

South Carolina Department of Disabilities and Special Needs



Head and Spinal Cord Injury Division

REHABILITATION SUPPORTS

June 2012

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South Carolina Department of Disabilities and Special Needs Head and Spinal Cord Injury Division

Rehabilitation Supports

Rehabilitation Supports provided by the SCDDSN Head and Spinal Cord Injury Division are a form of Rehabilitative Psychosocial Services available under the South Carolina Medicaid State Plan, Rehabilitative Behavioral Health Services. SCDDSN is contracted by South Carolina Department of Health and Human Services to operate this program, subject to federal and state requirements for Rehabilitative Behavioral Health Services. This manual incorporates service standards and program procedures.

Definition

Rehabilitation Supports (RS) are interventions and assistance to improve a condition or to promote/sustain optimal functioning in a person with a behavioral health disorder and functional deficits. Rehabilitation Supports are not a form of therapy or counseling, but focus on restoration or strengthening of skills necessary for increased independence and stability in living, learning, social, and working environments. The scope of Rehabilitation Supports is sufficient to develop enhanced capacity for self-direction and successful community living, thereby reducing the degree of impairment and/or dependency.

Following a comprehensive assessment and prioritization of needs, individualized goals and objectives are identified in the areas of:

- Self-Care Skills (e.g. eating, toileting, hygiene, dressing, grooming, mobility, promoting/maintaining wellness, etc.).
- Community Living Skills (e.g. preparing meals, doing laundry, performing household chores, operating home appliances and equipment; using and maintaining adaptive devices, managing personal finances, getting around in the community, shopping for goods and services, using public services/buildings, understanding and avoiding health/safety hazards, accessing emergency/non-emergency services, advantageous use of recreation and leisure, learning and using scheduling/organization methods and problem-solving strategies, developing and maintaining natural supports, etc.).
- Psycho-Social Skills (e.g. cognitive functioning, receptive and expressive communication, positive interactions with others, understanding and practicing responsible behavior; obeying rules/laws, cultivating good relationships with family/friends, protecting self from victimization, exercising rights and self-advocacy, practicing self-determination, etc.).

- Medication Management / Symptom Reduction Skills (e.g. understanding and managing medical and behavioral conditions, self-administration/direction of medication or treatment, identification and monitoring of medication side effects, prevention of debilitating secondary conditions, managing diet and exercise, coping strategies to manage stress and emotions, learning and using positive behavioral supports, etc.).

Specific goals and objectives are included in an Individual Plan of Care (IPOC) developed by the participant with the Rehabilitation Supports Coordinator and others as appropriate. Implementation of the IPOC is provided on an individually determined schedule by qualified staff and with appropriate clinical supervision.

Rehabilitation Supports are available in the participant's home and/or other community settings that afford an adequate therapeutic environment and protect the participant's privacy and confidentiality. Hospitals are the only excluded settings. IPOC activities may be offered individually and/or in groups not to exceed twelve (12) persons as appropriate, based on the participant's needs and preferences. Interactions with people who do not have disabilities are also promoted.

Eligibility Requirements

To be eligible for Rehabilitation Supports (RS) funded by SCDDSN, the participant:

- Must be eligible for services through the Head and Spinal Cord Injury (HASCI) Division and have a behavioral health disorder;
- Must be receiving Medicaid, unless not eligible for Medicaid and approved for a State-funded RS slot;
- Must have a Medical Necessity Statement (MNS) signed by a Licensed Practitioner of the Healing Arts (*Appendix A*). The MNS must be signed prior to initiating RS and must be re-signed at least every 365 calendar days. If RS are not received for 45 consecutive calendar days, a new MNS must be signed;
- May receive RS if residing in a Community Training Home, Supervised Living Program, or Community Residential Care Facility so long as no residential support services are supplanted and approval is given by HASCI Division;
- May receive RS if enrolled in the Head and Spinal Cord Injury (HASCI) Waiver or other Home and Community Based (HSB) Waiver so long as no support services available through the HCB Waiver program are supplanted and approval is given by the HASCI Division; and
- Must be authorized to receive RS by a HASCI Service Coordinator and approved by the Home Board agency.

