

**Efficiency in the Enrollment Process for the South Carolina  
Intellectual Disability and Related Disabilities Waiver  
Program**

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In October 1991, the South Carolina Department of Health and Human Services (SCDHHS) and the South Carolina Department of Disabilities and Special Needs (SCDDSN) received approval from the federal government to offer the Home and Community Based Waiver as an alternative to institutional care for people with intellectual disabilities (then referred to as mental retardation) or a related disability. Over the years the Intellectual Disability and Related Disabilities (ID/RD) waiver has had many changes and has evolved into a robust service package that can be a significant help to individuals who wish to remain in the community or at home but would otherwise require institutional level care. See Appendix A for more information on the ID/RD Waiver program.

Unfortunately, like many similar services, the ID/RD Waiver is limited in the number of people that can be served by the amount of funds available. The Medicaid waiver programs use a combination of State and Federal dollars for funding. Due to the limited amount of funds, it was necessary to create a waiting list for individuals who wish to participate in the ID/RD Waiver program. In 2014 DDSN was awarded a significant amount of funding in order to work toward reducing the amount of people on the waiting lists. These new funds brought over a 2500% increase, over the last six months, in the average number of people that were receiving ID/RD waiver slots. When an individual receives a waiver slot it does not mean that they are enrolled in the waiver, rather it means that they have a spot in the waiver held for them pending all the steps in the enrollment process. It was with this sudden influx of individuals going through the waiver enrollment process that inefficiencies in the process became most obvious.

**Problem Statement:**

As the newly funded waiver slots began to be awarded in July of 2014 a team was established to track various milestones of the enrollment process in order to attempt to identify problem areas. This group focused on the major milestones of enrollment that will be explained later in this paper. DDSN staff also wanted to look at the minor steps that are involved in the process and determine ways to make the enrollment process as efficient as possible. The staff that coordinates the enrollment of individuals into the DDSN waivers saw many inefficiencies in the various processes that were required (DDSN has multiple waivers with the ID/RD Waiver being the primary focus of this project, see Appendix B for information on the other South Carolina Waivers). The process was thoroughly evaluated in an effort to both reduce the wait for individuals going through the enrollment process and to cut costs for DDSN by reducing man-hours needed to enroll an individual in the waiver. This project was undertaken to assess if there were practical steps that could be taken to assist in reducing the time and cost involved in the ID/RD Waiver enrollment process.

### **Data Collection:**

In order to determine the current state of the enrollment process a database was established to track the major milestones of the enrollment process. These milestones are as follows:

- **The DDSN Eligibility date.** Most of the people who are on the waiting list for the ID/RD Waiver have already been through the DDSN Eligibility process to ensure they are eligible for DDSN services. In those cases the date will be a past date. For those who have not been determined eligible they will begin the DDSN eligibility process and once

that has been determined the date will be logged. The eligibility process can be conducted concurrently with the waiver enrollment process.

- **The slot award date.** This is the begin date. The date that the individual was taken off of the waiting list and given a potential spot in the waiver pending the enrollment process.
- **The date the 118A form is sent to DHHS.** The 118A form is a form used to certify that an individual is eligible for Medicaid services. Medicaid eligibility is required for enrollment in the waiver. This form is filled out first by DDSN waiver enrollment staff and then sent to a Medicaid worker for certification. After the individual's Medicaid is certified the form is send back to the DDSN waiver enrollment coordinator.
- **The date the 118A form is returned.** This is the date that Medicaid returns the certified 118A form back to DDSN. The form will show that the individual either met or did not meet Medicaid eligibility.
- **The date the Level of Care (LOC) is completed.** The LOC is a requirement by Medicaid. Since the purpose of the Medicaid waivers is to allow someone to live at home who would otherwise require care in an Intermediate Care Facility, the individual must meet the Intermediate Care Facility for Individuals with Intellectual Disability Level of Care. This determination is made by a Consumer Assessment Team (CAT) and takes many different records and assessments into account.
- **The date of Enrollment.** This is the date in which the individual is enrolled in the waiver and may begin to receive waiver services.

- **Declination.** If during the process an individual decides they no longer wish to pursue enrollment in the waiver that decision was tracked, their slot revoked, and their slot given to the next person on the waiting list.

