



State Funded Community Supports Manual

(Revised 7/2021)

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
- Similar Disability

When possible, those who are eligible for DDSN receive assistance to maximize programs, resources, and benefits available to them in order 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.

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 Waiver 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 criteria.
 - 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 to meet criteria for “Critical Needs”** as defined in DDSN Directive 502-05-DD: DDSN Waiting Lists, 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 address needs which, if not provided, **will likely result in the individual’s situation being deemed a “Critical Need” in accordance with DDSN policy.**
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 Janis Moore, Director of Waiver and Case Management, outlining the need for a slot and the reason the person meets the specific criteria.

To request a SFCS slot for item 3a or 3b, the request and required documentation as outlined in DDSN Directive 502-05-DD: DDSN Waiting Lists, must be submitted by SCOMM to: **DDSN, Critical Referral / Critical Referral (Department of Disabilities and Special Needs).**

DDSN Waiting List Directive:

<https://ddsn.sc.gov/sites/default/files/Documents/Quality%20Management/Current%20Directives/502-05-DD%20-%20Revised%20%28113017%29.pdf>

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.

Case Management

Those receiving State Funded Community Supports funding are required to receive 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)

State Funded Community Supports Services (SFCS)

When assessed by a DDSN contracted Case Manager to be needed, the following SFCS services are available:

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

Those participating in this program 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.

Program 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 sheet (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, and
- 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” 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 Yolanda Goodwin at SCDDSN via SCOMM.

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)** form must be completed and the effective date of the disenrollment noted. The completed form must be sent to the participant / representative, the Financial Management Agency and to DDSN. The Notice of Disenrollment form may be sent to Yolanda Goodwin 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 (CSW), the person should transition from SFCS to the CSW if they meet the CSW Reserved Capacity criteria..

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 of 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.

SFCS Cost Calculator Instructions

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 Calculator will calculate the cost of 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 "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 in order for plans (and services) to be approved by DDSN. 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.

Authorizing 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 can be used. This choice must be documented in the service notes.

Billing and Payment

***Note:** The “financial management agency” is now being referred to as the “Home Board Provider” as there are no longer funding bands for SFCS. Home Board Providers are typically DSN Boards in the county where the person resides. All SFCS services are now fee for service. However, the Home Board Provider still acts as the financial manager for certain SFCS services such as respite, incontinence supplies and assistive technology. For services such as ADHC, Personal Care, PERS, and Behavior Supports, the service provider should direct bill to DDSN. Billing for DDSN Day services is automated.

When a *product* (e.g., Incontinence Supplies, Assistive Technology & Appliances, etc.) is to be delivered, the participant or his/her representative will choose the method through which the products will be secured (i.e., Reimbursement or Financial Management Agency Purchase).

The **Reimbursement method** can be used if the participant / representative is willing and able to purchase the needed item and follow the specific instructions from the Financial Management Agency in order to be reimbursed, a needed item can be secured using this “reimbursement” method.

Financial Management Agency Purchase method can be used if the participant / representative is not willing or able to be reimbursed for a purchased item, the needed item can be purchased by the Financial Management Agency and delivered to the participant.

The Reimbursement method should be offered first. If Reimbursement is not the preferred option for the participant, then the Financial Management Agency Purchase method should be used.

If the “Financial Management Agency Purchase” method will be used, the specifications of the product (e.g., *brand and size of diapers; dimensions of microwave oven, etc.*) must be determined and shared with the Financial Management Agency.

All SFCS services (*services and products*) will be secured by the Case Manager. All delivered services and products will be paid for by the participant’s Financial Management Agency. This may be a new or unique situation for some service providers and may require additional explanation by the Case Manager. For that reason, the Financial Management Agency must make available the name of staff who will answer the provider’s questions about billing, payment, etc. of State Funded Community Supports services.

In order to provide a DDSN Employment or Day Service (i.e., Adult Activity, Career Preparation, Community Supports, and Support Center), the Service Tracking System (STS) “Services Menu” must be updated to reflect the participant is receiving the employment or day service. As appropriate, other SFCS services should also be reflected on STS /CDSS.

Reduction or Termination of Services

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 a HCB Waiver
- 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 the Financial Management Agency 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 the Financial Management Agency 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 the Financial Management Agency.

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