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South Carolina Department of Disabilities and Special Needs  
**REQUEST FOR PROPOSALS**

**Projects to Expand Statewide Use of  
Specialized TBI/SCI Post-Acute Rehabilitation Funding  
State Fiscal Year 2014**

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SCDDSN has limited state funding each year to pay for medical rehabilitation for uninsured or underinsured people with traumatic brain injury (TBI) and/or spinal cord injury (SCI) in CARF-accredited inpatient/outpatient TBI/SCI Rehabilitation Programs. See attached Fact Sheet for information concerning this funding. To promote increased utilization of this funding by patients from parts of the state that currently are underrepresented, SCDDSN will consider supporting two types of time-limited projects:

- I. Efforts by CARF-accredited TBI/SCI Rehabilitation Programs currently contracted by SCDDSN to market their programs to hospitals/physicians in the Midlands, Pee Dee, and Lowcountry areas of the state. This must include promoting application for SCDDSN funding for eligible patients. It may also include expanding/strengthening a current program to serve the referenced areas.

Up to \$75,000 may be requested. The project may include such activities and expenditures as:

- Program representatives to contact/visit hospital discharge planners and physicians in the Midlands, Pee Dee, and Lowcountry areas to recruit TBI/SCI patients and applicants for SCDDSN funding
- Recruitment of TBI/SCI treatment teams in the Midlands, Pee Dee, and Lowcountry areas
- Hiring incentives to increase staff qualified to serve people with TBI/SCI
- Pre-service/In-service staff training to increase capacity to serve people with TBI/SCI

- II. Efforts by rehabilitation facilities in the state to prepare for and achieve CARF specialty accreditation as a TBI/SCI Rehabilitation Program. It may also include current programs seeking an additional type of TBI/SCI specialty accreditation. Priority consideration will be given to rehabilitation facilities or programs located in the Midlands, Pee Dee, and Lowcountry areas of the state. If specialty accreditation is obtained, SCDDSN will contract with the facility or program for funding of eligible patients.

Up to \$150,000 may be requested. The project may include such activities and expenditures as:

- CARF Intent to Survey Fee
- CARF Survey Fee based on required number of surveyors and days of survey
- Temporary full or part-time Consultant to develop documentation and prepare site(s) for survey
- Efforts to recruit qualified clinical staff, including hiring incentives
- TBI/SCI specialty training for clinical staff

Proposals will be evaluated by SCDDSN staff to determine suitability for funding. SCDDSN will subsequently execute a contract with the selected organizations. Funding is one-time and projects must be completed by December 31, 2014. A final report of completed activities and expenditures must be submitted within 30 days.

**A Project Application** (attached) **may be submitted any time until December 2, 2013**. Submission by Fax or E-mail is not allowed. The original application and (2) copies must be mailed or delivered to:

**Linda C. Veldheer, Ph.D., Director**  
**Head and Spinal Cord Injury Division**  
**SC Department of Disabilities and Special Needs**

**3440 Harden Street Extension, Suite 240**  
**Post Office Box 4706**  
**Columbia, South Carolina 29240**

*For questions concerning this RFP, contact Dr. Linda Veldheer at 803/898-9789 or [LVeldheer@ddsn.sc.gov](mailto:LVeldheer@ddsn.sc.gov)*

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**South Carolina Department of Disabilities and Special Needs  
Head and Spinal Cord Injury (HASCI) Division**

**Funding for Specialized TBI/SCI Post-Acute Rehabilitation**

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**WHAT:**

SCDDSN has limited state funding to pay for medical rehabilitation for uninsured or underinsured people with traumatic brain injury (TBI) and/or spinal cord injury (SCI) in CARF-accredited inpatient/outpatient TBI/SCI Rehabilitation Programs. These funds may be used subsequent to, but cannot supplant or subsidize, any other funding.

