



South Carolina
Department of Disabilities
and Special Needs

State Funded Community Supports Manual

(revised 6/2024)

Section One:	Program Description
Section Two:	Requesting Services
Section Three:	Services
Section Four:	Program Enrollment/Disenrollment
Section Five:	Case Management and Planning
Section Six:	Authorizing, Reducing and Terminating Services
Section Seven:	Billing Procedures

Section One: Program Description

The South Carolina Department of Disabilities and Special Needs (DDSN) is the agency established by state law that plans, develops, coordinates and funds services for South Carolinians with severe lifelong disabilities of: Intellectual Disabilities/Related Disabilities, Autism, Traumatic Brain Injury, Spinal Cord Injury and Similar Disability.

When possible, those who are DDSN eligible receive assistance to maximize programs, resources, and benefits available to them to secure needed services. However, when other programs, resources or benefits are not available to provide needed services, DDSN offers certain services and programs exclusively.

State Funded Community Supports (SFCS) is an array of services offered by DDSN to those who are eligible for DDSN services but are not eligible for a DDSN-operated Home and Community Based Waiver. To be eligible for a DDSN-operated Home and Community Based Waiver, one must qualify for Medicaid and meet the Level of Care specific to that waiver. When someone who is eligible for DDSN services has been offered the opportunity to enroll in a DDSN-operated Home and Community Based Waiver but was unable to do so because they do not qualify for Medicaid or do not meet Level of Care for the specified waiver, State Funded Community Supports may be offered.

Section Two: Requesting Services

DDSN may offer State Funded Community Supports if a person meets one of the following criteria:

- 1) A person who is awarded an ID/RD, Community Supports or HASCI Waiver slot but is not able to enroll in the waiver because:
 - a) The person has been determined not eligible for Medicaid. An application for Medicaid must be completed and processed. Failure to apply or complete the application process for Medicaid does not meet this criterion.
 - b) The person does not meet the level of care criteria for the specified waiver.
- 2) A person who has been disenrolled from the waiver because they are unable to continue meeting the Level of Care criteria for the specified waiver.
- 3) A person who is not receiving any in-home supports (e.g., Medically Complex Children's Waiver, Community Choices Waiver, Rehabilitative Behavioral Health Services, etc.) and for whom one or more of the following conditions apply:
 - a) The individual's situation has been determined by DDSN to be experiencing circumstances that jeopardize their health and safety and to need DDSN-sponsored Residential Services in accordance with DDSN policy directive 700-09-DD: Determining Need for Residential Services, but residential services are not anticipated to be provided for at least 30 days; or
 - b) The provision of services offered through State Funded Community Supports will provide supports, which if not provided, will likely result in the need for DDSN-sponsored Residential Services in accordance with DDSN policy directive 700-09-DD: Determining Need for Residential Services.

Situations that are life threatening or pose an imminent risk of becoming life-threatening are typically limited to situations in which the person:

1. Has been recently abused/neglected/exploited by the primary caregiver.
2. Is homeless (to include situations where the individual is being discharged from an alternative placement and is unable to return to a family member's home or live independently).
3. Has seriously injured self or others and continues to pose a threat to the health and safety of self or others.
4. Has been judicially admitted to DDSN.
5. Has recently lost a primary caregiver or is at imminent risk of losing a primary caregiver; or
6. Has a primary caregiver who is 80 years of age or older with diminished ability to provide care that is likely to continue indefinitely due to the caregiver's physical or mental status and lack of an alternative caregiver. Care is being provided now, but the need for services is imminent, because the caregiver will soon be unable to provide care and no other caregivers are available.

*For additional information, see Directive 700-09-DD - [Determining Need for Residential Services](#)

- 4) The individual lives with a primary caregiver who is 80 years of age or older.

To request a SFCS slot for items 1, 2 or 4 above, send an SCOMM to Kim Lawer, outlining the need for a slot and the reason the person meets the specified criteria.

To request a SFCS slot for item 3a or 3b, the request and required documentation as outlined in *DDSN Directive 700-09-DD: Determining Need for Residential Services*, must be submitted by *SCOMM to: DDSN, Residential Request/Residential Service Request (Department of Disabilities and Special Needs)*.

