

**South Carolina Department of Disabilities and Special Needs (DDSN)  
State Funded Community Supports**

**Authorization for Environmental Modifications/Environmental Modification Consultation**

To (*Service Provider*): \_\_\_\_\_

From (*Case Manager*): \_\_\_\_\_

Participant's Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Participant's Legal Guardian/Representative: \_\_\_\_\_

Legal Guardian/Representative's Phone Number (*include area code*): \_\_\_\_\_

Legal Guardian/Representative's Email Address: \_\_\_\_\_

*Beginning on the date noted below, you are hereby authorized to provide an Environmental Modification/Consultation for the person named above. Only the amount noted below will be paid. Please note: This nullifies any previous authorization to this provider for this service(s). Complete one authorization per service.*

Environmental Modification – Consultation:     \$ \_\_\_\_\_ (Price)

Environmental Modification - Installation

Specifications/description of the modifications to be complete (*attach drawings or pages if needed*):

Address to be modified if different than the address noted above (*include zip code*):

MAXIMUM PRICE FOR MODIFICATION: \$ \_\_\_\_\_

*The person noted above participates in DDSN's State Funded Community Supports program. Through this program, when authorized services are provided, payment for services, up to the amount authorized above, will be made by DDSN. See billing procedures attached.*

Case Management Board/Provider: \_\_\_\_\_

Case Manager's Name: \_\_\_\_\_

Phone Number (*include area code*): \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Case Manager Authorizing Services

Date: \_\_\_\_\_

**South Carolina Department of Disabilities and Special Needs (DDSN)  
State Funded Community Supports Billing Procedures**

The following services are available to State Funded Community Supports participants and must be billed to DDSN:

Adult Day Health	Adult Day Health – Nursing	Behavior Support Services
Environmental Modifications	Emod/PVM Consultation	Personal Care Services
Personal Emergency Response System	Private Vehicle Modifications	

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