CHAPTER 10

SERVICE UNITS REPORTING AND BILLING

Section 10.1: Residential Services Reporting and Billing Procedures for RESLOG

Providers of Residential Habilitation services for DDSN are required to keep daily census information for each consumer served in their programs. Providers must report that census information through an automated reporting system called the Residential Logs Application or "RESLOG". RESLOG is located on the DDSN application portal. In order to access RESLOG, users must have a valid portal ID and password. Central Office Information Technology (IT) Division assigns user IDs for the DDSN application portal. To obtain access, contact the IT Helpdesk at 803-898-9767 or Helpdesk@ddsn.sc.gov.

1. Residential Service Definitions and Service Codes

   A. Residential Habilitation Facilities (R02-R05)

      Residential Habilitation Facilities are defined as non-institutional residential settings in which consumers receive care, skills training and supervision according to their needs. The DDSN sponsored facilities are licensed either by DDSN or DHEC. They include Community Training Homes I and II (CTHs I/II), Supervised Living Programs II (SLPs II), or Community Residential Care Facilities (CRCFs).

      - SLP II (R02)
      - CRCF (R03)
      - CTH I (R04)
      - CTH II (R05)

   B. Intermediate Care Facilities (R06 & R07)

      Intermediate Care Facilities are state-licensed residential facilities that offer active treatment, health, or other related services directed toward helping consumers function with as much self-determination and independence as possible.

      - Community Operated ICF/IID (R06)
      - Regional Centers (R07)

For more detailed information on Residential Habilitation definitions and services, please refer to the Residential Habilitation Standards at https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-standards.

2. Instructions for On-Line Reporting

RESLOG instructional videos are available on the application portal under DDSN > Business Tools > Videos > Application Training > RESLOG. These videos are helpful for learning tasks such as how to create, unlock, or reject a system log and how to add a consumer's name to a log.

A. Production of Residential Logs (Roll Books)

Residential logs are created in RESLOG on the first calendar day of each month based on Service Tracking System (STS) showing a consumer as receiving residential services. Consumer names, identifying information, and service provider location are drawn from STS to generate the logs. If a log displays incorrect information, STS needs to be updated. Until STS is updated, a log will continue to generate with incorrect information. To correct this information, contact should be made with the consumer's Case Manager. It is the Case Manager's responsibility to ensure that STS is updated when a consumer's service activity changes.

B. Reporting Attendance

Attendance for every consumer in a Residential Habilitation Facility should be recorded throughout the month. Attendance must be 100% recorded for each facility in order to properly document the costs of residential service. The daily census information entered should always reflect a consumer's location as of 11:59 P.M. each night.

For new Residential Habilitation Facilities, a system log can be created in RESLOG as long as there is at least one consumer shown on STS as residing in that facility. If a new facility log does not appear on your list, click on "create log" to see a list of facilities for which a log has not been created in the current month. If the facility name is not found on this list, a blank log may be used to enter your census information. Blank logs are available on the DDSN application portal. An example of a Residential Census Log for New Residential Facilities is shown on page 10.1 p.6 of this section.

To add a consumer's name to a system log in RESLOG, click on "Add Consumer" at the bottom of the summary screen. Eligible consumer names (based on STS) will appear. If the consumer's name does not appear, contact the consumer's Case Manager to ensure that STS is current.

(1) Residential Habilitation Facilities (R02-R05)

Following are status codes used for reporting attendance in RESLOG under the category of Residential Habilitation Facilities (R02 – R05):

Residential Habilitation Facilities Status Codes (R02 – R05 ONLY)
P – Present
L – On Leave
R – Respite (Hourly)*
S – On a DDSN Sponsored Activity**
D – Discharged

RESPITE (R02 – R05) *

There can never be Respite between like facilities. For reporting and billing purposes, the Respite (R) status code should never be used when a consumer moves from one Residential Habilitation Facility (R02-R05) to another within the provider's organization. Respite (R) codes are used when a consumer, who does not receive Residential Habilitation, enters an R02-R05 facility. Recording of the (R) code is for attendance purposes only.

The only form of Respite that can be provided is Hourly Respite (STS Code S46) and the Individual Service Report (ISR) must reflect the number of hours and date Hourly Respite was provided. All Respite (R) services are reported on paper logs known as ISRs. See section 10.11 and 10.12 for information related to submission of these documents.

SPONSORED ACTIVITY (R02 – R05) **

The (S) code is used for a consumer who is not present at 11:59 P.M. due to reasonable circumstances, such as he or she is working or away from the facility on an overnight trip.

The (S) code may be used because a consumer from one Residential Habilitation Facility (R02-R05) has temporarily moved to another Residential Habilitation Facility **within** the provider's organization. The (S) code may be used for reporting purposes at the sending facility for up to 7 days. The receiving facility should report nothing as long as both locations are operated by the same provider. However, if a consumer continues to stay at the receiving facility from the 8th day on, an Admission/Discharge/Transfer process must be completed, as well as updating STS.

The examples cited above are not all inclusive. There may be other circumstances that support the use of the (S) code. Unless a consumer is at their place of work, a provider employee must be present with the consumer in order to use the (S) code. Regardless if a situation is one-to-one or one-to-many, no consumer receiving Residential Habilitation should be left alone without proper supervision per DDSN Departmental Directive 510-01-DD: Supervision of People Receiving Services.

(2) Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) (R06 & R07)

Following are status codes used for reporting attendance in RESLOG under the category of Intermediate Care Facilities (R06 & R07):

ICF/IID Facilities Status Codes (R06 and R07 ONLY)	
P – Present	H – In Hospital (Outside)
L – On Leave	R – Respite *
T – Therapeutic Leave	D – Discharged
S – On DDSN Sponsored Activity	X – Consumer has Passed Away
A – Absent	Z – Hospice **

RESPITE (R06 & R07) *

There can never be Respite between like facilities. For ICF Facilities (R06 & R07), the only form of Respite for reporting and billing purposes is Institutional Respite (STS Code S13). All Respite (R) services are reported on paper logs, known as Individual Service Reports (ISRs). In order to use the (R) code for a consumer, first make sure that the Case Manager has entered an S13 code on STS along with a corresponding location code (R06/R07) where the service will be delivered. The (R) code cannot be used until STS has been updated with this information. If a consumer comes from a Residential Habilitation facility (R02-R05), the ICF/IID (R06/R07) should add his or her name to a log recording an (R) value, while the Residential Habilitation facility (R02-R05) records a value of (L) for "Leave" on their log for the consumer.

HOSPICE (R06 & R07) **

If a consumer begins receiving Hospice (Z) services, DDSN must begin billing the Hospice provider for room and board. The Hospice provider becomes the supplier of any services the consumer may need, except for room and board. The consumer continues to reside in their current Residential Habilitation facility (R06/R07) while receiving Hospice services.

DDSN needs certain billing information to be able to bill the Hospice provider. To obtain this information, regions/providers must complete a Hospice Services Information Sheet and mail it to your District Office. When the District Office has reviewed and signed the form, Districts are to forward the Hospice Information Sheet to **DDSN Finance Division, Attn: SURB, 3440 Harden St. Ext., Columbia, SC 29203**. If needed, a blank form is available on the DDSN application portal under Business Tools/Forms. An example is shown on page 10.1 p.7 of this section.

C. Submission of Residential Logs (Roll Books)

System logs must be both **"Submitted"** and **"Approved"** on RESLOG **by the close of business on the 5th business day of the following month**. A "Submitter" is defined as the employee who enters attendance data during the month. The Submitter provides the Approver with the completed logs for final approval and closure. The Submitter cannot also be the Approver.

Census information must be recorded on an ongoing basis throughout the month. At the end of the month, after all census information has been recorded, each system log must be "Submitted" for approval. Corrections may continue to be made to a log after it has been submitted all the way up until it has been "Approved." After a system log has been approved, no changes may be made to it.

DDSN's Residential Habilitation service providers on the Private Provider List must submit an invoice to DDSN each month in order to receive reimbursement for services rendered. Invoices must include the following information: (1) consumer name(s), (2) the days served, and (3) the rates approved in the provider's contract. All Leave days (up to the maximum allowed under the contract) are reimbursed at the base rate without outliers. Vacant days, up to a maximum of 30, are reimbursed based on the funding available for the bed at the base rate without outliers. All invoices should be uploaded electronically through the Reporting and Billing Center (RBC) which is located on DDSN's Application Portal. RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. If a provider does not have access to this application, contact DDSN's IT Department by submitting a help desk ticket to helpdesk@ddsn.sc.gov or by calling 803-898-9767. In the event that an invoice must be mailed, the address is as follows: **DDSN Finance Division, Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203**.

If you upload documents through RBC, please do not mail the originals.

D. On-Line History

Approved system logs are maintained on-line for inquiry purposes for eighteen (18) months. These logs may be reviewed, but information once submitted and approved may not be changed.

3. Confidentiality of On-Line Reporting Documents

Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) known as the Administrative Simplification (AS) provisions of HIPAA; Pub.L. 104–191, required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders, and regulations pursuant to HIPAA concerning the confidentiality of information shown on all reporting documents.

New Facility Residential Log:

Sheet1

South Carolina Department of Disabilities and Special Needs
Residential Census Log
FOR NEW RESIDENTIAL FACILITIES

Regional Center:	
Provider:	
Facility Name:	
Month:	

Individual's Name	Soc Sec #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total

Example

Notes:
Complete this log for all new individuals entering the above named facility. Enter the name and social security number for each individual. Make sure that all the above named individuals are added to the STS system. This is imperative to insure future generated logs.

Preparer's Signature: _____

Authorized Designated Signature: _____

Page 1

Hospice Services Information Sheet:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Hospice Services Information Sheet

FACILITY INFORMATION

Provider Name:	**Provider Number:**

HOSPICE INFORMATION

Consumer Name:		
Medicaid Number:	**Consumer SSN (Last 4 Digits):**	
Hospice Admission Date:	**Patient ID:**	
Hospice Provider Name: **Address:**		**Hospice Contact:** **Phone #:**
Hospice Medicaid Provider Number:		
Hospice Primary Nurse (if available):		
Hospice Medical Director (if available):		

Example

Form Completed By: _____

Contact Phone #/Email: _____

District Office Only:

Reviewed By: _____
District Office Signature

Title: _____

Date: _____

Forward to: ***DDSN Finance Division, Attn: SURB, PO Box 4706, Columbia SC 29240***

SURB Form / HOSP SRVS INFO SHEET (02/17)

South Carolina Department of Disabilities and Special Needs
Residential Census Log
FOR NEW RESIDENTIAL FACILITIES

Regional Center:	
Provider:	
Facility Name:	
Month:	

Individual's Name	Soc Sec # (Last 4 only)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total

Notes:
Complete this log for all new individuals entering the above named facility. Enter the name and social security number for each individual. Make sure that all the above named individuals are added to the STS system. This is imperative to insure future generated logs.

Preparer's Signature: _____

Authorized Desiginated Signature: _____

SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Hospice Services Information Sheet

FACILITY INFORMATION

Provider Name:	**Provider Number:**

HOSPICE INFORMATION

Consumer Name:	
Medicaid Number:	**Consumer SSN (Last 4 Digits):**
Hospice Admission Date:	**Patient ID:**
Hospice Provider Name: **Address:**	**Hospice Contact Person:** **Phone #:**
Hospice Medicaid Provider Number:	
Hospice Primary Nurse (if available):	
Hospice Medical Director (if available):	

Form Completed By: _____

Contact Phone #/Email: _____

District Office Only:

Reviewed By: _____
District Office Signature

Title: _____

Date: _____

Forward to: ***DDSN, Attn: SURB, 3440 Harden Street Ext., Columbia SC 29203***

Section 10.2: Day Services Reporting and Billing Procedures for DSAL

Providers of day services for DDSN are required to report those services through an automated system called the Day Supports Attendance Logs Reporting System or "DSAL". DSAL is accessed through the DDSN application portal. In order to access DSAL, users must have a valid portal ID and password. Central Office Information Technology (IT) Division assigns user IDs for the application portal. Contact the IT Helpdesk at 803-898-9767 or email Helpdesk@ddsn.sc.gov to request security authorization.

1. Adult Day Services and Service Codes

    1. Career Preparation (S97)
    2. Community Services – Group (S98)
    3. Community Services – Individual (S86)
    4. Day Activity Services (S96)
    5. Support Center Service (S09)
    6. Employment Services-Individual (S06)
    7. Employment Services-Group (S11)

    For more information on Day Services, please refer to the Day Services Standards or the Waiver Manuals on the DDSN website (www.ddsn.sc.gov).

2. Funding Sources

    Program funding sources are determined by DDSN before the onset of services. After a system log has been completed and submitted electronically, one of the following funding sources will appear next to each consumer's name and category totals will appear at the bottom of the log:

    - ICF/IID Community (IC)
    - ICF/IID Regional (IR)
    - ID/RD Waiver – Not Receiving Residential (WI)
    - ID/RD Waiver – Receiving Residential (WR)
    - HASCI Waiver (WH)
    - CS Waiver (WC)
    - State-Funded (SF)

3. Instructions for On-Line Reporting

    DSAL instructional videos are available on the application portal under DDSN > Business Tools > Videos > Application Training > DSAL. These videos are helpful for learning tasks such as how to create, unlock, or reject a system log and how to add a consumer's name to a log.