Priority List. When someone meets criteria for participation in State Funded Community Supports, but no slots are available, the person’s name will be placed on the State Funded Community Supports Waiting List based on their qualifying category. When a slot becomes available, those waiting will be offered State Funded Community Supports based on the following prioritization:

- **First Priority:** Inability to enroll or dis-enrollment from ID/RD, CS or HASCI due to failure to continue to meet level of care criteria.
- **Second Priority:** Not receiving in-home services; on Critical Needs list and not anticipated to receive residential services for at least 30 days.
- **Third Priority:** Not receiving in-home services; will be placed on Critical Needs list if State Funded Community Supports are not provided.
- **Fourth Priority:** Not receiving in-home services; living with primary caregiver who is 80 years or older.

Anyone in the higher priority categories will be offered State Funded Supports prior to anyone from a lower priority category, regardless of the date the name was added to the list. Within each priority category, individuals will be served in the order in which their names were added to the waiting list. DDSN reserves the right to restrict enrollment, adjust or impose additional limits to this program or its services as DDSN determines necessary.

Section Three: Services

When determined by needs assessment, the following SFCS services may be requested:

Adult Day Health	Respite and Home Support	Adult Day Health- Nursing
Personal Care Services	Incontinence Supplies	Career Preparation Services
Environmental Modifications	Behavior Supports Services	Employment Services
Community Services	Day Activity	Support Center Services
Assistive Technology and Appliances	Personal Emergency Response System	Private Vehicle Modifications

Those participating in SFCS may also receive Individual and Family Support as described in Directive 734-01-DD if the needed service or product is not available through SFCS. Because respite is available through SFCS, participants cannot also receive state funded (family arranged) respite as described in DDSN Directive 734-01-DD.

Cost Cap. Participants may receive service(s) that cost no more than the annual cost limit per state fiscal year (July 1- June 30). The annual cost cap will be prorated for those who begin participating during any month other than July. Funding not used during the state fiscal year cannot be carried forward to the next year. The annual cost limit for State Fiscal Year, July 1 – June 30, can be found on DDSN’s Application Portal under Business Tools>State Funded Community Supports>SFCS Budget Calculator. The annual cost limit is subject to change each State Fiscal Year.

Section Four: Program Enrollment/Disenrollment

Enrollment. DDSN reserves the right to restrict enrollment, adjust or impose additional limits to this program or its services as the agency determines necessary.

DDSN will notify the case manager of a person’s eligibility for SFCS, and the case manager will provide basic information about the program to the person/legal guardian receiving services. A *State Funded Community Supports - Participant Information form (SFCS Form 1)* is available for this purpose.

The Case Manager will be expected to discuss the program with the person, his/her representative or legal guardian, including a discussion of the:

- services potentially available through the program
- requirement that services only be provided when the need for the service is established by assessment.
- annual cost limit

The Case Manager will be expected to provide the person, his/her representative or legal guardian with the document entitled *Statement of Understandings, Rights, and Responsibilities (SFCS Form 2)*. The signature of the person, his/her representative or legal guardian acknowledging receipt the *Statement of Understandings, Rights, and Responsibilities (SFCS Form 2)* must be secured on this form.

The person will be considered “ENROLLED” in the SFCS program when the *Statement of Understandings, Rights, and Responsibilities (SFCS Form 2)* is signed. Submit this form to Sarah Buff at SCDDSN via SCOMM.

Note: All SFCS forms are located on the DDSN Application Portal – Business Tools – State Funded Community Supports.

Disenrollment. Participation in this program will end if / when the participant:

- Enrolls in a DDSN –operated Medicaid Home and Community Based Waiver.
- Is admitted to an ICF/IID or Nursing Facility.
- Voluntarily withdraws or no longer wishes to receive SFCS.
- Moves out of state, into a PRTF or a Correctional Facility.
- Is admitted to a DDSN-sponsored Residential setting (e.g., CTH, CRCF, SLP).
- Refuses to cooperate with the terms listed in the Statement of Understandings, Rights, and Responsibilities.
- Passes away.

When the person’s participation in the program cannot continue, the *State Funded Community Supports – Notice of Disenrollment (SFCS Form 3)* must be completed, and the effective date of the disenrollment noted. The completed form must be sent to the participant / representative, and Sarah Buff at DDSN via SCOMM.

Annual Review of Program Eligibility

The Case Manager must review the continuing need for SFCS and monitor a person’s Medicaid eligibility status. For example, if a person becomes eligible for Medicaid and meets other requirements for the Community Supports Waiver (CS), the person should transition from SFCS to the CS Waiver if they meet the CS Waiver Reserved Capacity criteria.

