



## DDSN Executive Memo

**TO: EXECUTIVE DIRECTORS, DSN BOARD  
CEOS, CONTRACTED SERVICE PROVIDERS  
CASE MANAGEMENT PROVIDERS**

**FROM: ASSOCIATE STATE DIRECTOR-POLICY, SUSAN KREH BECK, ED.S, LPES, NCSP** *SKB*

**DATE: SEPTEMBER 9, 2019**

**RE: Waiver Case Management Requests**

DDSN has developed a procedure for Waiver Case Managers to request Waiver Case Management units over 40 units per calendar quarter. If additional units are needed, the Waiver Case Manager will follow the process specified in the "Steps to Request Waiver Case Management" document.

If you have any questions please contact Lori Manos at (803) 898-9715 or by email at [lmanos@ddsn.sc.gov](mailto:lmanos@ddsn.sc.gov) or you may contact Jennifer Jaques at (803) 898-9729 or by email at [jjaques@ddsn.sc.gov](mailto:jjaques@ddsn.sc.gov).

### Attachments

cc: Ms. Lori Manos, Waiver Administration and Case Management Director, DDSN  
Ms. Jennifer Jaques, Waiver Administration and Policy Director, DDSN  
Ms. Melissa Ritter, HASCI Director, DDSN  
Ms. Michelle Abney, Waiver Administrator, DHHS

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
STEPS TO REQUEST WAIVER CASE MANAGEMENT (WCM)**

1. Complete the “Request for WCM” form and forward it to your Supervisor along with all of the case notes completed within the quarter that you are requesting additional WCM units. For example, if you are requesting additional WCM units in August to be used through September 30th, you will attach all case notes starting on July 1st.
2. If your Supervisor is in agreement with the request, you will send the “Request for Additional WCM Units” form and the case notes via SComm to WCM Request/Waiver Case Management Request.
3. The request will be reviewed and sent to DHHS for review. DHHS has the final authority to approve additional WCM units.
4. You will be notified of the determination via email. If the request is approved, the Support Plan will be updated by the DDSN Waiver Administration Division. If denied, you will be notified of the next steps.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
REQUEST FOR ADDITIONAL WAIVER CASE MANAGEMENT UNITS**

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

Name of Waiver Participant: \_\_\_\_\_

Waiver Case Manager: \_\_\_\_\_

Waiver Case Management Provider: \_\_\_\_\_

Waiver Case Manager Supervisor: \_\_\_\_\_

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Requested Amount of Units (total for the quarter): \_\_\_\_\_

Quarter:       January-March       April-June       July-September       October-December

**NOTE:** Additional WCM units can only be requested during the current quarter. The request must be made prior to the end date of the quarter.

Case Notes are attached (current quarter only)

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Indicate specifically why additional WCM services are needed. Also, include a summary of how WCM units have already been used this quarter.

\_\_\_\_\_  
Waiver Case Manager

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

\_\_\_\_\_  
Waiver Case Manager Supervisor

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