Referral

When a person is interested in receiving Rehabilitation Supports:

- Rehabilitation Supports Consent and Referral (RS Form 1) must be completed to document the applicant's consent to be referred for RS and, if accepted, to be assessed in order to develop an Individual Plan of Care.
- The Service Coordinator must verify on *RS Form 1* that the applicant appears to be eligible for RS and to have issues/needs that RS can appropriately address.

The Service Coordinator forwards a referral to the Rehabilitation Supports (RS) Coordinator. The following documents must be included with the referral:

- *RS Form 1*; and
- Any documents to support the consumer's need for the service, such as the SCDDSN Needs Assessment and Support Plan, medical records, psychological evaluation, social summary, etc.

Slot Allocation

When an RS slot is available, after receiving the required referral documents, the RS Coordinator will arrange to have the Medical Necessity Statement (RS Form 2) signed by a Licensed Practitioner of the Healing Arts (*Appendix A*).

The original signed MNS must be placed in the consumer's RS Record.

After the signed MNS is obtained, the RS Coordinator will allocate a RS slot to the consumer and:

- Update the Consumer Data Support System (CDSS) within two (2) business days to reflect the person has been allocated a Rehabilitation Supports slot; and
- Notify the Service Coordinator within ten (10) business days by returning a copy of the *RS Form 1* with the bottom section completed. The original form must be placed in the consumer's RS Record.

If the consumer is enrolled in an HCB Waiver operated by South Carolina Department of Health and Human Services (SCDHHS) Community Long Term Care (CLTC), the Service Coordinator must notify the CLTC Case Manager prior to start of RS.

When an RS slot is not available, the RS Coordinator will:

- Place the consumer's name on the Rehabilitation Supports Waiting List and document date of placement.
- Update the Consumer Data Support System (CDSS) within two (2) business days to reflect the person is on the Rehabilitation Supports Waiting List
- Notify the consumer's Service Coordinator within ten (10) business days by returning a copy of the *RS Form 1* with the bottom section completed. The original form must be placed in the consumer's RS Record; and

If a RS slot subsequently becomes available, the RS Coordinator will amend the original *RS Form 1* (*Mark through waiting information, check that a RS slot is allocated on date indicated, and initial below the original signature.*). The amended *RS Form 1* must be placed in the consumer's RS Record and a copy sent to the Service Coordinator as notification of the available slot.

Participant Assessment

Prior to developing an Individual Plan of Care (IPOC) and initiation of services, the RS Coordinator must meet with the consumer to complete the Rehabilitation Supports Assessment (*RS Form 3*) to document a comprehensive assessment of the consumer's strengths and needs in the following areas:

Self Care: bathing, dressing, grooming, toileting, hygiene, dental care, promoting wellness, and treating minor illnesses/wounds

Cognitive/Independent Living Skills: skills and tools that assist with concentration, planning, organizing, improving memory, and problem-solving

Medication Management/Symptom Reduction: taking and managing necessary medications, purchasing/maintaining, storing, and identifying medications and conditions for which taken

Health and Nutrition: maintaining a healthy lifestyle and preventing secondary conditions

Self-esteem: appreciate own values and interests; recognize own physical limitations and needs

Coping Skills: managing own behavior, controlling stress and emotions,

Personal Responsibility and Self-direction: setting personal goals, managing a schedule, meeting responsibilities

Social Skills and Positive Interactions with Others: communicating with other people, making appropriate comments, asking appropriate questions, staying focused, maintaining personal space

Community Living and Peer Relationships: money management, home care, safety, interacting with people in the community; effective use of community resources

The initial Rehabilitation Supports Assessment (*RS Form 3*) must be completed:

- No later than twenty (20) business days after RS slot was awarded; and
- Prior to developing the consumer's initial Individual Plan of Care (IPOC).

An update of the Rehabilitation Supports Assessment must be completed:

- Annually (within 365 calendar days of initial or subsequent annual dates); and
- More frequently as needed to ensure accuracy, reliability and validity of RS

The initial *RS Form 3* and all subsequent updates must be placed in the consumer's RS Record in chronological order.