Section Five: Case Management and Planning

Case Management Services. Those receiving State Funded Community Supports funding are required to receive active Case Management services. If the person is Medicaid eligible, he/she may receive Medicaid Targeted Case Management (MTCM). If the person is not Medicaid eligible, State Funded Case Management will be provided. Requests for Case Management can be sent by SCOMM to:

DDSN, CM Referral / Case Management Referral (Department of Disabilities and Special Needs)

Case Management Assessment and Plan. Once enrolled, the Case Manager is expected to complete a new or update an existing Support Plan for the person. The assessment portion of the plan must reflect all the participant’s needs including those needs that can be met through the provision of SFCS services. The Support Plan must include the actions to be taken to address the need. The plan must include the name of each SFCS service to be provided and the amount and frequency of the service to be delivered. The Assessment and Plan must be completed annually within 365 days of the previous plan date. The funding source on the plan for SFCS services must be listed as SCDDSN.

SFCS Cost Calculator. During the planning process, the SFCS budget must be calculated. The *State Funded Community Supports Budget Calculator* is located on DDSN’s Application Portal under Business Tools>State Funded Community Supports. Enter the participant’s name, and the SFCS enrollment date (which is date the SFCS Form 2 was signed) or if the person is already enrolled in SFCS, use 7/1. By entering the Enrollment

Date, the calculator will adjust/prorate the total amount available for the State Fiscal Year to reflect the amount remaining in the fiscal year. This amount will be shown on the calculator as “Available Funding”.

Enter the number of units or price/cost of each service to be provided for the remainder of the state fiscal year in the “Budgeted Units” column. If explanatory notes are needed, enter notes in the “Note” column. For Respite, Incontinence Supplies, Assistive Technology, Environmental Modification, Private Vehicle Modifications, Personal Emergency Response System install and recurring, enter months for the units and then enter the dollar amount needed each month in the unit cost column.

The cost will be calculated for each service based on the units/price entered. The calculator will add together the “total cost” of each service to determine the total budgeted cost for all services entered and the total budgeted cost will appear on the line titled amount budgeted below. The calculator will subtract total budgeted cost from the available funding leaving any balance remaining. Any balance remaining can be used for additional services to address assessed needs. The total budgeted cost cannot exceed the available funding.

The State Funded Community Supports budget calculator must be attached to the Assessment or Plan in Therap for plans (and services) to be approved by DDSN. The budget calculator must also be attached for plan change requests. Services must not be authorized until the person is enrolled in SFCS and the SFCS service and units have been approved on the plan by DDSN.

Section Six: Authorizing, Reducing and Terminating Services

Once SFCS services are assessed, planned, budgeted and approved by DDSN, then services can be arranged and authorized. When a service (e.g., Personal Care, Adult Day Health, etc.) is to be delivered, the Case Manger will be responsible for offering the participant or his/her representative a choice among available providers of the service. The list of qualified providers from SCDDSN’s website may be used. This choice must be documented in the case notes. Case Managers must ensure authorizations are issued to the correct provider.

Case Managers will issue an **electronic authorization via Therap** for the following SFCS services upon approval by DDSN:

- Employment Services – Individual
- Employment Services – Group
- Day Activity
- Career Preparation
- Community Supports
- Support Center

Case Managers will issue a **paper authorization** for the following SFCS services upon approval by DDSN:

- | | |
|--------------------------------------|-------------------------------|
| • Adult Day Health | • Adult Day Health – Nursing |
| • Behavior Support Services | • Personal Care Services |
| • Private Vehicle Modifications | • Environmental Modifications |
| • Assistive Technology | • Incontinence Supplies |
| • Personal Emergency Response System | • Respite and Support |

The participant or his/her representative has the right to be notified of any decision / action that may adversely affect him/her. If adversely affected, the participant/ representative may choose to appeal the decision /action. Therefore, when a service is reduced or ended (terminated), the participant/representative has the right to be notified prior to the action being taken.

Ten (10) calendar days waiting period (from the date the participant or responsible party is notified) should be given before proceeding with the adverse action unless the action is one noted below. For these actions, no waiting period is required:

- Participant requested reduction.
- Voluntary withdrawal
- Death
- Participant moves out of state or into a Nursing Facility, ICF/IID, PRTF or Correctional Facility
- Participant enrolls in an HCB Waiver
- The cost limit has been reached.

