South Carolina
Department of Disabilities
and Special Needs

Application for Provider Qualification

I. SCOPE OF APPLICATION

The South Carolina (SC) Department of Disabilities and Special Needs (DDSN) is seeking providers to be qualified to deliver services to people with Intellectual Disabilities/Related Disabilities (ID/RD), Autism, and Head & Spinal Cord Injuries/Similar Disabilities (HASCI) in accordance with all requirements stated herein. Service providers are needed in all areas of the State to adequately serve people who are eligible for and authorized to receive these services.

This is an open application, in that, prospective providers may apply at any time. Applications will be reviewed within sixty (60) days of receipt.

DDSN reserves the right to, at its discretion, amend this application.

Providers who are, as of the date of the issuance of this application, qualified by DDSN are not required to re-apply. Those providers may continue to deliver the services for which they have been qualified. Should a currently qualified provider desire to become qualified as a provider of services for which the provider is not currently qualified, a response to this application is required.

NOTE: For the purposes of this application, the terms 'applicant' and 'provider' may be used interchangeably. Additionally, the terms 'service user', 'individual' and 'participant' may be used interchangeably.

A. Purpose

DDSN is seeking to increase the choices of providers available to service users by qualifying providers to deliver the services listed in Section III – Scope of Work/Specifications of this application to those authorized to receive those services. DDSN (hereinafter referred to as "The Agency") is designated as the State's intellectual disability or related disability, autism, and head and spinal cord injury or similar disabilities authority. This application establishes the criteria to be qualified as a provider of service(s) in order to:

a) Contract with The Agency, and/or
b) Enroll, as appropriate, with the South Carolina Department of Health and Human Services ("SCDHHS") to receive reimbursement for services rendered.

Once qualified, the provider will enter a contract with The Agency for the delivery of services for which the provider is qualified. As appropriate, once qualified, the provider may seek enrollment with the state's Medicaid agency, SCDHHS, as a Medicaid-enrolled provider of the service(s) for which the provider has been qualified. Also, once qualified and enrolled with SCDHHS if required, the provider's name will be included on The Agency's Qualified Provider List (QPL) from which authorized service users may select. The Agency encourages individuals, small companies, and large companies to seek qualification.

B. Overview of The Agency

The Agency is an independent agency in state government that plans, develops, oversees, and funds services for South Carolinians with severe, lifelong disabilities of intellectual disability, autism, traumatic brain injury and spinal cord injury and conditions related to each of these four disabilities. The Agency's mission is 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. The Agency serves over 39,000 people with lifelong disabilities through qualified providers (approximately 98%) and Agency-operated Regional Centers (approximately 1.4%). Fifty-seven percent (57%) of those eligible have an intellectual disability or a related disability, 39% have autism and 4% have traumatic brain injury, spinal cord injury, or a similar disability. Of the 39,472 people served, 21,853 are currently receiving at least one service being solicited.

C. The Agency's Values and Principles

The Agency has embraced certain values that guide it in its efforts to assist people with disabilities and their families and certain principles that are expected to be features of all services and supports. Those are:

Values: Our Guiding Beliefs

- Dignity and respect,
- Health, safety, and well-being,
- Individual and family participations, choice control and responsibility,
- Relationships with family and friends and community connections, and
- Personal growth and accomplishments.

Principles: Features of Services and Supports

- Person centered,
- Responsive, efficient, and accountable,
- Strengths-based, results oriented,
- Opportunities to be productive and maximize potential, and
- Best and promising practices.

D. The Powers and Duties of The Agency

In accordance with the South Carolina Code of Laws, the powers and duties of The Agency include to:

- coordinate services and programs with other state and local agencies,
- negotiate and contract with local agencies, county boards of disabilities and special needs, private organizations, and foundations to implement the planning and development of a full range of services and programs subject to law and the availability of fiscal resources,
- develop service standards for services and programs of The Agency and for services and programs for which The Agency may contract, and
- review and evaluate these services and programs on a periodic basis.

E. Funding for Services

There are four (4) primary sources of funding which may be accessed to pay for the services which will be delivered by providers, once qualified. Those funding sources are:

- Healthy Connections (South Carolina's Medicaid Program) administered by SCDHHS,
- Medicaid Home and Community Based Services (HCBS) Waivers operated by The Agency and administered by SCDHHS,
- The Agency, and
- BabyNet

Healthy Connections is South Carolina's Medicaid program. For those who qualify, it is a medical assistance program that helps cover some or all of the costs of medically necessary services. Some services, for which providers may be qualified, are available to Medicaid beneficiaries when those services are deemed medically necessary. These services are also known as "State-plan services". The Agency, on behalf of SCDHHS, qualifies providers who may, once qualified, enroll with SCDHHS as providers of those services. Those State-plan services include Medicaid Targeted Case Management ("MTCM") for those who are eligible for The Agency's services, and Early Intervention for children between three (3) to six (6) years of age ("EI 3-6").

A Medicaid Home and Community Based Services ("HCBS") Waiver is a program that permits a state to furnish an array of services that assist targeted populations of Medicaid beneficiaries to live in their own home and community and avoid institutionalization. Services available through a HCBS Waiver program complement or supplement the services available through Healthy Connections and other state and local public programs. The Agency, on behalf of SCDHHS, operates three (3) HCBS Waiver programs. Those are the:

- Intellectual Disabilities/Related Disability ("ID/RD") Waiver,
- Community Supports ("CS") Waiver, and
- Head and Spinal Cord Injury ("HASCI") Waiver programs.

As the operating-agency for these HCBS Waiver programs, The Agency qualifies some providers who may, once qualified, enroll with SCDHHS as a provider of the service(s) for which it is qualified. Except for MTCM, State Funded Case Management ("SFCM"), Intake, Early Intervention funded by

BabyNet ("EI 0-3"), and EI 3-6, the services for which providers are being solicited are HCBS Waiver services.

When neither Healthy Connections nor HCBS Waiver, funding is available to someone who is eligible for The Agency's services, and the person has a demonstrated need as determined by The Agency for the services noted herein, The Agency will fund those services. This is generally referred to as "state-funded services" or "state-funding for services". The Agency will seek to contract with providers qualified through this application for most services such that, when The Agency determines someone needs a service, and no other funding source is available, The Agency will authorize a qualified, contracted provider that is selected by the person to receive state-funding for the services rendered. Except for EI 0-3, when required by the person, The Agency may authorize state-funding for any services for which providers are qualified.

BabyNet is South Carolina's interagency early intervention system for infants and toddlers under three years of age ("EI 0-3") with developmental delays, or who have conditions associated with developmental delays. BabyNet is funded and regulated through Part C of the Individuals with Disabilities Education Act and managed by SCDHHS.

Once qualified, providers will be responsible for seeking reimbursement for services rendered from the appropriate, authorized funding source.

F. Offering Choice of Provider

The choice of a qualified provider of Intake is offered by The Agency once it is determined that a determination of eligibility for The Agency's services will be pursued.

The choice of a qualified provider of EI 0-3 is offered by BabyNet Intake and Eligibility which is part of SCDHHS.

The choice of a qualified provider of EI 3-6 is offered by the child's current EI 0-3 provider when the child is eligible for The Agency's services and is transitioning to EI 3-6. If entering EI 3-6 for the first time (*i.e., not transitioning from EI 0-3*), the choice of provider will be offered by The Agency.

