

GRANT APPLICATION

BCBA Coursework and Supervised Fieldwork at Clemson University

Application Deadline: May 31, 2023, 11:59 p.m.

Final Selections Announced: July 14, 2023

Submit applications by:
E-mail: autism@scdhhs.gov

OR

Fax: **803-255-8204**

Electronic signatures accepted

For more information, visit <https://msp.scdhhs.gov/autism/> or contact:

Office of Behavioral Health
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, SC 29201
autism@scdhhs.gov



BCBA Coursework and Supervised Fieldwork at Clemson University

Grant Application

The BCBA Coursework and Supervised Fieldwork at Clemson University is a grant opportunity offered through a partnership between the Clemson University Center for Behavior Analysis and the South Carolina Department of Health and Human Services (SCDHHS) that provides funding for twenty (20) qualified applicants for coursework and limited fieldwork opportunities enrolled in a Board-Certified Behavior Analyst (BCBA) program. Twenty (20) individuals will have the opportunity to enroll in seven (7) online courses in a non-degree granting course sequence verified by the Association for Behavior Analysis. In addition, five (5) of the twenty (20) selected applicants can also participate in supervised fieldwork satisfying the Behavior Analyst Certification Board, Inc.® (BACB) requirements for a Board-Certified Behavior Analyst (BCBA) over the course of five (5) semesters or 16 months. Cost for these courses and supervised fieldwork will be paid by SCDHHS.

Applicants must have a bachelor's, master's or doctoral degree and submit a completed application with a copy of his/her highest degree achieved. Applicants must also participate in a scheduled phone interview prior to selection.

Please see Attachment A for a detailed explanation of the BCBA grant application process. To learn more about certification in Behavior Analysis, visit the BACB website at <https://www.BACB.com>.

Below are the grant requirements and expectations for the BCBA Coursework and Supervised Fieldwork at Clemson University. Failure to comply with these terms will result in the applicant's termination from the grant program and reimbursement from the applicant for all funds awarded.

Requirements for Participation:

- Applicant must achieve a grade of "A" or "B" in each course funded by this program.
- A grade of "C" or lower will result in immediate dismissal from the program.
- Dismissal from any of the courses will result in repayment to SCDHHS of up to \$740.71 per course and \$3,000 per supervised fieldwork course.
- Within six (6) months of completing the BCBA coursework and supervised fieldwork, the applicant must enroll as a SCDHHS Medicaid Applied Behavior Analysis provider and remain in good standing for three (3) consecutive years if the grant program provides funding for coursework only and for three (3) consecutive years if the grant program provides funding for coursework and supervised fieldwork.
- If the applicant fails to comply with any part of these requirements, SCDHHS must be reimbursed for the appropriate dollar amount for the practicum courses in which you enrolled (up to \$740.71 per course, \$3,000 per supervised fieldwork course). The amount payable will not exceed \$5,185.00 if the grant program provides funding for the coursework only or \$21,185.00 if the grant provides funding for coursework and supervised fieldwork.
- Each applicant who receives a Notice of Award must enter into a contract with SCDHHS for participation in the program.

- Each applicant who receives a Notice of Award must meet the standard Clemson University enrollment requirements prior to contract execution.

I have read and understand the requirements listed and agree to abide by the terms of this program if selected.

Signature

Date

DEMOGRAPHICS

The Autism Spectrum Disorder (ASD) State Plan initiative seeks South Carolina residents interested in pursuing their BCBA certification. The focus of the project is to increase the number of Applied Behavior Analysis (ABA) providers enrolled with the South Carolina Medicaid Program, which helps increase beneficiary access to care for ABA ASD State Plan services provided by BCBA's.

