



DDSN Executive Memo

**TO: EXECUTIVE DIRECTORS, DSN BOARDS
CEOS, CONTRACTED SERVICE PROVIDERS**

FROM: ASSOCIATE STATE DIRECTOR, SUSAN KREH BECK, ED.S., LPES, NCSF 

DATE: MARCH 27, 2019

RE: Process Improvement Initiative – Waiver Enrollment (CS and ID/RD)

The purpose of this Executive Memo is to notify providers DDSN has a process improvement plan for waiver enrollment and requests provider input prior to finalizing. Your feedback is requested no later than **April 17, 2019**. Please send your feedback to choney@ddsn.sc.gov with the subject matter “Waiver Enrollment Improvement Plan.”

Currently, 1419 individuals have a waiver slot and pending enrollment in the IDRD or CS Waiver. The average days pending is 255 days (8.5 months) with 728 individuals (51%) pending over 12 months. This stagnation pattern has been ongoing for multiple years. This elongated pattern of holding onto a waiver slot without enrolling or declining is fundamentally unfair to those still on the waiver waiting list in need of services.

Factors driving this stagnation include receiving a waiver slot without Medicaid eligibility; consumer/family confusion sorting out the DDSN case manager’s role and the Medicaid financial lookback case worker’s role; not understanding waivers; holding waiver slots while attempting to secure a service provider, particularly respite; and no process time constraints/deadlines on holding a waiver slot. Process changes are designed to address these factors in a reasonable and compassionate manner. A summary of the significant changes are:

- Upon DDSN eligibility determination, DDSN will engage at multiple points prior to waiver slot award to guide and encourage non-Medicaid eligible consumers to obtain Medicaid. If a consumer is still not Medicaid eligible three months prior to receiving a waiver slot, the consumer will be assigned a Case Manager to assist in Medicaid eligibility, as well as being placed on a Medicaid Processing list until Medicaid eligible prior to receiving a waiver slot.
- Consumers will be contacted by DDSN three (3) months prior to receiving a waiver slot and assigned a Case Manager, as well as be briefed and provided written materials explaining the waiver enrollment process in preparation of receiving a waiver slot.
- Medicaid financial lookback worker’s role will be delayed until after the DDSN Case Manager makes initial contact to explain the process, which will prevent confusion.
- Case Manager’s level of care will be coordinated to be held until after Medicaid completes its 118A financial lookback form, which prevents level of care determinations expiring after 30 days requiring resubmission.
- Establish a “soft” six (6) month deadline requiring justification approved by the Executive Director of the case management provider to extend in 30 days intervals up to 12 months. Not enrolling based on waiting to secure a service provider will not be an acceptable reason.

Guidance for Waiver Enrollment Timeline - ID/RD and CS Waivers is attached to this memo. If you have questions, please contact Ben Orner at borner@ddsn.sc.gov or (803) 898-3520.

Attachment

Guidance for Waiver Enrollment Timeline: Intellectual Disability/Related Disabilities (ID/RD) and Community Supports (CS) Waivers

OVERVIEW:

A stagnation pattern has emerged in regards to waiver enrollment in the past few years. This elongated timeframe of holding onto a waiver slot without enrolling or declining is fundamentally unfair to those remaining on the waiver waiting list. Factors driving this stagnation include receiving a waiver slot without Medicaid eligibility; individual/family confusion sorting out the DDSN Case Manager's role and the Medicaid financial lookback case worker's role; not understanding waivers; holding waiver slots while attempting to secure a service provider, particularly respite; and no process time constraints/deadlines for holding a waiver enrollment slot.

The purpose of this new guidance is to move the enrollment forward in a quick and efficient manner in order to create a fair and equitable process that meets the needs of as many individuals as possible. The process steps outlined below have been refined over multiple versions and intended to help Case Managers and DDSN process waiver enrollments in a sensible timeframe.

PROCESS STEPS:

- A. Upon determination of DDSN eligibility:
 - a. Each individual is added to the CS and IDRD Waiver waiting lists, which is confirmed via an eligibility notification letter to the individual.
 - b. Individuals under the age of 27 without Medicaid eligibility are informed in the eligibility notification letter to contact Family Connections of SC for assistance in obtaining Medicaid, which is necessary for waiver enrollment.
 - c. Individuals over the age of 27 without Medicaid eligibility should call the DDSN POC number listed on the eligibility letter for guidance to initiate Medicaid enrollment. The Eligibility letter will also include a DDSN POC number for the individual (family) to call to obtain waiver program information, decline being added to the waiver waiting lists, or any waiver question or issue throughout the duration of the waiver waiting list and enrollment process.

