

**South Carolina
Department of Health &
Human Services**

**Medically Complex
Childrens Waiver
Program**

Care Coordination Provided by



**Provider
Manual 2023**



Dear Health Care Professional,

I am pleased to welcome you and your staff as the newest members of an outstanding team of highly skilled and deeply committed caregivers that work closely together to provide compassionate and comprehensive care to children who have complex medical needs.

Since 2009, SC Solutions (SCS) has been coordinating the care of these pediatric patients with board certified pediatricians who share our commitment to helping children who are experiencing serious health challenges and will require ongoing care for at least 12 months. Our statewide presence assures access to a team of professionals that works across organizational lines and geographic boundaries to deliver the best care and coordination possible for each child who needs the services provided through the Medically Complex Children's Waiver (MCCW) program. This coordination ensures that each provider can exercise their expertise while giving families comfort in knowing that their child will receive the best care available.

SCS promises to provide ongoing support to you and your team and an unwavering commitment to the children with complex medical concerns and their families. Our Care Coordinators are Registered Nurses who are required to have 3 years of experience caring for pediatric patients with complex medical needs. We will maintain monthly contact with the families and notify you or your staff of any issues that may impact their course of care.

Our model of care is clear. The pediatrician drives the plan of care for the child. Our staff will develop a Person-Centered Service Plan (PCSP) with your input that will be monitored by our staff, discussed with the family, and updated on the participant's Monthly Summary Report (MSR) to ensure that all concerned parties are communicating to the benefit of the child.

We look forward to working with you and your staff as we grow our partnership and care for the most fragile of our citizens.

Sincerely,

Barbara Freeman M.D., FAAFP, CCM

Chief Medical Officer
SC Solutions

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What is the Medically Complex Children's Waiver?

The Medically Complex Children's Waiver (MCCW) is a statewide program that serves children from birth to age 21. Children qualifying for the program must be residents of South Carolina, maintain active enrollment in Medicaid (they may have primary commercial coverage and/or Medicare and Medicaid secondary), must meet hospital level of care and meet medical criteria defined by the state. The criteria to evaluate a child's eligibility for the MCCW includes:

1. Number of medications given routinely
2. Frequency of hospitalizations, ER visits and sick visits
3. Dependency on skilled nursing services
4. Number of specialists involved in the participant's care
5. Use of ancillary service
6. At risk for hospitalization

The goals of the MCCW, per South Carolina Department of Health & Human Services (SCDHHS) are to:

- Provide ongoing continuity of care to children through nurse Care Coordinators that serve as liaisons between waiver participants and all medical and community service providers.
- Decrease hospitalizations and emergency room visits, improve quality of life for waiver participants and create cost efficiencies.

Who are South Carolina Solutions (SCS)?

South Carolina Solutions (SCS), whose parent company is Community Health Solutions of America, Inc., has been providing care coordination services for the MCCW population since the waiver's inception in January 2009.

SCS is an industry-leader in care coordination, delivering an Enhanced Primary Care Case Management (PCCM) program that features a dedicated clinical Care Coordinator nurse (RN) with at least three years of extensive experience with medically complex or chronically ill children. Whether a child is transitioning from the hospital to home or is stable in their natural environment, SCS Care Coordinators work with the participant's family, primary care physician, specialists, and community service providers to ensure continuity of care.

SCS supports you, the provider, as the driver of the Person-Centered Service Plan (PSCP) to meet the complex medical needs of your most vulnerable patients without the administrative oversight. Board-certified pediatricians guide and direct the PCSP, while SCS Care Coordinators serve as "non-physician extenders" by interacting with the participant's family/responsible party at the least once per month.

SCS's Care Coordination model decreases hospitalizations and emergency room visits and enhances the quality of life for MCCW participants and their families, while reducing healthcare spending for the state of South Carolina.

With the implementation of the SCS Care Coordination model, we hope you will rely on the services we offer. Our goal is to become a lasting partner with your practice as we work together to help our medically complex children make improvements in their health outcomes. Additional benefits of a partnership with SCS include the following:

- SCS and the MCCW follow all SCDHHS Medical Best Practice Standards.
- MCCW participants maintain Medicaid benefits in addition to the intensive case management provided by SCS Care Coordinators.
- All billing and Fee-for-service reimbursements for you, the provider, remain the same in addition to the Enhanced Per Member Per Month (PMPM) fee from SCS.
- Patients can use an open network for specialty care, outpatient, and inpatient services.
- Patients can continue to use the SCDHHS Preferred Drug List.

Participation as a SCS Provider is a straightforward process that brings many benefits to not only your practice, but also, most importantly, the children and families that are participants in the MCCW.

