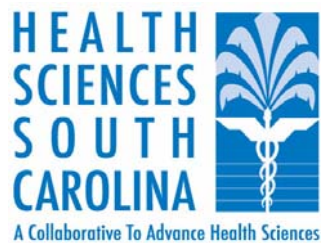


Palmetto State Providers Network

August 1, 2008



Health Sciences South Carolina (HSSC)

Columbia, S.C.

REQUEST FOR PROPOSALS (RFP) HSSC00X

OPENING OF PROPOSALS August 29, 2008

RFP For: Building and Operating a State-wide Broadband Rural Healthcare Providers Network known as the Palmetto State Providers Network (PSPN)

You are invited to submit responses in the form of proposals in accordance with the requirements of this Request for Proposals (RFP) solicitation which are contained herein.

Responses are to be submitted to the Charleston Office of HSSC not later than the date and time specified in the schedule of key events, at which time respondents to this request will be publicly identified. Due to the possibility of further due diligence or perhaps negotiation with any offerors submitting a proposal which appears to be eligible for contract award pursuant to selection criteria set forth in this RFP, prices may not be divulged at the time of opening.

The proposals must be signed by an official authorized to bind the offeror, and it shall contain a statement to the effect that the proposal is firm for a period of at least 90 days from the closing date for submission of proposals. Proposals shall be submitted showing the above proposal number [HSSC00X]. Health Sciences South Carolina (HSSC) assumes no responsibility for unmarked or incorrectly marked envelopes being considered for further review or award.

This solicitation does not commit HSSC or PSPN to award a contract, to pay any costs incurred in the preparation of a proposal, or to procure or contract for the articles of goods or services. HSSC and PSPN reserve the right to accept or reject any or all proposals received as a result of this request, to negotiate with all qualified offerors, and to cancel in part or in its entirety this solicitation if it is in the best interest of HSSC and PSPN to do so. Neither HSSC, PSPN nor any agent thereof on behalf of HSSC or PSPN will be obligated in any way by any offeror response to this RFP.

Authorized Signature	Printed Name		Date
Company	Vendor No. (If Known)		
Mailing Address	Social Security Or Federal Tax No.		
City	State	Zip Code	Phone
Accepted By HSSC As Follows:			

KEY EVENT DATES

1. Issuance of RFP **08/01/2008**
2. Deadline for receipt of an **original** and **5 copies** of the formal response **8/28/2008**
3. Opening of proposals in: **8/29/2008**
19 Hagood Avenue, Suite 408, Charleston, South Carolina

NOTE: If additional information is necessary, it should be requested in writing to be received no later than, August 28, 2008. The inquiry and the written response will be distributed to all offerors indicating an intent to submit a response.

Your contact for supplemental information is:

Frank C. Clark, Ph.D. (843)792-6237 Voice (843)792-1097 FAX or by Email clarkfc@musc.edu

All times and dates listed are local Charleston, SC times and dates except if otherwise noted

* E-MAIL QUESTIONS TO: clarkfc@musc.edu

SEND QUESTIONS TO:
Office of the Chief Information Officer
19 Hagood Ave, Suite 201
Charleston, South Carolina 29425
Attn.: Frank C. Clark.

MARK ENVELOPES: QUESTIONS – HSSC00X

MAIL PROPOSALS TO: **Frank C. Clark**
c/o Rosalind Giddens
Office of the CIO
19 Hagood Ave, Suite 201
Charleston, SC 29425

PHYSICAL ADDRESS: **Frank C. Clark**
c/o Rosalind Giddens
Office of the CIO
19 Hagood Ave, Suite 201
Charleston, SC 29403

MARK ENVELOPES: Proposal – HSSC00X
Attn.: Frank C. Clark

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1.0. GENERAL INFORMATION AND INSTRUCTIONS

NOTE: While effort has been made to separate substantive and procedural matters through the division of this Request For Proposals (hereinafter called "RFP") into various Parts, the distinctions between such categories are not always precise. Consequently, OFFERORS are advised that all contents of this RFP will constitute the substantive terms and conditions of the relationship, if any occurs, between that OFFEROR and Health Sciences South Carolina (HSSC) and PSPN .

1.1. SCOPE

The purpose of this solicitation is to investigate the qualifications in order to establish a Primary Partner (PP) or a Primary Partner Consortium (PPC) for Health Science South Carolina (HSSC) and for the Palmetto State Providers Network (PSPN) who can build, implement, and manage a broadband network that connects rural caregivers, across all 48 South Carolina counties to HSSC's academic and tertiary medical centers via a 10 gigabit backbone. The goal of the PSPN is to link rural caregivers, hospitals, and clinics to clinical resources, expertise and knowledge not readily available in the rural communities thus improving the healthcare delivery system across SC. Nothing herein is intended to, nor should it be construed to limit competition, but instead is for the purpose of meeting the full needs of HSSC and PSPN using a system of fair, impartial and free competition among all OFFERORS. It is the intent and purpose of HSSC and PSPN that this RFP identify potential partners and permit competition. It shall be the OFFEROR'S responsibility to advise the agent acting for HSSC and PSPN if any language, requirements, etc., or any combination thereof, inadvertently restricts or limits the requirements stated in this RFP to a single source. Such notification must be submitted in writing, and must be received by the agent no later than the time and date specified in the schedule of "Key Event Dates" section of this proposal. A review of such notifications will be made.

1.2. DISCUSSIONS

By submission of a response to this RFP, the OFFEROR agrees that during the period following issuance of the RFP and prior to the issuance of any award, the OFFEROR shall limit discussions concerning this potential agreement to members of the formal evaluation process or other parties designated in this solicitation. The CONTRACTOR shall not attempt to discuss or attempt to negotiate with individual employees of HSSC, PSPN or its member institutions, any aspects of the procurement process without the prior approval of the HSSC and PSPN representative responsible for this procurement.

1.3. OFFEROR RESPONSIBILITY

Each OFFEROR shall fully acquaint himself with conditions relating to the scope and restrictions attending the performance of obligations under the conditions of this RFP. The omission of an OFFEROR to acquaint himself with existing pre-contract conditions or post-contract consequences shall in no way relieve such OFFEROR of any obligation with respect to the qualifications identified or to any contract resulting here from. OFFERORS are notified that failure to inspect, familiarize or otherwise gather information as to the total cost to HSSC and PSPN , will, in addition to any and all other remedies available, create cost difference liabilities and potential claims against the ultimately successful OFFEROR. Therefore OFFERORS should notify HSSC and PSPN of ALL costs reasonably expected.

1.4. PREPARATION OF RESPONSE

All responses should be complete and carefully worded and must convey all the information requested by HSSC and PSPN, or their agent, the designated HSSC and PSPN representative. If significant errors are found in the OFFEROR'S proposal, the OFFEROR does not possess the requisite qualifications, or if the proposal fails to conform to the essential requirements of the RFP, HSSC and PSPN alone, will be the judge as to whether that variance is significant enough to reject the proposal or eliminate the

OFFEROR from further consideration.

1.5. FORMAT FOR PROPOSALS

Proposals are to be submitted in multiple parts.

It is expected that OFFERORS will respond with an overall 2-part proposal:

- 1) A response to section 3.0 of this RFP. Please clearly summarize in a succinct proposal the roadmap the PP or PPC will follow to achieve a successful partnership, with expected milestone timeframes that would be incurred at these significant milestones or decision points. Also, include in this section suggestions and ideas as to how you can work with HSSC and PSPN to identify funding models/business plans to sustain the PSPN over time.
- 2) A response to section 4.0 of this RFP. This part of your proposal is expected to conform to the qualification specifications contained in section 4.0, including a separate submission of the costs associated with the establishment of the parts contained on the Cost Sheets supplied with this section of the RFP.