- B. Six months prior to reaching the top of the waiting list:
 - a. Individuals who have not been through the DDSN eligibility process will be contacted by DDSN. DDSN eligibility is not a requirement to be on the waiver waiting list, but a level of care is needed for waiver enrollment. The individual must go through intake or provide sufficient level of care records for a determination during the waiver enrollment process.

- C. Three months prior to reaching the top of the waiting list:
 - a. DDSN contacts individual in order to conduct preparations for waiver enrollment. The individual's Medicaid eligibility status will determine the type of contact that is initiated (see below).

b. Individual with active Medicaid:

i. If the individual does not currently have a Case Manager:

1. DDSN will contact the individual to offer choice of Medicaid Targeted Case Management (MTCM) provider. During this contact, DDSN will prepare the individual and family by informing them of the following:
 - a. Overview of the enrollment process;
 - b. General enrollment timelines;
 - c. Upon waiver slot award, they may receive information requests from Medicaid for historical financial records as part of the process; and
 - d. Waiver enrollment should not be delayed while the individual and/or family arranges for services, with an emphasis on focusing their immediate attention on possible challenges such as arranging respite services.

ii. If the individual already has a MTCM Case Manager, the Case Manager is notified via SComm (Therap) of the impending waiver award slot in three months. The Case Manager prepares the individual and family similar to “i” immediately above.

c. Individual without active Medicaid:

i. Individuals without active Medicaid are likely provided State Funded Case Management (SFCM), which is paid at a “fee-for-service rate” based on activity. Case Management provider of choice on record at DDSN is notified of the pending waiver enrollment. (If the individual does not have a Case Management provider on record at DDSN, DDSN contacts the individual/family and offers choice of Case Management. The selected Case Management is notified by DDSN of impending waiver slot award.) The Case Manager conducts the following:

1. Case Manager establishes contact and assists the individual/family in completing a paper Medicaid Application. The Case Manager will also request the individual/family’s voluntary consent for the SCDHHS Medicaid worker to contact the Case Manager in the Medicaid application process (form 1282);
2. The completed application is faxed to the SCDHHS “Out-Station” Medicaid worker dedicated to DDSN individuals located at each Regional Center;
3. SCDHHS “Out-Station” worker processes the application with full awareness of the need to assess for “Category 15” (Individuals Receiving Home and Community Based Waiver Services) since these individuals will potentially enter waiver services; and
4. Case Manager continues to work the case and assist until a Medicaid determination is made.

D. Upon availability of new waiver slots, DDSN awards slots at the top of the waiting list who have active Medicaid. If an individual still has been unable to obtain Medicaid over the prior three months assisted by a Case Manager, the individual is placed on a separate processing list until they are able to obtain Medicaid. Once Medicaid is obtained, the next available slot is awarded.

- E. Upon waiver slot award, the Case Manager is sent a copy of the slot award form, which indicates whether or not an SCDHHS Form 118A (Waiver Client Status Document) from Medicaid is required.
- F. Upon receipt of waiver slot award from DDSN, the Case Manager makes contact with the individual within 10 business days.
- G. Twenty-one days after the waiver slot award, DDSN sends the SCDHHS Form 118A to the SCDHHS Out-Station worker for financial clearance, if applicable (not all individuals require the SCDHHS Form 118A). SCDHHS processing outcomes include:
 - a. If SCDHHS returns the SCDHHS Form 118A to DDSN with no certification of Medicaid, then the slot will be revoked and a letter sent to the individual allowing one year to obtain Medicaid, at which time they should notify DDSN and the slot will be returned.
 - b. If SCDHHS Out-Station worker is unable to gain the cooperation of the individual to complete the SCDHHS Form 118A process, SCDHHS makes a “non-cooperation determination.” Based on this outcome, the Case Manager will follow DDSN’s non-signature/non-cooperation policy after discussing with the individual, if possible.
 - c. When SCDHHS returns the SCDHHS Form 118A certification of Medicaid approval to DDSN, DDSN records the SCDHHS Form 118A return date in the Tracking Database and upload a copy to the individual’s Oversight Document Storage in Therap (File Name: 118AFormReturnedMMDDYYYY). Only after confirming the SCDHHS Form 118A approval, the Case Manager is permitted to submit the level of care to DDSN. This prevents a premature level of care determination going stale after 30 days requiring resubmission.
 - d. If an individual does not require an SCDHHS Form 118A form, DDSN uploads a standard form notifying the Case Manager in the individual’s Oversight Document Storage in Therap with a standard naming convention. This permits the Case Manager to submit the level of care to DDSN.
 - e. **Optional**, but not required, step to speed up enrollment timeframe: If the Case Manager gets the Freedom of Choice form prior to the 21 day mark, they can send it to the Waiver Enrollment Staff at DDSN in order to shorten the 21 day wait.
- H. Upon receipt of waiver slot award from DDSN, the Case Manager conducts an initial home visit within 30 days. The Case Manager obtains/presents the following information and begins gathering information for the Annual Assessment and Plan:
 - a. Case Manager Face-to-Face Meeting Guide:
 - i. Explains all forms below (b-g) and not just the forms requiring a signature;
 - ii. Explains the waiver award/enrollment timeline expectations;
 - iii. Emphasizes the need to decide on declining services at the earliest date in order to allow others on the waiting list access to services;
 - iv. Explains potential conflicts with MCO’s or other waiver programs; and
 - v. Explains the 6 month completion expectation and that 30-day extensions will not be granted for being unable to find a waiver service or provider. Reasonable guidance and assistance in lining up services before enrollment can be expected from Case Managers, but such activity cannot be a reason to delay submission of required documentation for enrollment. Unreasonable delays is unfair to individuals on the waiting list in need of opportunity to receive waiver services.
 - b. Freedom of Choice form – Required signature;
 - c. Acknowledgment of Rights and Responsibilities Form - Required signature;