The dates that are tracked above have been referred to as “Milestones” as they are the major steps that are required in the enrollment process. Each of the milestone steps are made up of many minor steps and decisions that add up to the entire enrollment process. Several flow charts were created in order to accurately reflect the current and proposed process. Appendix C shows the simple, milestone, enrollment flow chart. Appendix D is the detailed enrollment process, separated by work unit, consisting of 105 steps. While many of these steps take only minutes to complete, there is no automated tracking method to ensure the exact amount of time taken for each step. In order to determine the time taken in each step observation and interview tools were used to estimate the average time for each step.

### **Data Analysis:**

Analysis of the data has identified two unique groups that contribute to the delays and waste in the enrollment process. Waste is a term that refers to work that adds no value to the process. The first group consists of the employees working toward enrollment. The second group consists of the individual who is being enrolled in the waiver and their family or support group. Each group has its own areas of waste during the enrollment process. The timeframes for the steps which involve the individual typically are what cause the most delay in the enrollment process and yet also have the least room for improvement. Many of the steps which involve the individual and their support group are the ones that were measured in a range of days rather than minutes. This is due largely to the amount of time and effort it takes (in many cases) to send the

family the correct forms, help them understand the forms, and have them sign and return the correct forms or documents. The chart below shows the breakdown in timeframes on waiver slots that were awarded from July 1, 2014 through December 31, 2014 for the ID/RD Waiver. In that timeframe 1019 slots were awarded. Of the awarded slots 214 were declined at some point during the enrollment process. This declination happens at different points in the process and therefore it is difficult to assess the amount of wasted time that is used on these cases. For purposes of this project only those 805 slots that were still being actively pursued or had been enrolled in the waiver as of December 31<sup>st</sup> were used for analysis.

*TABLE A. Time frames in Enrollment Sample (July 1 – Dec 31, 2014)*

<b>Time</b>	<b>Average Days</b>	<b>Median Days</b>	<b>Range in days</b>
Between Slot award and LOC Completion	44.2	38	1-163
Between Slot award and Enrollment	51.9	50	1-161
Between LOC and Enrollment	13.7	8	0-97
Between Slot award and 118A form received	8.42	2	0-90

These larger processes are measured by milestone and, as seen above, can take months to complete. The most significant delay in the process, when viewing milestones, appears to be the completion of the Level of Care. This process, in many cases, necessitates collection of records from schools or hospitals. If those records are not available then testing will have to be completed to determine the individual’s adaptive and cognitive abilities. This process can involve working around the individual’s schedule and require them to be very active in the process which can result in some delays. These delays do not occur with everyone which

explains the significant variance in range on the timeframe of completion. In order to make large strides in efficiency of the enrollment process these possible delays will have to be addressed.

The steps that have been charted which involve only the employees working toward enrollment have the most to gain in reduction of cost due to the nature of working with a large number of cases. Each improvement in efficiency and removal of waste will have exponential increases in productivity. In the process of enrollment into the ID/RD Waiver five different types of waste have been identified:

***Transportation.*** This is the waste where movement of a product does not add value. This would include transporting or sending documents more often than necessary. In the current enrollment process there are fifteen possible paper transmittals using either FAX or regular mail. The process involves faxing forms between the employee group and mailing or hand delivering forms to the family for signature which then have to be returned. The prevalence of this type of waste is visible in the Appendix D flow chart where the chart clearly visualizes the amount of times the steps transition from one entity to another, as seen in the vertical lines that jump from one section to another.

***Motion.*** This is the waste where movements and motion are made without adding value. In this enrollment process this would include the numerous trips to the printer and fax machine while working with the forms that are required for enrollment. It would also include actual trips to the individual's home to ensure forms are completed and signed.

***Waiting.*** This is the waste in which people have idle time where information is not ready. Often this type of waste is caused by one entity waiting on another entity to complete their portion. In the current enrollment process there are no notifications set up to notify key players

when the process they are waiting for has been completed. They must manually check on a regular basis until they verify they have the information that is needed.

***Over Processing.*** This refers to redundant work in a process. In the current process we see this in the multiple times systems are accessed in order to provide or log information. Current computer system limitations make it necessary to key information, delete that information, and key new information every time an update is needed.