We look forward to the development of a strong and mutually beneficial partnership with you and your team. Together, we can truly make a difference in the lives of those medically complex fragile children and their families.

SCS Enhanced Primary Care Case Management (PCCM)

○ **PROCESS:**

Referrals to MCCW Program

Care Coordinators will act on the receipt of all appropriate external and internal referrals to the Enhanced PCCM program. Referrals for the Medically Complex Children's Waiver may be made online:

https://phoenix.scdhhs.gov/cltc_referrals/new

Admission to MCCW

Once the participant has been evaluated and accepted into the MCCW Program, the RN Care Coordinator will:

- Assess and develop the *Person-Centered Service Plan (PCSP)* in collaboration with the participant's pediatrician to ensure integration of the medical management and waiver services.
- Create a Monthly Summary Report (MSR) which is a direct reflection of the PCSP entered in Phoenix, the SCDHHS electronic medical record.
- Implement, monitor, evaluate and update, the participant's *PCSP* monthly, documenting all updates on the MSR, ensuring integration and provision of all services.
- Submit the MSR quarterly for the primary care physician to review and document any updates, changes or additions needed to the PCSP. A review, signature, and return to SCS will be requested on the MSR at each annual re-evaluation.
- Collaborate with the participant's pediatrician ensuring the *PCSP* is appropriate.
- Coordinate all services in the participant's *PCSP*.
- Educate participant and their family regarding their right to choose their providers for services in the *PCSP*.
- Provide a written, formal evaluation of the *PCSP* to SCDHHS on a semi-annual basis.
- Maintain clear and open communication with the participant's family or responsible party.

○ **PROGRAM:**

The objectives of the Case Management Program are to:

- Ensure the right care, at the right time, and the right place.
- Deliver effective, timely, efficient, family-centered, equitable and safe care for children with complex and chronic health conditions.
- Enhance the patient/family experience and quality of care through seamless, highly integrated care coordination.
- Improve access to primary care specialty care and needed services for this vulnerable population.
- Optimize health outcomes and enhance quality of life.
- Reduce mean cost per beneficiary.

Components of Case Management

The identification and monitoring of participants needing case management includes:

- Screening
- Assessment and reassessment
- PCSP/MSR development
- Care coordination of services
- Monitoring outcomes
- Ongoing documentation/communication

Provider Responsibilities

The following requirements are presented as an adjunct to the SC Healthy Connections Provider Manual, Clinical Services, as published by SCDHHS, which takes precedent if there are any discrepancies.

<https://www.scdhhs.gov/internet/pdf/manuals/Physicians/Section%201.pdf>

Primary Care Provider (PCP)

Primary care provider (PCP) responsibilities include, at a minimum:

- Managing the medical and health care needs of participants to assure that all medically necessary services are made available in a timely manner.
- Reviewing, monitoring, evaluation and making necessary changes to the participant's Person-Centered Service Plan in coordination with the participant's Care Coordinator.
- Monitoring and follow-up on care provided by other medical service providers for diagnosis and treatment.
- Providing the coordination necessary for the referral of patients to specialists.
- Maintaining a medical record of all services rendered by the PCP and other referral

- providers.
- Contacting MCCW participants monthly through one of the following:
 - Office visit
 - Record review of specialty provider visit(s)
 - Direct telephone contact between the PCP and the responsible party documented on the client record.
 - Participating in optional team conferences, involving the PCP, responsible party, participant, Care Coordinator, and any other team members to review the PCSP and discuss care management needs.
 - SCDHHS requires that each Enhanced Provider capture four elements each month on each MCCW participant. These monthly requirements include telephone consult for 21-30 minutes, care plan oversight by the physician for 30+ min, care plan oversight by a nurse for 30+ min, and a team medical conference for 30+ min. * *These elements represent the level of care expected by SCDHHS to justify receiving a per member per month (PMPM) payment.*

Person Centered Service Plan/Monthly Summary Report

The Person-Centered Service Plan (PCSP) is an individualized plan of care generated in the SCDHHS electronic medical record, Phoenix, where it is maintained, monitored, and housed.

The Care Coordinator will develop, implement, coordinate, and monitor the PCSP using the Monthly Summary Report (MSR), as a tool to reflect the PCSP.

The PCP is responsible for participation in the PCSP by reviewing, monitoring, evaluating and making necessary changes to the MSR.

The Monthly Summary Report is submitted quarterly to the PCP for review, updates, or modification(s). A request for signature and return is required at each annual evaluation visit.

