

	SCDMH Fixed Price Bid Amendment - 3	Solicitation Number Date Printed Date Issued Procurement Officer Phone E-Mail Address	B0069-08-JW May 1, 2009 May 1, 2009 Janet K. Watkins (803) 898-8481 jkw76@scdmh.org

DESCRIPTION: Community Based Alternatives to Psychiatric Residential Treatment Facilities

The Term "Offer" Means Your "Bid" or "Proposal".

SUBMIT OFFER BY (Opening Date/Time): See "Deadline For Submission of Offer" provision

QUESTIONS MUST BE RECEIVED BY: See "Questions From Offerors" provision

NUMBER OF COPIES TO BE SUBMITTED: **One (1) original and five (5) copies.**

*****Offers must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior.*****

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS: South Carolina Department of Mental Health Procurement Office P.O. Box 485 Columbia, SC 29202	PHYSICAL ADDRESS: South Carolina Department Mental Health Procurement Office 2414 Bull Street, Suite 201 Columbia, SC 29201
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See "Submitting Your Offer" provision

CONFERENCE TYPE: None Scheduled DATE & TIME: As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions	LOCATION: N/A
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AWARD & AMENDMENTS	Award(s) will be posted at the Physical Address stated above. The award(s), this solicitation, and any amendments will be posted at the following web address: http://www.state.sc.us/dmh/reqforprop.htm .
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You must submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of thirty (30) calendar days after the Opening Date.

NAME OF OFFEROR <small>(Full legal name of business submitting the offer)</small> AUTHORIZED SIGNATURE <small>(Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.)</small> TITLE <small>(Business title of person signing above)</small> PRINTED NAME <small>(Printed name of person signing above)</small>	OFFEROR'S TYPE OF ENTITY: <small>(Check one)</small> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (tax-exempt) <input type="checkbox"/> Corporate entity (not tax-exempt) <input type="checkbox"/> Government entity (federal, state, or local) <input type="checkbox"/> Other _____ <small>(See "Signing Your Offer" provision.)</small>
DATE SIGNED	

Instructions regarding Offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the offeror above. An offer may be submitted by only one legal entity. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, *i.e.*, a separate corporation, partnership, sole proprietorship, etc.

STATE OF INCORPORATION <small>(If offeror is a corporation, identify the state of Incorporation.)</small>	
TAXPAYER IDENTIFICATION NO. <small>(See "Taxpayer Identification Number" provision)</small>	STATE VENDOR NO. <small>(Register to Obtain S.C. Vendor No. at www.procurement.sc.gov)</small>

PAGE TWO

(Return Page Two with Your Offer)

HOME OFFICE ADDRESS (Address for offeror's home office / principal place of business)	NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause)								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Area Code</td> <td style="width:25%;">Number</td> <td style="width:20%;">Extension</td> <td style="width:40%;">Facsimile</td> </tr> <tr> <td colspan="4" style="padding: 5px;">E-mail Address</td> </tr> </table>	Area Code	Number	Extension	Facsimile	E-mail Address			
Area Code	Number	Extension	Facsimile						
E-mail Address									

PAYMENT ADDRESS (Address to which payments will be sent.) (See "Payment" clause)	ORDER ADDRESS (Address to which purchase orders will be sent) (See "Purchase Orders" and "Contract Documents" clauses)
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<input type="checkbox"/> Payment Address same as Home Office Address <input type="checkbox"/> Payment Address same as Notice Address (check only one)	<input type="checkbox"/> Order Address same as Home Office Address <input type="checkbox"/> Order Address same as Notice Address (check only one)
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ACKNOWLEDGMENT OF AMENDMENTS Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. See "Amendments to Solicitation" Provision	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date