When initially determined by The Agency to need Case Management services, The Agency will offer the choice of qualified provider. Should a change of qualified provider of Case Management services be desired by the service user, the choice of a different qualified Case Management provider may be offered by the service user's current Case Management provider or by The Agency.

Case Management services are delivered as a means of supporting service users through communication, education, service identification, and referral to / authorization of other needed services. As such, a case manager employed by a qualified provider of Case Management services will offer the choice of provider for other services (*e.g., Residential Habilitation, Employment Services, etc.*) required by the service user.

G. Service Provision

Every service has its own set of standards, applicable policies (known as DDSN Directives), applicable laws, terms, and conditions and/or applicable Manual. For this application, these standards, DDSN Directives, Manuals, etc. will be called "Requirements". The applicant's responsibilities include ensuring it has the capacity, competency, expertise, and desire to provide quality and results-based services to those eligible for The Agency's services. Applicants, once qualified, are expected to deliver services in accordance with all applicable Requirements on the first day of service and every day thereafter. By applying, an applicant is certifying its intent to deliver services in accordance with all applicable Requirements, all future Requirements, and future updates to those Requirements.

Except for providers qualified to deliver only EI 0-3, all providers must meet:

- DDSN Administrative Agency Standards (DDSN Administrative Agency Standards)
- Applicable DDSN Standards (DDSN Service Standards)
- Applicable DDSN Directives (DDSN Directives). Not every DDSN Directive is applicable to every service or every qualified provider. Each DDSN Directive includes an applicability statement to clarify the types of qualified providers to which the DDSN Directive applies. Applicability statements which indicate "Contracted Service Providers" are generally applicable to all providers of all services. The applicant is responsible for determining which DDSN Directives apply to the service(s) for which the applicant is seeking qualification.
- Applicable Manuals (DDSN Operational Manuals)

Providers qualified to deliver only EI 0-3 must follow the Early Intervention Services Manual located on the SCDHHS website.

H. The Agency's Measurement of Provider Performance

The Agency reviews and evaluates providers to determine the quality of the services delivered and compliance with Requirements. The Agency employs a federally certified Quality Improvement Organization ("QIO") to perform this function on behalf of The Agency. The review and evaluation of the provider and its provision of services is accomplished by The Agency through Administrative Compliance Reviews, Individual Service Reviews, Observation and Participant Experience Surveys and Licensing Inspections.

Reviews and Surveys

Administrative Compliance Reviews are conducted to determine the provider's adherence to applicable Requirements. Administrative Compliance Reviews evaluate the provider agency's compliance in areas including, but not limited to, the following:

- operational management and oversight of the agency,
- management of allegations of abuse, neglect, exploitation, and other incidents that could threaten the health, safety, or well-being of people,
- security, confidentiality, and retention of records,

- qualifications of staff including criminal background checks, initial and on-going training.

Administrative Compliance Reviews will not be performed for providers that deliver only EI 0-3 services.

Individual Service Reviews are conducted to determine the provider's adherence to applicable Requirements. Individual Service Reviews evaluate the provision of services by the provider by reviewing services delivered to a sample of service users. Individual Service Reviews evaluate the provider's compliance in areas including, but not limit to, the following:

- Assessment and evaluation of the service user's strengths, needs, preferences, and personal goals,
- Development of a person-centered plan based on assessment, evaluation, and preferences,
- Implementation of the person-centered plan,
- Monitoring of the person-centered plan for continued accuracy and appropriateness, and
- Updating or amending the person-centered plan as needed to ensure it is current and accurate at all times.

Observation and Participant Experience Surveys are conducted to ascertain the experiences of service users while receiving Residential Habilitation and/or Day Services. Through Observation and Participant Experience Surveys a sample of service users are observed while in receipt of the service and interviews are conducted with service users and provider staff regarding the services being delivered.

Initial Probationary Status

Newly qualified providers will be subjected to Administrative Compliance Reviews, Individual Service Reviews, and, as applicable, Observation and Participant Experience Surveys within three (3) to six (6) months following the first date of service delivery to a service user. Newly qualified providers will remain in probationary status and subject to additional review for no less than twelve (12) months following the first date of service delivery. The continuation of probationary status is contingent upon the score achieved from the Reviews. A minimum compliance score of less than eighty-six percent (86%) will result in the continuation of the probationary status for the provider. A minimum compliance score of eighty-six percent (86%) or greater will end the probationary status.

Following the initial probationary period, providers will be subjected to Administrative Compliance Reviews, Individual Service Reviews, and, as applicable, Observation and Participant Experience Surveys every twelve (12) to eighteen (18) months. The length of time between reviews (12 – 18 months) will be determined by The Agency based on the results of the most recent review and survey.

Licensing Inspections and Certification

Certain services may only be delivered in or originate from settings that are licensed or certified by The Agency. Licensing inspections are conducted to ensure that settings where certain services are delivered are safe, amenable to service delivery, and afford service users sufficient space and privacy. Settings, as noted herein, must be licensed by before services can be delivered and annually thereafter. The Agency licenses most Day Services settings and most Residential Habilitation settings (models).

The Agency does not license Community Residential Care Facility (CRCF) settings. CRCF settings are licensed by the South Carolina Department of Health and Environmental Control (SCDHEC). The Agency does not license Supported Living Program (SLP) I settings. SLP I settings are certified, but not licensed, by The Agency. For settings requiring a License, the initial Licensing Inspection must be completed, and a license issued before services are delivered in the setting and annually thereafter. For SLP I settings requiring certification, the certification must be obtained before services are delivered in the setting and annually thereafter.

Licenses are issued only after an inspection by The Agency (Note: CRCFs are licensed by SCDHEC). The following is a list of the settings which must be licensed or certified by The Agency before the noted service can be delivered:

Service	Licensed / Certified Settings
Residential Habilitation	Community Training Home I
	Community Training Home II
	Supervised Living Program II
	Supported Living Program I (certification)
Day Services:	
Day Activity	Work Activity Center **or** Adult Activity Center
Career Preparation	Work Activity Center **or** Adult Activity Center
Employment Services - Group	Work Activity Center **or** Adult Activity Center
Support Center	Work Activity Center **or** Adult Activity Center **or** Unclassified License
Respite (outside of the service user's home)	Respite License

Plans of Correction and Follow-up Reviews

All reviews (i.e., Administrative Compliance Reviews, Individual Service Reviews, Observation and Participant Experience Surveys, and Licensing Inspections) result in a report of findings issued by The Agency. For all findings or deficiencies noted, the provider is required to submit a Plan of Correction. Plans of Correction must address the specific (e.g., one/each service user, one/each setting) finding or deficiency. Additionally, the Plan of Correction must include the actions or strategies to be employed by the provider to identify whether the finding/deficiency is present for other service users and/or in other settings, and the actions or strategies to be employed to prevent re-occurrence with all service users and/or in all settings. The Plan of Correction must identify the date by which the actions or strategies employed will be completed.

Follow-up reviews will be conducted to determine if the actions/strategies in the Plan of Correction were implemented. Follow-up reviews will occur approximately four (4) to six (6) months after the receipt of the Report of Findings for the initial review. A second Report of Findings, specific to the Follow-up Review, will be issued by The Agency. Findings/deficiencies not determined to be

corrected at the time of the follow-up review will require an additional Plan of Correction and subsequent follow-up review. The continued demonstration of deficiencies may result in the imposition of sanctions by The Agency and could result in contract termination.

The Agency utilizes information from reviews, along with other information, to gauge provider performance. Information about a provider's performance will be publicly available on The Agency's website.

