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Residential Habilitation Providers

FROM: Dr. Michelle G. Fry, J.D., Ph.D. *M. G. Fry*
State Director

DATE: April 7, 2022

RE: Billing for State Funded Services

The attached State Funded Billing Procedures document outlines the steps necessary to bill the Department of Disabilities and Special Needs (DDSN) for State Funded Residential, Day Supports, Individual Employment and other State Funded Community Supports services.

If you have any further questions, please contact Carol Mitchell at cmitchell@ddsn.sc.gov or (803) 898-9721.

Thank you.

Procedures for Billing DDSN State Funded Services

The purpose of this document is to provide guidance for providers on invoicing DDSN for State Funded Services including: Residential Habilitation, Day Services, Employment Services and State Funded Community Supports services beginning on 4/1/2022.

1. State Funded Residential Habilitation

- a. Case Managers will, through Therap, issue electronic authorizations for Residential Habilitation with the funding source listed as “SCDDSN”.
- b. Providers need to receive an electronic authorization for State Funded Residential Habilitation through Therap at an appropriate tier in order to invoice DDSN for services.
- c. Providers must record daily attendance in Therap for each individual receiving State Funded Residential Habilitation.
- d. State Funded Residential Habilitation may only be billed once monthly and must be billed no later than ten (10) days after the last day of the month (e.g., all services delivered in March must be billed no later than by April 10th).
- e. Providers must run the State-Funded Residential Detail Report from Therap and use that information to create an invoice that includes the following:
 - i. Provider name and address
 - ii. Individual’s name (s)
 - iii. Number of billable units provided
 - iv. Individual’s residential habilitation rate
 - v. Total for each individual and grand total of invoice
- f. Providers are allowed to bill for up to 73 leave days per Case Management Plan year. A report of available leave days and timeframes is available in Therap.
- g. Providers may not bill for vacant days.
- h. A copy of the State-Funded Residential Summary Report from Therap and invoice must be submitted to DDSN by the 10th day of the following month for all State Funded Residential Habilitation. Submission may be made:
 - i. By upload through the Reporting and Billing Center (RBC) in the DDSN Application Portal. RBC is a secure system on DDSN’s application portal for uploading confidential billing documents that go to the SURB area. Contact SURB to obtain access to the RBC. Please note: Uploaded documents should not also be mailed.
 - ii. By mail to **DDSN Finance Division, Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203.**

2. State Funded Day Activity, Career Preparation, Community Supports, or Support Center (Day Services); Employment Services-Individual and Employment Services-Group.

- a. Case Managers will, through Therap, issue authorizations for all individuals enrolled in State Funded Community Supports or State Funded Follow Along who are approved to receive Day Activity, Career Preparation, Community Supports, or Support Center (Day Services), Employment Services-Individual, and Employment Services-Group with the funding source listed as “SCDDSN”.

- b. Providers must receive an electronic authorization through Therap for these services in order to bill DDSN.
- c. Providers must record attendance in Therap for each individual receiving Day Services, Employment Services-Individual, and Employment Services-Group.
- d. Day Services, Employment Services-Individual, and Employment Services-Group must be billed one month at a time, no more than 10 days after the last day of a month (i.e. March services must be billed by April 10th). The one monthly billing must include all services delivered during the month.
- e. Providers must run the State-Funded Day Activity Detail Report from Therap and use that information to create an invoice that includes the following:
 - i. Provider name and address
 - ii. Individual's name (s)
 - iii. Number of billable units provided
 - iv. Individual rate
 - v. Total for each individual and grand total of invoice
- f. A copy of the State-Funded Day Activity Summary Report from Therap must be submitted along with the invoice to DDSN by the 10th day of the following month for all Day and Employment Services. Submission may be made:
 - iii. By upload through the Reporting and Billing Center (RBC) in the DDSN Application Portal. RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. Contact SURB to obtain access to the RBC. Please note: Uploaded documents should not also be mailed.
 - iv. By mail to **DDSN Finance Division, Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203.**

3. State Funded Community Support Services - Other Services

- a. Services available to State Funded Community Supports participants (other than Day and Employment Services addressed in section 1 and 2) will be authorized by the Case Manager using a paper authorization form. Each authorization form will indicate where the provider who delivers the service should submit bills. The following services are services that are available to State Funded Community Supports participants. When delivered, the provider will bill DDSN for those services:
 - i. Adult Day Health
 - ii. Adult Day Health – Nursing
 - iii. Adult Day Health – Transportation
 - iv. Behavioral Supports Services
 - v. Personal Care Services (PC I and PC II)
 - vi. Personal Emergency Response System
 - vii. Private Vehicle Modifications
 - viii. Environmental Modifications

To receive reimbursement, the provider must submit an invoice to DDSN for services paid during that month. Invoices must include the following information:

- ix. Provider name and address
- x. Individual's name
- xi. Type of billable service
- xii. Number of billable units if applicable
- xiii. Service billable rate
- xiv. Total for each individual and grand total of invoice.