1. Please provide the following information:

Name:

Street Address:

City, State, Zip Code:

County:

Phone Number:

E-mail:

2. Are you enrolled as an Applied Behavior Analysis provider with SC Medicaid?

Yes

No

3. For which program are you applying?

Coursework only

Coursework and Supervised Fieldwork

4. If applying for coursework and supervised fieldwork, please include the name of your current employer:

5. If applying for coursework and supervised fieldwork, please check all duties below that you currently perform or can perform at your place of employment:

- Conduct assessments
- Design, implement, and systematically monitor skill-acquisition and behavior-reduction programs
- Write behavior/treatment plans, progress summaries, clinical notes, transition summaries, and professional correspondence
- Oversee the implementation of behavior-analytic programs by others
- Train others, design behavioral systems and performance management
- Communicate and collaborate effectively with caregivers and other professionals

6. What is your highest degree achieved?

- Bachelor's
- Master's
- Doctorate

Reminder: You MUST provide documentation of the highest degree achieved with this application.

7. Are you currently enrolled in a graduate degree program?

- Yes
- No

8. If yes to 7, please include the estimated date of completion:

9. Was/Is your Grade Point Average 3.0 or higher?

- Yes
- No

10. Are you currently providing ABA?

- Yes
- No

11. If yes to 10: What percentage of your patient population receives Medicaid?

- Between 0 – 25% of patients
- Between 26 – 50% of patients
- Between 51 - 75% of patients
- Over 76% of patients

12. Describe your interest in obtaining an advanced certification in behavior analysis and how you plan to utilize the certification. This answer may be provided on a separate page.

ATTACHMENT A TERMS AND CONDITIONS

Eligibility

Applicants must possess a bachelor's, master's or doctoral degree prior to applying for the grant program and must agree to all of the Requirements of Participation as set forth in the Grant Application and incorporated herein.

Funding Restrictions

This program shall not be utilized for funding capital projects or to replace lost funding. Funds from this grant program shall not be used for land purchases; cost of buildings or facilities; bad debts; cost of life insurance when the grantee is the beneficiary; late payment charges, including penalties and fines; contingency funds; contributions; entertainment; fines and penalties; actual losses which could have been covered by insurance; interest; fund raising costs; investment management costs; profit/losses on disposition of depreciable property of other capital; legal fees; or organizational promotional expenses or other expenditures specified in OMB circular A-87.

Expenses that directly promote the initiative or program may be allowable, but subject to review and approval by SCDHHS.

Grant Proposal Constitutes Offer

By submitting a Grant Proposal, the applicant (i) certifies that all information is true and correct and (ii) agrees to be governed by the terms and conditions described in this document, except where a subsequent contract resulting from this Grant Application Request (GAR) supersedes the language provided herein.

Notice of Award

Each applicant will be notified by letter after all Grant Proposals have been evaluated and funding has been allocated.

Amendments

If it becomes necessary to revise any part of the GAR, all amendments will be provided to all applicants. Any individual or specific comments or discussions relative to this solicitation cannot add, delete, or modify any written provision. Any alterations must be in the form of a written amendment to all applicants.

Receipt of Grant Proposal

The Grant Proposal must be submitted no later than May 31, 2023, by 11:59 p.m. ET. Submissions must be addressed to the attention of Behavioral Health, BCBA Grant Recipient, and sent by one (1) of three (3) options: 1) e-mail at autism@scdhhs.gov, 2) fax at 803-255-8204, or 3) mail to SCDHHS, 1801 Main Street, J9 Office of Behavioral Health Columbia, SC 29201. Electronic signatures will be accepted in lieu of a wet ink signature. Grant Proposals failing to follow the rules of submission will be disqualified from consideration.

It is the Applicant's responsibility to ensure timely receipt of their Grant Proposals by the deadline. No extensions will be allowed. Any Grant Proposals received after the deadline will be disqualified from consideration. Postmarks will not be considered as evidence of timely submission.

Political Activity

The Grantee agrees none of the funds provided under this Grant Agreement shall be used for any partisan political activity, or to further the election or defeat of any candidate for political office.

Right of Rejection

SCDHHS reserves the right to accept or reject any or all grant proposals received, to negotiate with qualified applicants, and to cancel, in part or in whole, this GAR if it is in the best interest of SCDHHS. It is the sole decision of SCDHHS or agents acting on behalf of SCDHHS to make the determination as to whether an applicant's Grant Proposal meets the requirements of this GAR.