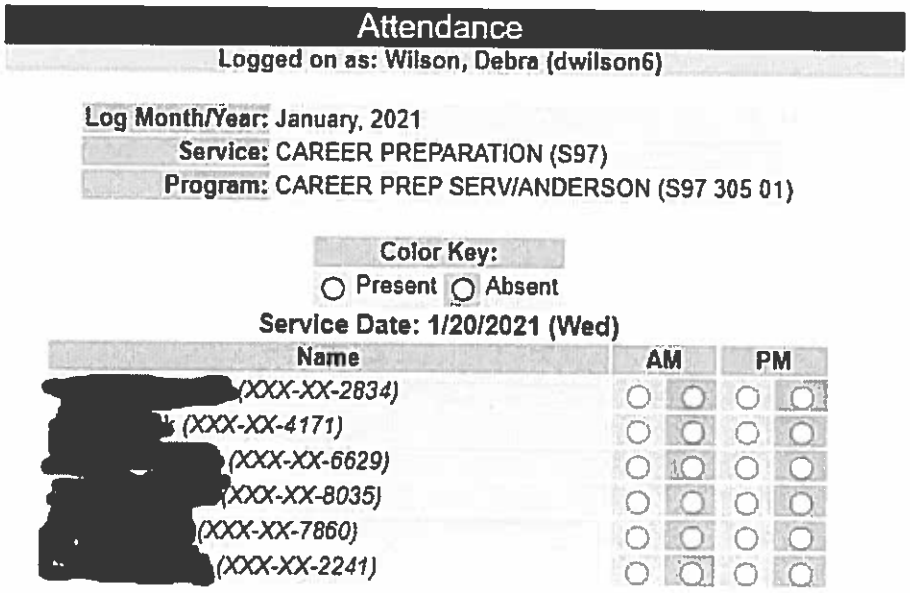
    A. Production of Service Logs (Roll Books)

    Day Service logs are created in DSAL on the first calendar day of each month based on where the Service Tracking System (STS) shows a consumer as receiving services. When the logs are generated, information such as consumer names, identifying information, and service

provider location are drawn from STS data. If a system log shows incorrect information, STS needs to be updated. Until STS is updated, a system log will continue to print incorrect information. Contact should be made with the consumer's Case Manager to ensure that STS is updated promptly.

B. Reporting Attendance

All program attendance must be tracked throughout the month. Reporting must be done for each consumer on each day of the month by marking under the appropriate indicator whether they were present or absent for the AM unit and/or the PM unit.


Attendance

Logged on as: Wilson, Debra (dwilson6)

Log Month/Year: January, 2021
Service: CAREER PREPARATION (S97)
Program: CAREER PREP SERV/ANDERSON (S97 305 01)

Color Key:
○ Present ○ Absent

Service Date: 1/20/2021 (Wed)

Name	AM		PM	
[redacted] (XXX-XX-2834)	○	○	○	○
[redacted] (XXX-XX-4171)	○	○	○	○
[redacted] (XXX-XX-6629)	○	○	○	○
[redacted] (XXX-XX-8035)	○	○	○	○
[redacted] (XXX-XX-7860)	○	○	○	○
[redacted] (XXX-XX-2241)	○	○	○	○

Exception: Employment Services-IND logs (Service Code S06) are reported in 15 minute units. You must enter the actual time of service instead of selecting present or absent.

Consumers are automatically recorded as absent on weekend days only. This attendance may be overridden if a consumer should happen to receive day services on a weekend day.

DDSN's contract with SCDHHS requires that a consumer be present in a day service activity for a minimum of 2 – 3 hours per half day, exclusive of transportation, in order to count the time as a unit of service. Exceptions to the 2 – 3 hours rule may be made for consumers who arrive late or leave early if it is necessary for them to receive other services already identified as part of their program plan. (Examples: doctor's appointment, therapy, etc.)

If a service log did not generate for a new service location and the provider is certain that a consumer is receiving service there, a log may be created by clicking on "Create Log" from the DSAL menu. Based on STS, eligible consumer names will populate a new log. If no consumers show up on STS as receiving day services at the new service location, a log will not generate and users will see a screen message stating that a log could not be created. To be clear, the condition for creating a new log is that there must be at least one consumer on STS receiving services from the new location.

If a consumer's name is omitted from a log, the name may be added to the current month's log by clicking on the "Add Consumer" button at the bottom of the log summary screen. The information in STS determines who appears on the monthly logs. Therefore, information on STS must be correct in order for the logs to generate correctly.

C. Submission of the Logs (Roll Books)

System logs must be both "Submitted" and "Approved" on DSAL **by 6 pm of the 5th business day of the following month**. A "Submitter" is defined as the employee who enters attendance data during the month. The Submitter provides the Approver completed logs for final approval and closure. The submitter and approver cannot be the same person.

Attendance must be recorded on an ongoing basis throughout the month. At the end of the month after all attendance for the month has been entered, system logs should be "Submitted" for approval. Corrections may continue to be made to a log after it has been submitted up until it has been "Approved." After approval, no changes may be made.

For any consumer not listed on the DSAL, but services were rendered to them the provider must be reported on the "Adult Half Day Roll Book" or the "Adult Hourly Roll Book", as applicable. These forms are shown at 10.2 p.5 and 10.2 p.6 and can be found on the portal at DDSN>Business Tools>Forms>Finance Manual Chapter 10. All forms should be uploaded electronically through the Reporting and Billing Center (RBC) which is located on DDSN's Application Portal. RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. If a provider does not have access to this application, contact DDSN's IT Department by submitting a help desk ticket to helpdesk@ddsn.sc.gov or by calling 803-898-9767. In the event that an invoice must be mailed, the address is as follows: **DDSN Finance Division, Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203**.

D. On-Line History

Approved roll books are maintained on-line for inquiry for eighteen (18) months. These finalized reports may be reviewed, but information may not be changed.

4. Submission of Day Services for Non-Residential Consumers

Effective January 1, 2021, the submission of day services attendance for consumers that are living at home are processed as a fee for service through DSAL versus funding through a band payment. The responsibility lies with the Day Services staff to record attendance in compliance with the regulations of the program. At the end of the month when the logs are submitted and approved, an invoice will generate in DDSN's application portal under Logs > DSAL and

RESLOG > DSAL. This invoice will be printed by DDSN and a fee for service payment will be issued to the respective provider of service based on the units of service provided. If the DSAL logs are not submitted and approved timely, no invoice will be generated and the service provider will be required to wait until the next month for payment.

It is the responsibility of the service provider to ensure that the billing of all services is complete, accurately reported, and properly authorized.

5. Confidentiality

Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), known as the Administrative Simplification (AS) provisions of HIPAA; Pub.L. 104–191, required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders and regulations pursuant to HIPAA concerning the confidentiality of information shown on all reporting documents.

6. Special Notes

- Case Managers are responsible for updating STS to reflect the appropriate service and activity for each consumer. Directors of Day Service and Case Management must ensure updates are current to within two (2) working days of any changes.
- Day Program staff are responsible for accurately reporting attendance for each activity and the service in which the activity was provided.
- Weekends are automatically filled in as "Absent" for each consumer listed. This data may be overridden if a consumer were to receive day services on a weekend day.
- If a consumer's name is missing from a log in DSAL, click on "Add Consumer" at the bottom of the summary screen. If STS has been updated with the service for that consumer, his or her name will appear on the next screen and may be added to the current month's log. If the correct name does not appear, contact should be made with the consumer's Case Manager to ensure that STS is updated.
- The actual hours and minutes of Employment Services-IND (S06) rendered to a consumer must be filled in on the appropriate date. A unit of service for this code is 15 minute units.
- If a consumer has been discharged, STS must be updated immediately by the consumer's Case Manager, and the Admission/Discharge/Transfer process must be completed as soon as possible.
- If it is discovered that an approved service has been delivered, but was not reported and the service occurred during a prior month, a blank roll book must be used to submit the service for billing. **A Service Error Correction Form should never be used to report a previously un-reported service**. A blank Adult Day roll book may be used to report the service. A blank roll book form may be found on the DDSN application portal under Business Tools > Forms > Finance Manual Chapter 10.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Adult Half Day Roll Book for _____
(Month / Year)

Service: _____
Provider: _____
Location: _____

1 Present 0 Absent

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Units
Name:											*SS# XXX-XX-*																					
AM																																
PM																																
																															Consumer Total	

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Units
Name:											*SS# XXX-XX-*																					
AM																																
PM																																
																															Consumer Total	

Supervisor Signature: _____ Date: _____

Please mail completed form mail to: SCDDSN, ATTN: SURB, 3440 Harden St Ext, Columbia, SC 29203

DDSN SURB Form C10S2: DSAL DAILY ROLLBOOK
Form Date: 3/14/2018

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

ADULT HOURLY ROLL BOOK FOR: ____________________

INDIVIDUAL SERVICE REPORT

SERVICE: ADULT EMPLOYMENT SERVICES - INDIVIDUAL

PROVIDER: ____________________

LOCATION: ____________________

INDIVIDUAL: ____________________

SOCIAL SECURITY #: ____________________

EACH SERVICE REPORTED MUST BE DOCUMENTED IN INDIVIDUAL'S FILE

DATE OF SERVICE	TIME HRS:MIN	UNITS	DATE OF SERVICE	TIME HRS:MIN	UNITS
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___

CONSUMER TOTAL TIME/UNITS : ___:___ ___

I CERTIFY THAT SERVICES AS REPORTED PER INDIVIDUAL SERVICE REPORT HAVE BEEN RENDERED AND ARE PROPERLY DOCUMENTED IN THE INDIVIDUAL'S FILE.

____

Signature

DDSN SURB Form C1052: DSAL HOURLY ROLLBOOK
Form Date: 3/14/2019

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Adult Half Day Roll Book for _____

(Month / Year)

Service: _____

Provider: _____

Location: _____

1 Present 0 Absent

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Units
Name:											***SS# XXX-XX-***																					
AM																																
PM																																
																															Consumer Total	

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Units
Name:											***SS# XXX-XX-***																					
AM																																
PM																																
																															Consumer Total	

Supervisor Signature: _____ Date: _____

Please mail completed form mail to: SCDDSN, ATTN: SURB, 3440 Harden St Ext, Columbia, SC 29203

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

ADULT HOURLY ROLL BOOK FOR: ______________________

INDIVIDUAL SERVICE REPORT

SERVICE: ADULT EMPLOYMENT SERVICES - INDIVIDUAL

PROVIDER: ____________________________________

LOCATION: ____________________________________

INDIVIDUAL: __________________________________

SOCIAL SECURITY #: ____________________________

EACH SERVICE REPORTED MUST BE DOCUMENTED IN INDIVIDUAL'S FILE

DATE OF SERVICE	TIME HRS:MIN	UNITS	DATE OF SERVICE	TIME HRS:MIN	UNITS
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
___/___/___	___:___	___	___/___/___	___:___	___
			CONSUMER TOTAL TIME/UNITS :	___:___	___

I CERTIFY THAT SERVICES AS REPORTED PER INDIVIDUAL SERVICE REPORT HAVE BEEN RENDERED AND ARE PROPERLY DOCUMENTED IN THE INDIVIDUAL'S FILE.

____

Signature

Section 10.5: Board-Billed Environmental or Private Vehicle Modifications Payment and Reporting Procedures

This section addresses the procedures to follow related only to those Environmental or Private Vehicle Modifications that are Board-Billed. For more information regarding these services, please refer to the ID/RD and CS Waiver manuals available on DDSN's website.

Case Managers handle processing of modifications in accordance with procedures outlined in the respective ID/RD or CS Waiver manual. At the time the service is authorized, it must be determined whether the vendor is established as a State vendor using one of the methods below:

1) A search can be completed on the State's vendor search tool that can be accessed at

   http://webprod.cio.sc.gov/SCVendorSearch/vendorSearch.do

2) The Case Manager can inquire of the vendor as to whether they are established as a State vendor or not. If so, they must request their state vendor number.

If the vendor providing the service is not established in the State payable system, the vendor must complete the State vendor registration process. Additionally, the vendor must complete a W-9 Form and forward it to ap@ddsn.sc.gov at the time the service is authorized.

Once the modification is completed and the Case Manager has monitored the modification to ensure satisfaction of the Waiver participant, the case management agency will submit a request for payment. All required documents should be uploaded electronically through the Reporting and Billing Center (RBC) which is located on DDSN's Application Portal. RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. If a provider does not have access to this application, contact DDSN's IT Department by submitting a help desk ticket to helpdesk@ddsn.sc.gov or by calling 803-898-9767. If documents must be mailed, the address is as follows: **DDSN Finance Division, Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203. If you upload documents through RBC, please do not mail the originals.**

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

1) Request for Modification Form (see 10.5 p.2)
2) Approved Invoice and W-9, if necessary, from the vendor
3) Waiver authorization form (if not in Therap)

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.

Confidentiality

Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), known as the Administrative Simplification (AS) provisions of HIPAA; Pub.L. 104–191, required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders, and regulations pursuant to HIPAA concerning the confidentiality of information shown on all reporting documents.

3440 Harden Street Ext.
Columbia, South Carolina 29203
803/898-9600
Toll Free: 888/DSN-INFO
Home Page: www.ddsn.sc.gov

REQUEST FOR MODIFICATION

WAIVER TYPE

☐ ID/RD
☐ CSW
☐ HASCI

MODIFICATION TYPE

☐ 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.

_____ _____ Date: _____
Signature Title

FOR DDSN/SURB USE ONLY: *This service has been billed to Medicaid.*	
Signature:	**Date:**

Section 10.6: HCB Waiver Respite Care Reporting and Billing Procedures

Respite services are personal care and assistance provided to consumers unable to care for themselves, and they are furnished on a short-term basis because of the absence of or need for relief by those who normally provide care. For more programmatic information, see DDSN's ID/RD and CSW Waiver Manuals located on DDSN's website (**www.ddsn.sc.gov**).

The **Statewide Respite Program** reporting and billing processes were initiated in March 2015. For participating providers, Fiscal Agents ***Jasper County DSN Board*** and the ***Charles Lea Center*** are responsible for reporting hourly respite services to DDSN on behalf of providers. After a consumer transitions to statewide respite, a monthly provision log will no longer print for them because STS has been updated to reflect the change to statewide respite. Reporting hourly respite services will now be done via timesheets prepared by the caregiver and forwarded to the designated Fiscal Agent. Effective January 1, 2021 all respite services for consumers that reside in the community payment will be handled between the Fiscal Agent and DDSN. The boards will no longer have any involvement other than they should be printing the report to verify that the individuals being paid are correct and the units are within the budget.