DISCOUNT FOR PROMPT PAYMENT See "Discount for Prompt Payment" clause	10 Calendar Days (%)	20 Calendar Days (%)	30 Calendar Days (%)	____ Calendar Days (%)
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PREFERENCES – SC RESIDENT VENDOR PREFERENCE (June 2005): Section 11-35-1524 provides a preference for offerors that qualify as a resident vendor. A resident vendor is an offeror that (a) is authorized to transact business within South Carolina, (b) maintains an office* in South Carolina, (c) either (1) maintains a minimum \$10,000.00 representative inventory at the time of the solicitation, or (2) is a manufacturer which is headquartered and has at least a ten million dollar payroll in South Carolina, and the product is made or processed from raw materials into a finished end-product by such manufacturer or an affiliate (as defined in section 1563 of the Internal Revenue Code) of such manufacturer, and (d) has paid all assessed taxes. If applicable, preference will be applied as required by law.	OFFERORS REQUESTING THIS PREFERENCE MUST INITIAL HERE. _____ *ADDRESS AND PHONE OF IN-STATE OFFICE <input type="checkbox"/> In-State Office Address same as Home Office Address <input type="checkbox"/> In-State Office Address same as Notice Address <p align="right">(CHECK ONLY ONE)</p>
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PREFERENCES – SC/US END-PRODUCT (June 2005): Section 11-35-1524 provides a preference to vendors offering South Carolina end-products or US end-products, if those products are made, manufactured, or grown in SC or the US, respectively. An end-product is the item identified for acquisition in this solicitation, including all component parts in final form and ready for the use intended. The terms “made,” “manufactured,” and “grown” are defined by Section 11-35-1524(B). By signing your offer and checking the appropriate space(s) provided and identified on the bid schedule, offeror certifies that the end-product(s) is either made, manufactured or grown in South Carolina, or other states of the United States, as applicable. Preference will be applied as required by law.	IF THIS PREFERENCE APPLIES TO THIS PROCUREMENT, PART VIII (BIDDING SCHEDULE) WILL INCLUDE A PLACE TO CLAIM THE PREFERENCE. OFFERORS REQUESTING THIS PREFERENCE MUST CHECK THE APPROPRIATE SPACES ON THE BIDDING SCHEDULE.
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NOTICE

AMENDMENT NO. 3

Solicitation #B0069-08-JW

Community Based Alternatives to Psychiatric Residential Treatment Facilities

The Fixed Price Bid Solicitation No. B0069-08-JW is hereby amended by incorporating the following:

The CBA PRTF waiver otherwise known as the CHANCE waiver grant, will open up expansion as of May 1, 2009 to Cherokee, Spartanburg and Union counties.

Qualified Providers (determined as those who have submitted a bid proposal for solicitation #B0069-08-JW, enrolled in South Carolina Medicaid, received an award letter to solicitation #B0069-08-JW issued by DMH Office of Procurement and is listed on the Qualified Provider List found on www.chance.sc.gov) who have submitted Attestation letters to provide services in Cherokee, Spartanburg and Union counties will have those letters honored as of May 1, 2009.

The CHANCE waiver grant is now accepting New Potential Provider bid proposals to provide services in Richland, Lexington, Fairfield, Cherokee, Spartanburg and Union. Please refer to B0069-08-JW Amendment #2 for the Fixed Price Bid Outline found on page 5 to help in developing your agency's provider proposal. Please also visit www.chance.sc.gov for an outline of the process to becoming a Qualified Provider with the CHANCE waiver grant.

MODIFICATIONS

For Waiver Years 2 and 3, the number of unduplicated waiver participants will be 50 slots. Page 10 of the Fixed Price Bid solicitation #B0069-08-JW, should now read:

Waiver Year 2	50 unduplicated number of participants
Waiver Year 3	50 unduplicated number of participants

MODIFICATION TO FORM DOCUMENT

The PRTF Waiver Minimum Data Set form, Attachment VII, has been updated and now includes the PRTF Waiver Minimum Data Set (MDS) Addendum. See attached. Disregard the earlier version on page 57 of the Fixed Price Bid B0069-08-JW. Please contact Suzan Watt at 803-898-8652 if you have any questions.

*** Updates to the status of the CBA PRTF waiver will be made available to current Qualified Providers and to Potential Providers through postings on the DMH Office of Procurement site at <http://www.state.sc.us/dmh/reqforprop.htm> and the CHANCE waiver site at www.chance.sc.gov.

*** All other terms and conditions remain in effect.

PRTF Waiver Minimum Data Set (MDS) Addendum

YOUTH MEDICAID NUMBER

□ □ □ □ □ □ □ □ □ □

Date of Assessment

□ □ / □ □ / □ □ □ □

Record Trail

- Entry 6 Month follow-up Discharge

1. Severity of Substance use in the past 6 months.

- Youth reports that he/she has never tried alcohol and or other drugs.
- Mild (occasional use): Youth reports that he/she uses on occasion for special event, etc.
- Moderate (abuse): Alcohol or other drugs are causing problems with interpersonal relationships and school.
- Severe (addiction): *In Order to meet the criteria for severe substance abuse, at least 2 of the following criteria must be met. Please choose all that apply.*
 - ___ 1. Youth would benefit from alcohol and other drug abuse treatment facility.
 - ___ 2. Youth has tried to stop but has been unsuccessful.
 - ___ 3. Youth has had altercations with law enforcement while under the influence.
 - ___ 4. A great deal of time is spent in activities necessary to obtain substance, use substance, or recover from its effects.

2. School absence severity in the past 6 months.

- Youth attends school regularly
- Occasional attendance problems
- Problems with attendance (missing 2 days each week)
- Generally truant or refuses to go to school