Individual Plan of Care

The RS Coordinator is responsible to assist the consumer/representative in developing an Individual Plan of Care (IPOC) to guide delivery of Rehabilitation Supports. This includes:

- Conducting a planning meeting no later than twenty (20) business days after the consumer was awarded the RS slot and annually (within 365 calendar days from "Date Services Begin" and within 365 business days thereafter);
- Notifying all participants chosen by the consumer. Since the results of the planning process will guide the development of the IPOC, the consumer and individuals who know the consumer best should be involved. It should be documented in the consumer's RS record who was invited and who participated in the planning process.
- With the consumer and others at the meeting, IPOC goals and objectives must be identified. Implementation activities and options must be discussed. Frequency of services must be determined and tentative schedule discussed.

During/following the planning meeting, an IPOC must be developed as outlined in Rehabilitation Supports Individual Plan of Care (*RS Form 4*). The RS Coordinator must assure that the IPOC:

- Is meaningful (reflects assessed needs and goals prioritized by the consumer);
- Is functional (positively impacts the consumer's capacity for successful community living, thus reducing degree of impairment/dependency);

- States the date services will begin. This must be selected by the consumer and staff and must be the same as the IPOC date or later;
- States the frequency of services; and
- Is signed and dated by the RS Coordinator and the consumer/representative.
If the RS Coordinator is not a "Licensed or Master's Level Clinical Professional" as defined by SCDHHS (Appendix A), RS Form 4 must be co-signed by a Clinical Professional.

The consumer's initial IPOC must be finalized:

- No later than twenty (20) business days after the date the consumer was awarded the RS slot; and
- Within forty-five (45) calendar days of the date the Medical Necessity Statement was signed.

The consumer's IPOC must be updated annually:

- Within 365 calendar days from "Date Services Begin", and
- Thereafter, within 365 calendar days of the previous update

If the consumer does not receive any RS services for forty-five (45) calendar days:

- A new Medical Necessity Statement must be obtained
- The consumer's IPOC must be updated within forty-five (45) calendar days of the date the new MNS was signed.

The initial IPOC and subsequent updates and amendments must be placed in the consumer's RS Record in chronological order. Copies of the initial IPOC and subsequent updates and amendments must be provided to the consumer/representative and to the Service Coordinator. This provision must be documented in the consumer's RS Record.

IPOC Amendment

The RS Coordinator is responsible for making amendments to the consumer's IPOC in a timely manner when:

- A goal/objective is met and/or a new goal/objective is recommended;
- The person is not making progress on a goal/objective despite extensive effort; or
- The person requests to change the IPOC

Rehabilitation Supports Individual Plan of Care Amendment (RS Form 5) must be completed, documenting the change and reason for it. It is dated and signed by the RS Coordinator and the consumer/representative. *If the RS Coordinator is not a "Licensed or Master's Level Clinical Professional" as defined by SCDHHS (Appendix A), RS Form 5 must be co-signed by a Clinical Professional.*

The *RS Form 5* must be attached to the initial or updated IPOC as an addendum. Copies of *RS Form 5* must be provided to the consumer/representative and the Service Coordinator, with this provision documented in the person's RS Record.

IPOC Implementation

After the Individual Plan of Care is formulated, updated, or amended, the RS Coordinator must ensure that the IPOC is implemented:

- Correctly, consistently, and according to accepted standards of best practice;
- By training and supervising the Rehabilitation Supports Specialist(s) and others who assist the consumer with IPOC implementation activities; and
- By regularly monitoring the delivery of services and the status of the consumer.

Unless otherwise justified, objectives are continued unless it is well documented that:

- The person is independent in a skill (initiates and completes without assistance); or
- The person is incapable of acquiring a skill following focused and aggressive training/supports, and as confirmed by a Clinical Professional.

When a person is not making progress on an objective, one or more of the following barriers may need to be addressed:

Person related barriers:

- *Not motivated or not committed to a goal/objective*
- *Physical impairment (hearing/vision, medication side effect; decreased stamina, pain);*
- *Inability to comprehend (anxiety, depression, hypoxemia, substance abuse)*
- *Negative relationship with direct support staff*
- *Language barrier with direct support staff*
- *Gender, class, race or cultural differences with direct support staff*

Direct support staff barriers:

- *Lack of positive attitude or adaptability with the person*
- *Inability to customize an approach*
- *Gender, class, race or cultural differences with the person*
- *Not following the methodology or implementing the objective correctly*
- *Not enough time spend on the training or rushing the training*
- *Inappropriate, or inadequate communication skills*
- *Inconsistencies in training among direct support staff*
- *Failure to use or follow techniques as identified by other professionals*

Environmental barriers:

- *Inappropriate or ineffective training setting*
- *Wrong time of day or week*
- *Noisy or other distractions*
- *Poor lighting/temperature*
- *Inappropriate or ineffective equipment/materials*
- *Access limited or physical movement restricted*

Service Delivery

The RS Coordinator may authorize a consumer to receive Rehabilitation Supports for up to 2 units per calendar day and for a maximum of 250 units per calendar year.