It is the responsibility of the DSN boards or private providers to review all reports to ensure that the billable units and consumers receiving these services are correct.

1. Procedures for Reporting and Billing of Respite Services

   A. Production of Individual Service Reports (ISRs)

      Each month, Respite ISRs are generated from Service Tracking System (STS) data and printed according to case manager numbers. At the time of printing, if a consumer is shown on STS as being eligible to receive Institutional Respite (S13) or Hourly Respite (S46), an ISR will print. If no ISR generates for a consumer that you need to report services on, a blank ISR may be used. Blank ISRs are provided at the end of each print job.

      ISRs for the next month's services are mailed out around the 25th of the month. To ensure the appropriate provider staff receives these ISRs, please complete a DDSN SPL/ISR Mailing Request Form (see Section 10.11: SPL/ISR Mailing Request Form Instructions) and forward it to DDSN Finance Division, Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203. The SPL/ISR Mailing Request form is available on the DDSN application portal. This form can also be uploaded through the DDSN Application Portal under Reporting and Billing Center (RBC).

   B. Instructions for Completing Individual Service Reports (ISRs)

      ISRs are divided into two parts. The left side is used for Non-Facility Based (Daily and Hourly) Respite, and the right side is used for Facility Based (Institutional) Respite (see example on page 10.6 p.4 of this section).

Record respite services under the appropriate section as follows:

(1) Non-Facility Based – Hourly (S46): Respite was provided in a consumer's place of residence, foster home or private facility approved by the state (other than an ICF/IID).

For Hourly Respite, case managers should enter the date respite was provided first, followed by the beginning time and ending time of the service. If respite crosses from one calendar day to the next, record each day separately with the first day ending at 11:59 P.M. and the next day beginning at 12:00 A.M.

Example: Respite beginning at 7:00 PM on March 2nd and ending at 9:00 AM on March 4th would be recorded as follows:

3/02/XX	7:00 PM to 11:59 PM
3/03/XX	12:00 AM to 11:59 PM
3/04/XX	12:00 AM to 9:00 AM

(2) Facility Based – Institutional (S13): Respite was provided on a daily basis in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or in a DDSN Regional Center. The unit of service is one day when the consumer is present at midnight.

It is possible for a consumer to receive both non-facility-based and facility-based respite in one month. This type of service situation may be recorded on the same ISR, but make sure to complete the appropriate section as it applies.

If no respite service was provided during the month for a consumer, write "no service" in the comment section of the ISR. If a consumer is added during the month, a blank ISR should be used for recording respite services in the appropriate category and his or her name should be added to the Summary Report. Ensure that the Service Tracking System is updated to show eligibility for the service before adding.

Case managers should complete and sign each ISR. Case manager supervisors should complete and sign the Provider Summary Report that comes with the ISRs each month (see example on page 10.6 p.5 of this section). Under the "Service Rendered" column, write "yes" or "no" for services rendered.

C. Submission of the ISRs

At the end of each month, the case manager supervisor should forward the Summary Report and all supporting ISRs to DDSN for reimbursement. Refer to DDSN Finance Manual Chapter 10, Section 10.12: SPL/ISR Approval Signature Designation Form Instructions.

The original completed ISRs and signed Summary Report(s) should be mailed to **DDSN Finance Division, ATTN: SURB, 3440 Harden Street Ext., Columbia, South Carolina 29203**. Mailings must be post marked by the 5th working day of the subsequent month.

For providers who prefer to upload these documents electronically, submit by uploading the invoice to RBC for reimbursement. This data is what is used to bill Medicaid so promptness is critical. If the data is not received timely, the DSN board of private provider will wait for payment until the next month. Please contact SURB about obtaining access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. Uploads should be done by the end of the 5th working day of the subsequent month.

If you choose to upload documents through RBC, please do not mail the originals.

2. Confidentiality of Reporting Documents

Title II of HIPAA, known as the Administrative Simplification (AS) provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191), required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders, and regulations pursuant to HIPAA concerning the confidentiality of information shown on all on-line reporting documents.

Examples of Respite ISR and Summary Report:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

HOME AND COMMUNITY BASED WAIVER

RESPITE CARE

Individual Service Report

For: _____ **(MONTH & YEAR)**

Region: _____ **Provider Name:** _____

Individual SS#: _____ **Provider #: (Finance Manager)** _____

Medicaid #: _____ **Individual Name:** _____

Case Manager #: _____

Case Manager Name (Please Print): _____

Case Manager Signature: _____

Type Of Service: RESPITE CARE

Each service reported must be documented in Individual's File

Non-Facility Based

Daily and Hourly Respite

Fill in the date of service, the beginning and ending time – AM or PM – for all non-facility based respite

Date of Service (MM/DD/YY)	Beginning Time (HH:MM)	Ending Time (HH:MM)	DDSN Use
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	

Example

Comments: _____

Attn: Comments are required if no activity is rendered.

Facility Based

Daily Respite

Fill in the date of service

Date of Service (MM/DD/YY)	DDSN Use

Comments: _____

SURB Form: ISR_Respite_HCB(2/13)

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

HOME AND COMMUNITY BASED WAIVER

RESPITE CARE

CASE MANAGER SUMMARY REPORT

For: _____ (MONTH & YEAR)

Region: _____ Provider Name: _____

Case Manager Name: _____ Provider #: (Finance Mgr) _____

Case Manager #: _____

PG#	INDIVIDUAL NAME	Services Rendered Yes/No	DSN USE: NON-FACILITY BASED	DSN USE: FACILITY BASED	DSN USE: ISR RECVD
01					
02					
03					
04					
05					

I certify that services as reported per Individual Service Reports have been rendered and are properly documented in the individual's record

CASE MANAGER SUPERVISOR SIGNATURE _____

I certify that services as reported per Individual Service Reports have been rendered and are properly documented in the individual's record.

DESIGNATED AUTHORIZED SIGNATURE _____

→→→ PLEASE MAIL THIS REPORT TO ←←←

SOUTH CAROLINA DEPT OF DISABILITIES AND SPECIAL NEEDS
FINANCE DIVISION
PO BOX 4706
COLUMBIA, SOUTH CAROLINA 29240

SURB Form / ISR Respite HCB (2/15)

Section 10.7: Supervised Living Program I (SLP I) Reporting and Billing Procedures

Providers of SLP I services are required to complete and submit an Individual Service Report (ISR) monthly for each consumer they serve. For these billing purposes, there is no difference between waiver and non-waiver recipients.

1. Procedures for Reporting and Billing

   A. Production of Individual Service Reports (ISRs)

   SLP I Individual Service Reports (ISRs) are generated monthly from Service Tracking System (STS) data and printed by Financial Manager number. At the time of printing, if a consumer is shown on STS as having a residential service code of R01, an ISR will print. (See ISR example on page 10.7 p.3 of this section.)

   ISRs for the next month's services are mailed out on or around the 25th. To ensure the correct staff receives them, please complete an SPL/ISR Mailing Request Form (see Section 10.11: SPL/ISR Mailing Request Form Instructions). Forward the Mailing Request form to **DDSN Finance Division, Attn: SURB, PO Box 4706, Columbia, SC 29240**.

   B. Instructions for Completing Individual Service Reports (ISRs)

   The date, hours and minutes of service rendered by the SLP I Coordinator for a consumer must be documented on an ISR.

   ISRs must be completed during the month of service and submitted to DDSN **by the 5th working day of the subsequent month**. The appropriate supporting documentation must be placed in each consumer's record to support the service rendered. If no service is rendered during the month, write "no service" in the comment section of the space provided on the ISR. If a new consumer enters an SLP I during the month, a blank ISR may be used to record the consumer's information. The consumer should also be added to the Provider Summary Report.

   A follow-up with the consumer's Case Manager should be initiated when an activity changes (such as starts or stops) to ensure that STS is updated quickly. After totaling the hours of service on each consumer's ISR, transfer each individual's information to the Provider Summary Report (see example on page 10.7 p.3 of this section). SLP I Coordinators must sign the ISRs certifying that services were rendered, and the Executive Director or his/her designee must sign the Provider Summary Report.

C. Submission of Individual Service Reports (ISRs)

At the end of each month, the SLP I coordinator should forward the Provider Summary Report and all supporting ISRs to their Executive Director (or designee) for approval. The signature certifies the reported activities are accurate. Providers should ensure that a Signature Designation form has been submitted to DDSN if another staff person is authorized to sign the ISRs in place of the Executive Director. (See Section 10.12: SPL/ISR Approval Signature Designation Form Instructions.)

Mail the original completed Individual Service Reports and signed Summary Reports to **DDSN Finance Division, ATTN: SURB, Post Office Box 4706, Columbia, South Carolina 29240. Mailings must be post marked by the 5th working day of the subsequent month**. If a provider prefers to upload these documents electronically, please contact SURB about obtaining access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's portal for uploading confidential billing documents that go to the SURB area. **If you choose to upload these documents to RBC, please do not mail the originals**.

2. Confidentiality of Reporting Documents

Title II of HIPAA, known as the Administrative Simplification (AS) provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191), required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers.

All DDSN providers are required to comply with all applicable standards, orders and regulations pursuant to HIPAA concerning the confidentiality of information shown on all on-line reporting documents.

SLP I ISR and Provider Summary Report Examples:

SUPERVISED LIVING PROGRAM I
INDIVIDUAL SERVICE REPORT - CONTRACTED SERVICE
FOR: JULY 2013
REGION - MIDLANDS REGION
FINANC MGR PROVIDER NUMBER AND NAME
NUMBER - 251-BABCOCK CENTER, INC.
PAID NUMBER - 123456
INDIVIDUAL SSN - XXX-XX-XXXX INDIVIDUAL NAME - Lastname, Firstname
MEDICAID # - 1234567890 PRIOR INSTITUTION - NO
SLP I COORDINATOR SIGNATURE: ____________

EACH SERVICE REPORTED MUST BE DOCUMENTED IN INDIVIDUAL'S FILE

DATE OF SERVICE	TIME HRS : MINS	DDSN USE	DATE OF SERVICE	TIME HRS : MINS	DDSN USE
__/__/__	__:__	____	__/__/__	__:__	____
__/__/__	__:__	____	__/__/__	__:__	____
__/__/__	__:__	____	__/__/__	__:__	____
__/__/__	__:__	____	__/__/__	__:__	____
__/__/__	__:__	____	__/__/__	__:__	____
__/__/__	__:__	____	__/__/__	__:__	____
__/__/__	__:__	____	__/__/__	__:__	____
__/__/__	__:__	____	__/__/__	__:__	____
__/__/__	__:__	____	__/__/__	__:__	____
__/__/__	__:__	____	__/__/__	__:__	____
__/__/__	__:__	____	__/__/__	__:__	____
__/__/__	__:__	____	__/__/__	__:__	____

Example

TOTAL: ____

*COMMENTS: ____________

*NOTE: COMMENTS ARE REQUIRED IF NO ACTIVITY IS RENDERED

THIS FORM IS TO BE SENT TO THE PROVIDER'S RESIDENTIAL DIRECTOR

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

SUPERVISED LIVING PROGRAM I
PROVIDER SUMMARY REPORT - CONTRACTED SERVICE
FOR: JULY 2013
REGION - MIDLANDS REGION
PROVIDER NO - 251 - FINANC MGR PROVIDER
PROVIDER NAME - BABCOCK CENTER, INC.

ISR PAGE#	INDIVIDUAL NAME	PAID #	SERVICES RENDERED	ISR RECEIVED
01	Lastname, Firstname	123456	____	____
__	____	____	____	____
__	____	____	____	____
__	____	____	____	____
__	____	____	____	____

Example

I CERTIFY THAT SERVICES AS REPORTED PER INDIVIDUAL SERVICE REPORT HAVE BEEN RENDERED AND ARE PROPERLY DOCUMENTED IN THE INDIVIDUAL'S FILE.

DESIGNATED AUTHORIZED SIGNATURE: ____________

**PLEASE MAIL THIS REPORT TO:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
FINANCE DIVISION
P. O. BOX 4706
COLUMBIA, SOUTH CAROLINA 29240

Section 10.8: Case Notes Reporting and Billing Procedures for Case Management and Early Intervention Services

Providers of Case Management and Early Intervention services are required to document such activity provided to DDSN consumers as "Case Notes." Case Notes is a module of Therap . In order to access Case Notes, users must have a valid Therap User Account and password with the appropriate security levels. For questions concerning access, contact the IT Helpdesk at 803-898-9767 or Helpdesk@ddsn.sc.gov.

1. Procedures for Case Note Entries

   User credentials serve as a unique electronic signature for Case Note entries. Entries must be completed within the timeframe stated in the DDSN Program Standards.

2. Production of Invoices

   On the evening of the 5th business day of the month following the month of service, invoices are generated from data pulled from the Case Notes System in Therap. The following morning, invoices may be accessed and printed using R2D2 (the Actuate Reporting System) on the DDSN Portal.

3. Submission of Invoices

   Signed invoices are not required to be submitted to DDSN for payment. It is still the responsibility of each service provider to print and review their invoices for accuracy. This will serve as backup for the payments made. DDSN will process Early Intervention and Case Management invoices within 10 business days after they are made available. Payments for these invoices will appear by electronic transfer similar to the bimonthly payment schedules.

4. Confidentiality of Reporting Documents

   Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), known as the Administrative Simplification (AS) provisions of HIPAA; Pub.L. 104–191, required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders, and regulations pursuant to HIPAA concerning the confidentiality of information shown on all on-line reporting documents.

Section 10.10: HCB Waiver Caregiver Services Reporting and Billing Procedures

Caregiver services are supports provided for adults age 21 or older that are non-medical and generally address achievement of therapeutic goals or specific independent living activities as stated in a consumer's plan.

Caregiver services are billed under one of three service categories: Companion, Personal Care I, or Personal Care II.

1. Definitions

   A. Companion Services (This service is typically billed by DDSN)

      Companion services are described as non-medical care, supervision, and socialization provided to an adult (age 21 or older). Companions may assist or supervise with tasks such as meal preparation, laundry, or shopping, but they don't perform these activities as a separate service. Companion services are provided in accordance with stated therapeutic goals or activities recorded in a consumer's plan.