II. SCOPE OF WORK/SPECIFICATIONS

A. Scope of Work

The purpose of this application is to qualify providers for the following services:

- Case Management including:
  - State-Funded Case Management (SFCM),
  - Medicaid Targeted Case Management (MTCM) and
  - Waiver Case Management (WCM)
- Residential Habilitation
- Day Services including:
  - Day Activity,
  - Community Services,
  - Career Preparation, and
  - Support Center
- Employment Services including:
  - Employment Services – Individual, and
  - Employment Services - Group
- Early Intervention
  - 0-3
  - 3-6
- Home Support Services including:
  - Respite,
  - Adult Companion, and
  - Independent Living Skills
- Intake

B. Definitions and Specifications

Case Management:

For this application, the term "Case Management" is used as a general term to describe the following services:

State-Funded Case Management ("SFCM"),
Medicaid Targeted Case Management ("MTCM") and
Waiver Case Management ("WCM").

To avoid conflict of interest, a Case Management provider shall not also deliver other services to a service user. Also, to avoid a conflict of interest, a Case Management provider, when affiliated with a Principal of a direct service provider, shall not, through the affiliated provider, deliver services to the same service user. For example:

- Acme Company is qualified to deliver both Case Management and Day Services. Through her Acme Company case manager, Sally, is authorized to receive Day Services and chooses Acme Company as her Day Services provider. Once Acme Company begins delivering Sally's Day Services, Acme Company can no longer be Sally's Case Management provider.
- Universal Agency has two (2) divisions, Global Case Management and Local Direct Services. Through Global Case Management, John is authorized to receive Residential Habilitation and chooses Local Direct Services as his Residential Habilitation provider. Once Local Direct Services begins delivering Residential Habilitation to John, Global Case Management can no longer be John's Case Management provider.

The specific definitions of each of the Case Management services are as follows:

State-Funded Case Management ("SFCM") **and** Medicaid Targeted Case Management ("MTCM"): Organized, goal-directed activities, which help ensure that service users have access to services and supports which address their individual needs. SFCM and MTCM activities (assessment, care planning, monitoring / follow-up, and referral / linkage) are intended to assist service users in developing a healthy, safe, and self-directed lifestyle at their optimal level of functioning.

SFCM and MTCM are provided only with the consent of the service user and only when there is an identified need for it. Authorizations (known as "pre-certifications") for SFCM and/or MTCM are time-limited and issued by The Agency. SFCM and MTCM are not expected to supplant those activities which the person can perform for him or herself. Skill development and self-coordination are encouraged.

The services and supports accessed through SFCM and MTCM activities are expected to be both efficient and effective and, to the greatest extent possible, reflective of the natural family and community support systems that all people enjoy. These services and supports should be provided in settings and under circumstances which are conductive to the service user gaining maximum benefit. These conditions are most often, but not always, found in the service user's home community in natural settings and with and among inclusive community groups.

When the specific Case Management service provided is SFCM or MTCM the unit of service is 15 minutes. Service users who have been pre-certified by The Agency to receive SFCM or MTCM will be determined to have received a unit of service when a case manager has spent 15 minutes performing one of the functions of Case Management as defined in the Case Management Standards.

Waiver Case Management (WCM):
Services that assist participants in gaining access to needed waiver, State plan and other services, regardless of the funding sources for the services to which access is gained. Waiver case managers are responsible for initiating and/or conducting the process to evaluate and/or re-evaluate the individual's level of care as specified in waiver policy. Waiver case managers are responsible for conducting assessments and developing service plans as specified in waiver policy. This includes the ongoing monitoring of the provision of services included in the participant's service plan. Waiver case managers are responsible for the ongoing monitoring of the participant's health and welfare, which may include crisis intervention, and referral to non-waiver services.

Also included with WCM is Transitional WCM which is used when a person in an institutional setting is being discharged from the setting and entering a waiver program. Persons served under the waiver may receive Transitional WCM while they are still institutionalized, for up to 180 consecutive days prior to discharge. The state can choose a limit less than 180 days.

WCM is only available to those who are enrolled in the ID/RD Waiver, CS Waiver, or HASCI Waiver programs.

When the specific Case Management service provided is WCM the unit of service is 15 minutes. Service users who have been authorized to receive WCM will be determined to have received a unit of service when a case manager has spent 15 minutes performing one of the functions of Case Management as defined in the Waiver Case Management Standards.

Residential Habilitation:
Residential Habilitation is the care, supervision and skills training provided to a person in a non- institutional setting. The type, scope and frequency of care, supervision, and skills training to be furnished are described in the person's service plan and are based on his/her assessed needs and preferences. Services furnished as Residential Habilitation must support the person to live as independently as possible in the most integrated setting that is appropriate to his/her needs.

The care provided as part of Residential Habilitation may include but is not limited to assistance with personal care, medication administration, and other activities that support the person to reside in his/her chosen setting.

The type and level of supervision provided as part of Residential Habilitation must be proportionate to the specific needs and preferences of the person.

The skills training provided as part of Residential Habilitation may include but is not limited to the following: adaptive skill building, activities of daily living, community inclusion, access and use of transportation, educational supports, social and leisure skill development and other areas of interest /priorities chosen by the person.

Payments for Residential Habilitation are not made for room and board, the cost of facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents.

When Residential Habilitation is delivered in a setting that is a provider-owned or controlled setting, the Residential Habilitation provider is considered the service user's landlord. In these situations, the provider must have a legally enforceable lease or agreement providing similar protections. The service user is responsible for payment of room and board.

Payment for Residential Habilitation does not include payments made, directly or indirectly, to members of the individual's immediate family. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid. Provider controlled, owned or leased facilities where Residential Habilitation services are furnished must be compliant with the Americans with Disabilities Act.

For service users who receive Residential Habilitation paid at a daily rate, the Adult Companion service may not also be authorized for the service user.

Service users authorized to receive Residential Habilitation paid at a daily rate will be authorized to receive a specific tier of service. The rate of payment for a daily rate unit of Residential Habilitation is based on the tier for which the service user is authorized; the Agency will determine the tier assigned. There are eight (8) tiers for the daily Residential Habilitation:

1. High Management (Intensive Support Residential Habilitation) is delivered through the Community Training Home II (CTH II) model which is shared by up to three (3) people who have a dual diagnosis of intellectual disability and mental illness or those who have a diagnosis of intellectual disability and display extremely challenging behaviors.

2. Tier 4 (Intensive Support Residential Habilitation) is delivered through the CTH-II model which is shared by up to four (4) people who may have been involved with the criminal justice system and individuals with severe behaviors requiring heightened staffing levels.

3. Tier 3 (Intensive Support Residential Habilitation) is delivered through the CTH-II model which is shared by up to four (4) people or CRCF model which is shared by up to twelve (12) people who have a dual diagnosis of intellectual disability and mental illness or those who have a diagnosis of intellectual disability and display extremely challenging behaviors. Includes people being discharged from a SCDDSN Regional Center (ICF/IID) or community ICF/IID. Also includes people who need additional supports to prevent or delay institutional placement and to participate in community life due to: behavioral health concerns, physical health conditions, medical support needs,

and/or limitations in physical abilities which impact the person's ability to perform Activities of Daily Living without support from another.

4. Tier 2 is delivered through the CTH-II model which is shared by up to four (4) people or CRCF model which is shared by up to twelve (12) people. It includes those who need additional supports (greater than included in Tier 1) to prevent or delay institutional placement and to participate in community life due to: behavioral health concerns, physical health conditions, medical support needs, and/or limitations in physical abilities which impact the person's ability to perform Activities of Daily Living without support from another.