***Defects.*** This last type of waste refers to the need to have to do anything over again because it was not done correctly the first time. In the enrollment process this is seen when timeframes required by policy are not met and sections of the process need to be repeated. It is also large delay when there is an error in forms or forms are lost in transit and they have to be resent. In these instances, which are not seen on the flow chart, the file for that individual must be found among all the other enrollees, the form must be found in the paper file, and then resent to the correct party.

In the current process each waiver slot that is awarded can, on average, potentially require 116 minutes of time from the Waiver enrollment DDSN staff. In the last half of 2014 there were 1019 individuals who received a slot and required the attention of that staff. That is a total of 1970 hours of work put in to this process. Through flow charting and analysis it has been determined that much of this time is waste. Through possible automation and reduction of waste that number can be reduced down to 424 hours, a 78% reduction in time.

### **Implementation Plan:**

In 2015 the South Carolina Department and Disabilities will begin a phased implementation of a new commercial-off-the-shelf software solution. For purposes of clarity this software will be referred to as the “System”. The System is designed to both fit the general mold

of agencies like DDSN and to be customized to fit specific needs. The implementation plan of this project relies heavily on these customized programs within the System to enhance efficiency and reduce costs. The System and its contracts were put in place prior to the study on the efficiency of the waiver enrollment process and therefore the costs that are inherent in such a System are not specifically costs for the implementation of this project. This virtually eliminates any costs that are specific to this project. In order to achieve the “ideal enrollment process” as set out in Appendix E the following steps will need to be taken:

1. *The waiver waiting lists will need to be moved from their current unique locations and tied to the System and each individual's record within that system.* This will be completed by a combination of our IT Department and the programmers for the new System. For example, if John Doe is on the ID/RD waiting list and the Community Supports Waiver waiting list then it will be tied to his record rather than to the lists themselves. In order to look up John's position on the waiting lists it is currently necessary to look up each list and find John's name on those lists. In the new System, if the lists are tied to the individual then all someone has to do to look up John's position in the list is pull up his individual record in the System and it will identify his location on each list.
2. *Different roles and users will have to be given limited access to the System.* This will be established by the System programmers and logins will be assigned and moderated by our IT department. As previously mentioned there are two major types of delays within the current enrollment system. The first type is the small wastes which, when removed, will add up exponentially due to the frequency of occurrence, but in reality these steps have little effect on the overall time it takes for one individual to be enrolled in the waiver. The second type of delay is the long sub-processes that take weeks to months to complete.

These sub-processes are often delayed by entities outside of DDSN requiring information or being required to supply information. If these entities were given access to the System, on a role-based limited basis, they would be able to access the system to submit or view information as needed. One example would be the individual who is attempting to enroll in the waiver. Each individual the DDSN serves should be given a limited log-in to the System which would allow that individual to sign in and check their status on waiting lists, update contact information, and sign necessary forms that are required for waiver enrollment and other processes. They would also be able to receive email or text notifications when information or action is needed by them. Similar, role-based, logins would be given to other agencies which DDSN shares forms with so that they can simply login to the System in order to access and edit the needed forms rather than having to fax forms back and forth.

3. *Digitization of forms.* The forms that are used in the enrollment process are almost entirely paper forms. In order to truly automate and streamline the enrollment process these forms will have to be digitized so that they can be completed, signed, and adequately stored on-line or in a digital environment. Digital signatures will have to be introduced in an adequate format that will meet all required parties approval. As not all individuals who are working toward enrollment will have access to computers or the internet it will be important to allow for the ability to complete paper forms with signatures that can then be uploaded to the System.
4. *System logic will have to be programmed with the nuances of our enrollment process in order to efficiently manage the required portions of the process.* This task will need to be done in collaboration between our IT department, the System programmers, and the DDSN Waiver staff who are familiar with the requirements of the enrollment process. The logic

can be seen in Appendix E where a section of the flow chart is labeled “Automated”. This section and the steps that occur in it will be done through programming. The “ideal” flow chart was able to automate 44 out of the 105 steps in the flow chart. Automated steps mean less time and manpower used during the enrollment process and as a result, cost savings.