**WHO:**

Applicants must be residents of South Carolina at the time of injury and must be uninsured or unable to access sufficient post-acute rehabilitation through private health insurance, Medicare, Medicaid, Worker's Compensation, Veterans Administration, or any other payers. If receiving or eligible for Medicaid, applicants must be 21 years of age or older.

Applicants must have traumatic brain injury and/or spinal cord injury caused by external physical trauma and resulting in hospitalization or treatment in an emergency department or by a physician and not congenital or due to a chronic, degenerative, or progressive medical condition. (*TBI does not include anoxic or hypoxic brain damage, aneurysm, stroke, or dementia. Traumatic SCI does not include spinal column fracture, disc injury, spinal stenosis, or demyelinating disease.*)

Applicants must meet medical necessity and clinical level of care criteria. Applicants must no longer require acute care, be able to actively participate in and benefit from intensive rehabilitation, and be reasonably expected to achieve neurological recovery and/or improved functioning. Patients in coma, persistent vegetative state, or minimally responsive state are not eligible. Applicants must have viable and productive post-rehabilitation options.

**WHEN:**

The intent is for specialized TBI/SCI post-acute rehabilitation to begin when acute care is no longer needed and upon discharge from a hospital or after diagnosis by a physician.

**WHERE:**

SCDDSN currently contracts with three entities to provide specialized rehabilitation:

- Roger C. Peace Rehabilitation Hospital (Greenville, South Carolina)  
Telephone: 1-800-868-8871 *TBI and SCI, Inpatient and Outpatient*
- Carolinas Rehabilitation (Charlotte, North Carolina)  
Telephone: 1-704-355-5869 *TBI and SCI, Inpatient and Outpatient*
- Rehab Without Walls (Augusta, Georgia)  
Telephone: 1-866-734-2296 *TBI Home-based Outpatient*

**HOW:**

Trauma centers, acute care hospitals, and physicians may refer patients to the entities above. Potential applicants or their representatives may also contact these entities for information.

*If interested in contracting as a provider for this funding, other rehabilitation programs with CARF specialty accreditation for TBI/SCI may contact the SCDDSN Head and Spinal Cord Injury Division at 803/898-9789.*

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South Carolina Department of Disabilities and Special Needs

**Project Application**

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**Applicant Agency/Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Federal or Tax Identification Number:** \_\_\_\_\_

**Total Funds Requested from SCDDSN:** \_\_\_\_\_

**Project Coordinator:** \_\_\_\_\_

*Name and Title*

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Supervisor of Project Coordinator:** \_\_\_\_\_

*Name and Title*

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Fiscal Administrator:** \_\_\_\_\_

*Name and Title*

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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South Carolina Department of Disabilities and Special Needs

**Project Narrative**

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**Type of Project**

\_\_\_\_\_ Increased access to specialized TBI/SCI Rehabilitation by persons in the Midlands, Pee Dee, and Lowcountry areas of the state

\_\_\_\_\_ Prepare for and achieve CARF accreditation as a TBI/SCI Rehabilitation Program

**Proposed Project Description**

- 1) Project Goal: Broad statement of purpose of the proposed project.
- 2) Objectives: Discreet objectives to address the project goal
- 3) Approach: Strategies and activities to accomplish each objective

**Project Implementation Plan**

Complete the form provided as Appendix A for each objective listed above. Specific activities to accomplish each objective must include responsible person(s), target dates, and a measure of documentation/evaluation.



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South Carolina Department of Disabilities and Special Needs

**Project Certification**

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**Organization Official Authorizing this Application:**

\_\_\_\_\_  
Signature of CEO, Executive Director, or Designee

\_\_\_\_\_  
Name and Title *(Typed or Printed)*

\_\_\_\_\_  
Date

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**Appendix A**  
South Carolina Department of Disabilities and Special Needs

**Project Implementation Plan**

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Complete a separate form for each objective included in the proposed project description.

**Objective:** \_\_\_\_\_

#	Activity	Person Responsible	Target Date	Documentation Method