One unit of Rehabilitation Supports equals 1-3 hours of IPOC implementation (total of 180 minutes), with at least 1 hour of documented face-to-face contact with the consumer required. A second unit of service in a day begins with the 4th hour (181st minute of service) of IPOC implementation and continues through the 6th hour (360th minute). During the second unit, at least one hour of documented face-to-face contact with the consumer is required.

Example: Services provided from 1:00 to 4:00 p.m. equals one unit if during that time at least 60 minutes is spent face to face with the consumer; a second unit could begin at 4:01p.m., but requires at least an additional 60 minutes face to face with the consumer.

Staff travel time to and from consumer contact cannot be included in a service unit. Time required for consumer assessments, plan meetings, and IPOC formulation cannot be included in a service unit. For those consumers also enrolled in the HASCI Waiver or a CLTC Waiver program operated by SCDHHS, Rehabilitation Supports and Waiver services cannot be received simultaneously (during the same hours) or overlap.

Consumers may participate in groups of up to 12 people for RS service delivery if they individually select the activity and it is consistent with their IPOC. It is recommended that RS be provided primarily on an individual basis or in smaller groups (2-4 people). Grouping is not allowed for administrative convenience only or for social activities not directly attributable to the consumer's IPOC.

Billable service units delivered to a participant are reported monthly to SCDDSN Finance Division using the Rehabilitation Supports Report of Service (RS Form 6). This form reports beginning and ending time of face to face contact with a participant as well as the number of service units delivered in a calendar day. A separate *RS Form 6* is required for each staff person (RS Specialist[s] or RS Coordinator) providing direct services to a participant.

All service provision reported on RS Form 6 must be substantiated by a corresponding RS Summary Note and a corresponding RS Monthly Progress Summary maintained in the participant's RS Record.

The Summary Invoice for Rehabilitation Supports Provided (RS Form 6 Summary) is submitted monthly to SCDDSN Finance Division, with each relevant *RS Form 6* attached.

Service Monitoring

Provision of Rehabilitation Supports must be documented in a daily RS Summary Note completed and signed by the RS Specialist:

- For each day RS was provided, an Rehabilitation Supports Summary Note (RS Form 7) must be completed to document date and location of services, beginning and ending time of face-to-face contact, goal(s) and objective(s) addressed, method(s) of intervention, consumer's response and general progress, and future plan for IPOC implementation.
- The RS Summary Note must be signed by the RS Specialist. Signature by the participant or representative is optional. Following review and signature by the RS Coordinator, the RS Summary Note must be placed in the consumer's RS Record within 10 business days after the date of service.
- RS Summary Notes must be maintained in the consumer's RS Record in chronological order

The RS Coordinator is responsible for monitoring implementation of a consumer's IPOC. Frequency of monitoring is based on needs of the person and findings during previous monitoring, but must occur at least once in each calendar month. Monitoring includes:

- Observing the consumer and RS Specialist(s) during service delivery;
- Reviewing RS Summary Notes;
- Discussions with the consumer/representative
- Discussions with the RS Specialist(s) and others who have contact with the consumer

The RS Coordinator must conduct a meeting with the RS Specialist(s) at least once within each calendar month to discuss progress/status of the consumer and efforts of the staff in implementing the consumer's IPOC. Problems and issues are identified, along with ways to address them. Options and resources for IPOC implementation are presented.

- Rehabilitation Supports Monthly Progress Summary (RS Form 8) is completed to document the meeting, summarize the status/progress of the consumer, and note the issues and recommended actions addressed in the meeting.
- *RS Form 8* is also used to document other monitoring activities of the RS Coordinator during the month. This includes identifying any training needs of the staff.

