



South Carolina Department of  
Disabilities and Special Needs

## Application for Provider Qualification: Independent Living Skills

### 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. At the discretion of DDSN, the frequency of reviews may be limited to four (4) times per year, in February, May, August, and November.

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 II - 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 support. Those are:

### ***Values: Our Guiding Beliefs***

- Dignity and respect,
- Health, safety, and well-being,
- Individual and family participation, 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 two (2) sources of funding which may be accessed to pay for the services which will be delivered by Independent Living Skills providers, once qualified. Those funding sources are:

- Medicaid Home and Community Based Services (HCBS) Waivers operated by The Agency and administered by SCDHHS, and
- The Agency

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.

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. 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 may 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.

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 Independent Living Skills is offered by The Agency once it is determined that a determination of eligibility for The Agency's services will be pursued.

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., Career Preparation, Day Activity, 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, competence, 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.

Independent Living Skills 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](#))

## **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, and Individual Service Reviews.

### **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.

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 limited 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.

### **Initial Probationary Status**

Newly qualified providers will be subjected to Administrative Compliance Reviews and Individual Service Reviews 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 and Individual Service Reviews 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.

## Plans of Correction and Follow-up Reviews

All reviews (i.e., Administrative Compliance Reviews and Individual Service Reviews) 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:

- Independent Living Skills

A separate application process is available for other service types.

### **B. Definitions and Specifications**

#### **Independent Living Skills:**

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 educational 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 ILS if a worker has spent fifteen (15) minutes providing ILS, as defined.

**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. 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.

**D. Payment for Services Rendered**

The process of 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.

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

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 eSCDHHS 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:

<b>Service</b>	<b>The Agency (DDSN)</b>	<b>Healthy Connections (SCDHHS)</b>	<b>Method</b>
Independent Living Services – State-funded	x		Therap® and CDSS
Independent Living Services- HCBS Waiver		x	Therap® and CDSS



## **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 State Independent Living Skills are the same as the assigned Tier for HCBS Waiver funded services.

## **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:

- Microsoft Word for any word processing documents.
- Microsoft Excel for any spreadsheets.
- 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 Am1. §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 compromised.

### **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. Applicants 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 [providerapplications@ddsn.sc.gov](mailto:providerapplications@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 non-responsive. Applications which impose conditions that modify material requirements specified may be rejected. Applicants 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](mailto:providerapplications@ddsn.sc.gov). The applicant must use its discretion regarding encrypting e-mailed submissions.

## **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. Electronic signatures are not acceptable.

Applicants are encouraged to review the South Carolina Secretary of State's website (<https://businessfilings.sc.gov/BusinessFiling/Entity/Search>) prior to selecting a name for their company. Names should be distinctive enough to allow service users to identify the provider without confusion due to similar names of other companies.

### **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, along with a biography or resume of the supervising person
- d. (Name of Applicant) attests that it 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. (Name of Applicant) attests 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:



For companies or agencies (including Limited Liability Corporations):

- 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. If currently in operation, Audited Financial Statements for the previous year or tax returns for the previous year.
- d. If not currently in operation, or in operation for less than one year, a detailed business plan including three years of financial projections.
- e. Internal Revenue Service ("IRS") Letter of Verification for Tax ID number (e.g., Form 147C, Form CP575A).
- f. 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. Detailed Business plan including three years of financial projections (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. (Name of Applicant) attests to the fact that the Applicant will be responsible for any/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.

Applications determined not qualified may be resubmitted for consideration after a one-year wait period.

Applications initially determined not qualified may be resubmitted a total of one (1) time.

**VII. ATTACHMENTS TO THIS APPLICATION**

- Attachment 1 - Provider Information
- Attachment 2 - Minority Participation



## Provider Information

**Please provide the following information for the Company/Entity submitting the Application:**

<b>Company/Entity Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	
<b>State Vendor Number:</b>	

**Please provide contact information for the representative of the Company/Entity to be contacted regarding this Application:**

<b>Representative Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	

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, and/or Support Center)
	Employment Services (Group, Individual)
	Early Intervention [EI 0-3 and/or EI 3-6]
	Home Support Services (Respite and Adult Companion)
	Independent Living Skills
	Intake

Once qualified to provide a service noted above, the company / entity may deliver services to authorized DDSN eligible participants in any county of South Carolina. 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) In addition, please indicate which specific population(s) the company/entity intends to serve. (e.g., Intellectual Disabilities/Related Disabilities (ID/RD); Autism; Head and Spinal Cord Injuries (HASCI).

Service Name:	Counties included in Service Area:	Target Population:



**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



## Applicant Checklist

Steps to becoming a DDSN Qualified Provider, in order:

- The applicant will submit the Provider Qualifications Application to DDSN, including Attachment 1 and Attachment 2.  
DDSN will screen applications and communicate status. DDSN determines if application is both responsive and responsible and provides notification to the applicant via letter.  
If the application is not approved, the applicant may re-apply with additional information to complete the application and/or corrections.  
If the application is approved, DDSN will send contract(s) to the applicant via DocuSign.
- The applicant must electronically sign and return the contract(s) to DDSN.
- The applicant must apply for Medicaid Provider ID(s) with DHHS. This ID will have a prefix of “WQ.”
- Upon receipt of the “WQ” provider ID from DHHS, the applicant will submit a copy of approval notice(s) to DDSN at [providerapplications@ddsn.sc.gov](mailto:providerapplications@ddsn.sc.gov).  
DDSN will send a Welcome Letter and Provider Enrollment form to the applicant.
- The applicant must complete the Provider Enrollment Form and return it to DDSN via [providerapplications@ddsn.sc.gov](mailto:providerapplications@ddsn.sc.gov). Upon set-up of all internal data systems, DDSN will grant access to the DDSN “Applications Portal.”
- The applicant must complete the New Provider Orientation video and review the Provider Orientation Manual.
- The applicant must receive Therap training from Therap representative.
- DDSN will add the applicant to the qualified provider list (QPL).
- The applicant must obtain a DDSN/DHEC license(s) (if applicable) prior to service delivery.
- The applicant must receive service-specific training (as applicable).
- The applicant must receive an Authorization for service delivery to each participant from his/her Case Manager.
- Upon completion of all the steps above, services may be delivered according to the defined scope and as authorized.

Questions? Contact [providerapplications@ddsn.sc.gov](mailto:providerapplications@ddsn.sc.gov) or 803-898-9614.