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Applicability: DDSN Central Office and Contracted Providers of State Funded Case Management Service

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Consistent with its mission, the South Carolina Department of Disabilities and Special Needs (DDSN) recognizes and values the positive outcomes frequently achieved through the provision of case management services to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals and minimize the occurrence and reduce the severity of disabilities through prevention. Therefore, DDSN will support the provision of case management services to those who are eligible for DDSN services when a need for the service is established, other funding sources for case management are not available, and approval is granted by DDSN prior to service provision.

State-funded Case Management may be approved for those who are DDSN eligible and who:

- Are not Medicaid eligible (**Note:** those with a recent break in Medicaid eligibility or history of fluctuating Medicaid eligibility are considered to be Medicaid eligible)
- or
- Are Medicaid eligible but not eligible for Medicaid Targeted Case Management.

In order for an individual to receive State Funded Case Management (SFCM), the need for the service must be established. Consistent with the values of DDSN, people will be determined to have a need for SFCM when he/she requires the interventions of a case manager in order to preserve/improve their health, safety and well-being, preserve/improve relationships with family, friends and community connections and/or facilitate personal growth and accomplishments. The

**DISTRICT I**

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**DISTRICT II**

9995 Miles Jamison Road  
Summerville, SC 29485  
Phone: 843/832-5576

Coastal Center - Phone: 843/873-5750  
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following circumstances are indicative of situations that could demonstrate the need for SFCM; however, each person's circumstances will be evaluated individually. The person:

- Has a need(s) that requires interventions from a Case Manager to address. Such interventions may be required due to the person's need for intensive treatment or services, parent/caregiver with limited skills or with a disability who is unable to provide adequate care/supervision of services and needs, the person's undiagnosed condition requiring further evaluation, the person's current or recent involvement in a volatile or possibly abusive, neglectful, or dangerous situation, etc.;
- Is in a critical situation (i.e., his/her name is on DDSN critical list having met the critical criteria);
- Lives in a residential placement solely supported by DDSN that is not an Immediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID);
- Has medical or genetic conditions that require consistent, coordinated care by general or specialty physicians, therapists, and other allied health professionals and needs active and ongoing interventions regarding those services;
- Has expressed health or safety concerns that neither they nor others have been able to resolve, or appear to have recognized a concern, but are not addressing it or refusing to address it;
- Is engaging in behaviors with serious health, safety, or legal consequences including incarceration (see DDSN Directive 503-01-DD: Consumer Involvement with Criminal Justice System);
- Is a threat to the health and safety of others;
- Is homeless;
- Is experiencing circumstances that are a threat to his/her current living situation (such as behavioral issues or lack of supervision),
- Is experiencing circumstances that threaten the continuation of care in the near future by the primary caregiver (such as health or aging issues).

Approval from DDSN must be granted prior to the provision of SFCM. DDSN will determine if SFCM will be approved based on the needs of the person, and if so, for how long. DDSN will pay only for services that are prior approved and provided during the approved period of time. The need for a timely response to SFCM requests is recognized.

When a case management provider is aware of someone who has a need for SFCM as specified in this policy, the provider can request approval from DDSN for SFCM. The written request must contain the name of the person, their Social Security Number (SSN), and a description of the need for case management. Responses to requests will be made in writing. If the request is approved, DDSN will ensure CDSS is updated to reflect the appropriate case management type and the approved period. If needed, the person's record will be transferred to the requesting

provider on CDSS. If the request is denied, DDSN will communicate this response to the requesting provider. Adverse decisions may be appealed or reconsidered in accordance with DDSN Directive 535-11-DD: Appeal and Reconsideration Policy and Procedures.

The determination of the need for SFCM may be made by DDSN without request from a case management provider. In those situations, DDSN will offer the choice of provider from among those providers contracted with DDSN for SFCM. DDSN will make a referral to the chosen provider in writing. If the provider accepts the referral, DDSN will ensure CDSS reflects the appropriate case management type and the approval period. If needed, the person's record will be transferred to the chosen provider on CDSS.

Approvals for SFCM are time limited. DDSN will pay only for services provided within the approved period noted on CDSS. If the time allotted is insufficient to address the needs of the person, a request must be made to DDSN for re-approval. The written request to continue case management must contain the name of the person, their SSN, and a description of the case management activities needed and why the activities are needed. When considering a request for continuation, DDSN will review service notes in CDSS to assess the appropriateness and quality of the activities/interventions completed during the approved period. Responses to requests will be made in writing. If the request is approved, DDSN will ensure CDSS reflects the new approved period. If the request is denied, DDSN will communicate this response to the requesting provider. Adverse decisions may be appealed or reconsidered in accordance with DDSN Directive 535-11-DD: Appeal and Reconsideration Policy and Procedures.

Review and approval for State Funded Case Management will be made by the DDSN Division Director (or his/her designee) of the division under which the person was determined eligible for DDSN services. Requests must include:

1. The name of the person,
2. His/her Social Security Number (SSN), and
3. A description of the need for case management.

Requests should be sent:

BY MAIL TO: South Carolina Department of Disabilities and Special Needs  
ID/RD Division Director  
Attn: SFCM  
3440 Harden Street Ext.  
Columbia, SC 29240

BY E-MAIL: [jpriest@ddsn.sc.gov](mailto:jpriest@ddsn.sc.gov)

BY FAX TO: (803) 898-9660

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State Director  
(Approved)