RS Form 8 is dated and signed by the RS Coordinator and the RS Specialist(s) and placed in the consumer's RS Record. *If the RS Coordinator is not a "Licensed or Master's Level Clinical Professional" as defined by SCDHHS (Appendix A), RS Form 8 must be co-signed by a Clinical Professional.*

The RS Coordinator is responsible to conduct a review of the consumer's IPOC at least ninety (90) calendar days from the signature date of the initial IPOC (regardless of amendments) and at least every ninety (90) calendar days thereafter (regardless of amendments), except when this timeframe coincides with Annual Update of the IPOC.

The 90 Day Progress Review is conducted with the consumer/representative and others the consumer/representative may want to invite (e.g. RS Specialist[s], Service Coordinator, family members, friends, caregivers, other service providers, etc.)

The purpose of the 90 Day Progress Review is to:

- Assess the consumer's progress towards IPOC goals and objectives
- Assess appropriateness and effectiveness Rehabilitation Supports
- Confirm the need for continued services
- Make recommendations for continued services and IPOC update or amendments

Documentation and summary of the 90 Day Progress Review is made on the current IPOC (*Page 2 of RS Form 4*) and signed by the RS Coordinator.

If the RS Coordinator is not a "Licensed or Master's Level Clinical Professional" as defined by SCDHHS (Appendix A), each 90 Day Progress Review (Page 2 of RS Form 4) must be co-signed by a Clinical Professional.

Termination

Termination from Rehabilitation Supports must occur when the person:

- No longer meets eligibility criteria;
- No longer is assessed to need Rehabilitation Supports; or
- Voluntarily withdraws.

Termination from Rehabilitation Supports may occur when the person has not received RS for two (2) consecutive full calendar months.

Example: A person who does not receive any services during the months of January and February may have services terminated March 1.

If a participant has not received RS for two (2) consecutive full calendar months, but does not want to be terminated, approval to continue RS must be obtained from the Head and Spinal Cord Injury Division. This may be requested by an E-mail message. If approved, a new Medical Necessity Statement must be signed and the IPOC updated within forty-five (45) calendar days of the date the new MNS was signed.

When a termination occurs, the RS Coordinator must:

- Complete a Notice of Rehabilitation Supports Termination (RS Form 9) within two (2) business days of termination. The original form is sent to the person along with appeal procedures. Copies are placed in the person's RS Record and sent to the Service Coordinator, Head and Spinal Cord Injury Division, and SCDDSN Finance Division.
- Update CDSS within two (2) business days of termination

For a person who was allocated RS slot, never received any units of service, but no longer wants to participate:

- The Statement for Declining Services (RS Form 10) must be dated and signed by the person/representative and placed in the person's RS Record. Send copies to the Head and Spinal Cord Injury Division and the SCDDSN Finance Division.
- The RS Coordinator must document in the RS Record the reason(s) why the person chose not to participate in the Rehabilitation Supports.
- CDSS must be updated within two (2) business days after receipt of signed *RS Form 10*

Participant Records

The RS Coordinator is responsible for developing and maintaining a separate RS Record for each participant that includes:

- Rehabilitation Supports Consent and Referral;
- Documents submitted by the Service Coordinator to support need for RS;
- Medical Necessity Statement (initial and updates in chronological order);
- Rehabilitation Supports Assessment (initial and updates in chronological order);
- Other assessment information in chronological order;
- Individual Plan of Care (Initial, Updates, and Amendments) in chronological order;
- Rehabilitation Supports Summary Notes in chronological order;
- Rehabilitation Supports Monthly Progress Summaries in chronological order;
- Other relevant documents or correspondence in chronological order; and
- Notice of RS Termination or Statement for Declining Services

A person's RS Record must permit easy access to information for implementing the IPOC and documentation for assessing compliance with SCDDSN contracts, policies, and standards.

An index or table of contents must be available which indicates how the RS Record is organized. A key must be provided to explain any abbreviations used.