5. Tier 1 is delivered through the CTH-II model which is shared by up to four (4) people or CRCF model which is shared by up to twelve (12) people. It includes those who need support to live in and participate in their community. Those supports include a degree of care, supervision, and skills training provided throughout the day.

6. Supervised Living Program (SLP) II: includes those who need support to live in and participate in their community. The supports delivered include a degree of care, supervision, and skills training provided throughout the day. SPL II is delivered in a licensed SLPII setting that is typically single or double-occupancy residence.

7. CTH Tier 2: delivered to those who need additional supports (greater than included in CTH Tier) to enable them to live in the setting and participate in community life due to: behavioral health concerns, physical health conditions, medical support needs, and/or limitations in physical abilities which impact the person's ability to perform activities of daily living without support. Those additional supports are typically services/supports specifically intended to provide relief/assistance to the supports provider and are necessary due to the amount/intensity of supports the person requires. CTH Tier 2 services are delivered to up three (3) people in the CTH I licensed home of the support provider.

8. CTH Tier 1: delivered to those who need support to live in and participate in their community. CTH Tier 1 services are delivered to up three (3) people in the CTH I licensed home of the support provider.

Residential Habilitation services paid at a daily rate shall only be provided in a setting that is appropriately licensed by The Agency and the setting shall not exceed the maximum capacity for which it is licensed.

Residential Habilitation provided in a an SLP I setting/model is paid at a 15-minute unit rate. SLP I services are delivered to those who need support in their own apartment or home setting. Support is provided through a 15-unit rate and support is available 24 hours per day by phone. An annual assessment (certification) is completed for each service user to verify support needs

in their own setting. Residential Habilitation, when provided in a an SLP I setting/model, shall only be provided in a setting that is appropriately certified by The Agency.

Management of Benefits and Medicaid Eligibility: For service users who are not capable of managing their own financial resources, providers who render Residential Habilitation shall ensure that the service users supported have a representative payee. When a representative payee is needed, the Residential Habilitation provider may serve as the representative payee. As representative payee, the provider shall manage the service user's funds in accordance with regulations established by the Social Security Administration and in accordance with The Agency's Requirements. Service user's funds managed by the Residential Habilitation provider shall be managed in a manner that will maintain the service user's eligibility for governmental benefits, especially SSI and Medicaid.

Room and Board: Service users are required, to the extent that they have resources, to pay the ordinary costs of living. These ordinary costs of living are known as "room and board". Room and board are not part of the Residential Habilitation service. Residential Habilitation providers shall appropriately and in accordance with The Agency's requirements determine the amount for room and board to be charged and present the bill to the service user or his/her representative payee. The Residential Habilitation provider is solely responsible for collecting all amounts due. Costs of room and board not covered by service user fees are the responsibility of the provider. No funding is currently available from The Agency to supplement room and board costs.

Unit of Service: When Residential Habilitation is provided through a daily rate, with a tier of service assigned, the unit of service is one calendar day. Service users are determined to have received one day of Residential Habilitation if they have received care, supervision, and skills training, during the calendar day.

When Residential Habilitation is provided through a daily rate, in addition to billing for units of service provided, a Residential Habilitation provider may bill for up to seventy-three (73) days when the service user is not present to receive care, supervision, and skills training. These days, generally referred to as "leave days", may only be billed if the service user is authorized to receive Residential Habilitation from the provider. Leave days must be a component of Residential Habilitation (e.g., visiting or vacationing with family) or due to the service user's medical condition (e.g., hospitalization). The seventy-three (73) days leave days are allowed during the State Fiscal Year (July 1 –June 30). No billing is allowed before the service user is authorized to receive Residential Habilitation and he/she enters the licensed setting. No billing is allowed after the authorization for the service is terminated or suspended. Any supports /services needed by the service user while on-leave and within the borders of the state are considered part of Residential Habilitation and are therefore the responsibility of the Residential Habilitation provider if any leave days are billed.

When Residential Habilitation is provided through the SLP I model, the unit of service is fifteen (15) minutes of service. Service users are determined to have received one unit of

Residential Habilitation if care, supervision, and skills training have been provided by qualified staff. Leave days are not allowed in the SLP I model.

Day Services (Day Activity, Career Preparation, Community Services, and Support Center):

Day Services are meaningful activities provided to individuals outside of their home (which includes their Residential Habilitation setting). Activities should be individualized based on identified abilities/strengths, interests/preferences and needs/supports as documented in the individual's assessment and plan.

Day Services include transportation provided from the service user's residence to the service setting when the service start time is before 12:00 (Noon) and includes transportation from the service setting to the service user's residence when the service start time is after 12:00 (Noon). The cost for transportation is included in the rate paid to the provider.

Day Services shall only be provided in or originate from a facility or setting licensed by The Agency. When licensed, the facility or setting shall not exceed the maximum capacity for which it is licensed.

The Agency uses "Day Services" as a generic term to describe the specific services which can be provided through settings licensed by The Agency. Those specific services are:

Career Preparation Services are time-limited and are aimed at preparing individuals for competitive employment. These services can include experiences and exposure to careers and teach such concepts as attendance, task completion, problem solving, interpersonal relations, and safety as outlined in the individual's person-centered plan. Services are designed to create a path to integrated community-based employment for which an individual is compensated at or above minimum wage. Paid Work Experiences may not account for more than 50% of Career Preparation Services delivered to the individual. On-site attendance at the licensed facility is not required to receive services that originate from the facility.

Community Services are aimed at developing one's awareness of interaction with and/or participation in their community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization, and the accrual of social capital. Services will be provided in facilities licensed by the state. Fifty percent (50%) of the total units received in Community Services must be delivered in a community location/setting (i.e., outside the facility and not in the individual's home). On-site attendance at the licensed facility is not required to receive services that originate from the facility.

Day Activity Services are supports and services provided in therapeutic settings to enable participants to achieve, maintain, improve, or decelerate the loss of personal care, social or adaptive skills. Services are provided in non-residential settings that are licensed by the state. On-site attendance at the licensed facility is not required to receive services that originate from the facility.

Support Center Services are defined as non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the service user's home to those who, because of their disability, are unable to care for and supervise themselves. The services provided are necessary to prevent institutionalization and maintain the participants' health and safety. The care, supervision and assistance will be provided in accordance with a plan of care. An array of non -habilitative activities and opportunities for socialization will be offered throughout the day but not as therapeutic goals.

Unit of Service:

A unit of service for Day Activity, Career Preparation, Community Services and Support Center is two (2) to three (3) hours of service. Service users are determined to have received the services if they have received the specifically authorized service(s) as defined for a minimum of two (2) hours in a calendar day. A second unit may be delivered on a calendar day as long as the first unit of service is for a minimum of three (3) hours of service. The time attributable to a unit of service does not include transportation time to and from the service delivery site.

Employment Services: (Employment Services – Individual and Employment Services – Group):

Employment Services-Individual are the ongoing supports to individuals who, because of their disabilities, need intensive on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Employment Services – Individual are provided at a 1:1 staffing ratio using an Individual Community Placement Model.

Unit of Service:

The unit of service for Employment Services – Individual is 15-minutes.

Employment Services - Group are the ongoing supports to individuals who, because of their disabilities, need intensive on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Employment Services - Group are provided in group settings, such as mobile work crews or enclaves, and employees may be paid directly by the employer/business or by the service provider.