Services Requiring Physician Orders

If the participant qualifies **and SCDHHS approves**, Private Duty Nursing, Children's Personal Care Aid and incontinence **supply** orders may be requested for completion by the PCP as a part of the services **coordinated** by MCCW in accordance with the PCSP.

The *Checklist for Medical Necessity Criteria for State Plan Private Duty Nursing Service Physician* form is submitted to the PCP for completion if the participant qualifies for private duty nursing services.

The *Children's Personal Care Program Physician Information* form is submitted to the PCP for completion if the participant qualifies for personal care aid services.

The *Physician's Certification of Incontinence form* is submitted to the PCP for completion by the incontinence care supply provider for any child over the age of four years that requires incontinence supplies.

Team Conference

The team conference is optional. The responsible party of the medically complex child has the opportunity to request a team conference, as well as, the PCP, Care Coordinator, or any member of the participant's medical team. The team conference can take place in the PCP's office to collaborate and evaluate the treatment plan, determine if the *PCSP* goals have been met, or if the *PCSP* requires revisions.

The Care Advocate or Care Coordinator will work with designated staff from the provider's practice and the participant's responsible party to schedule an appointment. The request for the team conference will be sent sixty days in advance to ensure the conference is scheduled one-month in advance. Because of the complex health needs of our patient populations, we recommend allowing additional time for the conference. The team conference includes the pediatrician, parent/responsible party, and SCS's Care Coordinator. Other agencies that are involved in the ongoing care of the participant (DSS, etc.) may be invited.

The Care Coordinator will implement *PCSP/MSR* revisions as directed by the physician and in collaboration with the parent/ responsible party and other participants of the care team.

Medical Record Review

SCS providers must keep accurate and complete medical records. These records will enable providers to render the highest quality healthcare service to participants. During each monthly contact preparation, the Care Coordinator reviews the patient's medical record if available and or access has been granted by the health system EMR to ensure the quality and appropriateness of the services rendered.

PCP Accessibility

Accessibility is the extent to which a patient can obtain available services at the time they are needed. Such service refers to both telephone access and ease of obtaining physician orders, if applicable.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). SCDHHS provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, please contact the Americans with Disabilities Act (ADA)/Civil Rights Official by mail at: PO Box 8206, Columbia, SC 29202-8206, by phone at: 1-888-549-0820 (TTY: 1-888-842-3620), or by email at: civilrights@scdhhs.gov.

24-Hour Access

Each PCP is responsible for ensuring resources to provide covered physician services are available as needed twenty-four (24) hours a day, 365 days a year. PCPs must provide participants with an after-hours telephone number. The after-hours number must connect the participant to at least one of the following:

- Answering service
- Call center system

- Recording that directs the caller to another number to reach the PCP or PCP- authorized medical practitioner.
- System that automatically transfers the call to another telephone line that is answered by a person who will contact the PCP

Hospital Admitting Privileges

PCPs must establish and maintain hospital admitting privileges or have a formal arrangement with another physician or group practice for the management of inpatient hospital admission of MCCW participants. The PCP must sign an attestation confirming that a formal arrangement exists. By signing the attestation, the physician/group agrees to accept responsibility for admitting and coordinating medical care for the participant throughout the participant's inpatient stay.

The PCP's hospital admitting arrangements may include a physician, a group practice, a hospital group, a physician call group (not necessarily a MCCW provider) enrolled with the SC Health Connections Medicaid program and has admitting privileges or formal arrangements at a hospital that is within 30 miles or 45-minute drive time from the PCP's office. If no hospital meets these geographic criteria, the closest hospital to the PCP practice is acceptable.

Hospital admitting agreements with unassigned call doctors are unacceptable.

Exceptions may be granted in cases where it is determined the benefits of a PCP's participation outweighs the PCP's inability to comply with the admitting privileges requirement.

Referrals and Authorizations

Coordination of care is an essential component of the MCCW. **PCPs are contractually required to either provide medically necessary services or authorize a referral to another provider to evaluate and/or treat the participants.** The PCP is responsible for medical authorizations. In some cases, the PCP may choose to authorize a referral retroactively. All referral authorizations and consultations, including referrals authorized retroactively, are at the PCP's discretion. The process for referring a participant to a specialist can be made by telephone or in writing. The MCCW does not provide authorizations for any services.

For any questions concerning referrals and or authorizations, the PCP can refer to the SCDHHS provider manual:

<https://www.scdhhs.gov/internet/pdf/manuals/Physicians/Section%201.pdf>

Provider Termination

Providers should refer to their SCS contract for specific information about terminating a provider agreement.