Administrative Records

The provider agency or RS Coordinator is responsible for maintaining Administrative Records required for the RS Program, including:

- Documentation of the qualifications of all RS Staff, including RS Coordinator, RS Specialist and Clinical Professional providing tiered clinical supervision of the RS Program if RS Coordinator is not a "Licensed or Master's Level Clinical Professional" as defined by SCDHHS (*RS Manual - Appendix A*)
- Documentation of Pre-Service Training for RS Specialists, to include date, amount of time, those in attendance, name of trainer(s), and topics covered;
- Documentation of In-Service Training for RS Specialists, to include date, amount of time, those in attendance, name of trainer(s), and topics covered;
- Documentation of at least monthly staff meetings (individual or group) conducted by the RS Coordinator with the RS Specialist(s), to include date, those in attendance, participant(s) discussed, forms reviewed and signed, other issues addressed, and any recommendations made by the RS Coordinator;
- If the RS Coordinator is not a "Licensed or Master's Level Clinical Professional" as defined by SCDHHS (*Appendix A*), documentation of at least monthly meetings of the RS Coordinator with a Clinical Professional, to include to include date, those in attendance, participant(s) discussed, forms reviewed and signed, other issues addressed, and any recommendations made by the Clinical Professional;
- Documentation of any individual case consultations provided by the RS Coordinator or Clinical Professional if not in a person's RS Record, to include name of consumer, date, those in attendance, issues addressed, and any recommendations made; and
- Waiting List for Rehabilitation Supports, to include name of consumers and date added to/removed from the waiting list;

All RS Participant Records and Administrative Records are subject to the following:

- Public Law 104-191, Health Insurance Portability & Accountability Act of 1996 (HIPAA);
- SCDDSN Policy 167-06-PD, Confidentiality of Person's Records; and
- SCDDSN Policy 368-01-PD, Records Management.

All RS Participant Records and Administrative Records required for the RS Program must be retained for a period of 5 years.

Tiered Clinical Supervision

When the Rehabilitation Supports Coordinator is not a "Licensed or Master's Level Clinical Professional" as defined by SCDHHS (*Appendix A*), tiered clinical supervision of the RS program, RS Coordinator, and RS Specialist(s) must be provided by an appropriate Clinical Professional. This includes:

- Reviewing and co-signing each RS participant's initial Individual Plan of Care (IPOC) and its subsequent amendments and updates;
- Reviewing and co-signing each RS participant's Rehabilitation Supports Monthly Progress Summary;
- Reviewing and co-signing each RS participant's 90 Day Progress Review;
- Confirming when a participant is determined incapable of acquiring a skill following focused and aggressive training/supports; and
- Meeting with the RS Coordinator at least once during each calendar month to discuss RS participants' progress/status and effectiveness of the RS Specialist(s) in implementing the participants' IPOC. Forms may be reviewed and co-signed during the meeting. There must be documentation of these meetings, to include date and time, forms signed, participants/staff discussed, other issues addressed, and any recommendations made by the Clinical Professional

Waiting List for Rehabilitation Supports

The RS Coordinator is responsible for maintaining a local list of persons served through the HASCI Division who have been screened and referred for Rehabilitation Supports, but are waiting to be allocated an available RS slot. The waiting list is maintained using Rehabilitation Supports Waiting List (RS Form 11).

The waiting list allows for designation of "Urgent Priority" when there is documentation that the person's circumstances present immediate risk to health/safety, or the person is at risk for out of home placement and these risks may be averted by provision of RS.

Available RS slots are allocated to people according to Urgent Priority status and/or earliest date of placement on the waiting list. The person with “Urgent Priority” who has been waiting the longest will be given the first opportunity for services. If there is nobody with “Urgent Priority”, the person waiting the longest will be allocated the first available RS slot. If a person declines services when offered but desires to continue on the waiting list, his or her placement will be changed to the date services were declined.

If a potential RS participant on the waiting list is not eligible for Medicaid, the person cannot be allocated a slot unless approval is given for a state funded RS slot. Notify the **Head and Spinal Cord Injury Division** to determine if a state funded RS slot is available.

SCDDSN Contract

At the beginning of each state fiscal year, a contract is issued to the RS provider agency allocating a specific number of RS slots, maximum units, and associated funding that are pre-approved by SCDDSN Central Office - Budget Division. Each allocated slot is authorized to receive up to 250 units of RS during the fiscal year. *(Example: 10 slots means a maximum 2,500 total units for the fiscal year may be billed by the provider.)*

The Head and Spinal Cord Injury Division will confirm if any of the allocated slots are state-funded for a participant not eligible for Medicaid.

