

There is an immediate need for Residential Habilitation Services to be delivered to people of all ages who have complex support needs. Complex support needs may include ID/RD, ASD or HASCI and co-occurring mental illness or substance abuse, recent history of extremely challenging behavior that presents a danger to the person and/or others, history of inappropriate behavior that resulted in criminal charges. DDSN will determine when and for whom complex support needs are present.

These people will be authorized by DDSN to receive Residential Habilitation. They will have resources for room and board. For those under the age of 18, public school attendance will be required.

## To fulfill this immediate need, DDSN is seeking proposals from qualified Residential Habilitation providers that have demonstrated the ability to deliver quality Residential Habilitation services.

A minimum of twenty-eight (28) beds will be funded. Proposals utilizing the CTH II model, or other models of Residential Habilitation will be considered.

Residential service delivery must begin no less than six months from the approval of the proposal, or sooner.

As a condition of funding provided by DDSN, the provider must accept authorization (no reject) for Residential Habilitation services for those people stipulated by DDSN and must agree to support those people (no eject) until the services are no longer needed or Residential Habilitation Services are delivered by a newly selected provider.

Proposals must include:

- A completed "Notice of Intent/Response to Solicitation" form (attached).
- A general description of the location(s) in which potential residential settings would be located and the model(s) proposed.
- Information about the school district(s) and school(s) the students would attend. If your agency has a relationship with the school or district, please include information about the relationship. If not, please indicate the steps your agency would take to ensure students could receive necessary school services as soon as possible following the start of service.
- The financial support needed from DDSN to deliver services. Please include a proposed budget that itemizes costs and specifically indicates the costs for which financial support from DDSN would be required. DDSN funding is available for one-time costs. Proposals may include requests for funding to purchase the setting.
- A timeline for occupancy and service start.
- Acknowledgment of the condition applied to DDSN funding.

Proposals must be submitted by **October 30, 2023**. For questions, please contact **Harley Davis at 803.898.9650**/ <u>harley.davis@ddsn.sc.gov</u>.

Proposals should be clear and well-organized. All proposals will be evaluated based on the following:

- Reasonableness of itemized budget and financial need including the total budget amount;
- Relationships with school district(s) or proposes reasonable steps that could be taken to establish that relationship with school district(s);
- Leadership and recent performance in areas of Residential Licensing, Residential Habilitation compliance and Administrative Agency compliance; and
- Timeliness of implementation/availability.

South Carolina Department of Disabilities & Special Needs Solicitation for Residential Habilitation Services

## Notice of Intent/Response to Solicitation

Provider Agency Name:

Contact:

Email:

Phone:

Office address:

List the counties in which Residential Habilitation Services are currently delivered by your agency:

Regarding your agency, respond to each question below.		
Does/has your agency:		
Have a current contract with DDSN and is eligible to bill for	TYes	No
Residential Habilitation services through SCDHHS.		
Received a Notice of Material Deficiencies or other Contract	TYes	No
Enforcement Action in the prior 12 months.		
Maintained a minimum of 86% compliance for all Residential	Yes	No
Licensing Reviews for the prior 12 months.		
Maintained a minimum 86% compliance for all Residential		
Habilitation, Residential Staff Qualifications, and Administrative	Yes	No
Compliance Reviews in the past 18 months.		
Have initial and on-going staff training program which includes both		
the topics required in DDSN Directive 567-01-DD, and the prevention	Yes	No
and reporting of allegations of abuse, neglect, and exploitation and		
other critical incidents?		
Have an active Human Rights Committee?	Yes	No
Have an active Risk Management Committee?	Yes	No
Utilize a DDSN-approved Crisis Management Curriculum.	Yes	No
Utilize an approved Medication Technician Curriculum and provides	Yes	No
required quarterly oversight to all staff who administer medication.		
Attest that sufficient capacity will be achieved to ensure successful	Yes	No
implementation of additional residential options		

The undersigned party has the authority to submit this Notice of Intent/Response to Solicitation and a proposal on behalf of \_\_\_\_\_\_ and attests that responses are true and accurate.

Provider Executive Director/ CEO

Date