



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

There is an immediate need for Residential Habilitation Services to be delivered to people who are fourteen (14) to twenty-one (21) years of age. These young people will be authorized by DDSN to receive Residential Habilitation. They will have resources for room and board and will likely be authorized to receive Residential Habilitation Tier 3 or its equivalent. For those under the age of eighteen (18), public school attendance will be required. For those over the age of eighteen (18), public school attendance is preferred.

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 twelve (12) beds will be funded. Proposals utilizing CTH II models or other models of Residential Habilitation will be considered.

The preferred start date for the delivery of Residential Habilitation Services is August 1, 2023, 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 financial support needed from DDSN to deliver services by the preferred start date. 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 on or before **April 30, 2023**. Proposals should be submitted by email to Dr. Harley Davis at **harley.davis@ddsn.sc.gov**. Questions may also be directed to Dr. Davis.

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 proposed steps that could be taken to establish that relationship.
- Leadership and recent performance in areas of Residential Licensing, Residential Habilitation compliance and Administrative Agency compliance.
- Timeliness of implementation/availability.

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Notice of Intent/ Response to Solicitation

Provider Agency Name:

Contact:

Phone:

Email:

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 Residential Habilitation Services through SCDHHS? Yes No

Received a Notice of Material Deficiencies or other Contract Enforcement Action in the past 12 months? Yes No

Maintained a minimum of 86% compliance for all Residential Licensing Reviews for the past 12 months? Yes No

Maintained a minimum 86% compliance for all Residential Habilitation, Residential Staff Qualifications, and Administrative Compliance Reviews in the past 18 months? Yes No

Have initial and on-going staff training program(s) which includes both the topics required in DDSN Directive 567-01-DD, and the prevention and reporting of allegations of abuse, neglect, and exploitation and other critical incidents? Yes No

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 required quarterly oversight to all staff who administer medication? Yes No

Attest that sufficient capacity will be achieved to ensure successful implementation of additional residential options? Yes No

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