

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
APPLICATION TO PROVIDE BEHAVIOR SUPPORT SERVICES FUNDED BY DDSN OPERATED
MEDICAID HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVERS
REVISED – AUGUST 2014

NAME: [REDACTED]		
ADDRESS: [REDACTED]		
PHONE: [REDACTED]	E-MAIL ADDRESS: [REDACTED]	FAX: [REDACTED]

EDUCATION
HIGHEST DEGREE EARNED: [REDACTED]
YEAR: [REDACTED]
SCHOOL: [REDACTED]
MAJOR: [REDACTED]
ARE YOU A BOARD CERTIFIED BEHAVIOR ANALYST (BCBA OR BCBA-D) OR BOARD CERTIFIED ASSISTANT BEHAVIOR ANALYST (BCABA)? <input type="checkbox"/> YES, BCBA OR BCBA-D <input type="checkbox"/> YES, BCABA <input type="checkbox"/> NO
DESCRIBE YOUR EXPERIENCE WORKING WITH PEOPLE WHO HAVE INTELLECTUAL DISABILITIES / RELATED DISABILITIES AND/OR HEAD AND SPINAL CORD INJURY: [REDACTED]
HOW MANY YEARS OF EXPERIENCE DO YOU HAVE WORKING WITH THIS POPULATION? [REDACTED]
NOTE: YOUR APPLICATION MUST INCLUDE PROOF OF RESIDENCY AND THE RESULTS OF A CRIMINAL BACKGROUND CHECK. SEE <u>ATTACHMENT A</u> FOR DETAILS.

PLEASE ATTACH 1) A CURRENT RESUME AND 2) A WORK SAMPLE FOR ONE ACTUAL CASE (WITH CONSUMER NAME REDACTED OR REPLACED BY INITIALS) THAT INCLUDES THE FOLLOWING:

1. FUNCTIONAL ASSESSMENT, INCLUDING INDIRECT AND DIRECT OBSERVATION AND ANALYSIS OF BASELINE DATA TO DETERMINE THE FUNCTION(S) OF PROBLEM BEHAVIOR AND UNDER WHAT CONDITIONS THEY OCCUR
2. BEHAVIOR SUPPORT PLAN (BSP) THAT IS BASED ON THE FUNCTIONAL ASSESSMENT
3. SAMPLE DATA COLLECTION SYSTEM(S)
4. RECORD OF TRAINING CONDUCTED FOR STAFF/CAREGIVERS TO IMPLEMENT THE BSP
5. RECORD OF TRAINING CONDUCTED FOR STAFF/CAREGIVERS TO COLLECT BEHAVIORAL DATA
6. GRAPHING OF BEHAVIORAL DATA FOR DEMONSTRATION OF INTERVENTION EFFECT

SEE **ATTACHMENT B** FOR DETAILS ON HOW YOUR RESUME AND WORK SAMPLE WILL BE EVALUATED ACCORDING TO THE *Behavior Support Standards* available at:

<https://ddsn.sc.gov/providers/directives-and-standards/current-standards>

CERTIFICATION OF APPLICANT

BY MY SIGNATURE, I AFFIRM THAT ALL STATEMENTS ON THIS FORM ARE TRUE AND ACCURATE. **I ALSO VERIFY THAT ALL WORK SAMPLES ATTACHED (E.G., ASSESSMENTS, BEHAVIOR SUPPORT PLANS) ARE EXCLUSIVELY MY OWN WORK AND WERE DEVELOPED / ADMINISTERED, INTERPRETED AND WRITTEN BY ME UNLESS OTHERWISE NOTED IN WRITING.** I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN EXCLUSION FROM FURTHER CONSIDERATION OR, IF APPROVED, TERMINATION OF PROVIDER STATUS FOR ANY SERVICES UNDER THE MEDICAID ID/RD, HASCI AND COMMUNITY SUPPORTS WAIVERS.

CONFIDENTIALITY: THE CONTENT AND FORMAT OF THE INTERVIEW PROCESS ARE CONFIDENTIAL. YOU MAY NOT COMMUNICATE INFORMATION ABOUT THE INTERVIEW PROCESS OR CONTENT TO OTHERS IN ANY FORMAT (E.G., ELECTRONIC, WRITTEN OR VERBAL). ANY BREACH OF CONFIDENTIALITY MAY RESULT IN A TERMINATION OF CANDIDACY OR ENROLLMENT STATUS.