Requesting Additional RS Slots, Units, and Funding:

During the fiscal year, the provider may request additional RS slots, units, and funding by submitting a Participant Replacement /Contract Amendment Request (RS Form 12) to the **Head and Spinal Cord Injury Division**, which will process the request with the SCDDSN Budget Division and Community Contracts Office.
(Example: A provider has a person on the waiting list who needs RS immediately, but there are no vacant slots to be filled or replaced. The provider must request a contract amendment for an additional slot, units and funding in order to allocate a RS slot and enroll the new person.)

Notification of approval or denial will be made by E-mail message and copied to the SCDDSN Finance Division. If the request is approved, a contract amendment will be issued to the provider by the Community Contracts Office.

Replacing a RS Participant:

To replace a person who was terminated from RS with a person from the waiting list, a Participant Replacement /Contract Amendment Request (RS Form 12) must be submitted to the **Head and Spinal Cord Injury Division**.

Notification of approval or denial will be made by E-mail message and copied to the SCDDSN Finance Division. If approved, the person must be served with RS units still available within the RS provider’s current state fiscal year SCDDSN contract.

Medicaid Ineligible Persons:

If a Medicaid eligible person receives RS, but subsequently becomes ineligible for Medicaid, RS must be suspended as soon as Medicaid ineligibility is known. **Notify the Head and Spinal Cord Injury Division immediately.**

The Head and Spinal Cord Injury Division will consult with the SCDDSN Budget Division to determine if state funding is available for the person's RS slot. If state funding is approved, notification will be made by E-mail message and copied to the SCDDSN Finance Division. RS can then be resumed if all other requirements are met.

If state funding is not approved, notification will be made by E-mail message and copied to the SCDDSN Finance Division. The person must be terminated from RS by completing a Notice of Rehabilitation Supports Termination (RS Form 9). CDSS must be updated within two (2) business days of termination.

As a result of the termination, the provider has two options;

- the RS slot can be refilled with a person from the waiting list; or
- the RS slot can be temporarily held vacant (up to three months) if it is expected the terminated person will have Medicaid eligibility reinstated.

Reporting Requirements

For complete fiscal and contractual reporting requirements, reference the SCDDSN Finance Manual (*Service Units reporting and Billing; Rehabilitation Supports, Section 10.15.*) and the SCDDSN Provider Contract (*Family Support Services*).

Appendix A

Licensed Practitioner of the Healing Arts (LPHA) Defined by South Carolina Department of Health and Human Services

- SC Licensed Psychiatrist
- SC Licensed Physician
- SC Licensed Physician's Assistant (PA)
- SC Licensed Registered Nurse with Master's Degree in Psychiatric Nursing
- SC Licensed Advanced Practice Registered Nurse (APRN)
- SC Licensed Ph.D. Psychologist
- SC Licensed Independent Social Worker-Clinical Practice (LISW-CP)
- SC Licensed Master Social Worker (LCSW)
- SC Licensed Professional Counselor (LPC)
- SC Licensed Marriage and Family Therapist (LMFT)

Licensed or Master's Level Clinical Professional (Clinical Professional) Defined by South Carolina Department of Health and Human Services

- SC Licensed Psychiatrist
- SC Licensed Physician
- SC Licensed Physician Assistant (PA)
- SC Licensed Advanced Practice Registered Nurse (APRN)
- SC Licensed Registered Nurse (RN)
- SC Licensed Practical Nurse (LPN)
- SC Licensed Ph.D. Psychologist
- SC Licensed Independent Social Worker-Clinical Practice (LISW-CP)
- SC Licensed Master Social Worker (LMSW)
- SC Licensed Marriage and Family Therapist (LMFT)
- SC Licensed Professional Counselor (LPC)
- SC Certified Substance Abuse Professional
- SC Licensed Bachelor of Social Work (LBSW)
- Clinical Chaplain
- Mental Health Professional:
 - Master's or Doctoral degree in a program primarily psychological in nature (e.g., counseling, guidance, social science) from an accredited university or college and one year of experience working with the relevant population*
- SC Certified Substance Abuse Professional
- SC Certified Behavior Analyst

Appendix B

Rehabilitation Supports Coordinator

Responsibilities:

- Coordination and monitoring of the local Rehabilitation Supports program to insure compliance as outlined in this manual;
- Assessment of RS participants;
- Individual Plan of Care (IPOC) development, updates, and amendments;
- Training and supervision of Rehabilitation Supports Specialists
- Conducting a staff meeting (individual or group) at least monthly with RS Specialists
- Maintenance of required RS Participant and RS administrative records.

