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MEMORANDUM

TO: Executive Directors, DSN Boards of Case Management
CEOs, Contracted Service Providers of Case Management
Case Management Supervisors

FROM: Lori Manos, Associate State Director-Policy *fm*

DATE: March 11, 2022

SUBJECT: Waiver Case Management Exception Requests

DDSN is no longer using the Interim Process for Waiver Case Management exception requests. All requests for Waiver Case Management over 40 units per month, must 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 lmanos@ddsn.sc.gov or Jennifer Jaques at (803) 898-9729 or jjagues@ddsn.sc.gov. Thank you.

Attachments

cc: Jennifer Jaques, DDSN
Melissa Ritter, DDSN
Michelle Abney, Waiver Administrator, DHHS

South Carolina Department of Disabilities and Special Needs
Steps to Request Additional Waiver Case Management Units

1. Complete the “Request for Additional Waiver Case Management Units” form and forward it to your Supervisor along with all of the case notes completed within the month that you are requesting additional Waiver Case Management units.
2. If your Supervisor is in agreement with the request, you will send the “Request for Additional Waiver Case Management Units” form and the case notes via SComm to Waiver Case Management Request/Waiver Case Management Request.
3. The request will be reviewed and sent to SCDHHS for review. SCDHHS has the final authority to approve additional Waiver Case Management units.
4. You will be notified of the determination via SComm. If the request is approved, the Support Plan will be updated by the DDSN Waiver Administration Division. All requests must be submitted to DDSN by 5:00 PM on the last day of the month.

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

Date: _____

Name of Waiver Participant: _____

Waiver Case Manager: _____

Waiver Case Management Provider: _____

Waiver Case Manager Supervisor: _____

Requested Amount of Units (*total for the month*): _____

NOTE: Additional WCM units can only be requested during the current month and must be prior approved. Requests for additional units should only be submitted when a participant is in crisis and/or at imminent risk of out of home placement. Supervisors must thoroughly review all requests before submission.

Case Notes are attached (*current month only*)

Describe the critical nature of the request for additional WCM services and include a summary of how WCM units have already been used this month.

Waiver Case Manager

Date: _____

Waiver Case Manager Supervisor

Date: _____