SIGNATURE: _____ **DATE:** _____

SUBMIT THE COMPLETED FORM AND REQUIRED ATTACHMENTS TO:

Mark Morgan
Crisis Prevention Coordinator, Services
MMorgan@ddsn.sc.gov; 803-898-9257

OR

Mark Morgan
South Carolina Department of Disabilities and Special Needs
Po Box 4706
Columbia, SC 29240

Proof of Residency and Criminal Record Checks

The SC Code of Laws (Title 44, Chapter 7, Article 23 – Criminal Record Checks of Direct Care Staff) requires that a direct caregiver undergo a criminal background check and provide verification of residency for the twelve months preceding the date of application prior to being employed by or contracting with a direct care entity. Providers of Behavior Support Services under Medicaid Home and Community Based Services Waivers meet the definition of a direct caregiver under this law. In order to be considered for approval and enrollment as a provider of Behavior Support Services for the Intellectual Disabilities / Related Disabilities (ID/RD) Waiver, Community Supports (CS) Waiver and Head and Spinal Cord Injury (HASCI) Waiver, you must submit the following information with your application:

1. Proof of residency in South Carolina or another state, for the twelve months preceding the date of your application to become a provider, verified by one of the below:
 - a. a driver's license or identification card issued by the state of residence
 - b. rent, mortgage, or utility receipts in your name for a home in the state of residence
 - c. pay stubs in your name from a business located in the state of residence
 - d. bank records in your name showing a deposit or checking account held in a branch office located in the state of residence
2. A check of criminal background records from the state of residence. A criminal background check from the South Carolina State Law Enforcement Division (SLED) may be obtained at the following web address: <https://catch.sled.sc.gov/Default.aspx>. A copy of the results of the check must be included with your application.

Note: If you maintain a mailing address within 25 miles of the South Carolina border, you are considered a resident of South Carolina.

If you are unable to provide proof of residency for 12 consecutive months prior to the date of your application, either in South Carolina or another state, you must submit the following:

- a) A SC SLED check of criminal background records **and**
- b) FBI check of criminal background records. Any local sheriff's department will roll your prints which will then be sent to SLED and forwarded to the FBI for a national check. Check with the sheriff's department to determine the times they provide this service, as it varies for each department. You may also use the following web address to initiate a national check: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

It may take several weeks to obtain results of an FBI check. If your SLED check is favorable, you may be employed or contracted on a provisional basis upon submission of proof that an FBI check has been initiated.

South Carolina Department of Disabilities and Special Needs
Screening Checklist for HCBS Waiver-funded Behavior Support Services Provider Applications
(Revised May 2014)

Applicant's Name: _____

Date Submitted: _____

Provider Requirements	Screening Criteria			Comments
		Met	Not Met	
1. Bachelors & 2 years relevant experience OR Masters & 1 year relevant experience	Documentation of experience in writing BSP's for specified time period on resume			
2. Interview(s) of relevant staff/caregivers for development of preliminary summary statement(s)	Documentation, with dates, of interviews using an empirically validated functional assessment instrument; summary statement(s) including information on setting events, antecedents, problem behavior(s) and consequence(s)			
3. Direct observation of behavior	Documentation, with dates and duration, that applicant observed consumer			
4. Analysis of baseline data to determine function(s) of problem behavior(s) and under what conditions they occur	Completed A B C data chart or summary based on consumer observations; discussion of data as pertains to function(s) of problem behavior(s)			
5. Design of interventions, based on the functional assessment, that have a majority of their focus on prevention of the problem behavior(s) and teaching functionally equivalent replacement behavior(s)	Presence of preventive strategies, such as environmental manipulations and addition of functional and meaningful activities; methods for teaching alternative behavior that accesses the same consequence as the problem behavior			
6. Design of data collection systems	Collection form is present			
7. Training of staff/caregivers to collect behavioral data	Documentation, with dates, that applicant trained appropriate staff/ caregivers to collect data			
8. Defining behavior in objective and measurable terms	Operational definition of target behavior(s) present			
9. Training direct support staff/caregivers to effectively implement the BSP	Documentation, with dates, that applicant trained appropriate staff/ caregivers to implement the BSP			
10. Graphing of behavioral data for demonstration of intervention effect	Presence of graphs that include baseline and intervention			