      Companion services are limited to a maximum of 112 units (28 hours per week). A unit of service is 15 minutes. When Companion services are authorized in conjunction with Adult Attendant Care and/or Personal Care II, the combined total units per week of services may not exceed 112. Unused units from one week cannot be banked (held in reserve) for use later on.

      Please note: Consumers receiving Residential Habilitation may not receive Companion services through the ID/RD Waiver.

   B. Personal Care Services (This service is typically direct-billed by an enrolled Medicaid Provider)

      Personal care services are described as active, hands-on assistance in the performance of daily living activities as defined in a consumer's plan. This may include assistance with eating, bathing, dressing, toileting, transferring, maintaining continence, and ambulation. It may also include assistance with home safety, communication, medication monitoring, light housework, laundry, and shopping.

      Personal care authorizations are given on two levels depending on the level of care needed. Following are definitions for Personal Care 1 and Personal Care 2 services:

      1) Personal Care I (Direct-Billed)
         Services are generally limited to home support activities such as assistance with meal preparation and household care.

         Personal Care I is limited to a maximum of 24 units (6 hours) per week. A unit of service is 15 minutes.

2) Personal Care II (Direct-Billed)
Services are provided at a higher level based on assessed need and may include assistance with instrumental activities of daily living such as light housework, laundry, meal preparation, and shopping.

Personal Care II is limited to maximum of 112 units (28 hours) per week. A unit of service is 15 minutes. When Personal Care II is authorized in conjunction with Adult Companion or Attendant Care Services, the combined total units per week may not exceed 112. Unused units may not be banked (held in reserve) for use later on.

For more information on the above mentioned services, please see DDSN's ID/RD and CS Waiver Manuals located on the DDSN website www.ddsn.sc.gov under the Services area.

2. Procedures for Reporting and Billing of Companion Services

A. Production of Individual Service Reports (ISRs)

Caregiver ISRs are generated monthly from the Service Tracking System (STS) data and printed by Financial Manager number. At the time of printing, if a consumer is shown on STS as being eligible to receive Companion services (support service S29 or S67), a Caregiver ISR will print. If no ISR generates for a consumer that you need to have reported, a blank ISR may be used. Blank ISRs are provided at the end of each print job.

ISRs for the next month's services are mailed out on or around the 25th of the month. To ensure the appropriate staff receives these ISRs, please complete a DDSN SPL/ISR Mailing Request Form (see Section 10.11: SPL/ISR Mailing Request Form Instructions) and forward it to **DDSN Finance Division, Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203**. The SPL/ISR Mailing Request form is available on the DDSN application portal.

B. Instructions for Completing Caregiver Individual Service Reports (ISRs)

The date, hours, and minutes of service rendered by a caregiver for a consumer must be documented on an ISR. Caregiver ISRs contain two columns of rows. Each row represents a single day of the month. The cumulative amount of time that Companion services were provided to a consumer per day should be written next to the date field (see example on page 10.10 p.4 of this section.) Each completed ISR should be signed by the Case Manager.

ISRs should only contain services rendered during the current billing month. If no Caregiver services were provided in the current billing month, write "no service" in the comment section of the space provided on the ISR. If a new consumer enters the system during the month, a blank ISR may be used to record the consumer's information. The consumer's name should be added to the Provider Summary Report, and a follow-up with the consumer's Case Manager should be initiated when activity starts or stops to ensure that STS is updated quickly.

After totaling the hours of service on each consumer's ISR, transfer this information to the Provider Summary Report (see example on page 10.10 p.5 of this section). Under the "Services Rendered" column, write "yes" if services were rendered or "no" if services were not rendered.

C. Submission of the ISRs

At the end of each month, the Case Manager Supervisor or designee should sign the Caregiver Services Summary Report certifying that the reported activities are accurate.

All original completed Individual Service Reports and all signed Summary Reports should be uploaded through the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's portal for uploading confidential billing documents that go to the SURB area. If a provider mails the ISR's the remit to address is **DDSN Finance Division, ATTN: SURB, 3440 Harden Street Ext., Columbia, South Carolina 29203**. **Mailings must be post-marked by the 5th of the following month**.

If you choose to upload documents through RBC, please do not mail the originals.

2. Confidentiality of Reporting Documents

Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), known as the Administrative Simplification (AS) provisions of HIPAA; Pub.L. 104–191, required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans, and employers. All DDSN providers are required to comply with all applicable standards, orders, and regulations pursuant to HIPAA concerning the confidentiality of information shown on all on-line reporting documents.

Caregiver Services ISR and Summary Report Examples:

CAREGIV SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS PAGE: 1

CAREGIVER SERVICES
INDIVIDUAL SERVICE REPORT
COMPANION SERVICES - REGULAR
FOR MONTH / YEAR

FINANC MGR REGION: MIDLANDS
FINANC MGR PROVIDER:
260 FAIRFIELD DSN BD
PAID NUMBER: 123456

INDIVIDUAL: Last Name, First Name
ID NUMBER: XXX-XX-XXXX
MEDICAID#: 1234567890

SERVICE COORDINATOR'S NAME: 1234 - First Name, Last Name

SERVICE COORDINATOR'S SIGNATURE: Signature

TYPE OF SERVICE: COMPANION SERVICES (S67)
EACH SERVICE REPORTED MUST BE DOCUMENTED IN INDIVIDUAL'S FILE

DATE OF SERVICE	TIME HRS : MINS	DDSN USE	DATE OF SERVICE	TIME HRS : MINS	DDSN USE
7/1/13	5 : 00	5	/ /	:	
7/2/13	5 : 00	5	/ /	:	
7/3/13	5 : 00	5	/ /	:	
7/8/13	5 : 00	5	/ /	:	
7/9/13	5 : 00	5	/ /	:	
7/10/13	5 : 00	5	/ /	:	
7/15/13	5 : 00	5	/ /	:	
7/16/13	5 : 00	5	/ /	:	
7/17/13	5 : 00	5	/ /	:	
7/22/13	5 : 00	5	/ /	:	
7/23/13	6 : 00	5	/ /	:	
7/24/13	5 : 00	5	/ /	:	
/ /	:		/ /	:	
/ /	:		/ /	:	
/ /	:		/ /	:	
			TOTAL:		

Example

COMMENTS:

ATTN: COMMENTS ARE REQUIRED IF NO ACTIVITY IS ENTERED

Example

SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

CAREGIVER SERVICES
SUMMARY REPORT
FOR MONTH / YEAR

FINANC MGR REGION: MIDLANDS
FINANC MGR PROVIDER:
260 FAIRFIELD DSN BD

SERVICE COORDINATOR: 1234 - First Name, Last Name

ISR PAGE#	INDIVIDUAL NAME	PAID#	SERVICES RENDERED (YES/NO)	ISR RECEIVED (DDSN USE)
01	Last Name, First Name	123456	yes	
02				
03				
04				
05				

RECEIVED
AUG 04 2015
SURB DIVISION

I CERTIFY THAT SERVICES AS REPORTED PER INDIVIDUAL SERVICE REPORT HAVE BEEN RENDERED AND ARE PROPERLY DOCUMENTED IN THE INDIVIDUAL'S FILE.

DESIGNATED AUTHORIZED SIGNATURE: Signature

====> PLEASE MAIL THIS REPORT TO:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
FINANCE DIVISION
P. O. BOX 4706
COLUMBIA, SOUTH CAROLINA 29240

ATTN: SURB

CAREGIV SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS PAGE: _____

CAREGIVER SERVICES
INDIVIDUAL SERVICE REPORT
_______________ SERVICES - _______________
FOR _______________

FINANC MGR REGION: ______________________ INDIVIDUAL: ______________________
FINANC MGR PROVIDER: ______________________ ID NUMBER: ______________________
PAID NUMBER: ______________________ MEDICAID #: ______________________
SERVICE COORDINATOR'S NAME: ______________________
SERVICE COORDINATOR'S SIGNATURE: ______________________

TYPE OF SERVICE : ______________________ SERVICES
EACH SERVICE REPORTED MUST BE DOCUMENTED IN INDIVIDUAL'S FILE

DATE OF SERVICE	TIME HRS : MINS	DDSN USE	DATE OF SERVICE	TIME HRS : MINS	DDSN USE
____/____/____	____ : ____	______	____/____/____	____ : ____	______
____/____/____	____ : ____	______	____/____/____	____ : ____	______
____/____/____	____ : ____	______	____/____/____	____ : ____	______
____/____/____	____ : ____	______	____/____/____	____ : ____	______
____/____/____	____ : ____	______	____/____/____	____ : ____	______
____/____/____	____ : ____	______	____/____/____	____ : ____	______
____/____/____	____ : ____	______	____/____/____	____ : ____	______
____/____/____	____ : ____	______	____/____/____	____ : ____	______
____/____/____	____ : ____	______	____/____/____	____ : ____	______
____/____/____	____ : ____	______	____/____/____	____ : ____	______
____/____/____	____ : ____	______	____/____/____	____ : ____	______
____/____/____	____ : ____	______	____/____/____	____ : ____	______
____/____/____	____ : ____	______	____/____/____	____ : ____	______
____/____/____	____ : ____	______	____/____/____	____ : ____	______
____/____/____	____ : ____	______	____/____/____	____ : ____	______
			TOTAL:		______

COMMENTS: ____

ATTN: COMMENTS ARE REQUIRED IF NO ACTIVITY IS RENDERED

Section 10.11: Service Provision Logs (SPLs)/Individual Service Reports (ISRs) Mailing Request Procedures

An SPL/ISR Mailing Request form should be used to notify SURB the names of staff who should receive printed SPLs or ISRs by mail. This form is available on the DDSN application portal (see 10.11. p.2 for an example).

Complete the top portion with your provider name and the date of request. Complete the rest of the form as follows:

First Column:

Provide the type of log you are to receive and the program/facility name. For example, Service Provision Logs, Evergreen, CTH I.

Second Column:

Provide the name and mailing address of the staff person who should receive the documents.

Third Column:

1. Provide the name of the Program Director on the first line. If a provider does not have a Program Director, the request must be made by the Executive Director.
2. Provide the requester's title on the second line.
3. A signature is required on the third line.

This one sheet may be used for up to four separate requests. Forms may be uploaded through the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. If a provider mails the form, please remit to: **DDSN Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203. If you choose to upload documents through RBC, please do not mail the original(s).**

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
Service Units Reporting and Billing (SURB)
SPL/ISR MAILING REQUEST FORM

Provider: **Date of Request:**

Document Type, Program/Facility	Name/Address SPL/ISR Recipient	Requested By: Your Name, Title & Signature
1)	Example	
2)		
3)		
4)		

Mail completed form to: **SC Department of Disabilities and Special Needs**
ATTN: SURB
P. O. Box 4706
Columbia, SC 29240

SCDDSN USE ONLY
Address file updated:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES
AND SPECIAL NEEDS

SPL/ISR MAILING REQUEST FORM

Provider: _____ **Date of Request:** _____

Document Type, Program/Facility	Name/Address of SPL/ISR Recipient	Requested By: Your Name, Title & Signature
1)		
2)		
3)		
4)		

Mail completed form to:

SC Department of Disabilities and Special Needs
ATTN: SURB
3440 Harden Street Ext.
Columbia, SC 29203

SCDDSN USE ONLY
Address file updated:

Section 10.13: Service Error Correction Form (SECF) Procedures

Occasionally, an error in reporting services will occur. These errors may be found through a variety of means. **If a service was rendered but not reported, do not use a Service Error Correction Form to report the service**. In this case, the service should be reported as normal using the current applicable reporting method. In some cases, this will mean manually creating a reporting document. Most reporting forms are available on the DDSN application portal under Business Tools >Forms >Finance Manual Chapter 10.

Following are some examples of circumstances which would require completion and submission of a SECF:

- The consumer's plan was out of date.
- The Level of Care (LOC) was out of date.
- The service was not properly documented
- The reported service was not authorized.
- No Vocational Rehab letter was available for supported employment.
- The service was provided but it was an inappropriate service and should not have been reported.
- The reported service was not delivered.
- The reported service was fraudulent.

If it is found that a rendered service was erroneously reported, a correction should be requested using a SECF. You may only enter one consumer and one service per form. (For examples of completed SECF, please see pages 10.13 p.3 - 10.13 p.6.) For audit purposes, make a copy of each SECF to place in the appropriate consumer's record and attach a copy to the original reporting document.

1. SECF Instructions

   a) Pull the original reporting document to verify the correct document, names, and numbers.

   b) Enter the document code for the reporting document that is to be corrected using the codes supplied in the first section of the form. For example, if a Respite ISR needs correction, enter the code "REISR" on the line provided.

   c) Enter the provider name and provider number in the spaces provided.

   d) Enter the name of the staff person who originally reported the service and their case load number, when applicable.

   e) Enter the name and **last four digits** of the consumer's social security number for whom services were reported in error, followed by the consumer's Medicaid number.

      Reminder: Enter one name and one service per form.

   f) Enter the date(s) of service for the document code entered at the top of the form. Extra spaces are provided on page 2, if needed.

g) Enter the reason code using the codes printed at the bottom left side of the form.

Note: For reason code "9" a full explanation of the error is required.

h) Enter the found-by code using the codes printed at the bottom right side of the form.

i) Enter the date the form was completed.

j) Obtain the signature of either the executive director or his/her designated employee who has been given signature authority. (See Section 10.12: SPL/ISR Approval Signature Designation.)

2. Submission of the SECF

Completed SECF should be uploaded to the Reporting and Billing Center (RBC) located in the DDSN Application Portal. RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to SURB. The mailing address is: **DDSN, ATTN: SURB, 3440 Harden Street Ext., Columbia, South Carolina 29203**. Errors reported to Central Office will be reviewed to determine if refund of a Medicaid payment is needed. If a refund is necessary, SURB will coordinate the refund with DHHS.