A ***Notice of Reduction or Termination (SFCS Form 4)*** should be used to notify the participant/representative and/or the service provider and DDSN-SURB of the action.

Reduction means that fewer units of the same service will be authorized to the provider who currently provides the services. When services are to be reduced, the ***Notice of Reduction or Termination (SFCS Form 4)*** is issued to the participant / representative and DDSN-SURB and a new Authorization/Referral with the reduced number of units or price is issued.

Termination means that the service will no longer be provided. Either the provider can no longer be paid for rendering the service or the noted price will no longer be paid for the service. When a service is to be terminated, ***the Notice of Reduction or Termination (SFCS Form 4)*** is issued to the participant / representative and/or the provider and DDSN-SURB.

All SFCS services should be monitored in accordance with DDSN Case Management Standards.

Section Seven: Billing Procedures

The purpose of this section is to provide guidance to service providers and case manager providers on billing procedures for SFCS services. All SFCS services are billed to DDSN directly except for respite and support, assistive technology and incontinence supplies. Respite and support, assistive technology and incontinence supplies are billed to the Case Manager provider. See specific billing procedures below. The billing procedures below are effective 4/1/2022.

DDSN Day Services - bill to DDSN

The following SFCS day and employment services must be **billed to DDSN**:

- Employment Services – Individual
 - Employment Services – Group
 - Day Activity
 - Career Preparation
 - Community Supports
 - Support Center
- 1) Providers must receive an electronic authorization through Therap for services to bill DDSN. The effective date of service must be on or prior to the begin date of service.
 - 2) Providers must record attendance in Therap for everyone receiving Day Services, Employment Services-Individual, and Employment Services-Group.
 - 3) 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 monthly billing must include all services delivered during the month.
 - 4) Providers must run the ***State-Funded Day Activity Detail Report*** from Therap and use this information to create an invoice that includes the following:
 - a) Provider name and address
 - b) Individual's name
 - c) Number of billable units provided.
 - d) Individual rate
 - e) Total for each individual and grand total of invoice
 - 5) 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:
 - a) 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.**

OR

 - b) By mail to DDSN Finance Division, Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203.

Other SFCS Services – bill to DDSN

The following services must be billed to DDSN:

- Adult Day Health
- Adult Day Health – Nursing
- Personal Emergency Response System
- Behavior Support Services
- Personal Care Services
- Environmental Modifications
- Private Vehicle Modifications

- 1) Providers must receive a paper authorization from the Case Manager before services begin. The effective date of service must be on or prior to the begin date of service. Services provided outside of the authorization date range will not be paid.
- 2) To receive reimbursement, the provider must submit an invoice to DDSN for services provided during that month. Invoices must include the following information:
 - a) Provider name and address
 - b) Individual's name
 - c) Type of billable service
 - d) Number of billable units if applicable
 - e) Service billable rate
 - f) Total for each individual and grand total of invoice.
- 3) Invoices must have copies of all applicable authorizations attached and may be submitted:
 - a) 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. **This option is only available to DDSN contracted providers listed in Service Provider Management on the DDSN Application Portal.**
 - OR**
 - b) By mail no later than the subsequent month of service delivery to DDSN Finance Division, Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203.

SFCS Services – bill to Case Management Provider

The following services are available to State Funded Community Supports participants and must be billed to the participant's Case Management provider. Case Management providers should verify that services provided were authorized. (This is a new procedure.)

- Respite and Support
 - Incontinence Supplies
 - Assistive Technology
- 1) A paper authorization must be issued to the provider by the Case Manager before services begin. The effective date of service must be on or prior to the begin date of service.
 - 2) The Case Manager provider will render payment either directly to the provider after the service has been provided or reimburse the participant/participant representative after the service is provided. Case Management providers must use/develop internal procedures for this process.
 - 3) 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:
 - a) Provider name and address
 - b) Individual's name
 - c) Type of billable service
 - d) Number of billable units if applicable
 - e) Service billable rate

- f) Total for each individual and grand total of invoice.
- 4) Invoices may be submitted:
- a) 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 also not be mailed.**
- OR**
- b) By mail no later than the subsequent month of service delivery to DDSN Finance Division, Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203.