Your response to section 4.0 of the RFP is to be comprised of the **OFFEROR'S**

Technical Proposal. Proposals are to be prepared simply and in a manner designed to provide HSSC and PSPN with a straightforward presentation of the OFFEROR'S capability to satisfy the requirements of this RFP. The OFFEROR shall respond to each specification. Each response shall clearly indicate whether the OFFEROR'S technology complies or does not comply with each specific requirement. OFFERORS shall explain in detail the method used to meet each requirement. Elaborate brochures and other promotional materials are not desired at this time.

1.6. MULTIPLE PROPOSALS

OFFERORS may submit more than one proposal, each of which must satisfy the requirements of this RFP in order to be considered. The alternative proposal(s) may be in abbreviated form following the same section format, but providing only those sections which differ in any way from those contained in the original proposal.

1.7. SPECIFICATIONS MANDATORY

The OFFEROR must meet all of the mandatory specifications and requirements set forth in this RFP. By incorporating said specifications into the OFFEROR'S proposal, subject to acceptance by HSSC and PSPN of any amendments hereto as submitted by the OFFEROR, the OFFEROR is agreeing to comply with said specifications. **Failure to provide mandatory capability may result in rejection of the OFFEROR'S proposal. Items designated desirable will be evaluated and rated in accordance with the evaluation criteria.**

1.8. QUALITY OF PRODUCT

Unless otherwise specified in this solicitation, it is understood and agreed that any item offered or shipped in response to this request shall be new and in first class condition.

1.9. QUESTIONS

Every effort has been made to ensure that all information needed by the OFFEROR is included herein. If an OFFEROR finds that he cannot complete a proposal without additional information, he may submit written questions to the person designated herein on or before the deadline set forth in the schedule of "Key Event Dates". No questions will be accepted by HSSC and PSPN after this date. All replies to

questions will be in writing. When a question received by HSSC is found to be already sufficiently answered in the RFP, that question will be returned to the OFFEROR with a reference to the part of the RFP containing the answer. All questions and written replies will be distributed to all OFFERORS and will be regarded as a part hereof.

1.10. AMENDMENTS

If it becomes necessary to revise any part of the RFP, all amendments will be provided in writing to all OFFERORS. ALL AMENDMENTS TO AND INTERPRETATIONS OF THIS SOLICITATION SHALL BE IN WRITING. HSSC and PSPN SHALL NOT BE LEGALLY BOUND BY ANY AMENDMENT OR INTERPRETATION THAT IS NOT IN WRITING.

1.11. OTHER WRITTEN BASIS FOR PROPOSAL

If any of an OFFEROR'S proposal has as its basis written statements (other than the RFP) provided by HSSC and PSPN (such as notification of a change in the qualifications or specifications), the OFFEROR is to identify and include those statements in his proposal at the place or places applicable.

1.12. COMPANY EXPERIENCE AND REFERENCE ACCOUNTS

The OFFEROR must provide reference accounts where the services offered were similar to the services requested in this RFP. The intent is to show company experience in receiving contracts for and delivery of services similar to the ones being proposed. Information should include name, address, telephone number, and title of person to contact for inquiry as to the OFFEROR'S experience, performance and overall qualifications. Reference accounts must not be company owned.

HSSC and PSPN reserves the right to consider historic information and fact, whether gained from the OFFEROR'S proposal, question and answer conferences, references, or any other source, in the evaluation process.

1.13. PARTIAL ACCEPTANCE

All proposals must be for the entire RFP. However, HSSC and PSPN reserve the right to accept any portion(s) of the OFFEROR'S proposal if it is deemed to be in the best interest of the Collaborative to do so.

1.14. CONFIDENTIAL INFORMATION

No documents relating to this request will be presented or made otherwise available to any other person, agency or organization until a notification of Intent to Award is issued or other agreement(s) subsequently made. Commercial or financial information obtained in response to this RFP which is privileged and confidential and is clearly marked as such will not be disclosed at any time. Such privileged and confidential information includes information which, if disclosed, might cause harm to the competitive position of the OFFEROR supplying the information. All OFFERORS, therefore, must visibly mark as "CONFIDENTIAL" each part of their proposal which they consider to contain proprietary information.

1.15. RECEIPT OF PROPOSALS: TIMELINESS

HSSC and PSPN require that a copy of the proposal be submitted no later than the date and time specified in this RFP. OFFERORS mailing proposals should allow a sufficient mail delivery period to insure timely receipt of their proposals by the issuing office. Any proposals received after the scheduled opening date and time may be immediately disqualified.

1.16. NO PROPOSAL REPLY

Any CONTRACTOR electing to submit no proposal in response to this RFP may do so by sending a

letter of "no reply" to the HSSC and PSPN representative named in this RFP.

1.17. NUMBER OF PROPOSALS TO BE SUBMITTED, UNDER SEAL, ETC.

Each OFFEROR is to submit (as indicated in the "Key Event Dates") the requested number of copies of the proposal, under seal, to Frank C. Clark, Office of the CIO, Charleston, South Carolina 29425. Each copy of the proposal should be bound in a single volume where practical, and all documentation submitted with the proposal should be bound in that single volume where possible. The OFFEROR is required to have typed on the envelope or wrapping containing the proposal the RFP identification number specified in the RFP.

1.18. PROPOSALS SIGNED

All proposals must be signed by a representative of the company authorized to commit to the provisions of this proposal. Unsigned responses will be rejected unless an authorized representative is present at the proposal opening and provides the needed signature, provided that the discovery is made prior to the reading of the name of the first OFFEROR.

1.19. PUBLIC OPENING

All proposals received in response to this RFP will be opened publicly at the time and place specified in the schedule of "Key Event Dates". At that time, the name of each OFFEROR will be listed and made available for public inspection.

1.20. OFFEROR QUALIFICATIONS

The OFFEROR must, upon the request of HSSC and PSPN, furnish any and all information requested to determine its ability to furnish the products or services requested in accordance with the terms and conditions of this RFP. HSSC and PSPN reserves the right to request any information it deems necessary to make the final determination regarding the OFFEROR'S ability to provide the services requested herein before entering into any contract or further agreement.

1.21. CLARIFICATIONS

HSSC and PSPN reserves the right, at any time after opening of responses and prior to pursuing further procurement activities leading to an award, to request clarification, address technical questions, or to seek or provide other information regarding the OFFEROR'S qualifications. Such a process may be used for such purpose as providing an opportunity for the OFFEROR to clarify their proposal(s) in order to ensure mutual understanding and/or aid in determinations of responsiveness or responsibility.

1.22. NEGOTIATIONS

HSSC and PSPN may conduct negotiations with any OFFERORS submitting a proposal, which appears to be eligible for further consideration or award pursuant to the selection criteria set forth in the request for qualifications. All apparently eligible OFFERORS will be accorded the opportunity to submit best and final proposals if negotiations with any other OFFEROR result in a material alteration to the terms of the RFP and such alteration has a cost consequence that may alter the order of OFFEROR'S price quotations contained in the initial proposals. In conducting negotiations, there will be no disclosure of any information derived from proposals submitted by competing OFFERORS.

1.23. NEXT STEPS

Ultimately an award will be made to the responsive and responsible OFFEROR whose proposal is determined to be the most advantageous to HSSC and PSPN , taking into consideration price and the evaluation factors set forth in the request for proposals, along with any subsequent due diligence process. No other factors or criteria will be used in evaluation. However, the right is reserved to reject any and

all proposals received and in all cases, HSSC and PSPN will be the sole judge as to whether an OFFEROR'S proposal has or has not satisfactorily met the requirements of this RFP.