If you choose to upload documents through RBC, please do not mail the originals.

Early Intervention SECF Example

SC Department of Disabilities & Special Needs
Post Office Box 4706
Columbia, South Carolina 29240

SERVICE ERROR CORRECTION FORM

This form should be used to correct services reported in error. If services were rendered but not reported, they should be reported by recording the service and the associated date on the current reporting documents (ISR, SPL, etc.). If a correction is needed other than reporting additional services, send the correction in writing to the attention of SURB Division, DDSN Central Office Finance.

*****ONE CONSUMER AND ONE SERVICE PER SECF*****

ENTER THE CODE OF THE DOCUMENT TO BE CORRECTED: EIISR

Case Management SPL's	[SCSPL]	Residential	[RESID]
Early Intervention ISR's	[EIISR]	SLPI	[SLPII, CTIII, CTIII or CRCF]
Day Program (Adult)	[AROLL]	Day Program (Child)	[CROLL]
Respite ISR's	[REISR]	Rehabilitation	[REHAB]
Job Coach ISR's	[JCISR]	Caregiver Services	[CRGVR]
HASCI	[HASCI]		

PROVIDER NAME: LOWCOUNTRY DSN PROVIDER NUMBER: XXX

RESPONSIBLE STAFF INITIALLY REPORTING SERVICE: MARY COORDINATOR CASE LOAD NUMBER: XXXX

CONSUMER'S NAME: MARY CONSUMER CONSUMER'S SSN: XXX-XX-XXXX

CONSUMER'S MEDICAID NUMBER (IF KNOWN): XXXXXXXXXX

THE FOLLOWING SERVICES WERE REPORTED IN ERROR:
(Use page 2 to record more dates of service)

DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE
12/31/05	9	1	01/15/06	3	1
/ /			/ /		
/ /			/ /		
/ /			/ /		

Reason Codes:
1. Plan out of date
2. Level of Care (LOC) out of date
3. Service not documented in plan
4. No VR letter available for supported employment
5. No medical necessity statement for Rehab Supports
6. Service was provided but was inappropriate and should not have been reported
7. No service was delivered
8. A service was indicated through fraud
9. Other (explain below: wrong service, over-reported, wrong date, etc.)

Found By Codes:
1. Responsible staff person who initially completed the original report
2. Supervisor Review
3. District/Central Office Review

SC REPORTED AS 1HR 15MINS S/B SC 1HR

NOTE: WHEN REPORTING NO SERVICE RENDERED NOTE WHICH SERVICE OR ALL SERVICES RENDERED ON DATE *(If more room is needed, please use comments section on page 2.)*

10/31/06 DATE

Suzy Smith SUPERVISOR SIGNATURE

Page 1 of 1

DDSN SECF Form, MAR 2007 REPLACES ALL PREVIOUS EDITIONS

Case Management SECF Example:

SC Department of Disabilities & Special Needs
Post Office Box 4706
Columbia, South Carolina 29240

SERVICE ERROR CORRECTION FORM

This form should be used to correct services reported in error. If services were rendered but not reported, they should be reported by recording the service and the associated date on the current reporting documents (ISR, SPL, etc.). If a correction is needed other than reporting additional services, send the correction in writing to the attention of SURB Division, DDSN Central Office Finance.

*****ONE CONSUMER AND ONE SERVICE PER SECF*****

ENTER THE CODE OF THE DOCUMENT TO BE CORRECTED: SCSPL

Case Management SPL's	[SCSPL]	Residential	[RESID]
Early Intervention ISR's	[EIISR]	SLPI	[SLPII, CTIII, CTIIII or CRCF]
Day Program (Adult)	[AROLL]	Day Program (Child)	[CROLL]
Respite ISR's	[REISR]	Rehabilitation	[REHAB]
Job Coach ISR's	[JCISR]	Caregiver Services	[CRGVR]
HASCI	[HASCI]		

PROVIDER NAME: LOWCOUNTRY DSN PROVIDER NUMBER: XXX

RESPONSIBLE STAFF INITIALLY REPORTING SERVICE: MARY COORDINATOR CASE LOAD NUMBER: XXXX

CONSUMER'S NAME: MARY CONSUMER CONSUMER'S SSN: XXX-XX-XXXX

CONSUMER'S MEDICAID NUMBER (IF KNOWN): XXXXXXXXXX

THE FOLLOWING SERVICES WERE REPORTED IN ERROR:
(Use page 2 to record more dates of service)

DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE
12/31/05	9	1	/ /		
/ /			/ /		
/ /			/ /		
/ /			/ /		

Reason Codes:
1. Plan out of date
2. Level of Care (LOC) out of date
3. Service not documented in plan
4. No VR letter available for supported employment
5. No medical necessity statement for Rehab Supports
6. Service was provided but was inappropriate and should not have been reported
7. No service was delivered
8. A service was indicated through fraud
9. Other (explain below: wrong service, over-reported, wrong date, etc.)

Found By Codes:
1. Responsible staff person who initially completed the original report
2. Supervisor Review
3. District/Central Office Review

SERVICE REPORTED AS PRIMARY S/B CONCURRENT

(If more room is needed, please use comments section on page 2.)

10/31/06 DATE

Suzy Smith SUPERVISOR SIGNATURE

Page 1 of 1

DDSN SECF Form, MAR 2007 REPLACES ALL PREVIOUS EDITIONS

Day Service SECF Example:

SC Department of Disabilities & Special Needs
Post Office Box 4706
Columbia, South Carolina 29240

SERVICE ERROR CORRECTION FORM

This form should be used to correct services reported in error. If services were rendered but not reported, they should be reported by recording the service and the associated date on the current reporting documents (ISR, SPL, etc.). If a correction is needed other than reporting additional services, send the correction in writing to the attention of SURB Division, DDSN Central Office Finance.

*****ONE CONSUMER AND ONE SERVICE PER SECF*****

ENTER THE CODE OF THE DOCUMENT TO BE CORRECTED: AROLL

Case Management SPL's	[SCSPL]	Residential	[RESID]
Early Intervention ISR's	[EIISR]	SLPI	[SLPII, CTIII, CTIIII or CRCF]
Day Program (Adult)	[AROLL]	Day Program (Child)	[CROLL]
Respite ISR's	[RESR]	Rehabilitation	[REHAB]
Job Coach ISR's	[JCISR]	Caregiver Services	[CRGVR]
HASCI	[HASCI]		

PROVIDER NAME: LOWCOUNTY DSN PROVIDER NUMBER: XXX

RESPONSIBLE STAFF INITIALLY REPORTING SERVICE: MARY COORDINATOR CASE LOAD NUMBER: XXXX

CONSUMER'S NAME: MARY CONSUMER CONSUMER'S SSN: XXX–XX–XXXX

CONSUMER'S MEDICAID NUMBER (IF KNOWN): XXXXXXXXXX

THE FOLLOWING SERVICES WERE REPORTED IN ERROR:
(Use page 2 to record more dates of service)

DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE
01/01/05	9	1	01/02/05	9	1
01/03/05	9	1	01/04/05	9	1
01/05/05	9	1	01/06/05	9	1
01/07/05	9	1	01/08/05	9	1

Reason Codes:
1. Plan out of date
2. Level of Care (LOC) out of date
3. Service not documented in plan
4. No VR letter available for supported employment
5. No medical necessity statement for Rehab Supports
6. Service was provided but was inappropriate and should not have been reported
7. No service was delivered
8. A service was indicated through fraud
9. Other (explain below: wrong service, over-reported, wrong date, etc.)

Found By Codes:
1. Responsible staff person who initially completed the original report
2. Supervisor Review
3. District/Central Office Review

SERVICE DELIVERED ACT-PVC/FUNDING-STATE

(If more room is needed, please use comments section on page 2)

DATE SUPERVISOR SIGNATURE

Page 1 of 2

DDSN SECF Form, MAR 2007 REPLACES ALL PREVIOUS EDITIONS

Day Service SECF Example, Page 2:

SC Department of Disabilities & Special Needs

SERVICE ERROR CORRECTION FORM (Continued)

CONSUMER'S NAME: MARY CONSUMER CONSUMER'S SSN: XXX-XX-XXXX

SERVICES REPORTED IN ERROR (CONTINUED):

DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE
01/09/05	9	1	01/10/05	9	1
01/11/05	9	1	01/12/05	9	1
/ /			/ /		
/ /			/ /		
/ /			/ /		
/ /			/ /		
/ /			/ /		
/ /			/ /		

ADDITIONAL COMMENTS:

10/31/06
DATE

Suzy Smith
SUPERVISOR SIGNATURE

Page 2 of 2

DDSN SECF Form, MAR 2007 REPLACES ALL PREVIOUS EDITIONS

SC Department of Disabilities & Special Needs
3440 Harden Street Ext.
Columbia, South Carolina 29203

SERVICE ERROR CORRECTION FORM

This form should be used to correct services reported in error. If services were rendered but not reported, they should be reported by recording the service and the associated date on the current applicable reporting documents (ISR, SPL, etc.). If a correction is needed other than reporting additional services, send the correction in writing to the attention of the SURB Division in DDSN Central Office Finance.

*****ONE CONSUMER AND ONE SERVICE PER SECF*****

ENTER THE CODE OF THE DOCUMENT TO BE CORRECTED: _____

Case Management SPL's	[CMSPL]	Residential	[RESID]
Early Intervention ISR's	[EIISR]	SLP I	[RESLP] (SLPII, CTHI, CTHII or CRCF)
Day Program (Adult)	[AROLL]		
Respite ISR's	[REISR]	Day Program (Child)	[CROLL]
Job Coach ISR's	[JCISR]	Rehabilitation	[REHAB]
HASCI	[HASCI]	Caregiver Services	[CRGVR]

PROVIDER NAME: _____ PROVIDER NUMBER: _____

RESPONSIBLE STAFF WHO REPORTED SERVICE: _____ CASE LOAD NUMBER: _____

CONSUMER'S NAME: _____ SSN # (Last 4): _____

CONSUMER'S MEDICAID NUMBER: _____

THE FOLLOWING SERVICES WERE REPORTED IN ERROR:

(Use page 2 to record more dates of service)

DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE

Reason Codes:
1. Plan out of date
2. Level of Care (LOC) out of date
3. Service not documented in plan
4. No VR letter available for supported employment
5. No medical necessity statement for Rehab Supports
6. Service was provided but was inappropriate and should not have been reported
7. No service was delivered
8. A service was indicated through fraud
9. Other (explain below: wrong service, over-reported, wrong date, etc.)

Found By Codes:
1. Responsible staff person who initially completed the original report
2. Supervisor Review
3. District/Central Office Review

_____

_____

_____ *(If more room is needed, please use comments section on page 2.)*

_____ _____

DATE SUPERVISOR SIGNATURE

DDSN FORM SECF/MAR07 | REPLACES ALL PREVIOUS EDITIONS

SERVICE ERROR CORRECTION FORM (Continued)

CONSUMER'S NAME:	CONSUMER'S SSN: (Last 4 digits)

SERVICES REPORTED IN ERROR (CONTINUED):

DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE

ADDITIONAL COMMENTS:

DATE

SUPERVISOR SIGNATURE

Section 10.14: HASCI Waiver Board-Based Services Reporting & Billing Procedures

All services provided to HASCI waiver program consumers must be authorized prior to delivery. DDSN pays providers for board-based HASCI services based on their guarantee of service delivery and individually approved rates in consumers' budgets. It is the responsibility of each provider to arrange for HASCI board-based services (within the waiver programmatic guidelines) either through vendor purchases, service contracts or employment of personnel. Providers are also responsible for paying their service providers based on agreed upon arrangements. Each provider should ensure that their costs for these financial arrangements do not exceed their rate-based revenue.

Budget requests for these services should originate at the provider level, coordinating with DDSN's HASCI and Cost Analysis Divisions for approval before a budget can be authorized. HASCI Waiver budgets are approved on DDSN's Waiver Tracking System (WTS). Inquiries may be made on WTS at any time to see if requests, additions, changes or deletions have been approved.

For service delivery information such as definitions, restrictions and authorization requirements, Case Managers are directed to DDSN's HASCI Waiver Manual located on DDSN's website: www.ddsn.sc.gov.

Following is a list of established HASCI Waiver Services.

STS CODE / HASCI SERVICE NAME	INVOICE CODE	UNIT
S21 Assistive Technology – DME	**AT/DME**	**N/A**
S50 Attendant Care – Individual (Personal Assistive)	**ATTC**	**Hour**
S96 Day Activity/Day Habilitation* **		**Day**
S06 Employment Services – Individual		**Hour**
S26 Environmental Modification*	**ENMOD**	**N/A**
S97 Career Prep/Prevocational Services* **		**Day**
S74 Private Vehicle Modification*		**N/A**
S63 Respite – Institution – Hospital Based	**RES-ISB**	**Day**
S46 Respite – Non Institution – Hourly**	**RES-H**	**Hour**
S12 Respite – Institutional – Nursing Home	**RES-INST**	**Day**
S13 Respite – Institutional – ICF/MR Based	**RES-INST**	**Day**
S72 Attendant Care – Agency (UAP)	ATTC	Hour
S62 Communication – Assessment	COM-AS	Visit
S25 Communication – Audiology	COM-AU	Hour
S51 Communication – Therapy (Speech, Hearing, Language)	COM-TH	Hour
S54 Drug & Alcohol Counseling	PSY-D&A	Hour
S65 Family/Individual Therapy – BAMH Practitioner	F/I-BAMH	Hour
S55 Family/Individual Therapy – Licensed Clinical Social Worker	F/I-LCSW	Hour

S64	Family/Individual Therapy – Psychological	F/I-PCHO	Hour
S60	Licensed Practical Nurse	PN-LPN	Hour
S57	Neuro-Psychological Evaluation	NPEVAL	Visit
S49	Personal Emergency Response System Installation	PERS-I	N/A
S49	Personal Emergency Response System Maintenance	PERS-M	Month
S56	Psychiatry	PSYCHI	Hour
S52	Psychological Assessment	PSY-A	Visit
S53	Cognitive Rehabilitation Therapy	PSY-RT	Hour
S66	Rehab Therapy – Other	PSY-RO	Hour
S59	Registered Nurse	PN-RN	Hour
S81	Residential Habilitation		Day

Bolded services are Board-Billed. Plain text services are Direct-Billed.