5. *Training.* Staff of all involved parties will have to be trained on the new process and the most efficient way to handle the new System and the new process flow. Families and individuals who are working toward enrollment will need to be trained on the ability they have to login and help expedite the process

The implementation of the steps above can correspond with the rollout of the new System. The first phase will be in April of 2015. This phase will include demographic data and would be the ideal time to integrate the waiting lists for the waivers. As Phase 2 begins at the end of 2015 and beginning of 2016 the various aspects of Case Management will be put into place which would include many of the waiver functions including Level of Care and other enrollment processes. Implementing these steps along with the other program changes will help ensure that no additional cost is added for programmers to work on this process at a later date. The implementation of the above steps should come at minimal cost with the potential for savings in man hours as well as paper and other supplies.

There are, as with any new process, some potential obstacles that may arise. Each of these obstacles will be addressed in turn and they should not have a significant impact on the increased efficiency of the new process.

***Limited internet access.*** It is possible that some of the individuals that are served by DDSN will not have access to the internet or will not want to use the System for signing documents or updating information. If this is the case then the Case Manager will be made

aware, by the System, that the individual does not have a login and the Case Manager will contact the individual and have a paper form signed and then upload it to the System. Also possible would be the utilization of mobile applications and tablets to have the Case Manager bring a digital form to the individual for signature.

***Privacy issues.*** The current privacy climate requires that everything involving individual personal information be protected. While the System will have all the required encryptions the possibility of breaches increase with increased users and logins. The creation of role-based logins will help limit the privacy concerns as each login is only able to access the needed areas of the System. An individual will not be able to access information on other individuals and Case Managers will not be able to access individuals who are not on their designated caseload.

***Digital Signatures.*** Digital signatures and the format in which they are collected continues to be a developing issue. DDSN will need to work with the various federal and state agencies to ensure that the format of the signature is acceptable to all key players.

***Ownership of Forms/Processes.*** The forms and process that are used during the enrollment process can have several different “owners”. For example the 118A form that is utilized for certifying the individuals’ Medicaid is a Medicaid form. This could cause potential problems when attempting to digitize this form into DDSN’s system. It will be necessary to work with the other agencies involved to ensure that everyone is agreeable to the needed steps to increase efficiency in this process. Many agencies are moving toward a paperless system and this could assist in overcoming this potential obstacle.

Once the obstacles have been addressed and the System has been put into place to ensure peak efficiency the key stakeholders in the process will have to be notified and trained. Because this System is new to the entire DDSN provider network, training will be needed to familiarize

them with the general system. The training specific to these enrollment changes would be best incorporated into that training process in order to reduce time and cost of future training on these specific changes. As the new System becomes engrained into the DDSN network the new, more efficient, enrollment process will as well.

### **Evaluation Method:**

After the new process has been implemented there will need to be continuous evaluation of new ways to improve the efficiency. In the current process the dates of milestone completion are tracked in a database manually. In the new System, much of the process is automated and all of it can be automatically tracked for reporting purposes. This will allow real time analysis of the average enrollment time and the amount of time it is taking in each step of the process. DDSN staff would be able to identify obstacles quickly and move to alleviate the delay. The System will also be able to track the minor steps along the enrollment process. This data will be able to be compiled and reported on quickly which will allow for a better understanding of the exact flow of the many individuals who go through the waiver enrollment process.

### **Conclusion:**

The current waiver enrollment process for the ID/RD Waiver, while effective, is not as efficient as possible. When the process was first established it utilized the technology available at that time and therefore staff were limited in ways to improve the process. With the introduction of the new System in 2015 a new door has been opened in which both the small steps can be reduced as well as the larger sub-processes. Through automation and more efficient document handling the Department of Disabilities and Special Needs can realize significant cost savings and the individuals who are attempting to access waiver services can begin receiving those services more quickly.

# Appendix A – Chapter 1 of the ID/RD Waiver Manual

(<http://ddsn.sc.gov/providers/medicaidwaiverservices/mrrd/Pages/default.aspx>)

## CHAPTER

# 1

## WHAT IS A WAIVER?

Prior to 1981, people in need of long term care services could only receive Medicaid funding for such services when the services were provided in an institutional setting such as a nursing home. In October 1981, the Social Security Act was amended to allow states to choose to offer Medicaid funding for long term care services when those services are provided in the person's home or community. This became known as the Home and Community Based (HCB) Waiver or Medicaid Waiver option.