Provider's Bill of Rights

Each provider who contracts with SCS to furnish services to MCCW program participants is assured of the following rights:

- A Health Care Professional, acting within the lawful scope of practice, shall not be prohibited from advising or advocating on behalf of a participant who is his/her patient, for the following:
 - The participant's health status, medical care, or treatment options, including any alternative treatment that may be self-administered.
 - Any information the participant needs to decide among all relevant treatment options.
 - The risks, benefits and consequences of treatment or non-treatment.
 - The participant's right to participate in decisions regarding his/her health care, including the right to refuse treatment and to express preferences about future treatment decisions.
- Access to SCS's policies and procedures.
- Freedom from discrimination for the participation, reimbursement or indemnification of any provider who is acting within the scope of his/her license or certification under applicable state law, solely based on that license or certification.
- Ability to dispute any issue or disagreement that arises between a provider and SCS that is not the result of a provider acting on behalf of an enrollee in the grievance and appeal process and is related to unique administrative functions of SCS.

Medical Records

To ensure the participants' privacy, medical records should be kept in a secure location. SCS requires providers to maintain all records for participants for at least 13 years.

Medical Records Release

All participant medical records are confidential and shall not be released without the written authorization of the covered person or a responsible covered person's legal guardian. When the release of the medical records is appropriate, the extent of that release should be based on medical necessity or on a need-to-know basis.

Required Information

Medical records are complete, comprehensive participant records that include x-rays, laboratory tests, results, examinations, and notes, and are accessible at the site of the participant's PCP or provider's site.

Medical records document all services received by the participant, including inpatient, ambulatory, ancillary, and emergency care, comply with all applicable SCDHHS rules and regulations, and are signed by the medical professional rendering the services.

Complete medical records must be legible and include the following information:

- Participant's name, and/or medical record number on all chart pages.
- Personal/biographical data (e.g., home telephone, next of kin, etc.).

- Dated and signed or dictated by the provider rendering the care.
- Problem list of significant illnesses and/or medical conditions.
- Medication, allergies, and adverse reaction; if no known allergies document as NKA or NKDA.
- Up-to-date immunization record per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) schedule.
- History and physical that documents appropriate subjective and objective information pertinent to the participant's presenting complaints.
- Past medical history (for participants seen three or more times) that includes any serious accidents, operations and/or illnesses, discharge summaries, and ER encounters.
- Past medical history relating to prenatal care, birth, any operations and/or childhood illnesses.
- Working diagnosis is consistent with findings.
- Treatment prescribed, therapy prescribed, and drug administered or dispensed.
- Signed and dated required consent forms.
- Unresolved problems from previous visits and addressed in subsequent visits.
- Laboratory and other studies ordered as appropriate.
- Abnormal lab and imaging study results have explicit notations in the record for follow-up plans; all entries should be initialed by the PCP to signify review.
- Referrals to specialists and ancillary providers are documented including follow-up of outcomes and summaries of treatment rendered elsewhere.
- Health teaching and/or counseling.
- Documentation of failure to keep an appointment.
- Encounter forms or notes regarding follow-up care calls or visits and the specific timing of the follow-up (weeks, months or as needed).
- Evidence that the participant is not placed at inappropriate risk by a diagnostic or therapeutic problem.

South Carolina EPSDT Services and Standards

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services is a program of comprehensive preventive health services available to SCS recipients through the month of their 21st birthday. The program is designed to maintain health by providing early intervention to discover and treat health problems. EPSDT combines diagnostic screening and medically necessary follow-up care for dental, vision and hearing examinations for eligible participants.

The PCP provides EPSDT services as outlined in the Health Connections Provider Manual of Clinical Services.

The South Carolina Medicaid Program, in accordance with federal requirements, must develop and maintain a program of Early and Periodic Diagnosis, Screening, and Treatment (EPSDT) for Medicaid eligible children. EPSDT is the preventive, well-child screening program in South Carolina. EPSDT provides comprehensive and preventative health services to Medicaid eligible children from birth to age 21 through periodic medical screenings. The screening package includes the following:

- A comprehensive health and development history, including assessment of both physical and mental health development
- A comprehensive unclothed physical examination
- Identify the appropriate immunizations according to age and health history (does not include the administration)

- Health education, including anticipatory guidance
- Vision and hearing screening
- Dental screening

Referrals into the Woman, Infants and Children (WIC) Program

PCPs are required to refer potentially eligible members to the WIC program.

Fraud, Waste and Abuse (FWA)

The SCS Compliance Officer has overall responsibility and authority for carry out the provisions of the compliance program.

As a contracted provider with SCDHHS, SCS adheres to the policy governing Fraud, Waste, and Abuse (FWA). Each contracted provider is expected to maintain compliance with the policies regarding FWA that are found in the SCDHHS Health Connections Physician's Provider Manual.