2.0. SPECIAL PROVISIONS

2.1. PROHIBITION OF GRATUITIES

Section 8-13-420 of the 1976 CODE OF LAWS OF SOUTH CAROLINA states: "Whoever gives or offers to any public official or public employee any compensation including a promise of future employment to influence his action, vote, opinion or judgment as a public official or public employee or such public official solicits or accepts such compensation to influence his action, vote, opinion or judgment shall be subject to the punishment as provided by Section 8-13-530" provides that it shall be a breach of ethical standards for a subcontractor to make a kickback to a prime CONTRACTOR or a higher tier subcontractor in connection with the award of a subcontract or order there under.

2.2. PERFORMANCE EVALUATIONS

Health Sciences South Carolina (HSSC) and the PSPN shall have full access to observe and evaluate the performance with respect to the services herein provided and HSSC and PSPN, its authorized agents, and/or HSSC or member institution auditors shall have full access to and the right to examine all records of the OFFEROR developed in the course of providing services under this AGREEMENT.

2.3. OFFEROR AGREEMENT

The OFFEROR agrees to retain and safeguard all records related to this contract and any records it retains in the normal course of business for at least three years after any termination of this contract.

2.4. COMPLETE PROPOSALS

OFFEROR MUST address all categories outlined in this RFP. No partial proposals will be accepted. It will be the OFFEROR'S responsibility to act as the primary contractor for all aspects. Communication between all technology and services suppliers is encouraged so that total responsibility will reside with one single contractor.

2.5. LEASE OPTION (IRU)

The OFFEROR, in their proposal(s) submitted to HSSC and PSPN in response to this RFP, may propose to meet the requirements of this RFP by providing an option for HSSC and PSPN to lease (IRU) specified in the OFFEROR'S proposal. If it is in the best interest of HSSC to select a lease option, further discussions or contract negotiations may be started so that an annual lease agreement or yearly subscription fee can be reached to the mutual satisfaction of all parties. If this lease option is pursued, all annual maintenance costs are expected to be included in an annual lease payment. Installation costs may be priced outside of the lease agreement. However, **ALL** costs must still be specified in response to this RFP.

2.6. OWNERSHIP OF MATERIAL

Ownership of all data, material and documentation originated and prepared for HSSC and PSPN pursuant to this contract shall belong exclusively to HSSC and PSPN.

2.7. OWNERSHIP OF DATA

All data and other records entered into any HSSC or PSPN database or supplied to the OFFEROR by HSSC or PSPN as a result of the network are, and shall remain, the sole property of HSSC and PSPN. OFFEROR shall not: copy or use such records without written consent except to carry out contracted work, transfer such records to any other party not involved in the performance of this Agreement; and

will return any submitted records to HSSC or its member institutions upon completion of the work hereunder.

3.0. SCOPE OF WORK (PARTNERSHIP)

Health Sciences South Carolina (HSSC) and the Palmetto State Providers Network (PSPN) are seeking a qualified Primary Partner (PP) or Primary Partner Consortium (PPC) to enter into a broad-based, mutually beneficial partnership in accordance with this section of the RFP. HSSC and PSPN is seeking a vendor that will build, implement, manage, and maintain a robust state-wide broadband network that links rural caregivers in all 48 counties to the state's academic and large tertiary medical centers using a 10 gigabits (GB) lambda as the backbone network.

Phase I of the project calls for providing a 10 GB lambda backbone network connecting the hub sites listed under hub sites (Section 3.2). Linear and protected configurations should be proposed. In addition, access to Internet2 and/or National Lambda Rail is required to at least one of the hub sites. Access should include bandwidth options of 1Gb and 10Gb. Usage and connector fees for Internet2 and National Lambda Rail are not included in this RFP.

Phase II of the project calls for the linking of three large tertiary hospital systems; Palmetto Health, Greenville Hospital System, and Spartanburg Regional Medical Center to the Medical University of SC (MUSC) in Charleston via the backbone described in Phase I. Links to the backbone network from each of these facilities should be ten gigabits (GB) or 1 gigabits (GB) circuits with a one gigabit optional redundant path. We request that both 1GB and 10 GB circuits be bid. Both the primary and secondary circuits shall be bid separately. The tertiary hospital circuits will link back to hubs in or around Clemson, Columbia and Charleston specified under Hub Site section.

Phase III of the project calls for the linking of rural and perhaps urban clinics and hospitals across all South Carolina counties (see Appendix A for details) back to the hub sites.. Ideally, links to these rural and perhaps urban hospitals and clinics will be either 4, 5, 10 or 100 MB circuits. Bids should include pricing and availability of these circuit bandwidths for each location..

Key Circuit Attributes:

- Ethernet circuits should be non-blocking, clear channel transport "pipes".
- Network design is fully deterministic to ensure 100% bandwidth availability and full channel throughput.
- Circuits will provide full Committed Information Rate at all times. Excess Information Rate is not applicable.
- Maximum Frame Size: Any standard IEEE 802.1Q frame size can be transported
- Ethernet transport and access bandwidth must not be oversubscribed.
- All circuits should be designed to maximize network security

The network core equipment (routers, switches, etc.) should be located within the one or all of the 3 hub sites.

Phase IV of the project will entail creating a network cloud around each of the rural and perhaps urban hospitals so as to provide broadband connectivity for clinics to the respective hospitals. The objective is to provide affordable broadband connectivity for as many community clinics to the respective rural hospitals and to PSPN, as possible. Connecting equipment on the remote sites as well as the hospital site should be included in the bid.

Additionally, HSSC and PSPN are looking for a Primary Partner or Primary Partner Consortium that will

provide NOC services for all aspects of Phases I, II, and III of the Palmetto State Providers Network. This service will include a 7/24 Help Desk. It is also envisioned that PSPN will require a service billing capability; this functionality should be part of the operations bid.

The Primary Partner or Consortium must be fully qualified to participate in USAC services and provide telecommunications services in South Carolina

HSSC and PSPN are seeking to find a Primary Partner or Primary Partner Consortium that is willing to enter into a relationship covering all of the categories of services, products or equipment outlined herein. Understanding that one vendor may not be able to supply all of the systems and service components needed by and for HSSC and PSPN, it is asking financially secure, visionary, industry leaders to band together, if necessary, to form consortia for purposes of submitting a consolidated response for integrated products and related services covering systems and services described below.

Primary Partner (PP)

A Primary Partner (PP) is a vendor who is willing to assume responsibility for all of the categories, as well as overall systems implementation responsibility.

Primary Partner Consortium (PPC)

To be considered as a PPC, a group of vendors must indicate their willingness to accept overall responsibility for all of the categories of services, products, or equipment identified herein. Within a PPC, one company shall be designated as the lead company and will act in a capacity similar to a general contractor. The other vendors in the PPC will act as sub-contractors to the lead company. The lead company will seek products and/or services from the other companies when needed to meet RFP requirements.

The OFFEROR may elect to submit a response in which it is the lead company in a PPC. The same OFFEROR may also be a “sub-contractor” in one or more PPCs wherein a different company is the lead company.

3.1. INTRODUCTION/BACKGROUND

Health Sciences South Carolina (HSSC) is a collaborative organization with the goal of improving the health status of all South Carolinians through the support of healthcare quality and clinical research while also fostering economic growth. First formed in 2004, the founding partners of HSSC were the Greenville Hospital System, Palmetto Health, the Medical University of South Carolina, and the University of South Carolina. Clemson University and Spartanburg Regional Healthcare System joined the collaborative in 2005. The HSSC partners originally convened to coordinate joint research activities; as the benefits of collaboration have become apparent and the field of quality improvement in healthcare has evolved, the scope of HSSC efforts has now grown to encompass improvements in the delivery of care & associated clinical education along with other emerging directions that increasingly depend upon the ability to aggregate clinical data across the hospital systems.