Invoices must have copies of all applicable authorizations attached and may be submitted:

- xv. By upload through the Reporting and Billing Center (RBC) in the DDSN Application Portal. RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. Contact SURB to obtain access to the RBC. Please note: Uploaded documents should not also be mailed.
- xvi. By mail no later than the subsequent month of service delivery to **DDSN Finance Division, Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203.**

b. The following services are available to State Funded Community Supports participant. When delivered, these services will be billed to the participant's Case Management provider. Case Management provider should verify that services provided were authorized. (this is a new procedure):

- xvii. Assistive Technology
- xviii. Incontinence Supplies
- xix. Respite and Home Support

To receive reimbursement, at the end of each month, the Case Management provider must submit an invoice to DDSN for services paid during that month. Invoices must include the following information:

- xx. Provider name and address
- xxi. Individual's name
- xxii. Type of billable service
- xxiii. Number of billable units if applicable
- xxiv. Service billable rate
- xxv. Total for each individual and grand total of invoice.

Invoices may be submitted:

- xxvi. By upload through the Reporting and Billing Center (RBC) in the DDSN Application Portal. RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. Contact SURB to obtain access to the RBC. Please note: Uploaded documents should not also be mailed.
- xxvii. By mail no later than the subsequent month of service delivery to **DDSN Finance Division, Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203.**

Instructions for completing invoice for Band 'A' Consumers:

1. Cell 1A - Input Name of Agency billing
2. Cell 4A - Input Address and phone number
- 3 - Cell 2F - Press F2 and replace the month and year with the month and year you are billing
4. Cell 5G and 5H - Input your identifying invoice number and the date the invoice is being created
5. Cell 8G - Input your facilities 3 digit facility number
6. Go to Therap Attendance module and pull your attendance data
7. List the service and the consumer along with the units of the service allowing one line for each service and Consumer name.
8. Print Invoice, obtain authorized signature
9. Upload the invoice and any applicable backup thru RBC on the DDSN Portal

XYZ DSN Board

100 Board Street
Lexington SC 29073
Phone: (999) 999-9999

INVOICE

Service Period : October 2019

BILL TO

LaKenya Craig
SC Department of Disabilities and Special Needs
3440 Harden Street Extension
Columbia, SC 29203
803-898-9679
lcraig@ddsn.sc.gov

| INVOICE # | DATE |
|-----------|------|
|-----------|------|

| | |
|---|------------|
| 1 | 12/19/2018 |
|---|------------|

| CUSTOMER ID | TERMS |
|-------------|-------|
|-------------|-------|

| | |
|-----|-------------|
| 564 | Net 30 Days |
|-----|-------------|

| DESCRIPTION | Units | AMOUNT |
|-------------|-------|--------|
|-------------|-------|--------|

| | | | |
|-------------------------|---|------|-------|
| Respite - Consumer Name | 5 | 4.05 | 20.25 |
|-------------------------|---|------|-------|

| | | | |
|---------------------------------|---|------|-------|
| Personal Care I - Consumer Name | 3 | 3.50 | 10.50 |
|---------------------------------|---|------|-------|

| | | | |
|--------------------------------------|---|-------|-------|
| Supported Employment - Consumer Name | 1 | 24.74 | 24.74 |
|--------------------------------------|---|-------|-------|

- HOW TO SEND AN INVOICE TO DDSN**
- 1) Save or Print the worksheet as a PDF
 - 2) Save a copy of the invoice for your records
 - 3) Attach all supporting documents
 - 4) Submit Invoice with attachments of SFCS Invoice from RBC
 - 5) Upload invoice thru RBC, subfolder State Funded Community Service, on the DDSN portal

| | |
|----------|-------|
| SUBTOTAL | 55.49 |
|----------|-------|

| | |
|--------------|-----------------|
| TOTAL | \$ 55.49 |
|--------------|-----------------|

If you have any questions about this invoice, please contact

[Name, Phone, email@address.com]