When the HCB waiver option is selected by a state, that state is choosing to waive the institutional requirements and must decide for whom those requirements will be waived. The state can select the group or groups of people for whom they wish the requirements to be waived. Some examples of groups of people for whom these requirements may be waived are, people who are elderly or disabled, people who have mental retardation or a related disability, or people who have a head or spinal cord injury.

In addition to choosing to waive the institutional requirements and selecting the groups of people for whom the requirement will be waived, states are allowed to choose which goods or services will be funded through the HCB waiver. The state must choose services that are not already funded as part of the State's Medicaid Program Plan.

When the HCB Waiver option is chosen, the state must make several assurances to the Centers for Medicare and Medicaid Services (CMS), which is the division of the U.S. Department of Health and Human Services that is responsible for reviewing, approving and monitoring any waiver options selected by the state. The state must assure that necessary safeguards are taken to protect the health and welfare of all participants, assure that all participants require the level of care that would be provided in an institution and assure that the participant's need for the specified level of care is periodically re-evaluated. The state must assure that participants are informed of any reasonable alternatives available under the waiver, assure that participants are given the choice of either institutional or home and community-based services and assure that the expenditures under the waiver will not exceed the amount that would have been spent if the participant had chosen institutionalization.

In South Carolina, the SC Department of Health and Human Services (SCDHHS) is the state agency responsible for all Medicaid funding. South Carolina has chosen to serve several different populations by utilizing the HCB waiver option. SCDHHS, through its Community Long Term Care (CLTC) Division, administers HCB Waivers to serve the elderly and disabled (Community Choices Waiver), people with HIV or AIDS (HIV/AIDS Waiver) and adults who are dependent on a life support system (Ventilator Dependent Waiver). In addition, SCDHHS partners with the South Carolina Department of Disabilities and Special Needs (SCDDSN) in administering waivers to serve people with head or spinal cord injuries (HASCI Waiver), pervasive developmental disorders (PDD) and people with mental retardation or related disabilities (MR/RD Waiver and Community Supports Waiver). See attached DDSN Waiver Summary and CLTC Waiver Summary for an overview of all HCB Waivers available in South Carolina.

## Appendix A – Chapter 1 of the ID/RD Waiver Manual

(<http://ddsn.sc.gov/providers/medicaidwaiverservices/mrrd/Pages/default.aspx>)

In October 1991, SCDHHS and SCDDSN (then known as the Department of Mental Retardation) received approval to offer the Home and Community Based Waiver as an alternative to institutional care for people with mental retardation or a related disability. This option allows people with mental retardation or related disabilities to choose to receive care at home rather than in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). Although the consumers may choose to receive care at home, he/she must require the degree of care that would be provided in the ICF/MR. In other words, consumers choosing this option must meet ICF/MR level of care.

Since the approval of the MR/RD Waiver in October 1991, several changes or amendments have been made to the original waiver request. As of January 1, 2010, the following services are funded by Medicaid through South Carolina's MR/RD Waiver:

- Adult Attendant Care Services
- Adult Companion Services
- Adult Day Health Care Services
- Adult Day Health Care Nursing
- Adult Day Health Care Transportation
- Adult Dental Services
- Adult Vision
- Audiology Services
- Behavior Support Services
- Career Preparation Services
- Community Services
- Day Activity
- Employment Services
- Environmental Modifications
- Nursing Services
- Personal Care 2, Personal Care 1
- Personal Emergency Response System (PERS)
- Prescribed Drugs
- Private Vehicle Modifications
- Psychological Services
- Residential Habilitation
- Respite Care
- Specialized Medical Equipment, Supplies and Assistive Technology
- Support Center Services

These services – and specific limitations related to these services – will be discussed in subsequent chapters.

In order to become enrolled in the MR/RD Waiver, several conditions/criteria must be met. **The potential participant must be eligible to receive services from SCDDSN (i.e. have a diagnosis of Mental Retardation or Related Disability).** This does not mean that the applicant must be currently receiving services from SCDDSN.