<https://www.scdhhs.gov/internet/pdf/manuals/Physicians/Section%201.pdf>

SCS is committed to identifying, investigating, sanctioning, and prosecuting suspected fraud and abuse.

The SCS provider network must cooperate fully by making personnel available in person for interviews, consultation, grand jury proceedings, pre-trial conferences, hearings, trials, and in any other process, including investigations.

Anonymously report fraud, waste, and abuse

Toll free 866-255-1154

Email: compliance@chsamerica.com

Report cases of fraud, waste, or abuse to SCS Compliance officer, Shane Crawford. He can be reached at 866-255-1154 or you may email compliance@chsamerica.com

You have the right to report your concerns anonymously without fear of retaliation. Remember to include the following information when reporting:

- The Nature of the complaint
- The names of individuals and/or entity involved in suspected fraud and/or abuse including address, phone number, Medicaid ID number and any other identifying information.

Suspected fraud and abuse may also be reported directly to the state at:

South Carolina Department of Health and Human Services Medicaid Fraud and Abuse Hotline:

- Toll Free Phone: 888-364-3224
- By Email: fraudres@scdhhs.gov

South Carolina Attorney General Medicaid Fraud Unit

Phone: 803-734-3970 – General Information

Participant's Rights & Responsibilities

Participants are informed of their rights and responsibilities which are included in their program Admission Packet. SCS providers are also expected to respect and honor participants' rights as outlined in the SC Healthy Connections Physician's Provider Manual.

MCCW Participant's Rights:

1. You have the right to be treated with dignity and respect by your RN Care Coordinator.
2. You have the right to confidentiality.
3. You have the right to receive a full explanation of all the forms that you are asked to sign.
4. You have the right to be told about the MCC waiver and the services it can provide you.
5. You have the right to know the name of the RN Care Coordinator and how you can contact him/her during working hours.
6. You have the right to participate in the assessment and development of your Person-Centered Service Plan (PCSP). The RN Care Coordinator should explain your PCSP and review any changes in the plan with you.
7. You have the right to choose the provider of a service from the qualified providers available. However, the decision to receive services, including care coordination cannot be based on race, color, religion, age, sex, or national origin.
8. You have the right to file an appeal if you become medically ineligible for the MCC waiver or if it is determined your services need to be reduced, suspended or terminated.
9. You have the right to complain about the services you receive by contacting your RN Care Coordinator. This does not affect your right to appeal.
10. You have the right to complain about the treatment you receive from the RN Care Coordinator by contacting the MCC Waiver Administrator at 1-803-898-2577 or 1-803-904-8082.
11. You have the right to refuse to participate or dis-enroll from the MCC waiver at any time.
12. You have the right to assume risk and be willing to assume responsibility for the consequences of the risk.

MCCW Participant's Responsibilities:

1. To inform your RN Care Coordinator when you will be away from your home on the dates of the scheduled services and mandatory quarterly visits. For example:
 - a. If you go away to visit relatives or friends.
 - b. If you go to the hospital; or
 - c. If you will not be home at the time of a scheduled service and mandatory quarterly visits.
2. To participate in mandatory monthly telephone calls with the RN Care Coordinator.
3. To be present at times for the provider's scheduled visits.
4. To move any animals to another room if the provider requests you to do so.
5. To notify the service provider when you will not be present.
6. To admit the service provider into your home.
7. Not to expect the service provider to perform acts that are against the law or that are not part of the PCSP.
8. Not to expect the provider to perform tasks that could result in injury to your child or to the provider.
9. Not to expect the MCC waiver to provide all your child's care needs.
10. To follow the agreed upon PCSP.
11. To provide accurate and complete information about:

- a. Past and recent medical histories.
 - b. Family support system.
 - c. Other services being provided to your child; and
 - d. Changes in your child's condition or situation, i.e., hospitalization, additional caregiver, income, and other events impacting care.
12. To allow the RN Care Coordinator to use your telephone for checking-in and checking-out of the Care Call system.
 13. To report to your RN Care Coordinator and/or appropriate authorities of any abuse, neglect, or exploitation.

Participant Grievances

A grievance is an expression of dissatisfaction about any matter other than an "action" with any aspect of SCS or a provider's operation.

Examples:

- Quality of care issues.
- Rudeness of a provider or employee.
- Failure to respect the participant's rights.
- SCDHHS manages complaints and grievances.

Participants have the right to complain about treatment from the Care Coordinator by contacting the MCCW Administrator at 1-803-898-2577 or 1-803-904-8082.

Providers should refer to SCDHHS policies and procedures for the filing and handling of such issues.