> Enclave: A small group of people who work under the supervision of an employee of the provider agency in a community business/industry that is not operated by a provider agency and alongside non-disabled employees to produce goods or services controlled

by the community business/industry (i.e., retail stocking/inventory/fulfillment at a specific business/industry etc.). The contractual relationship is typically between the business/industry and the provider agency, whereby the provider agency then pays the employee. It is acceptable for the business/industry to pay the individual directly if this best fits their business model; however, the provider agency continues to provide supervision and training for the employee. Enclaves must originate from a facility licensed by the state.

Mobile Work Crew: A small group of people who work under the supervision of an employee of the provider agency as a self-contained business who typically move to different work sites by selling a service (i.e., landscape maintenance, power washing, restaurant/vending) to purchasers within the community. The contractual relationship is typically between the business/industry and the provider agency, whereby the provider agency then pays the employee. It is acceptable for the business/industry to pay the individual directly if this best fits their business model; however, the provider agency continues to provide supervision and training for the employee. Mobile Work Crews must originate from a facility licensed by the state.

Unit of Service:

The unit of service for Employment Services – Group is two (2) to three (3) hours of service. Service users are determined to have received the services if they have received the specific service(s) as defined and authorized for a minimum of two (2) hours in a calendar day. A second unit may be delivered on a calendar day as long as the first unit of service is for a minimum of three (3) hours. The time attributable to a unit of service does not include transportation time to and from the service delivery site.

Early Intervention:

Regardless of the funding source or age of the child (0-6), Early Intervention services are therapeutic, training, and support services that facilitate the developmental progress of children and promote the competency of the family and designated caregiver(s) to respond to the developmental needs of the child.

Early Intervention services consist of Child and Family Assessment, Service Coordination, and Family Training and Counseling/Special Instruction.

- Child and family assessment consists of the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's course of intervention.
- Service coordination is defined as an active, ongoing process that assists and enables families to access services and assures their rights and procedural safeguards.
- Family training and counseling services/special instruction are interactions with the child and family as well as other team members to help minimize the impact of the

child's disability by fostering normal growth and development in natural environments. Family training and counseling sessions are designed to implement the goals and objectives of the Individualized Family Service Plan (IFSP) or Family Service Plan (FSP) provided according to the frequency outlined in the plan. Services involve assisting the family in maximizing resources as outlined in the IFSP/FSP.

The Agency embraces a family-centered approach to EI. Family-centered services respect the strengths and resourcefulness of all families and aim to support and encourage families in their efforts to meet the needs of their child with special needs. Family- centered services promise openness and flexibility to accommodate diversity in family beliefs and values.

To the maximum extent possible, services should be provided in the child's natural environment and should foster opportunities for the development of peer relationships with children without disabilities.

Unit of Service:
The unit of service for Early Intervention is fifteen (15) minutes. Service users are determined to have received one (1) unit of Early Intervention if a worker has spent fifteen (15) minutes providing as of Child and Family Assessment, Service Coordination, and/or Family Training and Counseling/Special Instruction as defined.

Home Supports (Respite, Adult Companion, and Independent Living Skills):
The Agency uses "Home Supports" as a generic term to describe the three (3) specific services which can be provided in the service user's home and/or community. The specific services that can be provided as Home Supports are:

Respite which is defined as services provided to those unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those who normally provide care. Respite services can be provided in a variety of settings.

Adult Companion which is defined as non-medical care, supervision, and socialization, provided to those aged 21 or older in accordance with a therapeutic goal. Companions may assist or supervise such tasks as meal preparation, laundry, and shopping, but do not perform these activities as discrete services. The provision of Adult Companion does not entail hands-on nursing care. Light housekeeping tasks incidental to the care and supervision of the service user may also be provided.

Independent Living Skills (ILS) Services are intended to develop, maintain, and improve the community-living skills of a service user who is at least eighteen (18) years of age and is not receiving education services. The service includes direct training from a qualified staff person to address the identified skill development needs of a waiver participant in the areas of:

- communication,

- community living and mobility,
- interpersonal skills,
- reduction/elimination of problem behavior,
- self-care, and
- sensory/motor development involved in acquiring functional skills.

ILS services must be provided individually and primarily in the service user's home or community settings typically used by the general public.

ILS services are not available to those authorized to receive Residential Habilitation and not available to those authorized to receive Adult Companion.

The methods, materials and settings used to provide ILS services must be designed to meet the following outcomes:

1. Increase the service user's independence by teaching skills so tasks and activities can be performed with decreased dependence on caregivers;
2. Increase the service user's opportunities to interact with people without disabilities who are not paid caregivers;
3. Increase the service user's ability to plan and carry out daily schedules, routines, and interactions similar to those of people without disabilities of the same chronological age;
4. Provide skill training in an environment where the skill will be used; and
5. Assist in the development of decision-making skills necessary for all aspects of daily living.

Training to the service user must be the primary service provided, however, in the process of delivery, assistance and supervision may occur.

The following are examples of ILS services provided in the service user's home and/or community setting:

- Learning how to cook in the service user's kitchen
- Learning how to deposit money by going to a bank or ATM
- Using the bus system to learn how to ride a bus.

Transportation is included as part of the service when integral to service delivery but cannot be provided as a discrete service.

The service does **not** include overnight supervision and cannot duplicate other state plan or waiver services.

If the service user has demonstrated an inability to acquire the identified skills, services must be terminated, or an updated assessment must be completed by the ILS provider to identify more appropriate goals and objectives.

Unit of Service:

The unit of service for Home Supports is fifteen (15) minutes. Service users are determined to have received one (1) unit of Home Supports if a worker has spent fifteen (15) minutes providing the specific service (Respite, Adult Companion, ILS) as defined.

Intake:

Intake is defined as the collecting and submission of an accurate and complete set of documents in order for The Agency to determine if the service user is eligible for The Agency's services. The document set includes a properly executed "Service Agreement and Permission to Evaluate" form; the current, appropriate psychological, medical, social, and/or educational records/reports required for eligibility for The Agency's services to be determined; and, as required, a properly executed attestation statement. Intake also includes providing to the service user or his/her representative a thorough explanation of The Agency's Intake process and the services potentially available if determined eligible; providing assistance to the service user to locate resources to address any immediate, short-term need(s); and, when requested by The Agency, arranging for the service user to be tested by a Testing provider qualified by The Agency. The Agency will be responsible for the costs associated with testing.

Unit of Service:

The unit of service for Intake is the submission of one (1) accurate and complete set of documents to include a properly executed "Service Agreement and Permission to Evaluate" form; the current, appropriate psychological, medical, social, and/or educational records/reports required in order for eligibility for The Agency's services to be determined; and, as required, a properly executed attestation statement.

C. Authorization to Provide Services

To provide any service for which an Applicant is qualified, the provider must be selected by a service user for a particular service. Selection of the provider by the service user must be verified by the service user's Case Manager or The Agency and documented. Except for Intake, EI, MTCM, and SFCM, the service user's Case Manager is responsible for issuing an authorization for services to the selected provider. An authorization issued will include the specific number of units which may be provided and for which a provider may seek payment for services rendered. Pre-certification by The Agency is required prior to the delivery of MTCM or SFCM.

D. Payment for Services Rendered

The process for seeking payment for services rendered will depend on the authorized service and the source of funding available to the service user. It is the sole responsibility of the provider to seek reimbursement for services from the appropriate funding source.