*S26 & S74: Environmental Modification and Private Vehicle Modification require providers to submit a copy of their payment as evidence the work has been completed and paid for. Copies should be attached to the Individual Summary of Board-Based HASCI Services form.

During the budget approval process for Environmental Modification (S26), a HASCI Waiver Environmental Modification Checklist (see example on 10.14 p.6) is initiated by the Central Office HASCI Waiver Coordinator and Cost Analysis. When budget approval is final, Cost Analysis forwards this form to the SURB Division. Budget approvals for Private Vehicle Modifications (S74) are initiated by Vocational Rehabilitation (VR). If the cost is in excess of $30,000 and DDSN is participating in a cost sharing agreement with VR, documentation of a HASCI Private Vehicle Modification (T2039) will come from VR (see example on 10.14 p.7).

**S46: DDSN pays the current hourly rate up to 24 hours per day for HASCI Respite Services.

***S96, S97 & S06: Day Habilitation, Prevocational Services, and Employment Services - Individual are recorded in STS to enable the consumer to appear on a DSAL log.

1. Reporting and Billing Procedures

A. Reporting Services

HASCI services should be reported on an "Individual Summary of Board-Based HASCI Services" (see example on page 10.14 p.5). To request reimbursement, "Monthly Provider Summary of Board-Based HASCI Services" forms should be used (an example of the monthly form can also be seen on page 10.14 p. 5). On-line versions of both these forms are available on the DDSN application portal under Business Tools >Forms. Providers may create their own in-house forms for these purposes as long as the same information is supplied.

Following are instructions for completing both forms. The data submitted is subject to review by DDSN Central Office and/or District Offices for accuracy

Individual Summary of Board-Based HASCI Services:

- Enter the Provider's name.
- Enter the name of the consumer for whom you are reporting services.
- Enter the last four (4) digits of the consumer's social security number in this format: xxx-xx-1234.
- Enter the service invoice code for the first service. (Refer to the HASCI Services list beginning on page 10.14 p.1). Invoice codes should only be listed on the first line of the service being reported. If there are multiple lines to that service, you do not need to enter the invoice code again until the first line of the next service.
- For each service, enter what constitutes a unit (i.e., hour, half-day, day, etc.).
- For each service, enter the date it was provided. List dates in chronological order. Complete the listing of all dates for one service before beginning another service.
- For each date of service, enter the total number of units provided that day.
- Next to the total number of units, enter the approved rate for that service. (Approved rates may be found on the HASCI Waiver Budget Approval form.)
- Calculate the total dollar amount for each line of service by multiplying the number of service units by the rate for the service. Enter the total next to the rate. After the total for each type of service has been calculated and entered, calculate the grand total and enter that on the next line below.
- HASCI waiver case managers must sign the completed form. A signature indicates compliance with the certification statement.

Monthly Provider Summary of Board-Based HASCI Services

- Enter the Provider's name.
- Enter the month and year for which the Summary form is being prepared and submitted. (Providers should submit invoices monthly.)
- Number each line sequentially beginning with the number 1.
- Enter the last four (4) digits of the consumer's social security number in the following format (xxx-xx-1234) for each consumer on an accompanying Individual Summary of Board-Based HASCI Service forms. These will be submitted as support to the Monthly Provider Summary form.
- Enter the name of each consumer from the Individual Summary forms.
- Calculate and enter the total for each consumer from the Individual Summary forms. After the last total has been entered, calculate the grand total for the Monthly Provider Summary form by adding all of the totals together.

- The provider executive director and finance director (or other chief financial official) should sign the completed Monthly Provider Summary form. These signatures indicate compliance with the certification statement.

B. Requesting Reimbursement

When requesting reimbursement, providers should prepare a Monthly Provider Summary of Board-Based HASCI Services form and attach all supporting Individual Summary of Board-Based HASCI Service forms (and check copies, if applicable). These forms should be mailed to:

SC Department of Disabilities and Special Needs
Attn: SURB
PO Box 4706
Columbia, SC 29240

For providers who prefer to upload billing documents electronically, please contact SURB about obtaining access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. **If you choose to upload documents through RBC, please do not mail the originals.**

In SURB, the forms are audited to ensure that 1) all services listed were approved, 2) all services listed were provided during the approved time period, 3) the rates billed agree with the rates approved, and 4) the number of services previously paid for (by service) plus the number of services currently invoiced do not exceed the total number of services approved.

After the forms are reviewed and any corrections made (if necessary), payments are processed through DDSN's financial system. Each consumer's name, partial social security number and county are verified and then a routine check is made to ensure that current year budgets are available. After completing the review process, SURB staff records the purchase order number and initials the forms before forwarding to Accounts Payable for processing.

C. Service Billing

SURB uses service reporting documents to create statistical data reports and to initiate Medicaid billings to DHHS.

3. Confidentiality of On-Line Reporting Documents

Title II of HIPAA, known as the Administrative Simplification (AS) provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191), required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers.

All DDSN providers are required to comply with all applicable standards, orders and regulations pursuant to HIPAA concerning the confidentiality of information shown on all on-line reporting documents

Individual and Monthly Provider Summaries of Board-Based HASCI Services Example:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
INDIVIDUAL SUMMARY OF BOARD-BASED HASCI SERVICES

DSN Board:
Services Provided to: **SS#:**

Example

Service Invoice Code	Unit of Service	Date of Service	No. of Units of Service	Rate	Total
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$

REQUIREMENT: All services listed above have been provided to the individual named above. Regional documentation of service delivery is available through the DSN Board named above.

Signature ______________________
HASCI Waiver Service Coordinator

For Central Office Use Only
SURB Audit Complete

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MONTHLY PROVIDER SUMMARY OF
BOARD-BASED HASCI SERVICES

DSN Board:
Month & Year Invoiced:
Services Provided to:

Example

Line #	SS#	Service Recipient	Amount Due
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

REQUIREMENT: All amounts listed above are for approved HASCI Waiver services and they are supported by the attached signed INDIVIDUAL SUMMARY OF BOARD-BASED HASCI SERVICES form.

Signature ______________________ Signature ______________________
Executive Director *Chief Financial Officer*

Environmental Modifications Checklist Example:

HASCI WAIVER – Environmental Modifications Checklist

This section is to be completed by the HASCI Waiver Coordinator and forwarded to Cost Analysis.

Individual's Name: [redacted]
SSAN: [redacted]
Provider: [redacted] DSN
C O File #: ____

The Plan of Service for this individual supports the need for the following environmental modifications and the modifications are necessary to prevent institutionalization. The modifications are:

widen an exterior door by KRC Construction $925

Example

Signature Date

This section is to be completed by Cost Analysis and forwarded with supporting documentation (POS and Low Bid) to SURB.

Estimated total cost (low bid attached): $925.00
Date Provider notified of approval: 8/21/13
Estimated date of completion (suspense date): 10/21/13

Signature Date

This section is to be completed by SURB.

Invoice received: ____
* *Is work consistent with modification budgeted:* ☐ *Yes* ☐ *No*
Date of completion: ____
Date paid: ____
Cost of modification (amount paid): $ ____
Check or PO Number: ____
Date billed to SCHHSFC: ____

* *Contact Cost Analysis if no or amount is not consistent with low bid.*

ENVMOD XLS 2/21/96

Private Vehicle Modification (T2039) Form Example:

HASCI WAIVER - Van Modifications
Private Vehicle Modification (T2039)
VR Participation With State Match

1) This Section to be Completed by the HASCI Waiver Coordinator and forward to Cost Analysis. Attach copy of VR letter indicating mutual agreement to participate with State Match.

Individual's Name: [redacted]
SSAN: [redacted]
Provider: Rich/Lex DSN
Estimated Cost: 40,584.36
Comments: _____

_____
Signature Date 2/13/06

2) This section is to be completed by Cost Analysis and forward with attached VR letter to SURB.

Verification That Budget is in Place: 2/13/06
Verification That Comments in Place: ✓

3) This section to be completed by SURB and forward to General Ledger Control along with the VR letter and a copy of the "Individual Summary of Board Based HASCI Services Provided" form.

Date received Individual Summary: 1/13/06
Cost of Assistive Tech from Summary: $ 30,000.00
Date Billed DHHS: 1/19/06

4) This section to be completed by General Ledger Control. General Ledger Control will attach a copy of the invoice to this form and maintain all documentation under scheduled retention schedule.

Current State Match Rate: 69.32 %
Amount To Bill VR : $ 9804.00
Date Billed VR: 3/27/06

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

INDIVIDUAL SUMMARY OF BOARD-BASED HASCI SERVICES

DSN Board:		
Services Provided to:		**SS#** (Last 4):

Service Invoice Code	Unit of Service	Date of Service	No. of Units of Service	Rate	Total
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$

REQUIREMENT: All services listed above have been provided to the individual named above. Regional documentation of service delivery is available through the DSN Board named above.

Signature ______________________________

HASCI Waiver Case Manager

For Central Office Use Only

SURB Audit Complete:

DDSN Finance Division Form/ISBBHS
Revision Date: 9/1/2013

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

MONTHLY PROVIDER SUMMARY OF BOARD-BASED HASCI SERVICES

DSN Board:	
Month & Year Invoiced:	

Services Provided to:

Line #	SS# (Last 4)	Service Recipient	Amount Due
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
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			$
			$
			$
			$
			$
			$

REQUIREMENT: All amounts listed above are for approved HASCI Waiver services and they are supported by the attached signed INDIVIDUAL SUMMARY OF BOARD-BASED HASCI SERVICES form.

Signature _____
Executive Director

Signature _____
Chief Financial Officer

Section 10.16: Financial Managers and Reporting Documents Procedures

DDSN distributes funding for a majority of its services through the use of Financial Managers. Funding for services is sent to a consumer's financial manager regardless of what entity will actually be providing services. It is the Financial Manager's responsibility to utilize available funds to meet the needs of consumers based on their assessed needs, appropriately justified in their approved plans. Also, Financial Managers are required to inform DDSN when funds are not available to address consumers' identified needs. All expenditures of DDSN funds should be done in accordance with DDSN Departmental Directive 250-10-DD: Funding for Services.

1. Definitions

   A. Financial Manager

      A financial manager is a DSN Board, Qualified Provider or a Self-Directed Support Corporation (SDSC) designated to receive funding for a consumer and the reporting documents used to report delivered services back to DDSN. Babcock Center, Charles Lea Center and Berkeley Citizens, Inc. are contracted entities and are considered DSN Boards for the purpose of assigning Financial Managers.

   B. Service Provider

      A service provider is the entity that delivers services to consumers. Service providers are grouped into three categories based on the type of contract under which they provide services:

      (1) Regular/Contract: The service provider is the Financial Manager. Services are provided under a capitated services contract agreement between the provider and DDSN.

      (2) Other DSN Board/Subcontract: The service provider is a DSN Board that is not the Financial Manager. Services are provided under a subcontract agreement between the Financial Manager and the service provider.

      (3) Qualified Provider/Subcontract: The service provider is a Qualified Provider that is a private entity approved through the State Medicaid Agency's Service Provider Enrollment process. Services are provided through a subcontract agreement between the Financial Manager and the Qualified Provider.

C. DSN Boards

1. Capitated Services

Capitated services are person-centered services and supports funded through a budgeting model that assigns one of nine different funding levels to consumers based on their documented needs. Capitated services requiring the submission of reporting documentation include:

a. Residential Habilitation (RESLOGS-Census Logs) or SLP I (Paper Logs)
b. Day Services including Job Coach (DSAL-Roll Books)
c. Case Management for consumers with a Funding Band (Service Notes Module of CDSS)
d. Respite Services (Paper Log-Individual Service Reports/ISRs)
e. Companion Services (Paper Log-Individual Service Reports/ISRs)

2. Non-Capitated Services

Non-capitated services are person-centered specific services not provided under capitated services for which a Financial Manager is paid directly as opposed to being paid for as a group of services (i.e. band payment). Non-capitated services requiring reporting documentation include:

a. Early Intervention (Service Notes Module of CDSS)
b. Case Management for consumers without a funding band (Service Notes Module of CDSS)

D. Qualified Providers

Qualified Provider services are person-centered services and supports funded through payments to Qualified Providers acting as Financial Managers. These services are reported after they have been performed and the Qualified Provider is reimbursed for the services according to published rate schedules in place at the time the service is provided. Qualified Providers services requiring the submission of reporting documentation include:

1. Residential Habilitation (RESLOGS-Census Logs) or SLP I (Paper Log – Individual Service Reports (ISRs).
2. Day Services including Supported Employment (DSAL)
3. Early Intervention/Case Management for Consumers (Therap)
4. Respite Services (Paper Log – Individual Service Reports (ISRs)
5. Companion Services (Paper Log – Individual Service Reports (ISRs)

2. Assignment of a Financial Manager

A. General Guidelines

At initial intake, the Financial Manager for a consumer is established along with his or her Home-Board, which is generally in the consumer's county of residence.

1. For Consumers receiving Capitated Services (i.e. Services in a Funding Band): the DSN Board designated to receive the funding band payment for a consumer is assigned as the Financial Manager. Generally, consumers receiving capitated services include those living in residences operated by a DSN Board and consumers receiving Day Supports (up to the number of approved contract slots).

2. For Consumers receiving Non-Capitated Services (i.e. Specific Services not in a Funding Band): the DSN Board in the consumer's county of residence is initially assigned as both the Home-Board and the Financial Manager.

3. For Consumers receiving Services through a Qualified Provider Financial Manager: Consumers may choose a Qualified Provider to act as their Financial Manager. The DSN Board in the consumer's county of residence will be assigned as their Home-Board.