HSSC emerged as a ideal framework within which to establish a state-wide broadband network that will link rural caregivers and providers to the state’s academic and large tertiary centers using a 10 gigabits (GB) circuit as a backbone for the rural healthcare network. This rural healthcare network will be known as the Palmetto State Providers Network (PSPN). In December 2007, Dr. Frank Clark, MUSC Chief Information Officer, was awarded a grant from the Federal Communications Commission to develop and implement a broadband network, Palmetto State Providers Network (PSPN), for the rural and perhaps

urban counties of South Carolina. The network will provide broadband access to most of the rural hospitals and clinics across the state. It will connect four rural and underserved regions, approximately

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facilities (Refer to Appendix for FCC RHC Pilot eligible sites), to a 10 gigabits (GB) backbone with connections to Internet 2/NLR. In South Carolina, 36 of

our 46 counties fall outside a metropolitan area and nearly 75% of the state is designated as rural. Some portion, if not all, of 44 of the state's 46 counties are medically underserved.

The State of South Carolina has talented healthcare professionals and excellent tertiary care centers in addition to a significant primary care network. However, with the lack of sufficient access, the rural areas cannot fully take advantage of these resources. Until recently, the missing link has been the broadband connectivity to these large academic and tertiary hospital systems. The size and demography, mostly rural, provides an opportunity to demonstrate how the use of modern network technology can simultaneously improve the health status and economic well being of its population. Since its inception, Health Sciences South Carolina, a collaboration of the Medical University of South Carolina, the University of South Carolina, Clemson University, Palmetto Health Systems, Greenville Hospital Systems, and Spartanburg Regional Health Systems, have promoted and funded projects to improve the health and economic wellbeing of South Carolina citizens.

The Palmetto State Providers Network (PSPN) will be extended out from a 10 gigabits (GB) backbone into the rural areas of the state. Once operational the PSPN will allow rural area electronic access to specialty consultations, clinical services such as remote ICU monitoring, pediatric echo cardiology, clinical pathology, psychiatry, training and education as well as a host of other telemedicine, telehealth and videoconferencing services. Working with other agencies, the PSPN will also offer an Electronic Health Record to the rural physicians' office sites which are connected. It will greatly improve the efficacy of the proposed Medicare and Medicaid disease management projects by improving the communications between patient and physician. In the case of the current CMS 646 Medicare pilot programs, this will cover 57,000 patients across fifteen practice groups in the low country of South Carolina alone.

The Palmetto State Provider Network will extend out to all 46 counties in an attempt to connect as many of the small hospitals, community health centers and physicians offices as possible.

The Palmetto State Providers Network (PSPN) will be organized as a subsidiary of the Health Sciences South Carolina, an organization within the meaning of Section 501 (c) (3) of the Internal Revenue Code. The PSPN will be governed by a board consisting of members from Health Sciences South Carolina, rural hospitals from the SC State Hospital Association, the SC Rural Primary Care Association, AHEC, and four at large rural primary care physicians. In addition, there will be a telehealth/telemedicine advisory council that will oversee the programmatic activities of the PSPN.

3.2. HUB SITES

Charleston: #1 Charlotte Street, Charleston, SC

Clemson: 8120 Hwy 76, Clemson, SC

Columbia: 1401 Main Street, 2nd Floor, Columbia, SC

3.3. GENERAL QUESTIONS

The following questions have been developed for PPs, or PPCs, to answer. The first series of questions (starting with **S**) requires a narrative response. All subsequent questions are to be answered Yes or No, with follow-up questions requiring a narrative response. Please take as much space as needed to answer the narrative questions and to elaborate on your yes or no answers. It is recommended that you read all questions first before responding to any of them to ensure full understanding of all the questions.

In the review process, particular attention will be given to the Offeror's clear understanding of the consortium concept, an understanding of the future of healthcare networks, the relevant experience brought to this engagement, the willingness to work collaboratively with HSSC, PSPN and other vendors, and the ability to develop a creative funding mechanism.

3.3.1. Scope Questions

- S-1a Are you responding as a PP or PPC?
- S-1b If there are multiple firms in your PP or PPC, what are the names and addresses of the firms?
- S-1c What is the name of the lead company?
- S-1d Please provide the following information about the lead company:
- Last two (2) years of audited financial statements
 - Debt/Credit rating
- S-2 For each of the areas listed below, please indicate those components for which your PP or PPC wishes to assume responsibility. Please add any specific components to help HSSC and PSPN better understand your offering. Please indicate which company (if any) in the consortium will be likely to provide the product or service:
- A. Overall topology of PSPN Network
 - B. Circuits and associated electronics to link three large tertiary and MUSC to the hub sites
 - C. Circuits and associated equipment to link rural and perhaps urban hospitals to the backbone network.
 - D. Creation of rural hospital communication clouds and all of the circuits and required equipment from remote clinics to rural hospitals
 - E. NOC services, including billing for services as needed services
 - F. Primary partner responsibilities
- S-3 If you are the lead company please answer the following questions about yourself and each partnering company:
- ◆ Name of company
 - ◆ Role of company including systems/services being proposed
 - ◆ Number of Employees
 - ◆ Years in Telecom Industry
 - ◆ Names and contact information of other facilities where company has installed all or part of the products, services or supplies you propose to provide to HSSC/PSPN
 - ◆ Name of company principals
 - ◆ Address of main company office
 - ◆ Address of closest company office
- S-4 Who will be the lead person from the lead company and what is his/her experience with projects of this nature? Do you commit to keep the lead person or an acceptable replacement on the project throughout the contract period?
- S-5 What additional resources (particularly personnel resources) will you be able to commit to this partnership? Please indicate how your company is currently organized, identifying numbers & types of people that would be assigned to this effort.

S-6 As a Primary Partner outline your ideas about how you will work with HSSC and PSPN to identify various funding models/business plans to sustain the PSPN over time.

3.3.2 Narrative Questions

- N-1 Have you entered into an arrangement of this type before? Provide specific information regarding the products, services or equipment offered how they were offered and where they were offered.
- N-2 HSSC and PSPN desires to derive real value & sustainability from this initiative. Please provide any specific expectations you have regarding this effort and how you plan to work with HSSC and PSPN in demonstrating value or conducting ROI studies.
- N-3 How can HSSC and PSPN avoid the high costs of frequent equipment upgrades and/or replacements? What types of safeguards can you provide to protect investments in the infrastructure components or equipment
- N-4 How can we incorporate future research and development work, new technologies, intellectual property ownership and the like into a contract with your PP or PPC?
- N-5 Are there particular components within the scope of this RFP that must be included in a PP or PPC arrangement in order for you or your team to further consider any type of a creatively funded relationship with HSSC and PSPN?
- N-6 Have the companies in your PP or PPC ever been party to a consortium relationship such as this before? Identify the three (3) projects that most closely resemble your response to this proposal. As to each, describe in detail the major differences between that installation and your proposal for HSSC and PSPN . As part of your response, provide contact information for those projects.
- N-7 How will the PP or PPC ensure that standardization occurs across the PSPN?

- N-8 What is your plan for assisting HSSC’s and PSPN’s in obtaining grants or governmental contracts to attract support in order to sustain these efforts beyond initial implementation ?

3.3.3. Yes/No Questions and Follow-up

		Yes	No
Y-1	Under your approach, is your PP or PPC willing to be responsible for all service and maintenance issues?	<input type="checkbox"/>	<input type="checkbox"/>
Y-1a	If not, who will be?		
Y-2	Will you provide any training needed for users your proposed solutions?	<input type="checkbox"/>	<input type="checkbox"/>
Y-2a	Describe any user training required and who will be conducting it.		
Y-3	As part of a PP or PPC are you willing to contractually commit to a response time for service call/problems?	<input type="checkbox"/>	<input type="checkbox"/>
Y-4	As part of a PP or PPC would your company be willing to commit to a 99.999% network uptime requirement or better?	<input type="checkbox"/>	<input type="checkbox"/>
Y-5	Do you see problems with the PP or PPC approach?	<input type="checkbox"/>	<input type="checkbox"/>
Y-5a	If yes, what are they?		
Y-6	Is your firm willing to make a commitment to be part of a PP or PPC through at least three (3) years from the date of award?	<input type="checkbox"/>	<input type="checkbox"/>
Y-7	Do you have ideas as to some of the strategies or approaches that might be used to allow us to work together?	<input type="checkbox"/>	<input type="checkbox"/>
Y-7a	If yes, what are they?		
Y-8	Will the lead company in your PP or PPC assume responsibility for HIPAA, FDA and/or other regulatory compliance of all the companies/products in the PP or PPC?	<input type="checkbox"/>	<input type="checkbox"/>

Y-9 Is your PP or PPC willing to work with HSSC and PSPN to secure local, state, federal and/or private or foundation monies to support initiatives aimed at improving patient care processes and outcomes, clinical research, and other areas of health science research?