- d. Form 1282 (Medicaid consent form for Case Manager to communicate with Medicaid) – individual/family consent voluntary;
 - e. Waiver Information Sheet – Present and discuss with individual/family;
 - f. Waiver Enrollment Timeline – Present and discuss with individual/family; and
 - g. Statement of Consumer Declining Waiver Services – Required signature if declining.
- I. If the individual signs the Freedom of Choice (FOC) form and wishes to pursue waiver enrollment, the Case Manager monitors the individual’s Document Storage File in Therap to verify the completion of the Medicaid SCDHHS Form 118A form. When verified, the Case Manager completes the initial ICF/IID Level of Care (LOC) within 30 days. Exceptions to this are:
- a. If the individual is already enrolled in the Community Supports (CS) Waiver and is moving to the ID/RD Waiver (or vice-versa), a new initial LOC is not needed. The Case Manager can recertify the LOC under the new waiver for enrollment.
 - b. In rare cases, the individual may not yet be eligible for DDSN Services, which requires the Case Manager to wait until completion of the DDSN eligibility process to ensure records and tests are available for the Case Manager’s LOC.
- J. Upon completion of the LOC, FOC, and SCDHHS Form 118A process, the individual is enrolled in the waiver.
- a. Enrollment occurs regardless of whether services are ready for implementation;
 - b. Individual has 60 days to get a service before being terminated from the waiver; and
 - c. If terminated from the waiver due to not being able to locate a service provider, the individual holds their waiver slot for 90 days for additional time to obtain services. This affords the individual 150 days from enrollment to receive a service or relinquish their waiver enrollment slot.
- K. If the Case Manager loses adequate contact with the individual to progress completing the waiver enrollment process, the Case Manager is required to follow the Non-Signature Declination Policy in the Waiver Manual.
- L. If the individual is not enrolled in the waiver after five months, the individual/family and Case Manager is notified by DDSN the enrollment six month deadline is approaching and the Case Manager needs to request additional time if needed. If a Case Manager fails to submit a request to extend the enrollment period, then a formal letter is sent to the family (CC: Case Manager), which informs they have 30 additional days to be enrolled or request an extension or their slot will be revoked.

If additional time beyond six months is needed and justifiable, a 30 day extension form is submitted containing the basis for the additional time and requires the Case Manager’s Executive Director (ED) to personally sign the request. This form should be submitted to DDSN no later than 10 days prior to the 6 month deadline. That request provides an additional 30 days and a new request has to be submitted every 30 days with the Executive Director’s signature in order to maintain the slot

After nine months, further extensions requires Skype or face-to-face meetings between the Case Manager and the Director of Waiver Administration. Any extension beyond 12 months requires DDSN State Director approval. Case Manager’s should not request an extension due to not being able to locate a service provider or indecision on the family’s part regarding the process.