The Agency currently utilizes Therap® as its electronic health record. Therap® includes functionality which allows providers to submit claims for reimbursement for some services to SCDHHS. The use of Therap® for Medicaid claims submission is optional.

BabyNet Reporting & Intervention Data Gathering Electronic System (BRIDGES) is the system used for documenting EI 0-3 services and seeking payment for services delivered.

Therap®, in combination with The Agency's Consumer Data Support System (CDSS) is also used by The Agency to document all state-funded services, MTCM, and EI 3-6.

SCDHHS provides, to Medicaid enrolled providers, a free tool, accessible through an internet browser which allows providers to submit claims, query Medicaid eligibility, check claims status, and access their remittance advice. Providers interested in this tool should contact the South Carolina Medicaid Provider Education website at http://medicaidelearning.com or the South Carolina Medicaid EDI Support Center via the e SCDHHS Provider Service Center (PSC) at 1-888-289-0709.

The following are the entities from which payment for services may be sought and the method which may be used:

Service	The Agency (DDSN)	Healthy Connections (SCDHHS)	Method
SFCM	√		Therap® and CDSS
MTCM	√		Therap® and CDSS
WCM		√	Therap® or Medicaid Web Tool
Residential Habilitation – State-funded	√		Therap® and CDSS
Residential Habilitation- HCBS Waiver		√	Therap® and CDSS
Day Services – State-funded	√		Therap® and CDSS
Day Services – HCBS Waiver		√	Therap® or Medicaid Web Tool
Employment Services – State-funded	√		Therap® and CDSS
Employment Services – HCBS Waiver		√	Therap® or Medicaid Web Tool
EI 0-3		√	BRIDGES
EI 3-6	√		Therap® and CDSS
Home Support Services – State-funded	√		Therap® and CDSS

Home Support Services – HCBS Waiver		√	Therap® or Medicaid Web Tool
Intake	√		Submission of a complete set of documents.

E. Rates for Services:

The current rates for HCBS Waiver services can be found on the SCDHHS website at https://www.scdhhs.gov/resource/fee-schedules > HCBS Waiver Fee Schedule > choose tab for the HCBS Waiver (i.e., ID/RD, CS, or HASCI).

The current rates for services that are **not** HCBS Waiver funded are as follows:

Service	Unit Rate / Unit
SFCM	$20.00 per 15 minutes - Home/Residential $15.00 per 15 minutes - Office Visit
MTCM	$20.00 per 15 minutes - Home/Residential $15.00 per 15 minutes - Office Visit
Residential Habilitation – State-funded	Same as HCBS Waiver
Day Services – State-funded	Same as HCBS Waiver
Employment Services – State-funded	Same as HCBS Waiver
EI 0-3	$24.65 per 15 minutes
EI 3-6	$24.65 per 15 minutes
Home Support Services – State-funded	Same as HCBS Waiver (Respite, Adult Companion, ILS)
Intake	$175.00 - Complete set of documents for Intake $25.00 - Complete set of documents for Intake from BabyNet

F. Automation Requirements

The following components shall be present in order to access The Agency's computer systems:

1. A broadband internet service provider (ISP).
2. The latest version of an approved web browser (e.g., Chrome, Microsoft Edge)
3. On-site support. The Agency will only provide telephone support.
4. The ability to communicate with The Agency via email.
5. At least one person appointed as the Provider Security Administrator (PSA) and as such serves as the point of contact for the management of access to The Agency's computer systems.

The latest versions of the following shall be used in order to exchange documents electronically with The Agency:

1. Microsoft Word for any word processing documents.
2. Microsoft Excel for any spreadsheets.

3. TAB delimited text file format for any exported data.

All information containing Protected Health Information or Personally Identifiable Information must be transmitted in an encrypted format (i.e., Encrypted email, Secure File Transfer Protocol, Microsoft OneDrive).

The Agency utilizes certain data systems which are required to be used.

G. Safeguarding Information

Applicants shall be required to meet all Requirements pertaining to retention, collection, use, and disclosure of information about service users and services provided to those service users.

Applicants shall be required to safeguard the use and disclosure of information on service users in accordance with: 42 CFR Part 431, Subpart F, "Safeguarding Information on Applicants and Recipients under Title XIX" and S. C. Code Ann. §44-20-340, the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended, the Family Education Rights and Privacy Act (FERPA, 34 CFR Part 99), and The Agency's policy directives concerning confidentiality, data protection, and privacy.

Applicants shall sign a "Business Associate Agreement" to ensure compliance with HIPAA of 1996, as amended and FERPA, 34 CFR Part 99.

In the event that, as a provider, the Applicant has a security incident that poses a threat to the security of Personally Identifiable Information (PII), Protected Health Information (PHI), confidential information, sensitive information, resources and/or The Agency's operations, as a provider, the Applicant shall provide notification to The Agency's Chief Information Officer, Chief Information Security Officer and/or Data Privacy Officer of the incident within one (1) business day and before notifying any other entity.

As a provider, the Applicant shall cooperate with The Agency by performing activities as directed to mitigate any harmful effects because of wrongful use or disclosure of information. As directed by the Agency, the Applicant, as a provider, will provide one (1) year of credit monitoring services to affected service users and will submit a Corrective Action Plan regarding the wrongful use or disclosure within fourteen (14) calendar days of notifying The Agency data has been compromise.

III. GENERAL NOTIFICATIONS TO APPLICANTS

1. For the purposes of this application, "principals" means officers; directors; owners; partners; and, persons having primary management or supervisory responsibilities within a business entity (e.g., general manager; head of a subsidiary, division, or business segment, and similar positions).

   (A) Applicant shall provide immediate written notice to The Agency if, at any time prior to qualification as a provider, issuance of a contract with The Agency or enrollment with SCDHHS, Applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

   (B) If Applicant is unable to certify the representations stated in paragraph (A), Applicant must submit a written explanation regarding its inability to make the certification. The certification will be considered in connection with a review of the Applicant 's responsibility as a qualified provider. Failure of the Applicant to furnish additional information as requested may render the Applicant non-responsible.

   (C) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (A) of this provision. The knowledge and information of an Applicant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

   (D) The certification in paragraph (A) of this provision is a material representation of fact upon which reliance was placed when qualifying Applicant as a provider. If it is later determined that the Applicant knowingly or in bad faith rendered an erroneous certification, in addition to other remedies available, The Agency may terminate any contract resulting from this application for default and notify SCDHHS of the contract termination.

2. In the event the Contractor enters into proceedings relating to bankruptcy, whether voluntary or involuntary, the Contractor agrees to furnish written notification of the bankruptcy to The Agency. This notification shall be furnished within two (2) days of the initiation of the proceedings relating to the bankruptcy filing. This notification shall include the date on which the bankruptcy petition was filed, the identity of the court in which the bankruptcy petition was filed, and a listing of all State contracts against which final payment has not been made. This obligation remains in effect until final payment under this Contract. A contract resulting from this application is voidable and subject to immediate termination by The Agency upon the contractor's insolvency, including the filing of proceedings in bankruptcy.

3. S.C. Code Ann. § 12-8-550 "Withholding Requirements for Payments to Nonresidents"states:

   (A) A person hiring or contracting with a nonresident conducting a business or performing personal services of a temporary nature within this State shall withhold two percent of each payment in which the South Carolina portion of the contract exceeds or could reasonably be expected to exceed ten thousand dollars. This section does not apply to a nonresident which registered with the Secretary of State or the Department of Revenue and by that registration agreed to be subject to the jurisdiction of the department and the courts of this State to determine its South Carolina tax liability, including withholding and estimated taxes, together with any related interest and

penalties. Registering with the Secretary of State or the department is not an admission of tax liability, nor does it require the filing of an income tax or franchise (license) tax return. If the person hiring, contracting, or having a contract with a nonresident obtains an affidavit from the nonresident stating that the nonresident is registered with the department or with the Secretary of State, the person is not responsible for the withholding.