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4.0 **CIRCUITS, EQUIPMENT/ELECTRONICS, MAINTENANCE , AND NOC SERVICES REQUIREMENTS**

1. Please describe how you will provide a 10 gigabits (GB) lambda and an optional redundant route for the backbone network linking the three HSSC tertiary hospitals and MUSC and outline all customer premises (CPE) equipment/electronics you will provide to support this component of the PSPN proposed network. Please include make of electronics [model numbers or approximate specifications], etc. required or recommended.

Response:

2. Briefly describe technology you will use to link the rural and perhaps urban hospitals to the 10 gigabits (GB) backbone and describe all core equipment/electronics need for this component of the PSPN. Please include make of electronics [model numbers or approximate specifications], SLAs etc. required or recommended.

Response:

3. Briefly describe the technology you will use for creating a “telecommunications cloud” around the rural and perhaps urban hospitals to connect clinics to the respective hospitals. Describe all equipment/electronics required for this component of the PSPN. Please include make of electronics [model numbers or approximate specifications], etc. required or recommended.

Response:

4. Please indicate, in your experience with similar clients, the extent of downtime that can be expected for HSSC and PSPN healthcare providers accessing the network and the most likely cause of any such downtime.

Response:

5. Briefly describe how you will provide NOC services and maintenance support for all components of the PSPN including a billing service.

Response:

6. Briefly describe how your network design will provide and manage network security, quality of service and class of service functions. It should be noted that PSPN healthcare providers will provide their own firewall services.
7. Please describe the core network equipment and design you propose to manage the various connections, VLANs and service options.

5.0 **CIRCUITS, EQUIPMENT/ELECTRONICS, MAINTENANCE , AND NOC SERVICES REQUIREMENTS**

1. Briefly describe how you will operationalize an existing 10 gigabits (GB) lambda for the backbone network linking the three HSSC tertiary hospitals and MUSC and outline all equipment/electronics you will provide to support this component of the PSPN proposed network. Please include make of electronics [model numbers or approximate specifications], etc. required or recommended.

Response:
2. Briefly describe technology you will use to link the rural and perhaps urban hospitals to the 10 gigabits (GB) backbone and describe all equipment/electronics need for this component of the PSPN. Please include make of electronics [model numbers or approximate specifications], etc. required or recommended.

Response:
3. Briefly describe the technology you will use for creating a “telecommunications cloud” around the rural and perhaps urban hospitals to connect clinics to the respective hospitals. Describe all equipment/electronics required for this component of the PSPN. Please include make of electronics [model numbers or approximate specifications], etc. required or recommended.

Response:
8. Please indicate, in your experience with similar clients, the extent of downtime that can be expected for HSSC and PSPN healthcare providers accessing the network and the most likely cause of any such downtime.

Response:
9. Briefly describe how you will provide NOC services and maintenance support for all components of the PSPN including a billing service.

Response:

4.0.1 Equipment/Electronics Maintenance and Support

Any OFFEROR-supplied equipment/electronics **must** be specified and priced on the attached Cost Sheets. Any annual maintenance or support fees **must** be itemized on the appropriate Cost Sheets. Requirements for housing and/or maintenance of equipment at participating locations **must** be specified.

6.0 COMPANY PROFILE

Please answer the following questions as related to the organization, management and future development of the Offeror. The Offeror must demonstrate as far as possible, that the company is economically stable. Answer each question concisely, completely and accurately.

5.1. Organization

1. Size of company (total number of employees, size & location of offices, etc)
2. Size of parent company - current ownership
3. Is your company a “parent” to any other companies or subsidiaries? If so please describe.
4. Description of the organization of your company and the nature of your business. Specifically address the relationship of the organizational unit providing the creation, implementation, operation and NOC service
5. Any material (including letters of support or endorsement) indicative of the bidder’s capability to fulfill contract.
6. A copy of your last two (2) years of audited financial statements. At least the most recent audited financial statement should be provided if possible. Alternatively, provide a summary of the financial position of the entity that is proposing the system and will be responsible for supporting it.
7. Personnel - numbers, credentials, length of service, turnover rate. Are there content experts within your organization, or is this technical expertise contracted out to other organizations?

5.2. Management

1. History of company ownership to date. Include year established and the current headquarters location.
2. “Vision statement”, or organizational goals, of the entity supplying the solution.

3. Method of evaluating corporate performance to ensure contract compliance.

5.3. Performance and Support

1. Length of time company has been providing telecommunications services to organizations.
2. Similar/Related services or products associated with your company.
3. Annual reports or financial documentation demonstrating solvency for more than three years
4. Percentage of your total revenues derived from telecommunications services similar to those proposed.
5. Future research and development plans for current and next fiscal year, for entire company and system specific to this proposal. Please specify type of application.
6. Percent of revenue expended on research and development for telecommunications
7. For evaluation purposes, the Offeror **must** supply a complete list of all installed users for the type network proposed.

Please identify those most comparable to the network proposed for HSSC and PSPN. Include the following in your response:

**Organization Name, Address & Entity (Hospital, Facility or Practice Size)
Programs or Circuits Installed) Project Manager (include telephone
number)**

6.0. COST

All costs related to this section of the RFP **MUST** be included in the OFFEROR'S Cost Proposal in a separate sealed section.

Regardless of whether the OFFEROR is proposing a purchase or subscription option, the itemized listing submitted on the attached Cost Sheets in the Cost Proposal **MUST** include the costs of **all** proposed components.

6.1. COST SECTION CERTIFICATION:

The following certification **must** be submitted with the offer in the cost section thereof:

I hereby certify that the price included in this proposal is accurate and binding for _____ days (not less than ninety (90) days) from the proposal due date and that all changes and estimates are, to the best of my knowledge, accurate and complete. I further certify that the above total cost accurately reflects my total proposal cost, including any applicable discounts, and that the company which I represent will provide the proposed system for this amount.

S.P.I.N.

Or

Social Security No.

6.2e INSTALATION FEES

Item	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(E) Subtotal = _____

6.2f BILLING SERVICE FEES

Item	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(F) Subtotal = _____

APPENDIX A

NOTE: Of the following sites, 87 are eligible to be funded through the FCC RHC Pilot program. An additional 17 sites have been included which will ‘pay their own way’ for connectivity to the PSPN and should not be included in your bid. However, PSPN will need to have accurate estimates for their individual connectivity to the network.