Contacts:

Business Process Owner:

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Waiver Enrollment Staff, DDSN:

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Waiver Policy (Manuals):

Jennifer Jaques (IDRD), jjaques@ddsn.sc.gov, 803-898-9279

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Enrollment timeline/checklist:

<p>Upon DDSN Eligibility:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Add to CS and ID/RD waiting lists <input type="checkbox"/> Under 27 without Medicaid: family calls Family Connections of SC <input type="checkbox"/> Over 27 without Medicaid: family calls DDSN POC 	
<p>6 Months From Enrollment:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Individuals who have not been through the DDSN eligibility process will be contacted by DDSN. 	
<p>3 Months From Enrollment (DDSN contacts the individual to prepare for enrollment). Type of contact depends upon Medicaid status:</p>	<p><u>Active Medicaid:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> If no Case Manager, DDSN offers choice of provider <input type="checkbox"/> Case Manager discusses with family: enrollment process/timeline, Medicaid process, arranging services/choosing providers 	<p><u>No Active Medicaid:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Case Manager provider notified (DDSN contacts family if no Case Manager) <input type="checkbox"/> Case Manager Conducts following: <ul style="list-style-type: none"> <input type="checkbox"/> Assist w/ paper Medicaid application <input type="checkbox"/> Form 1282 <input type="checkbox"/> Application faxed to SCDHHS out-station <input type="checkbox"/> SCDHHS out-station processes application <input type="checkbox"/> Case Manager follows-up as needed
<p>Slot awarded:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> New waiver slots are awarded to individuals at the top of the waiting list with have active Medicaid. If still an individual still does not have Medicaid, the individual is placed on a separate processing list. <input type="checkbox"/> Case Manager is sent a copy of the slot award form, which indicates whether or not an SCDHHS Form 118A from Medicaid is required. <input type="checkbox"/> Case Manager makes contact with the individual within 10 business days. 	
<p>21 days after slot award:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 21 days after slot award, DDSN sends the SCDHHS Form 118A for financial clearance (if applicable). 	
<p>SCDHHS returns SCDHHS Form 118A:</p>	<p><u>Possible outcomes from return of SCDHHS Form 118A:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> No certification of Medicaid: Slot will be revoked w/ 1 year to obtain Medicaid (slot returned if Medicaid established). <input type="checkbox"/> SCDHHS makes a “non-cooperation determination”: Follow non-signature/non-cooperation policy after discussing with the individual, if possible. <input type="checkbox"/> SCDHHS Form 118A certification of Medicaid approval: DDSN records the SCDHHS Form 118A return date in the Tracking Database and upload a copy to the individual’s Oversight Document Storage in Therap (File Name: 118AFormReturnedMMDDYYYY). (LOC can be submitted after confirming the SCDHHS Form 118A.) <input type="checkbox"/> No SCDHHS Form 118A form required: DDSN uploads a standard form notifying the Case Manager in the individual’s 	

	<p>Oversight Document Storage in Therap with a standard naming convention. (LOC can be submitted to DDSN.)</p> <p><input type="checkbox"/> Optional: Obtain Freedom of Choice form prior to the 21 day mark and send it to Waiver Enrollment Staff.</p>
Initial home visit:	<p><input type="checkbox"/> Upon receipt of waiver slot award from DDSN, the Case Manager conducts an initial home visit within 30 days. (Reference Meeting Guide Checklist for more detailed information.)</p>
FOC signed and individual wishes to pursue waiver enrollment:	<p><input type="checkbox"/> Case Manager monitors Document Storage File in Therap to verify the completion of the Medicaid SCDHHS Form 118A. When verified, the Case Manager completes the initial ICF/IID Level of Care (LOC) within 30 days. Exceptions:</p> <p>a. If the individual is already enrolled in the Community Supports (CS) Waiver and is moving to the ID/RD Waiver (or vice-versa), a new initial LOC is not needed. The Case Manager can recertify the LOC under the new waiver for enrollment.</p> <p>b. Not yet be eligible for DDSN Services: Case Manager to wait until completion of the DDSN eligibility process</p>
Enrollment completion criteria:	<p><input type="checkbox"/> Upon completion of the LOC, FOC, and SCDHHS Form 118A process, the individual is enrolled in the waiver.</p>

Case Manager Face-to-Face Meeting Guide Checklist:

- Explain ALL forms:
 - Freedom of Choice form – Required signature
 - Acknowledgment of Rights and Responsibilities Form - Required signature
 - Form 1282 (Medicaid consent form for Case Manager to communicate with Medicaid) – individual/family consent voluntary
 - Waiver Information Sheet – Present and discuss with individual/family
 - Waiver Enrollment Timeline – Present and discuss with individual/family; and Statement of Consumer Declining Waiver Services – Required signature if declining.
- Explain the waiver award/enrollment timeline expectations
- Emphasize the need to decide on declining services at the earliest date in order to allow others on the waiting list access to services
- Explain potential conflicts with MCO's or other waiver programs
- Explain the 6 month completion expectation and that 30-day extensions will not be granted for being unable to find a waiver service or provider. Reasonable guidance and assistance in lining up services before enrollment can be expected from Case Managers, but such activity cannot be a reason to delay submission of required documentation for enrollment. Unreasonable delays is unfair to individuals on the waiting list in need of opportunity to receive waiver services.