B. Change in Assignment of Financial Manager

If a consumer moves to another county, the Home-Board and Financial Manager automatically change in CDSS to the DSN Board in his/her new county of residence. However, the Financial Manager will not change if (1) the consumer's Home-Board and Financial Manager were not the same when the move occurred or (2) if the beginning dates for the current Home-Board and Financial Manager were not the same.

If the Financial Manager designation is not correct, the Case Manager/Early Interventionist must request a correction unless one of the following has occurred: (1) a consumer specifically chose another DSN Board to be his or her Financial Manager or (2) the consumer receives HASCI services (HASCI Case Managers are assigned to regions and consequently are not based in every county provider office). Corrections to CDSS may be initiated through contact with the Cost Analysis Division. Aside from the above mentioned instances, generally the Home-Board and Financial Manager will be the consumer's county of residence.

Example: Joe is moving from Acorn County to Beet County. His Home-Board at the time of his move is Acorn. After his transfer to Beet County, his Home-Board and his Financial Manager are shown as Beet County, but Joe chooses Grain County to be his Financial Manager instead. In that case, Grain County would be Joe's Financial Manager and Beet County would be his Home-Board.

3. Financial Manager Responsibilities

A. Reporting Services

The Financial Manager is responsible for reporting all services that are provided to a consumer. That means completing the necessary reporting documents and submitting them to DDSN. The Financial Manager is responsible for reporting both services provided by them and the services provided by a subcontracted DSN Board or Qualified Provider. The Financial Manager must maintain an accounting system (and the supporting fiscal records

by service) that is adequate enough to ensure that claims are in accordance with all applicable laws, regulations, and policies.

B. Contracting for Services

Consumers may receive services from their Financial Manager or they may request to receive services from another DSN Board or other Qualified Provider. Consumers have a choice of providers that includes: 1) another DSN Board, 2) a DDSN contracted entity which operates as a DSN Board or 3) a Qualified Provider from the Qualified Provider List (QPL). When a consumer selects a provider other than his or her own Home Board/Financial Manager, arrangements should be made through a sub-contractual agreement between the Financial Manager and the service provider (i.e., another DSN Board or Qualified Provider).

4. Service Reporting Documents

A. Submission of Reporting Documents

It is the responsibility of the rendering service provider to complete all necessary reporting documents and submit them to DDSN according to the stated schedule. Hard copy documents should be mailed to: **DDSN, Attn: SURB, PO Box 4706, Columbia, SC, 29240.**

For providers who prefer to upload billing documents electronically, please contact SURB about obtaining access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. **If you choose to upload documents through RBC, please do not mail the originals.**

1. Regular/Contract – The Financial Manager is providing the service. All reporting documents should be submitted on-line by the 5th business day of the month.
2. Other DSN Boards/Subcontract – The Financial Manager has a subcontract with another DSN Board to provide service. All reporting documents for services delivered must be postmarked by the 20th of the month.
3. Qualified Providers/Subcontract – The Financial Manager has a subcontract with a Qualified Provider to provide service. All reporting documents must be postmarked by the 20th of the month.

B. Exceptions for Case Management and Early Intervention

Case Management and Early Intervention services are entered on-line through a CDSS Module called "Service Notes." Each DSN Board or Qualified Provider providing these services is responsible for completion and submission of service notes. (See Section 10.8: Service Notes Reporting and Billing Procedures for Case Management and Early Intervention.)

C. Service Reporting Documents Cross-Reference

Detailed procedures for completing DDSN's service reporting documentation may be found in the Finance Manual sections as listed below:

Finance Manual Chapter 10	
Section 10.1 – Residential Services Reporting and Billing Procedures for RESLOG (formerly Census Tracking)	Residential Habilitation
Section 10.2 – Day Services Reporting and Billing Procedures for DSAL	Day Supports to include Supported Employment Services
Section 10.6 – HCB Waiver Respite Care Reporting and Billing Procedures	Respite Care
Section 10.7 – Supervised Living Program (SLP) I Reporting and Billing Procedures	Supervised Living Program I (SLP I)
Section 10.8 – Service Notes Reporting and Billing Procedures for Case Management and Early Intervention Services	Case Management and Early Intervention
Section 10.10 – HCB Waiver Caregiver Services Reporting and Billing Procedures	HCB Waiver Caregivers

Section 10.18: Waiver Credit Report Procedures

Payments to providers are based on capitated funding for residential consumers and payments for non-residential consumers are paid through fee for service. Full waiver budgets, including direct-billed and board-billed services, are used to calculate funding levels. Because funding bands are calculated using full services, DDSN avoids paying for the same services twice (once to the Providers and again to DHHS) by recovering from the Providers the amount processed through the Medicaid Management Information System (MMIS) for enhanced Waiver services. MMIS is the system used to process South Carolina Medicaid payments.

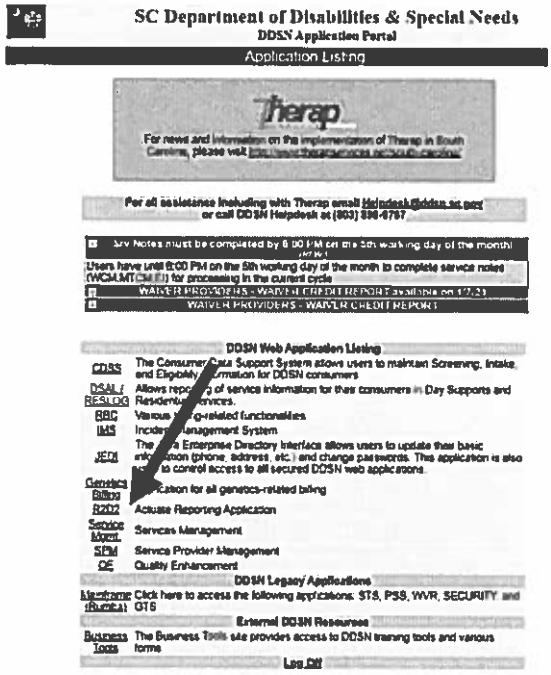
1. The Waiver Credit Report Process

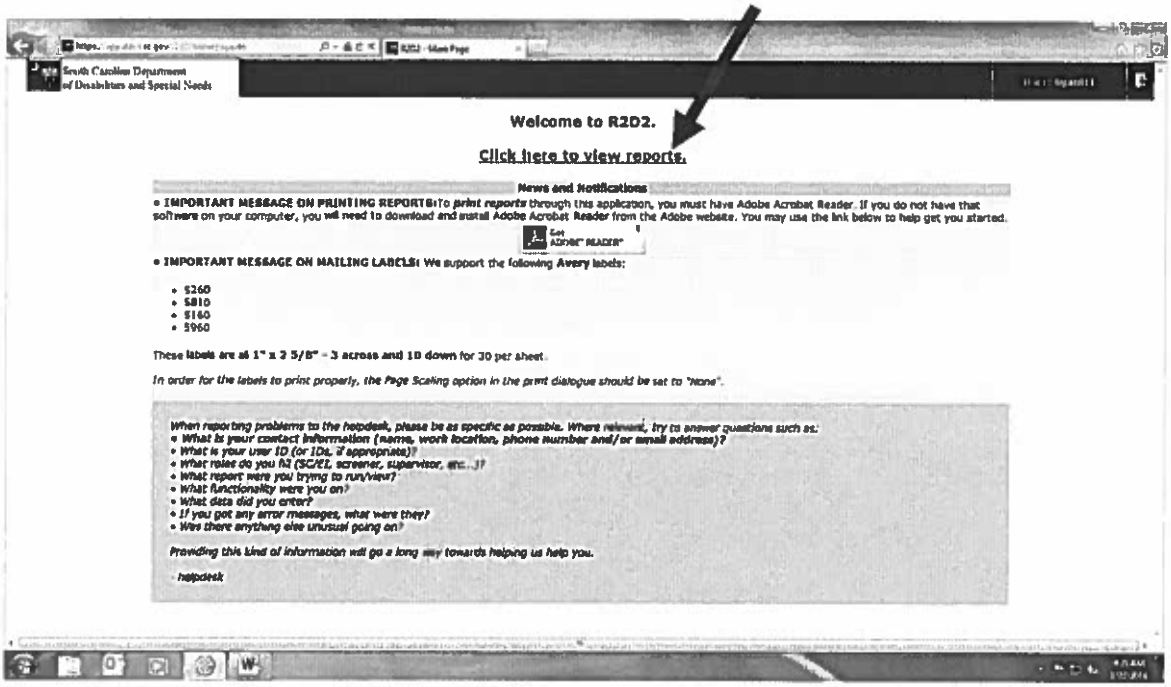
   DDSN receives a file each month from the South Carolina Department of Health and Human Services (DHHS) containing all services paid by Medicaid during the prior month for consumers enrolled in the ID/RD, CS, and HASCI Waivers. From this file, direct-billed Waiver services for residential consumers are extracted. This information is segregated by Financial Manager reflecting the calculated total amount for each Provider. A credit adjustment is processed through DDSN Accounts Payable for the amount calculated.

   Providers have access to the DDSN application portal and may run Waiver Credit Reports using the Actuate Reporting Application (R2D2). Instructions for running a Waiver Credit Report for your Organization follow on pages 10.18 p.2 through 10.18 p.5.

2. Running a Waiver Credit Report:

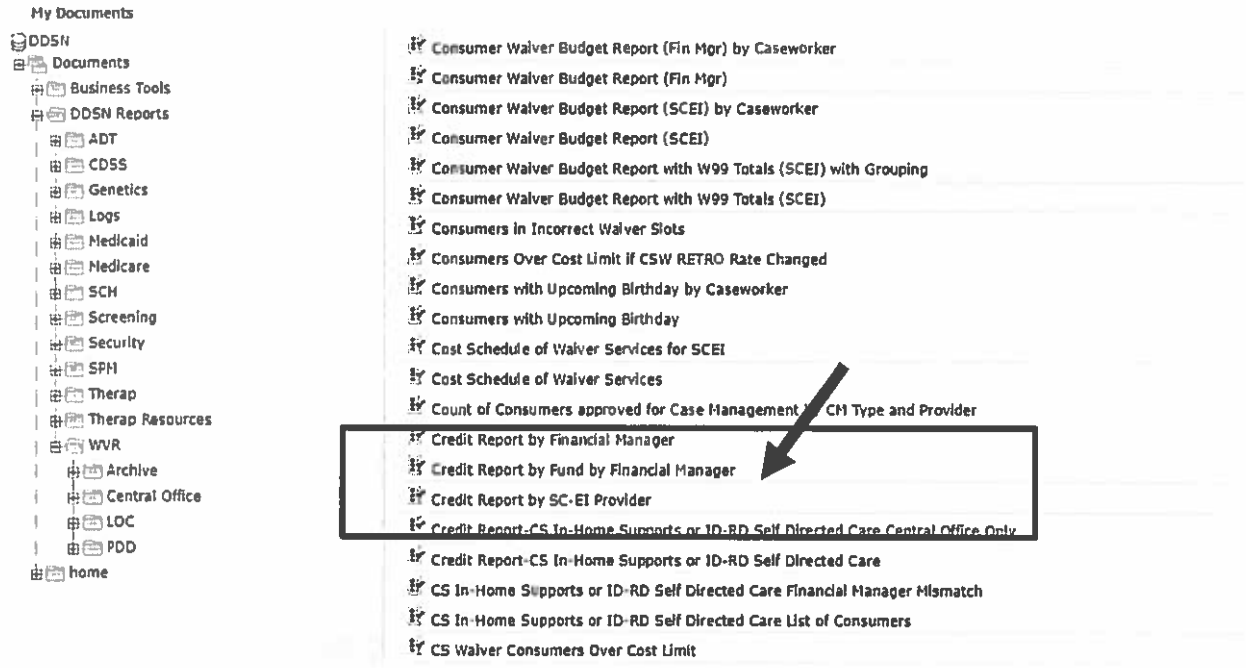
Access the DDSN application portal at https://app.ddsn.sc.gov/ddsnportal/ddsn_login.jsp and select the R2D2 Actuate Reporting Application. When the welcome screen appears (like the one below), click on "Click here to view reports" near the top of the page. (If you are unable to see R2D2 on the Application Portal, please contact the DDSN Help Desk at 803-898-9767 or email them at helpdesk@ddsn.sc.gov).





After clicking to expand the DDSN Reports folder on the left side of the screen, click on the WVR folder and a list of available reports will appear on the right side of your screen. (Users will need to scroll down to see all available reports.)

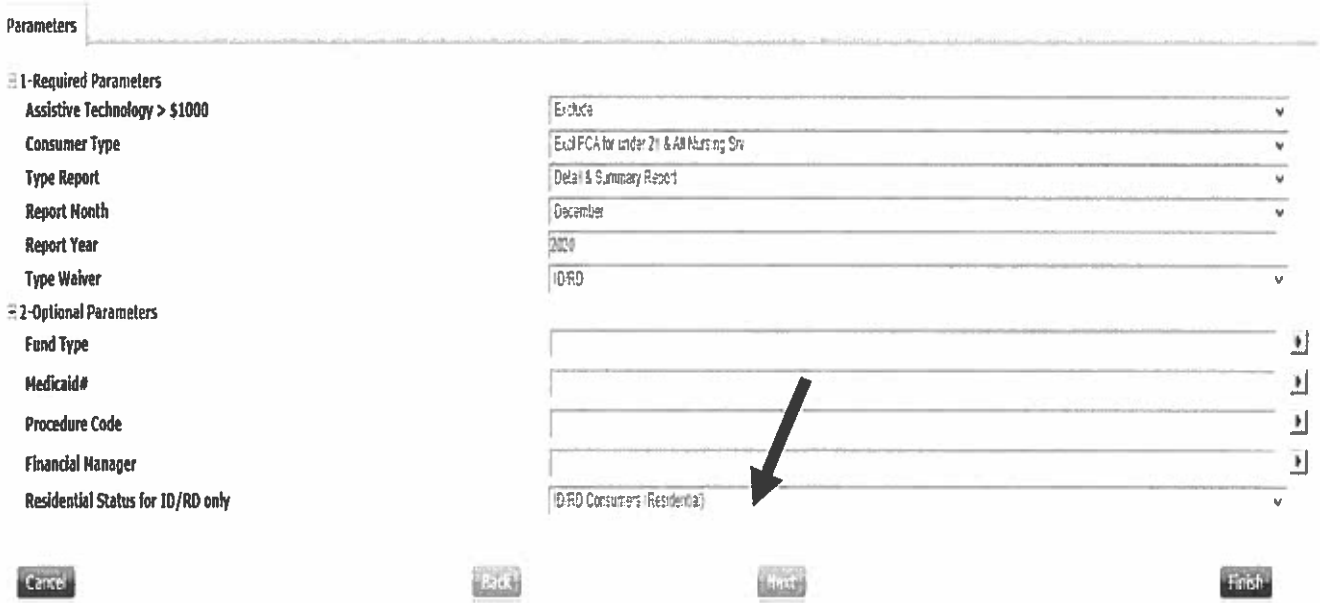
There are two main reports Providers need for Waiver Credit purposes. They are 1) the "Credit Report by Financial Manager" and 2) the "Credit Report by SC-EI Provider".