Age: Must be at least 21 years of age.

Minimum Education: Bachelor's degree in psychology, social work, or human services field.

Experience:

Must have at least three (3) years of experience working in programs for persons with traumatic brain injury or other disabilities.

Training:

Must demonstrate competency for position as required by SCDDSN Policy 567-01-DD.

Criminal Background Check:

Must pass a criminal background check that includes an initial SLED check within 6 months prior to employment. Pass means never convicted, pled guilty, or pled nolo contendere in any Jurisdiction for abuse, neglect, mistreatment or exploitation of a child or vulnerable adult.

Health:

Must pass an initial physical health exam conducted by a physician within 6 months prior to employment, to include a tuberculosis exam as stipulated in SCDDSN Policy 603-06-PD. Documentation of the physical health exam must show that the person is in reasonably good health, with no signs of contagious disease which would place consumers and others at risk, and that the person is capable of aiding others in activities of daily living.

Transportation:

If duties require transporting persons, must have a valid driver's license and access to an insured vehicle.

Appendix C

Rehabilitation Supports Specialist

Responsibilities:

Under supervision of the Rehabilitation Supports Coordinator, is responsible for implementing the Individual Plan of Care (IPOC) of assigned RS participants.

Age: Must be at least 18 years of age.

Minimum Education: High school diploma or GED equivalent.

Experience:

Must have at least three (3) years of documented experience working with persons with traumatic brain injury or other disabilities, or

In lieu of three years of experience working with persons with disabilities, must complete a 30 hour training program.

Training:

Must demonstrate competency for position as required by SCDDSN Policy 567-01-DD.

Criminal Background Check:

Must pass a criminal background check that includes an initial SLED check within 6 months prior to employment. Pass means never convicted, pled guilty, or pled nolo contendere in any Jurisdiction for abuse, neglect, mistreatment or exploitation of a child or vulnerable adult.

Health:

Must pass an initial physical health exam conducted by a physician within 6 months prior to employment, to include a tuberculosis exam as stipulated in SCDDSN Policy 603-06-PD.

Documentation of the physical health exam must show that the person is in reasonably good health, with no signs of contagious disease which would place consumers and others at risk, and that the person is capable of aiding others in activities of daily living.

Transportation:

If duties require transporting persons, must have a valid driver's license and access to an insured vehicle.

Appendix D

Index of Rehabilitation Supports Forms

Printable and fill-in versions of the forms listed below can be accessed by RS Providers via the DDSN Application Portal: <https://app.ddsn.sc.gov/ddsnportal/ddsnlogin.jsp>> Log In>External DDSN Resources>Business Tools >Forms >HASCI Division RS

- | | |
|--|--|
| <input type="checkbox"/> RS Form 1 | RS Consent and Referral |
| <input type="checkbox"/> RS Form 2 | Medical Necessity Statement |
| <input type="checkbox"/> RS Form 3 | Rehabilitation Supports Assessment |
| <input type="checkbox"/> RS Form 4 | RS Individual Plan of Care
90 Day Progress Reviews |
| <input type="checkbox"/> RS Form 5 | RS Individual Plan of Care Amendment |
| <input type="checkbox"/> RS Form 6 | RS Report of Services |
| <input type="checkbox"/> RS Form 6 Summary | Summary Invoice for RS Provided |
| <input type="checkbox"/> RS Form 7 | RS Summary Note |
| <input type="checkbox"/> RS Form 8 | Monthly RS Progress Summary |
| <input type="checkbox"/> RS Form 9 | Notice of RS Termination
Reconsideration and Appeal Process |
| <input type="checkbox"/> RS Form 10 | Statement for Declining Services |
| <input type="checkbox"/> RS Form 11 | Rehabilitation Supports Waiting List |
| <input type="checkbox"/> RS Form 12 | RS Participant Replacement /
Contract Amendment Request |