Note: The only criterion for SCDDSN eligibility is that the person have mental retardation or a related disability. The eligibility determination is made by the Office of Consumer Assessment at the SCDDSN Midlands Center. See SCDDSN Directive 100-30-DD Eligibility Diagnostic Criteria, Screening and Intake Processes for Eligibility, and Appeal Procedures.

## Appendix A – Chapter 1 of the ID/RD Waiver Manual

(<http://ddsn.sc.gov/providers/medicaidwaiverservices/mrrd/Pages/default.aspx>)

In addition to being eligible to receive services from SCDDSN, **the potential participant must be eligible to receive Medicaid**. This does not mean that the potential participant must be receiving Medicaid but instead means that, once application is made, Medicaid will likely be awarded. The determination of eligibility for Medicaid is made by the SC Department of Health and Human Services Eligibility Division (SCDHHS).participant

**A potential participant must be allocated a waiver slot.** MR/RD Waiver slots are allocated by SCDDSN. See Chapter 3 (*Requesting a Slot*) of this manual for more information.

In addition to being eligible for SCDDSN services, being eligible for Medicaid and being allocated a slot, **a potential participant must be given the option of receiving services in his/her home and community or in an ICF/MR**. To be enrolled in the waiver, home and community based services must be chosen. See Chapter 4 (*Freedom of Choice*) of this manual.

Lastly, **a potential participant must meet ICF/MR Level of Care**. The initial Level of Care determination is made by the Consumer Assessment Team located at the Midlands Center. This determination must be reviewed annually for continued participation in the waiver. See Chapter 5 (*ICF/MR Level of Care*) of this manual for more information.

In addition to the conditions/criteria listed above, **a potential participant must have needs that can be addressed by the provision of services funded by the waiver**. The cost of these services should not exceed the cost of care that would be provided in an ICF/MR.

Once these conditions/criteria are met, the potential participant can be enrolled in the waiver. Upon enrollment, approved providers may be authorized to render the needed services that are indicated on the participant's Support Plan and included in his/her approved waiver budget.

## Appendix B:

### SCDHHS Home and Community Based Services Waiver Summary Chart

Program	Community Choices Waiver	HIV/AIDS Waiver	Mechanical Ventilator Waiver
<b>Group Served</b>	Medicaid eligible, age 18 or older, meets nursing facility level of care	Medicaid eligible, any age, diagnosed with HIV/AIDS & at risk of hospitalization	Medicaid eligible, age 21 or older, meets skilled or intermediate level of care & requires mechanical ventilation
<b>Contact Agency</b>	DHHS – CLTC Centralized Intake 855-288-1637	DHHS – CLTC Centralized Intake 855-288-1637	DHHS – CLTC Centralized Intake 855-288-1637
<b>Level of Care</b>	Nursing Facility	At-Risk of Hospitalization	Nursing Facility & dependent on Mechanical Ventilation
<b>Available Services</b>	<ul style="list-style-type: none"> <li>• Case Management</li> <li>• Personal Care I</li> <li>• Personal Care II</li> <li>• Attendant Care</li> <li>• Companion</li> <li>• Environmental Modifications</li> <li>• Enhanced Environmental Modifications</li> <li>• Home Delivered Meals</li> <li>• Adult Day Health Care</li> <li>• Adult Day Health Care Transportation</li> <li>• Institutional Respite Care</li> <li>• Respite in CRCF</li> <li>• Personal Emergency Response System (PERS)</li> <li>• Incontinence Supplies</li> <li>• Nursing Home Transition Services</li> <li>• Nutritional Supplements</li> <li>• Limited Durable Medical Equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Case Management</li> <li>• Personal Care I</li> <li>• Personal Care II</li> <li>• Attendant Care</li> <li>• Companion</li> <li>• Environmental Modifications</li> <li>• Enhanced Environmental Modifications</li> <li>• Home Delivered Meals</li> <li>• Private Duty Nursing</li> <li>• Prescription Drugs</li> <li>• Limited Incontinence Supplies</li> <li>• Nutritional Supplements</li> </ul>	<ul style="list-style-type: none"> <li>• Personal Care I</li> <li>• Personal Care II</li> <li>• Attendant Care</li> <li>• Private Duty Nursing</li> <li>• Environmental Modifications</li> <li>• Enhanced Environmental Modifications</li> <li>• Specialized Medical Equipment &amp; Supplies</li> <li>• Institutional Respite Care</li> <li>• In-Home Respite Care</li> <li>• Personal Emergency Response System (PERS)</li> <li>• Prescription Drugs</li> <li>• Nutritional Supplies</li> </ul>
<b>Waiting List #</b>	YES	*NO	*NO