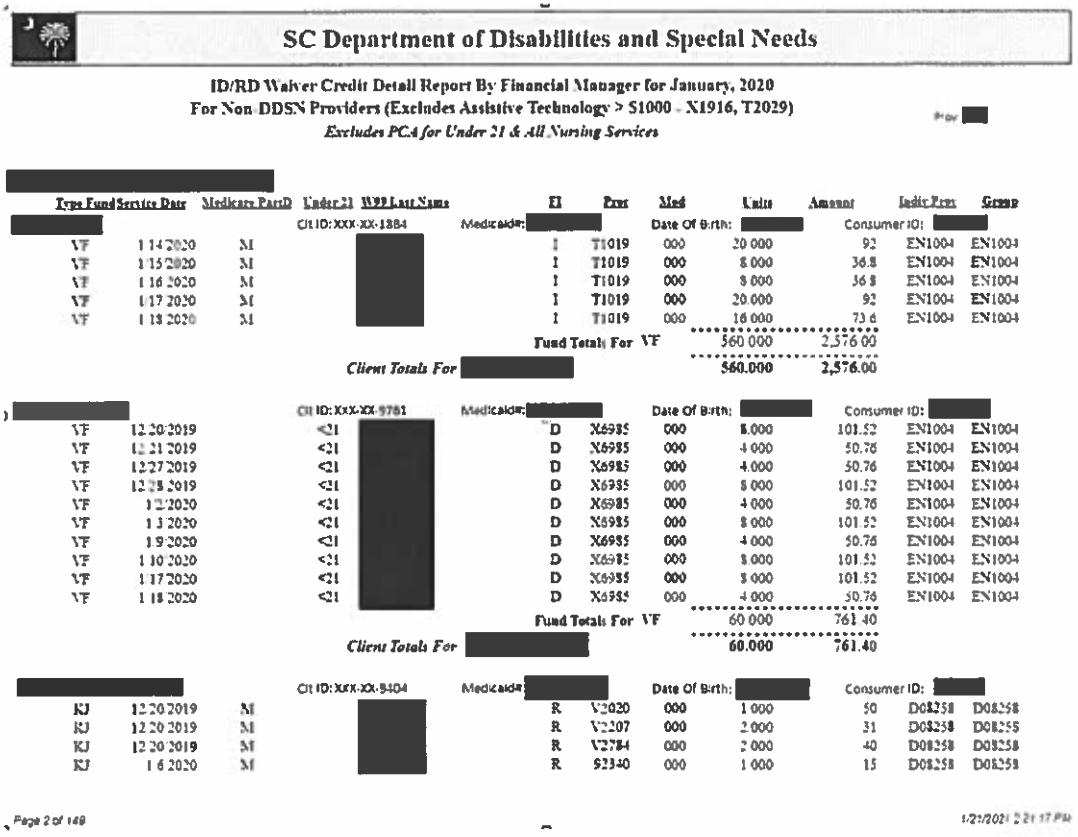
After clicking on report, you want to run, a fill-in box like the one shown below will open. Enter the required parameters. The following selections should be chosen for each parameter:

1) Assistive Technology > $1,000
    a. Choose "Exclude" if running a report of charges recouped for residential consumers.
    b. Choose "Include" if you are running a report of all charges to complete a quality review of services authorized.
2) Consumer Type
    a. "Excl PCA for under 21 & All Nursing Srv" if running a report of charges recouped for residential consumers.
    b. "Excl PCA for under 21" if running a report of all charges to complete a quality review of services authorized.
3) Type Report
    a. "Detail and Summary Report" if needing a detailed report of each service billed for each consumer.
    b. "Summary Only" if needing just a total amount of services billed.
4) Report Month – enter the month of the credit report. See 10.18 p. 6 for details to determine month needed.
5) Report Year – enter the year coinciding with the month entered. Note this is not the fiscal year date, but rather the year of the actual month the report is run for.
6) Type of Waiver – select which Waiver you would like a report for.
7) Residential Status for ID/RD only – select the consumers you want reflected in your report.

Click "finish" to generate the report.



The requested report will open on your screen. You can print or download the report in a variety of formats. Below is an example of the "Credit Report by Financial Manager".



SC Department of Disabilities and Special Needs

ID/RD Waiver Credit Detail Report By Financial Manager for January, 2020
For Non-DDSN Providers (Excludes Assistive Technology > S1000 - X1916, T2029)
Excludes PCA for Under 21 & All Nursing Services

[redacted]

Type Fund	Service Date	Medicare Part D	Under 21	W99 Last Name	FI	Proc	Mod	Units	Amount	Indiv Proc	Group
[redacted]			Clt ID: XXX-XX-1884		Medicaid#: [redacted]		Date Of Birth: [redacted]		Consumer ID: [redacted]		
VF	1 14 2020	M		[redacted]	I	T1019	000	20 000	92	EN1004	EN1004
VF	1 15 2020	M			I	T1019	000	8 000	36 8	EN1004	EN1004
VF	1 16 2020	M			I	T1019	000	8 000	36 8	EN1004	EN1004
VF	1 17 2020	M			I	T1019	000	20 000	92	EN1004	EN1004
VF	1 18 2020	M			I	T1019	000	16 000	73 6	EN1004	EN1004
							Fund Totals For VF	560 000	2,576 00		
					Client Totals For [redacted]			**560.000**	**2,576.00**		
[redacted]			Clt ID: XXX-XX-9781		Medicaid#: [redacted]		Date Of Birth: [redacted]		Consumer ID: [redacted]		
VF	12 20 2019		<21	[redacted]	D	X6985	000	8.000	101.52	EN1004	EN1004
VF	12 21 2019		<21		D	X6985	000	4 000	50.76	EN1004	EN1004
VF	12 27 2019		<21		D	X6985	000	4.000	50.76	EN1004	EN1004
VF	12 28 2019		<21		D	X6985	000	8 000	101.52	EN1004	EN1004
VF	1 2 2020		<21		D	X6985	000	4 000	50.76	EN1004	EN1004
VF	1 3 2020		<21		D	X6985	000	8 000	101.52	EN1004	EN1004
VF	1 9 2020		<21		D	X6985	000	4 000	50.76	EN1004	EN1004
VF	1 10 2020		<21		D	X6985	000	8 000	101.52	EN1004	EN1004
VF	1 17 2020		<21		D	X6985	000	8 000	101.52	EN1004	EN1004
VF	1 18 2020		<21		D	X6985	000	4 000	50.76	EN1004	EN1004
							Fund Totals For VF	60 000	761 40		
					Client Totals For [redacted]			**60.000**	**761.40**		
[redacted]			Clt ID: XXX-XX-9404		Medicaid#: [redacted]		Date Of Birth: [redacted]		Consumer ID: [redacted]		
KJ	12 20 2019	M		[redacted]	R	V2020	000	1 000	50	D08258	D08258
KJ	12 20 2019	M			R	V2207	000	2 000	31	D08258	D08255
KJ	12 20 2019	M			R	V2784	000	2 000	40	D08258	D08258
KJ	1 6 2020	M			R	S2340	000	1 000	15	D08258	D08258

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The data shown in these reports are amounts paid by Medicaid for each consumer in the Waiver program selected.

Special Notes:

- Fund Codes are two-digit alphanumeric numbers that identify a collective group of similar services provided to consumers.

  Examples: Durable Medical Equipment, Physician or Hospital Services, etc.

- Procedure Codes are 5-digit alpha-numeric numbers that represent a systematic listing of services and procedures performed by a provider of service. These codes are based on national standards.

  Examples: Respite, PCA 2, Adult Day Health Care, Etc.

- Other codes such as dental (prefix D) or vision (prefix V) may also appear on the Waiver Credit Reports. All the codes are not listed in this section due to the extremely large number of codes. These codes are part of the Healthcare Common Procedure Coding System, called "HCPCS" for short. You can run the report called "WVR Procedure Codes and Modifiers by Type Fund" in the WVR folder on R2D2. For more information contact the SURB Division by calling (803) 898-9742.

3. Medicaid Payments

Medicaid pays for services as a provider bills for them. Medicaid will not pay for services that were provided 365 prior to the date billed. The timing of payment for services is dependent on the service provider's billing process, which can vary greatly from one provider to another.

Special Notes:

- Service providers have only 365 days from date of service to bill Medicaid.
- The Waiver Credit Report lists services that are paid in a given month by Medicaid regardless of the date of service.
- Services may be paid in a 12-month period that could, possibly, represent services over a 24-month period.

4. Processing Credits

Due to the time lag between payment by MMIS and DDSN's receipt of the monthly report, and due to the timing of Provider payments, credits to the Providers are processed during the third month, after the MMIS payment.

The following is an example of what this schedule looks like:

Contract Payment Number	Contract Payment due to Provider on or before	Credit Reflects Payments made by MMIS during the month of
1	1-Jul	April
2	1-Aug	May
3	1-Sep	June
4	1-Oct	July
5	1-Nov	August
6	1-Dec	September
7	1-Jan	October
8	1-Feb	November
9	1-Mar	December
10	1-Apr	January
11	1-May	February
12	1-Jun	March

Special Note:

- The last month for any given fiscal year is March, which is credited against June payments.

5. Review Process and Submission of Reimbursement Request

Monitorship is important for many reasons, but part of the purpose of monitorship is to prevent a service provider from delivering services in excess of the units authorized or providing services that are not authorized. Occasionally, these types of errors do occur. They may be the result of a variety of circumstances, but regardless, action must be taken by the Case Manager to communicate with the service provider and determine the source of the problem and initiate the necessary corrective action.

A. After running a Waiver Credit Report, **please review it carefully for errors. Requests for corrective action must be made directly to the service provider.** Service providers must reimburse Medicaid for overpayments, use of wrong procedure codes, duplicate payments, etc. For instructions on how to refund Medicaid, please refer to the SCDHHS website: https://www.scdhhs.gov/provider.

Once the original claim has been reversed, the service provider should issue a new replacement claim, if applicable. For claims that have been reversed, the amount of the claim will appear on the Waiver Credit Report as a negative number.

If necessary, DDSN can assist Providers with unresolved issues involving service providers and DHHS. However, before this step is taken – all efforts must be made with the service provider to correct the billing error(s) before asking DDSN for assistance. A written record of the attempts to resolve the issue will be required before DDSN contacts DHHS on a DDSN Provider's behalf.

Special Note:

Before contacting the service provider regarding an error, ask yourself the following questions:

- Is the authorization correct? Does the authorization need to be modified to reflect any added or deleted services?
- Is the budget correct? Does the budget need to be modified to reflect any added or deleted services?

B. For consumers charged to your Waiver Credit Report that are not your responsibility:

1. Provide a copy of the page from the Waiver Credit Report pertaining to the consumer in question.
2. Document that the consumer belongs to another provider along with the correct Provider name, if known, and supply effective dates for any transfers or terminations.
3. Forward the copy to SURB with a cover memo explaining the details. You should submit this documentation through the Reporting and Billing Center (RBC).

C. Environmental Modifications charged to Waiver Credit Reports for a residential consumer may be reimbursed after review and verification by DDSN. To facilitate your request, follow the procedures outlined in the Finance Manual Chapter 10.5.

D. If a service provider is not cooperative or you suspect Medicaid Fraud, please contact SURB immediately by calling (803) 898-9742.

6. Submission of Correspondence

Please direct all correspondence pertaining to adjustment requests (along with any attachments) by uploading the data through the Reporting and Billing Center (RBC). For those that do not have access to RBC, contact I.T. by putting in a helpdesk ticket at helpdesk@ddsn.sc.gov. RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. **If you choose to upload documents through RBC, please do not mail the originals.** For those that choose to mail the forms, send them to: **DDSN, ATTN: SURB, 3440 Harden St. Ext., Columbia, SC 29203.**

7. DDSN Response to Reviews/Questions

DDSN will review all reimbursement requests along with any attachments. If in agreement with a submitter's assessment, a "Waiver Credit Report Reimbursement Memo" will be completed and emailed to you and you will see a payment adjustment on a future payment schedule referencing the Memo you received. For each reimbursement request submitted, you will receive an approval memo or a phone call requesting additional information, if needed. If DDSN disagrees with the request, contact will be made directly either by phone or email to explain the denial.

8. Time Limits on Reviews and Adjustments

DSN Providers have three (3) months to report possible errors discovered in Waiver Credit Reports. For example, a November 2020 report processed against payments on February 2021 would have to be reviewed and errors reported back to DDSN by May 1, 2021. Once a possible error is reported, there is no time limit placed on a resolution.

9. Confidentiality of On-Line Documentation

Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), known as the Administrative Simplification (AS) provisions of HIPAA; Pub.L. 104–191, required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans, and employers. All DDSN providers are required to comply with all applicable standards, orders, and regulations pursuant to HIPAA concerning the confidentiality of information shown on all on-line reporting documents.