(B) The department may revoke the exemption granted by registering with the Secretary of State or the department if it determines that the nonresident taxpayer is not cooperating with the department in the determination of the nonresident taxpayer's correct South Carolina tax liability. This revocation does not revive the duty of a person hiring, contracting, or having a contract with a nonresident to withhold, until the person receives notice of the revocation.

(C) This section does not apply to payments on purchase orders for tangible personal property when those payments are not accompanied by services to be performed in this State.

This notice is for informational purposes only. All questions should be directed to the South Carolina Department of Revenue (**https://dor.sc.gov**).

IV. INSTRUCTIONS TO APPLICANTS

DUTY TO INQUIRE

Applicant, by applying, represents that it has read and understands the application requirements and that its submission is made in compliance with the requirements. Applicant are expected to examine the application document thoroughly and should request an explanation of any ambiguities, discrepancies, errors, omissions, or conflicting statements therein. Failure to do so will be at the Applicant's risk. All ambiguities, discrepancies, errors, omissions, or conflicting statements in the application document shall be interpreted to require the better quality of services unless otherwise directed by amendment. Applicant assumes responsibility for any patent ambiguity in the application document that Applicant does not bring to The Agency's attention.

QUESTIONS FROM APPLICANTS

Any prospective applicant desiring an explanation or interpretation of the application must request it in writing. Any communication regarding the application must be directed to Bill Simpson at bsimpson@ddsn.sc.gov. Oral explanations or instructions will not be binding. Any information given a prospective offeror concerning this solicitation will be furnished promptly to all other prospective applicant as an Amendment to the application if that information is necessary for submitting applications or if the lack of it would be prejudicial to other prospective applicants.

RESPONSIVENESS/IMPROPER APPLICATIONS

(a) Applications for services other than those specified in the application document will not be considered.

(b) Applicants may submit more than one application, provided the application is for a different

solicited service. Each separate application must satisfy all application requirements. An Applicant seeking qualification as a provider of more than one service being solicited is allowed.
(c)Any application which fails to conform to the material requirements specified may be rejected as nonresponsive. Applications which impose conditions that modify material requirements specified may be rejected. Applicant will not be given an opportunity to correct any material nonconformity. Any deficiency resulting from a minor informality may be cured or waived at the sole discretion of The Agency.

VENDOR REGISTRATION MANDATORY

You must have a state vendor number to be eligible to apply. To obtain a state vendor number, visit https://www.procurement.sc.gov/ and select "*Doing Business With Us*" then "*Vendor Registration*". To determine if your business is already registered, go to "*Vendor Search*". Upon registration, you will be assigned a state vendor number. Vendors must keep their vendor information current. Please note that vendor registration does not substitute for any obligation to register with the S.C. Secretary of State (https://sos.sc.gov/) or S.C. Department of Revenue (https://dor.sc.gov/).

SUBMITTING THE APPLICATION

Submitted applications should be thorough, complete, well organized and tabbed as described in Section V of this document.

When submitting, applications should be in Portable Document Format ("PDF") and may be submitted via e-mail to providerapplications@ddsn.sc.gov. The applicant must use its discretion regarding encrypting e-mailed submissions.

If desired and requested, a The Agency can provide a link to securely exchange files. Requests for secure exchange should be made via email to Bill Simpson at bsimpson@ddsn.sc.gov.

WITHDRAWAL OR CORRECTION OF APPLICATION

An application may be withdrawn by written notice received by The Agency before notification regarding the application is issued by The Agency. Correction of an application will be allowed at the sole discretion of The Agency and only when necessary due to a minor informality.

V. INFORMATION FOR APPLICANTS TO SUBMIT

Applications should be well organized, tabbed and labeled as noted below. All information specified below must be included. All attestations must be on the applicant's official letterhead stationery and be signed and dated by the person authorized to submit it.

TAB 1: A completed Provider Information page (ATTACHMENT 1).

TAB 2: Understanding

a. (Name of Applicant) attests to the fact that it has the capacity to effectively monitor the physical safety, security, and well-being of people with disabilities.

b. For the purposes of this application, "principals" means officers; directors; owners; partners; and, persons having primary management or supervisory responsibilities within a business entity (e.g., general manager; head of a subsidiary, division, or business segment, and similar positions).

(Name of Applicant) attests to the fact that to the best of its knowledge and belief, the applicant and/or any of its Principals:
(1) Are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any state or federal agency;
(2) Have not, within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property;
(3) Are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses;
(4) Have not, within a three-year period preceding this offer, had one or more contracts terminated for default by any public (Federal, state, or local) entity;
(5) Are not, as of the date of submission, on the then-current version of the Iran Divestment Act List;
(6) Are not currently engaged in the boycott of a person or an entity based in or doing business with a jurisdiction with whom South Carolina can enjoy open trade, as defined in SC Code Section 11-35-5300.
(7) Have not been convicted of or have a history of neglect, abuse, or exploitation.
(8) Have not been convicted, pled no contest (nolo contendere) or has charges pending for a felony which would reasonably reflect adversely on that person's credibility or any employee's trustworthiness, morality, or fitness to work with persons with disabilities. The Agency will be the final authority regarding the implication of any convictions, pleas or charges pending.

Tab 3: Organizational Capacity

The Applicant must provide evidence that its actual or proposed structure is organized in such a way that there is a reasonable expectation that service(s) will be well administered. This evidence must include:

a. A description of the Applicant's legal structure, ownership, and affiliations (including proof of accreditation, if accredited).
b. A description of the planned or actual organizational structure including organizational chart that shows service(s) and employees (by title), clinical staff, and any consultants.
c. Biographies or resumes of management and supervisory staff who will oversee or administer the service(s) for which application is being made. When the Applicant will only employ one (1) person, an explanation of how appropriate supervision will be provided and by whom must be included.
d. An attestation that the Applicant understands its responsibility for obtaining, and maintaining in good standing, all licenses (including professional licenses, if any), permits, inspections and related fees for each or any such licenses, permits and /or inspections required by the State, county, city or other government entity or unit to deliver the services the Applicant qualified to deliver.
e. Evidence that the Offeror has or attestation that the applicant intends to acquire insurance in adequate amounts to protect itself and the State, including:
    - Commercial General Liability
    - Workers' Compensation (if staff will be employed);
    - Unemployment Compensation (if staff will be employed); and,
    - Automobile Insurance (if vehicles owned by Offeror will be used) to transport service users.
f. The Applicant must submit its policy or plan that will ensure the continuation of services when an emergency arises including, but not limited to, staff shortages, financial hardship, public health emergencies, natural disasters, and inclement weather.
g. The Applicant must attest to its understanding that, once approved as a provider and services have been delivered, The Agency, may at its option, require the Applicant to continue to provide services to service user(s) for a period of at least one hundred eighty (180) days past the termination or expiration of a contract or until appropriate alternate arrangements are made for the continuation of services to service users.

Tab 4: Requirements:

a. (Name of Applicant) attests to the fact that it will, as applicable, meet the current minimum Requirements, any subsequent updates to Requirements and any future Requirements for the service(s) the applicant proposes to render.