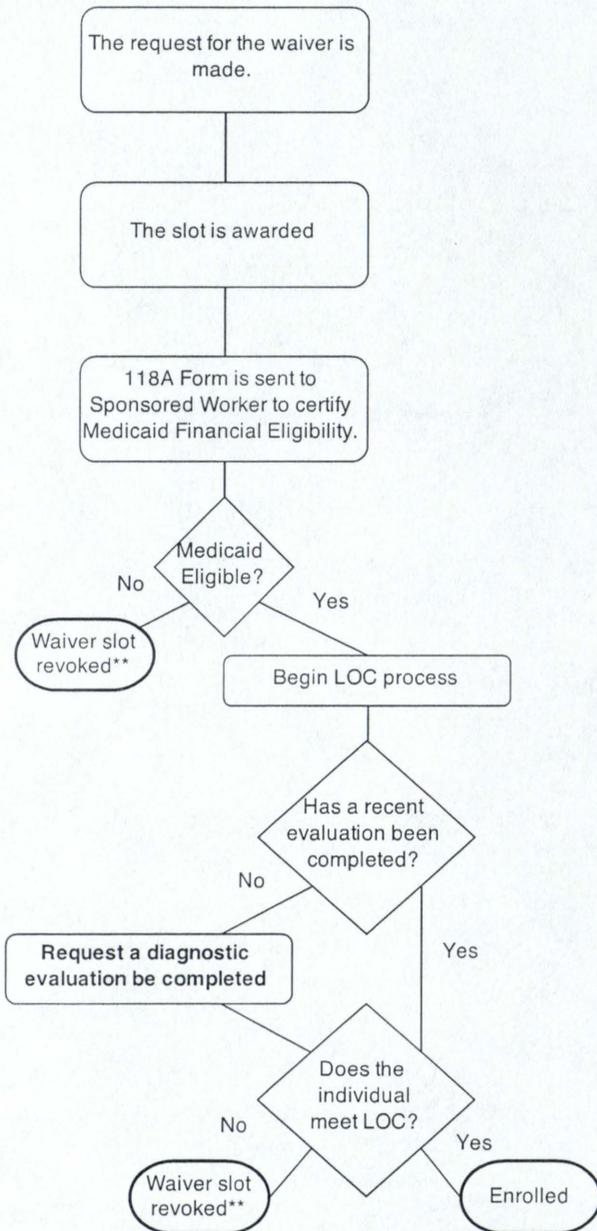
\*Enrollment is occurring as quickly as medical and fiscal eligibility determinations can be processed

