



## **DDSN Executive Memo**

**TO: EXECUTIVE DIRECTORS and CEOS OF CASE MANAGEMENT  
CASE MANAGEMENT SUPERVISORS  
CHIEF FINANCIAL OFFICER**

**FROM: SUSAN KREH BECK, ED.S., LPES, NCSP, ASSOCIATE STATE DIRECTOR, POLICY** 

**DATE: SEPTEMBER 2, 2020**

**RE: Environmental and Private Vehicle Modification Changes**

Please see the attachments for revised procedures for payment of environmental and private vehicle modifications.

The attachments should be shared with all applicable case management staff. This process was distributed at the August 19, 2020 Case Management Committee Meeting. Please contact Lori Manos at (803) 898-9715 or by email at [lmanos@ddsn.sc.gov](mailto:lmanos@ddsn.sc.gov) with any questions.

Thank you.

Attachments

## Procedures/Instructions for processing Environmental and Private Vehicle Modifications

Procedures:

For newly authorized modifications, effective September 1, 2020, Environmental and Private Vehicle modifications will be submitted to DDSN for payment to Vendors. Any authorizations dated prior to September 1, 2020, should continue to follow previous process. The DSN Boards will no longer be required to make payments directly to vendors and submit a request for reimbursement from DDSN.

The Case Manager will continue to handle the processing of these modifications the same as they have in the past, i.e., the Case Manager will request approval via plan change request and the waiver division will continue to approve the service on the plan prior to authorization by the Case Manager.

At the time the service is authorized, it must be determined whether the vendor providing the service has previously provided services to other state agencies:

- The Case Manager must inquire of the vendor whether they have provided services to any other state agency and if so, must request their state vendor number.
- If the vendor providing the service **has not** provided services to any other state agency, the vendor is not in the state payable system.
- If the vendor has not provided services to any other state agency or is unsure, the case manager must obtain a completed W-9 from the vendor and forward to: [AP@DDSN.SC.GOV](mailto:AP@DDSN.SC.GOV) at the time the service is authorized. This will shorten the length of time for processing payment after completion of the modification.
- When completing the financial manager portion of the Therap electronic authorization, the Case Manager should choose “Case Management” as the financial manager.
- The modification provider should be directed that their invoice should read DDSN, but it must be sent through the Case Manager for processing.

Once the modification is completed and the Case Manager has monitored the modification to ensure satisfaction of the waiver participant, the Case Management organization will submit a request for payment via RBC (a secure DDSN Web Portal). Each Case Management organization will need access to RBC in order to submit payment requests. If your organization does not have access, please put in a helpdesk ticket by sending an email to [helpdesk@ddsn.sc.gov](mailto:helpdesk@ddsn.sc.gov).

To request payment for a completed modification, the following information is required:

- Request for Modification Payment Form
- Invoice from the vendor
- Waiver authorization form (if not in Therap)

When the work is completed to the satisfaction of the consumer/consumer's family, then the above documentation must be scanned and uploaded through the DDSN Web Portal through RBC.

Once the information has been received, it will be reviewed and a payment to the vendor will be issued through DDSN's Accounts Payable Department. To check the payment status, please send an email to [AP@DDSN.SC.GOV](mailto:AP@DDSN.SC.GOV).

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### **Instructions for Request for Modification Payment form**

1. Select the Waiver Type by checking the correct box.
2. Select the Modification Type by checking the correct box.
3. Fill out name, address and phone number of the vendor which provided the service. The address must be the 'Remit to' address, as this is the address to which the check will be mailed.
4. If the vendor has done work for another state agency, have them supply their state vendor number. If not, ask the vendor for a completed W-9. (A W-9 can be obtained by going out to the IRS.GOV website, in the upper right corner of your screen is a search bar, type in W-9 and you will be able to print not only the W-9 but also instructions. The vendor should be very familiar with this form.) This form should be sent to [AP@DDSN.SC.GOV](mailto:AP@DDSN.SC.GOV) **at the time the service is authorized.**
5. Fill out the name and address of the Case Management provider responsible for obtaining these services.
6. The contact person is the case manager.
7. List the Consumer Name and the last 4 digits of his/her social security number along with a brief description of the work that was done (i.e. bathroom modification, vehicle modification, etc.).
8. Cost of modification is the amount listed on the contractor's invoice (cannot be greater than the amount authorized).
9. Date of Completion – This is the date the work was completed and approved by the family receiving the service.
10. By completing the signature, title and date the case manager certifies that the work has been completed and meets all of the requirements of the project.



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 Home Page: www.ddsn.sc.gov

### REQUEST FOR MODIFICATION

WAIVER TYPE

MODIFICATION TYPE

- ID/RD
- CSW
- HASCI

- Environmental
- Private Vehicle

Remit To: \_\_\_\_\_

Address (include zip code): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

State Vendor?  Yes  No *If yes, provide vendor number, if no, a W-9 form is required.* State Vendor Number: \_\_\_\_\_

Provider Agency: \_\_\_\_\_

Address (include zip code): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Consumer Name: \_\_\_\_\_ SSN # (Last 4): \_\_\_\_\_

Modification Description: \_\_\_\_\_

Cost of Modification (Amount Requested): \_\_\_\_\_ Date of Completion: \_\_\_\_\_

The following documents are required for payment

- Invoice
- Waiver Authorization
- W-9 (if applicable, see above)

**PROVIDER CERTIFICATION:** This modification has been provided for the consumer named above and has been completed to the satisfaction of the consumer.

\_\_\_\_\_  
 Signature Title Date: \_\_\_\_\_

<b>FOR DDSN/SURB USE ONLY:</b> <i>This service has been billed to Medicaid.</i>	
<b>Signature:</b>	<b>Date:</b>