs.gov>  David Hannon, CMII <David.Hannon@scdhhs.gov>
<b>Orangeburg CLTC Area 6</b>	Debbie Faison <FAISON@scdhhs.gov>	JEANNETTE GOODWIN, LTCM <GOODWINJ@scdhhs.gov>
<b>Sumter CLTC Area 7</b>	LIZ KILGORE < <a href="mailto:Kilgore@scdhhs.gov">Kilgore@scdhhs.gov</a> >  Dorothy Conyers < <a href="mailto:CONYERS@scdhhs.gov">CONYERS@scdhhs.gov</a> >  Dorothy Cunningham <CUNNDOR@scdhhs.gov>	MAEBELL STUCKEY, LTCM <a href="mailto:Stuckey@scdhhs.gov">Stuckey@scdhhs.gov</a>  Ada Antoine, CMII <Ada.Antoine@scdhhs.gov>
<b>Florence CLTC Area 8</b>	Bobbie Lee <leebob@scdhhs.gov>  Cathy Stroman <STROMAN@scdhhs.gov>	Ruby LaSane, LTCM <LASANE@scdhhs.gov>  Natrice Ford, CMII <Natrice.Ford@scdhhs.gov>  CHRISTY CARAWAN, CMII <Carawanc@scdhhs.gov>
<b>Conway CLTC Area 9</b>	Diane Alford <Alforddi@scdhhs.gov>  Myra D. Graham <a href="mailto:GrahamM@scdhhs.gov">GrahamM@scdhhs.gov</a>	Cynthia Outing, LTCM <a href="mailto:OUTING@scdhhs.gov">OUTING@scdhhs.gov</a>  Tametrice Merriman, CMII <Tametrice.Merriman@scdhhs.gov>

	Tracie Tyler <TYLERT@scdhhs.gov>	
<b>Charleston CLTC Area 10</b>	ANNA MIDDLETON <Midda@scdhhs.gov>  Georgette Smith <SMITHGL@scdhhs.gov>	FLORENCE GAILLIARD, LTCM <GAILLIAR@scdhhs.gov>  DEBORAH MCMURRAY, CMII <Mcmurray@scdhhs.gov>
<b>Anderson CLTC Area 11</b>	DARLA GARRAUX <Garraux@scdhhs.gov>	Kimberly Johnson, LTCM <a href="mailto:Kimberly.Johnson@scdhhs.gov">Kimberly.Johnson@scdhhs.gov</a>  Staci Ward, CMII <Staci.Ward@scdhhs.gov>
<b>Ridgeland CLTC Area 13</b>	Yvette Smith <a href="mailto:SMITHYV@scdhhs.gov">SMITHYV@scdhhs.gov</a>  ANNA MIDDLETON <Midda@scdhhs.gov>	JEANIE ROBERTSON, CMII <Robertso@scdhhs.gov>
<b>Aiken CLTC Area 14</b>	Cynthia P Scott <SCOTTCP@scdhhs.gov>	JEANNETTE GOODWIN, LTCM <GOODWINJ@scdhhs.gov>  Yvonne Chess, CMII <CHESS@scdhhs.gov>