Program	Medically Complex Children's (MCC) Waiver	Intellectual Disabilities & Related Disabilities (ID/RD) Waiver	Head & Spinal Cord Injuries (HASCI) Waiver
<b>Group Served</b>	Medicaid eligible, under age 18, meets nursing facility or ICF/IID level of care & medical criteria	Medicaid eligible, all ages, with ID or related disabilities	Medicaid eligible, age 0-65, with head and/or spinal cord injuries <b>or</b> similar disabilities
<b>Contact Agency</b>	DHHS – CLTC Centralized Intake 855-288-1637	DDSN Single Point of Entry 1-800-289-7012 (toll-free)	DDSN - HASCI Info. & Referral Service 1-866-867-3864 (toll free)
<b>Level of Care</b>	Nursing Facility <b>or</b> ICF/IID	ICF/IID	Nursing Facility <b>or</b> ICF/IID
<b>Available Services</b>	<ul style="list-style-type: none"> <li>• Care Coordination</li> <li>• In-Home Respite</li> <li>• Medical Day Care</li> </ul>	<ul style="list-style-type: none"> <li>• Personal Care I</li> <li>• Personal Care II</li> <li>• Residential Habilitation</li> <li>• Environmental Modifications</li> <li>• Private Vehicle Modifications</li> <li>• DME/Assistive Technology</li> <li>• Prescriptions Drugs</li> <li>• Respite Care</li> <li>• Audiology Services</li> <li>• Adult Companion Services</li> <li>• Psychological Services</li> <li>• Nursing Services</li> <li>• Adult Dental</li> <li>• Adult Vision</li> <li>• Adult Day Health Care (ADHC)</li> <li>• ADHC Nursing</li> <li>• ADHC Transportation</li> <li>• Adult Attendant Care</li> <li>• Behavior Support Services</li> <li>• Career Preparation</li> <li>• Employment Services</li> <li>• Day Activity</li> <li>• Community Services</li> <li>• Support Center Services</li> <li>• Personal Emergency Response System (PERS)</li> </ul>	<ul style="list-style-type: none"> <li>• Prevocational Services</li> <li>• Day Habilitation</li> <li>• Supported Employment</li> <li>• Attendant Care</li> <li>• Health Education for Consumer Directed Care</li> <li>• Peer Guidance for Consumer Directed Care</li> <li>• Residential Habilitation</li> <li>• Medical Supplies, Equipment &amp; Assistive Technology</li> <li>• Prescription Drugs</li> <li>• Respite Care</li> <li>• Personal Emergency Response System (PERS)</li> <li>• Physical Therapy</li> <li>• Occupational Therapy</li> <li>• Psychological Services</li> <li>• Behavior Support Services</li> <li>• Nursing Services</li> <li>• Speech, Hearing &amp; Language Services</li> <li>• Private Vehicle Modifications</li> <li>• Environmental Modifications</li> </ul>
<b>Waiting List #</b>	YES	YES	YES

\*Enrollment is occurring as quickly as staff can determine medical and fiscal eligibility

Program	Pervasive Developmental Disorder (PDD) Waiver	Community Supports Waiver	Psychiatric Residential Treatment Facility (PRTF) Alternative CHANCE Waiver
Group Served	Medicaid eligible children age 3-10 who have been diagnosed with a PDD including Autism or Asperger's Syndrome & meet level of care criteria	Medicaid eligible, all ages, with ID or related disabilities	Medicaid eligible youth age 4 -18 who have primary diagnoses of a Serious Emotional Disturbance & meet level of care criteria for PRTF placement
Contact Agency	DDSN - PDD Intake & Referral 1-888-576-4658 (toll free)	DDSN Single Point of Entry 1-800-289-7012 (toll-free)	DHHS - Division of Behavioral Health 803-898-2565
Level of Care	ICF/IID	ICF/IID	PRTF
Available Services	<ul style="list-style-type: none"> <li>• Case Management</li> <li>• Early Intensive Behavioral Intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Personal Care I</li> <li>• Personal Care II</li> <li>• Adult Day Health Care (ADHC)</li> <li>• ADHC Nursing</li> <li>• ADHC Transportation</li> <li>• Respite Care</li> <li>• Environmental Modifications</li> <li>• Specialized Medical Equipment, Supplies, Assistive Technology &amp; Appliances</li> <li>• Incontinence Supplies</li> <li>• Psychological Services</li> <li>• Private Vehicle Modifications</li> <li>• Behavior Support Services</li> <li>• Day Activity Services</li> <li>• Career Preparation Services</li> <li>• Community Services</li> <li>• Employment Services</li> <li>• Support Center Services</li> <li>• In-Home Support</li> <li>• Personal Emergency Response System (PERS)</li> </ul>	<ul style="list-style-type: none"> <li>• Case Management</li> <li>• Prevocational Services</li> <li>• Respite Care</li> <li>• Customized Goods &amp; Services</li> <li>• Peer Support Services</li> <li>• Service Plan Development</li> <li>• Wraparound Para-Professional Services</li> </ul>
Waiting List #	YES	YES	New admissions are frozen until Congress reauthorizes the waiver authority

Appendix C: Simple Waiver Enrollment  
Flow Chart



\*\*This is a simplified flow chart. Individuals are given copies of the appeals process for all adverse decisions.



Appendix D: ID/RD Waiver Enrollment Process (Current)