Palmetto State Providers Network South Carolina Hospitals, Clinics and AHEC sites by County

1. Abbeville County **Definition: Rural / Very Rural**

Facility:	Abbeville Area Med. Ctr.	Eligible
Location:	420 Thompson Circle	Address: P.O. Box 887
City:	Abbeville	Zip Code: 29620
Phone:	864-366-5011	FAX: 864.366.6011
Admin:	Richard Osmus	E-Mail: rosmus@acmhospital.com
Owner:	Abbeville Co. Mem. Hosp	

Abbeville Area Medical Center – Emergency Department

Facility:	Abbeville Clinic	Eligible
Location:	101 Commercial Drive	Address:
City:	Abbeville	Zip Code: 29620
Phone:	864 – 459 – 9671	FAX: 864-459-2487
Admin:	Frank Jones	E-Mail: jfj79@scdmh.org
Owner:	SC Department of Mental Health	

2. Aiken County **Designation: Urban**

Facility:	Aiken-Barnwell Mental Health Center	Eligible
Location:	1135 Gregg Highway	Address: 1135 Gregg Highway
City:	Aiken	Zip Code: 29801
Phone:	803 – 641 – 7700	FAX: 803-641-7709
Admin:	John C. Young	E-Mail: jcy78@scdmh.org
Owner:	SC Department of Mental Health	

3. Allendale County **Designation: Rural / Very Rural**

Facility:	Allendale County Clinic	Eligible
Location:	603 Barnwell Highway	Address: P.O. Box 514
City:	Allendale	Zip Code: 29810
Phone:	803 – 584 – 7261	FAX: 803-584-5065
Admin:	Christy Jinks	E-Mail: caj48@csdmh.org
Owner:	SC Department of Mental Health	

4. Anderson County **Designation: Urban**

Facility:	AnMed Health Med Ctr.	Eligible
Location:	800 North Fant Street	Address: 800 North Fant Street
City:	Anderson	Zip Code: 29621
Phone:	864-261-1109	FAX: 864.512.3750
Admin:	John Miller	E-Mail: john.miller@anmedhealth.org
Owner:	AnMed Health	

AnMed Health Medical Center – Emergency Department

Facility: Anderson-Oconee-Pickens Community Mental Health Center **Eligible**
Location: 200 McGee Road
City: Anderson Zip Code: 29625
Phone: 864 – 260 - 2220 FAX: 864-260-2225
Admin: Kevin W. Hoyle E-Mail: kwh89@scdmh.org
Owner: SC Department of Mental Health

Facility: Child and Adolescent Clinic **Not Eligible – Paying Own Way**
Location: 515A Camson Road
City: Anderson Zip Code: 29625
Phone: 864 – 716 – 3216 FAX: 864-716-2320
Admin: Joan Reina E-Mail: jwr68@scdmh.org
Owner: SC Department of Mental Health

5. Bamberg County **Designation: Rural / Very Rural**

Facility: Bamberg Co. Mem. **Eligible**
Location: 509 North Street Address: 509 North Street
City: Bamberg Zip Code: 29003
Phone: 803-245-4321 FAX: 803.245.6213
Admin: Warren Hammett E-Mail: warren.hammett@palmettohealth.org
Owner: Bamberg Co. Mem Hosp. Board

Bamberg County Memorial Hospital – Emergency Department

Facility: Bamberg County Clinic **Eligible**
Location: 5573 Carolina Hwy. Address: P.O. box 276
City: Denmark Zip Code: 29042
Phone: 803 – 793-4274 FAX: 803-793-4275
Admin: Kelvin Meyers E-Mail: kem38@scdmh.org
Owner: SC Department of Mental Health

6. Barnwell County **Designation: Rural / Very Rural**

Facility: Barnwell County Hospital **Eligible**
Location: 811 Reynolds Road Address: 811 Reynolds Road
City: Barnwell Zip Code: 29812
Phone: 803-541-4365 FAX: 803.541.4388
Admin: Robert Waters E-Mail: rwaters@bchospital.org
Owner: Barnwell County

Barnwell County Hospital – Emergency Department

Facility: Polly Best Center **Eligible**
Location: 916 Reynolds Road Address: 916 Reynolds Road
City: Barnwell Zip Code: 29812
Phone: 803 – 259 – 7170 FAX: 803-259-2934
Admin: Harry Douglas E-Mail: htd28@scdmh.org
Owner: SC Department of Mental Health

7. Beaufort County **Designation: Urban**

Facility: Beaufort Memorial Hospital **Eligible**
Location: 955 Ribaut Road Address: 955 ribaut Road
City: Beaufort Zip Code: 29902
Phone: 843.522.5200 FAX: 843.522.5975
Admin: Richard K. Toomey E-Mail: rktoomey@bmhsc.org
Owner: Beaufort Memorial Hospital

Beaufort Memorial Hospital – Emergency Department

Facility: Coastal Empire Community Mental Health Center **Eligible**
Location: 1050 Ribaut Road
City: Beaufort Zip Code: 29902
Phone: 843 – 524 – 8611 FAX: 843-524-8179
Admin: Ramon D. Norris E-Mail: rden80@scdmh.org
Owner: SC Department of Mental Health

Facility: Beaufort County Clinic **Eligible**
Location: 1050 Ribaut Road
City: Beaufort Zip Code: 29902
Phone: 843 – 524 – 1879 FAX: 843-524-1879
Admin: Jerry Stewart E-Mail: jts20@scdmh.org
Owner: SC Department of Mental Health

Facility: Hilton Head Clinic **Eligible**
Location: 151 Dillon Rd. Address: P.O. Box 23079
City: Hilton Head Zip Code: 29925
Phone: 843 – 681 -4865 FAX: 843-689-6267
Admin: Omega Smalls-Francis E-Mail: ols07@scdmh.org
Owner: SC Department of Mental Health

8. Berkeley County **Designation: Rural**

Facility: Berkley Community Mental Health Center **Eligible**
Location: 403 Stoney Landing Road Address: P.O. Box 1030
City: Moncks Corner Zip Code: 29461
Phone: 843 – 761 – 8282 FAX: 843-761-7308
Admin: Debbie T. Calcote E-Mail: dtc27@scdmh.org
Owner: SC Department of Mental Health

9. Calhoun County **Designation: Rural**

Facility: Calhoun County Clinic **Eligible**
Location: 112 Guess Lane Address:
City: St. Matthews Zip Code; 29135
Phone: 803 – 874 – 2301 FAX: 803-655-5388
Admin: Tina McDowell E-Mail: tjm60@scdmh.org
Owner: SC Department of Mental Health

10. Charleston County **Designation: Urban**

Facility: Bon Secours -St. Frances Xavier Hospital **Eligible**
Location: 2095 Henry Tecklenburg Dr. Address: 2095 Henry Tecklenburg Dr.
City: Charleston Zip Code: 29414
Phone: 843 – 402 – 1000 FAX: 843.402.1945
Admin: Allen Carroll E-Mail: allen.carroll@ropersaintfrancis.com
Owner: Bon Secours – St. Frances Xavier Hospital, L.L.C.

Bon Secours – St. Frances Hospital – Emergency Department

Facility: MUSC Medical Center **Eligible**
Location: 169 Ashley Avenue Address: 169 Ashley Avenue
City: Charleston Zip Code: 29425
Phone: 643 – 792 – 3232 FAX: 843.792.6682
Admin: Stuart Smith E-Mail: smithstu@musc.edu
Owner: The Med. Univ. Hosp. Authority

MUSC Medical Center – Emergency Department

Facility: Charleston/Dorchester Community Mental Health Center **Eligible**
Location: 2090 Executive Hall Rd., Suite 170
City: Charleston Zip Code: 29407
Phone: 843 – 852 – 3633 FAX: 843-852-3640
Admin: Shogry DiNovo E-Mail: dsd35@scdmh.org
Owner: SC Department of Mental Health

Facility: Charleston County West Ashley **Eligible**
Location: 2100 Charlie Hall Blvd. Address:
City: Charleston Zip Code: 29414
Phone: 843 – 414 – 2351 FAX: 843-852-4107
Admin: Valerie O’Neal E-Mail: vko95@scdmh.org
Owner: SC Department of Mental Health

Facility: South Carolina AHEC Program Office **Eligible**
Location: 19 Hagood Avenue, Suite 802 Address:
City: Charleston Zip Code: 29425
Phone: 843-792-4431 FAX: 843-792-4430
Admin: David R. Garr, M.D. E-Mail: garrdr@musc.edu

11. Cherokee County

Designation: Rural

Facility: Upstate Carolina Med. Ctr. **Eligible**
Location: 1530 N. Limestone St. Address: 1530 N. Limestone St.
City: Gaffney Zip Code: 29340
Phone: 864-487-1500 FAX: 864.489.0585
Admin: Joe Howell E-Mail: joe.howell@ucmc.hma-corp.com
Owner: Gaffney, H.M.A., Inc.