Tab 5: Staffing and Staff Training:

a. Describe, for each service the Applicant is proposing to be qualified to deliver, the minimum qualifications for each employee title.
b. Describe, for each service the Applicant is proposing to be qualified to deliver, the training to be provided to staff (initial and on-going) including the qualifications and credentials of the person who will deliver the training.
c. (Name of Applicant) attests that it will enforce strict discipline and good order among the Applicant's employees and other persons delivering services.
d. (Name of Applicant) attests that it shall not permit employment of unfit persons or persons not skilled in tasks assigned to them.

Tab 6: Automation Capabilities:

a. (Name of Applicant) attests that it will have the following components in order to access The Agency's computer systems:
    a. A broadband internet service provider (ISP).
    b. The latest version of an approved web browser (e.g., Chrome, Microsoft Edge).
    c. Its own on-site support.
    d. The ability to communicate with The Agency via email.
    e. At least one person appointed as the Provider Security Administrator (PSA) and as such serves as the point of contact for the management of the Offerors access to The Agency's computer systems.

b. (Name of Applicant) attests that it will exchange data in the latest versions of the following formats:

    a. Microsoft Word for any word processing documents.
    b. Microsoft Excel for any spreadsheets.
    c. TAB delimited text file format for any exported data.

c. (Name of Applicant) attests that it will submit to the Agency and keep current the Provider Security Administrator information submitted.
d. (Name of Applicant) attests that it will use and keep up-to-date service user data on The Agency's Consumer Data Support System (CDSS), Service Tracking System (STS), Waiver Tracking System (WVR) and Therap.
e. (Name of Applicant) attests that it will transmit all Protected Health Information and/or Personally Identifiable Information in an encrypted format (e.g., encrypted email, secure file transfer protocol, Microsoft OneDrive)

Tab 7: Financial/Funding Plan

The Applicant must submit the following in order to demonstrate that the public funds received will be adequately safeguarded and that a plan to remain financially solvent exists:

<u>For companies or agencies</u>:

a. (Name of Applicant) attests that it will account for funds in accordance with generally accepted accounting principles.

b. A copy of the current South Carolina Secretary of State Registration.
c. Audited Financial Statements for the previous year or tax returns for the previous year.
d. Internal Revenue Service ("IRS") Letter of Verification for Tax ID number (e.g., Form 147C, Form CP575A).
e. If not for profit, IRS Exempt Status Determination and IRS Return of Organization Exempt From Income Tax (Form 990).

For individuals or sole proprietorships:

a. (Name of Applicant) attests that it will account for funds in accordance with generally accepted accounting principles.
b. Current resume of owner.
c. Any applicable licenses or certifications.
d. Business plan (Sample Business Plans available at the South Carolina Business One Stop (https://scbos.sc.gov)

Tab 8: Rates

1. (Name of Applicant) attests to the fact that it:
   a. Understands and accepts the rates for the service(s) as stipulated in Part II. E. of this application.
   b. Understands that all payments for services under a contract resulting from this application shall constitute payment in full and that the Applicant shall not bill, request, demand, solicit or in any manner receive or accept payment or contributions from the service user or any other person, family member, relative, organization, or entity for services rendered to a service user.
   c. Understands its responsibility to seek payment for services rendered from the appropriate funding source.

Tab 9: Quality Management Functions

1. The Applicant must describe how it will gauge the quality and effectiveness of its services in order to discover the areas of strengths and pinpoint opportunities for improvement, including providing a:
   a. Description of how its Risk Management Committee will function and how often aggregated data will be analyzed;
   b. Description of how quality and compliance will be assured including the process to be employed, who will perform functions outlined in the process, and the frequency of the functions.
   c. Description of how the satisfaction of its service users and other stakeholders will be gauged.

2. The Applicant must attest to the fact that the Applicant will be responsible for and/all fines or penalties imposed by any state or federal agency pursuant to services rendered and those fines or penalties are the responsibility of the Applicant and shall be paid by the Applicant.

Tab 10: MINORITY PARTICIPATION

The Applicant must complete and submit "MINORITY PARTICIPATION" form which is ATTACHMENT 2.

VI. QUALIFICATION

To be eligible to be qualified, the Applicant must have the capability in all respects to deliver the service(s) in full accordance with all Requirements and with integrity and reliability which will assure good faith performance. The failure of an Applicant to receive business once qualified shall not be grounds for controversy.

When the application is determined to be both responsive and responsible, the Applicant will be qualified. Responsive will be determined by information provided in Tabs 1, 2, 6, 8, and 10. Responsible will be determined based on information provided in Tabs 3, 4, 5, 7 and 9.

VII. ATTACHMENTS TO THIS APPLICATION

Attachment 1 – Provider Information
Attachment 2 – Minority Participation

Provider Information

Regarding the **Company or Entity** submitting this Application, please provide the Company's/Entity's:

Name:

Mailing Address:

Telephone Number:

State Vendor Number:

Regarding the **representative** of the Company / Entity to be contacted regarding this Application, please provide the following:

Name:

Mailing Address:

Telephone number:

Email address:

Regarding the **service(s)** the company/entity is applying to be qualified to deliver, please indicate the service(s) for which qualification as a provider is being requested. Please check or otherwise indicate all that apply:

- ☐ Case Management (Waiver Case Management, Medicaid Targeted Case Management, State Funded Case Management)
- ☐ Residential Habilitation
- ☐ Day Services (Day Activity, Career Preparation, Community Services, Support Center)
- ☐ Employment Services (Group, Individual)
- ☐ Early Intervention [EI 0-3 and/or EI 3-6]
- ☐ Home Support Services (Independent Living Skills, Respite, Adult Companion)
- ☐ Intake

Once qualified to provide a service noted above, the company / entity may deliver services in any county of South Carolina. For information only, for each service noted above please indicate where, upon approval, the company/entity intends to deliver the service. *(e.g., Intake – statewide; Home Support Services – Richland and Lexington Counties)*

Service Name	Service Locations

ATTACHMENT 2

MINORITY PARTICIPATION

Name of business: _____

Is the applicant a South Carolina Certified Minority Business? ☐ Yes ☐ No

Is the applicant a Minority Business certified by another governmental entity?

☐ Yes ☐ No

If so, please list the certifying governmental entity: _____

Will any of the work under this contract be performed by a SC certified Minority Business as a subcontractor? ☐ Yes ☐ No

If so, what percentage of the total value of the contract will be performed by a SC certified Minority Business as a subcontractor? _____

Will any of the work under this contract be performed by a minority business certified by another governmental entity as a subcontractor? ☐ Yes ☐ No

If so, what percentage of the total value of the contract will be performed by a minority business certified by another governmental entity as a subcontractor? _____

If a certified Minority Business is participating in this contract, please indicate all categories for which the Business is certified:

☐ Traditional minority
☐ Traditional minority, but female
☐ Women (Caucasian females)
☐ Hispanic minorities
☐ DOT referral (Traditional minority)
☐ DOT referral (Caucasian female)
☐ Temporary certification
☐ SBA 8 (a) certification referral
☐ Other minorities (Native American, Asian, etc.)

(If more than one minority contractor will be utilized in the performance of this contract, please provide the information above for each minority business.)

The Department of Administration, Division of Small and Minority Business Contracting and Certification, publishes a list of certified minority firms. The Minority Business Directory is available at https://smbcc.sc.gov/directory.html.

Printed Name	Signature	Date