Upstate Carolina Medical Center – Emergency Department

Facility: Cherokee Mental Health Clinic **Eligible**
Location: 125 East Robinson Street Address:
City: Gaffney Zip Code: 29340-3723
Phone: 864 – 487 – 2710 FAX: 864-487-2729
Admin: Richard Harrison E-Mail: rhd12@scdmh.org
Owner: SC Department of Mental Health

12. Chester County

Designation: Rural / Very Rural

Facility: Chester Regional Med. Ctr. **Eligible**
Location: One Medical Park Dr. Address: One Medical Park Dr.
City: Chester Zip Code: 29706
Phone: 803-581-9400 FAX: 803.581.2565
Admin: Patrice Tavernier E-Mail: patrice.tavernier@crmcs.hma-corp.com
Owner: Chester HMA, Inc.

Chester Regional Medical Center – Emergency Department

Facility: Chester Clinic **Eligible**
Location: 524 Doctors Court Address:
City: Chester Zip Code: 29706
Phone: 803 – 581 – 8311 FAX: 803-385-2440
Admin: Marissa Wells E-Mail: maw98@scdmh.org
Owner: SC Department of Mental Health

13. Chesterfield County**Designation: Rural / Very Rural**

Facility:	Chesterfield General Hospital	Eligible
Location:	711 Chesterfield Highway	Address: P.O. Box 151
City:	Cheraw	Zip Code: 29520
Phone:	843-537-7881	FAX: 843.320.3479
Admin:	Vance Reynolds	E-Mail vance_reynolds@chs.net
Owner:	Chesterfield/Marlboro, L.P.	

Chesterfield General Hospital – Emergency Department

Facility:	Chesterfield Clinic	Not Eligible – Paying Own Way
Location:	207 Commerce Ave.	Address: P.O. Box 471
City:	Chesterfield	Zip Code: 29709
Phone:	843 – 623- 2229	FAX: 843-623-2553
Admin:	Tracy Teal	E-Mail: tjt85@scdmh.org
Owner:	SC Department of Mental Health	

14. Clarendon County**Designation: Rural / Very Rural**

Facility:	Clarendon Memorial Hospital	Eligible
Location:	10 Hospital Street	Address: P.O. Box 550
City:	Manning	Zip Code: 29102
Phone:	803-435-8463	FAX: 803.435.8463
Admin:	Edward Frye	E-Mail: dwhetsell@clarendonhealth.com
Owner:	Clarendon Hospital District	

Clarendon Memorial Hospital – Emergency Department

Facility:	Clarendon County Clinic	Eligible
Location:	215 Commerce Dr.	Address: P.O. box 273
City:	Manning	Zip Code: 29102-0273
Phone:	803 – 435 – 2124	FAX: 803-435-8113
Admin:	Helene Goldsmith	E-Mail: heg81@scdmh.org
Owner:	SC Department of Mental Health	

15. Colleton County**Designation: Rural / Very Rural**

Facility:	Colleton Medical Center	(For Profit) Eligible
Location:	501 Robertson Blvd.	Address: P.O. Box 5001
City:	Walterboro	Zip Code: 29488
Phone:	843-549-2000	FAX: 843.549.7562
Admin:	Mitch Mongell	E-Mail: mitch.mongell@hcahealthcare.com
Owner:	Walterboro Com. Hosp., Inc.	

Colleton Medical Center – Emergency Department

Facility:	Colleton County Clinic	Eligible
Location:	507 Forest Circle	Address: P.O. Box 578
City:	Walterboro	Zip Code: 29488
Phone:	843 – 589 – 1551	FAX: 843-549-5637
Admin:	Angie Salley	E-Mail: abs82@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	Lowcountry AHEC	Eligible
Location:	302 Medical Park Drive, Suite 110	Address:
City:	Walterboro	Zip Code: 29488
Phone:	843-782-5052	FAX: 843-782-5053
Admin:	Diane M. Kennedy, MS	E-Mail: kennedyd@lcahec.com

16. Darlington County **Designation: Rural / Very Rural**

Facility: McLeod Medical Ctr. – Darlington **Eligible**
Location: 701 Cashua Ferry Rd. Address: P.O. Box 1859
City: Darlington Zip Code: 29532
Phone: 843-777-1100 FAX: 843.777.1146
Admin: Patricia Godbold E-Mail: pgodbold@mcleodhealth.org
Owner: McLeod Regional Medical Center of the Pee Dee, Inc.

Facility: Carolina Pines Reg. Med. Ctr. **Eligible**
Location: 1304 W. Bobo Newsome Hwy Address: 1304 W. Bobo Newsome H
City: Hartsville Zip Code: 29550
Phone: 843-339-4100 FAX: 843.339.4116
Admin: David Castleberry E-Mail: sharon.beasley@cprmc.hma-corp.com
Owner: Hartsville HMA, Inc.

Carolina Pines Regional Medical Center – Emergency Department

Facility: Darlington County Clinic **Eligible**
Location: 217 East Carolina Ave. Address:
City: Hartsville Zip Code: 29550
Phone: 843 – 332 – 4141 FAX: 843-383-4625
Admin: Ed Melton E-Mail: elm14@scdmh.org
Owner: SC Department of Mental Health

17. Dillon County **Designation: Rural / Very Rural**

Facility: McLeod Medical Center – Dillon **Eligible**
Location: 301 East Jackson St. Address: P.O. Box 1327
City: Dillon Zip Code: 29536
Phone: 843-774-4111 FAX: 843.774.1563
Admin: Deborah Locklair E-Mail: dlocklair@mcleodhealth.org
Owner: McLeod Med. Ctr. – Dillon

McLeod Medical Center – Dillon – Emergency Department

Facility: Dillon Clinic **Eligible**
Location: 310S Commerce Road Address: P.O. Box 929
City: Dillon Zip Code: 29536
Phone: 843 – 774 – 3351 FAX: 843-774-2622
Admin: Robin Bethea E-Mail: rsb93@scdmh.org
Owner: SC Department of Mental Health

18. Dorchester County **Designation: Urban**

Facility: Dorchester County Clinic **Eligible**
Location: 106 Springview Lane Address:
City: Summerville Zip Code: 29485
Phone: 843 – 873 – 5063 FAX: 843-851-2110
Admin: Steve Miller E-Mail: sem26@scdmh.org
Owner: SC Department of Mental Health

19. Edgefield County **Designation: Rural / Very Rural**

Facility: Edgefield County Hospital **Eligible**
Location: 300 Ridge Medical Plaza Address: P.O. Box 590
City: Edgefield Zip Code: 29824
Phone: 803-637-3174 FAX: 803.637.1193
Admin: Ray Price E-Mail: ray.price@edgefieldcohospital.org
Owner: Edgefield County Hospital

Edgefield County Hospital – Emergency Department

Facility:	Edgefield Clinic	Eligible
Location:	409 Simpkins St.	
City:	Edgefield	Zip Code: 29824
Phone:	803 – 637 – 5788	FAX: 803-637-0753
Admin:	Cheryl Lindler	E-Mail: chl70@scdmh.org
Owner:	SC Department of Mental Health	

20. Fairfield County **Designation: Rural / Very Rural**

Facility:	Fairfield Mem. Hosp.	Eligible
Location:	102 US Highway 321 Bypass N.	Address: P.O. Box 620
City:	Winnsboro	Zip Code: 29180
Phone:	803-635-0233	FAX: 803.635.5612
Admin:	Interim Mike Williams	E-Mail: mwilliams@nctv.com
Owner:	Fairfield Mem. Hosp. B.o.T.	

Fairfield Memorial Hospital – Emergency Department

Facility:	Fairfield County Clinic	Eligible
Location:	1073 US Hwy 321 By-Pass South	
City:	Winnsboro	Zip Code: 29180
Phone:	803 – 737 – 3039	FAX: 803-737-0126
Admin:	Eric Hartley	E-Mail: egh40@scdmh.org
Owner:	SC Department of Mental Health	

21. Florence County **Designation: Urban**

Facility:	Pee Dee Mental health Center	Eligible
Location:	125 East Cheves St.	Address:
City:	Florence	Zip Code: 29506
Phone:	843 – 317 – 4089	FAX: 843-317-4096
Admin:	Philip C. Bowman, M.D., Ph.D.	E-Mail: pcb01@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	Florence County Clinic	Not Eligible – Paying Own Way
Location:	125 East Cheves St.	Address:
City:	Florence	Zip Code: 29506
Phone:	843 – 317 – 4073	FAX: 843-317-4080
Admin:	Jo Ann P. Reaves, MS	E-Mail: jpr44@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	Lake City Clinic	Eligible
Location:	675 North Matthews Road	Address:
City:	Lake City	Zip Code: 29560
Phone:	843 -661-4882	FAX: 843-661-4892
Admin:	Norman Creighton, MA	E-Mail: ngc30@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	Pee Dee AHEC	Eligible
Location:	305 East Cheves Street, Suite 350	Address:
City:	Florence	Zip Code: 29506
Phone:	843-777-5343	FAX: 843-777-5354
Admin:	Gail B. Weaver, MA	E-Mail: gweaver@mcleodhealth.org

22. Georgetown County**Designation: Rural**

Facility:	Georgetown Memorial Hospital	Eligible
Location:	606 Black River Road	Address: P.O. Box 421718
City:	Georgetown	Zip Code: 29440
Phone:	843-527-7000	FAX: 843.520.7887
Admin:	Bruce Bailey	E-Mail: bbailey@gmhsc.com
Owner:	Georgetown Memorial Hosp.	

Georgetown Memorial Hospital – Emergency Department

Facility:	Waccamaw Community Hospital	Eligible
Location:	4070 Highway 17 By-Pass	Address: P.O. Drawer 3350
City:	Murrells Inlet	Zip Code: 29576
Phone:	843-652-1000	FAX: 843.652.1700
Admin:	Gayle Resetar	E-Mail: gresetar@gmhsc.com
Owner:	Waccamaw Com. Hosp, Inc.	

Waccamaw Community Hospital – Emergency Department

Facility:	Georgetown County Clinic	Eligible
Location:	525 Lafayette Circle	
City:	Georgetown	Zip Code: 29440
Phone:	843 – 546 – 6107	FAX: 843-527-2800
Admin:	Beverly Doris Prince	E-Mail: bdp68@scdmh.org
Owner:	SC Department of Mental Health	

23. Greenville County**Designation: Urban**

Facility:	Hillcrest Memorial Hosp.	Eligible
Location:	729 Southeast Main Street	Address: Planning Dept – ISC 3 rd Floor 701 Grove Road
City:	Simpsonville	Zip Code: 29681
Phone:	864 – 454 – 6151	FAX: 864.967.6147
Admin:	Dennis Burns	E-Mail: dburns@ghs.org
Owner:	Greenville Hospital System	

Hillcrest Memorial Hospital – Emergency Department

Facility:	St. Francis Hospital, Inc.	Eligible
Location:	One St. Francis Drive	Address: One St. Francis Drive
City:	Greenville	Zip Code: 29601
Phone:	864 – 255 – 1000	FAX: 864.255.1137
Admin:	Valinda Rutledge	E-Mail: vrutledge@stfrancishealth.org
Owner:	St. Frances Hospital Inc.	

St. Frances Hospital – Emergency Department

Facility:	Greenville Memorial Medical Ctr.	Eligible
Location:	701 Grove Road	Address: Planning Dept – ISC 3 rd Fl 701 Grove Road
City:	Greenville	Zip Code: 29605
Phone:	864 – 455 – 6145	FAX: 864.455.8850
Admin:	Gregory Rusnak	E-Mail: grusnak@ghs.org
Owner:	Greenville Hospital System	

Greenville Memorial Hospital – Emergency Department

Facility: Allen Bennett Memorial Hospital **Eligible**
 Location: 313 Memorial Drive Address: 313 Memorial Drive
 City: Greer Zip Code: 29650-1521
 Phone: 864 – 848 -8130 FAX: 864.848.8370
 Admin: John Mansure E-Mail: jmansure@ghs.org
 Owner: Greenville Hospital System

Allen Bennett Memorial Hospital – Emergency Department

Facility: Greenville Mental Health Center **Not Eligible – Paying Own Way**
 Location: 124 Mallard St. Address:
 City: Greenville Zip Code: 29601
 Phone: 864 – 241 – 1040 FAX: 864-241-1215
 Admin: A. C. Edwards, M.D. E-Mail: ace21@scdmh.org
 Owner: SC Department of Mental Health

Facility: Piedmont Center for Mental Health Services **Not Eligible – Paying Own Way**
 Location: 20 Powerhorn Road Address:
 City: Simpsonville Zip Code: 29681
 Phone: 864 – 963 – 3421 FAX: 864-967-8617
 Admin: Joe E. James E-Mail: jej51@scdmh.org
 Owner: SC Department of Mental Health

Facility: Upstate AHEC **Eligible**
 Location: 14 Progress Road
 City: Greenville Zip Code: 29607
 Phone: 864 – 349 – 1160 FAX: 864-349-1179
 Admin: Candace A. Luciano, J.D., M.Ed. E-Mail: cluciano@upstateahec.org

24. Greenwood County Designation: Rural

Facility: Self Regional Healthcare **Eligible**
 Location: 1325 Spring Street Address: 1325 Spring Street
 City: Greenwood Zip Code: 29646-3860
 Phone: 864-725-4111 FAX: 864.725.4260
 Admin: John Heydel E-Mail: jheydel@selfregional.org
 Owner: Greenwood County Hospital Board

Self Regional Healthcare – Emergency Department

Facility: Beckman Center for mental health Services **Eligible**
 Location: 1547 Parkway, Suite 100 Address:
 City: Greenwood Zip Code: 29646
 Phone: 864 – 229 – 7120 FAX: 864-229-5526
 Admin: Melanie E. Gambrell E-Mail: meg07@scdmh.org
 Owner: SC Department of Mental Health

Facility: Greenwood Clinic **Eligible**
 Location: 1547 Parkway, Suite 200 Address:
 City: Greenwood Zip Code: 29646
 Phone: 864 – 223 8331 FAX: 864-223-3706
 Admin: Cherry Parker E-Mail: ccp84@scdmh.org
 Owner: SC Department of Mental Health

25. Hampton County**Designation: Rural / Very Rural**

Facility:	Hampton County Clinic	Eligible
Location:	65 Forest Drive	Address: P.O. Box 1491
City:	Varnville	Zip Code: 29944
Phone:	803 – 943 – 2828	FAX: 803-943-4568
Admin:	Coleen Goff	E-Mail: cdg99@scdmh.org
Owner:	SC Department of Mental Health	

26. Horry County**Designation: Urban**

Facility:	Loris Community Hospital	Eligible
Location:	3655 Mitchell Street	Address: P.O. Box 690001
City:	Loris	Zip Code: 29560
Phone:	843 – 716 – 7000	FAX: 843.716.7195
Admin:	J. Timothy Browne	E-Mail: tbrowne@sccoast.net
Owner:	Loris Community Hosp. District	

Loris Healthcare System – Emergency Department

Facility:	Waccamaw Center for Mental Health	Not Eligible – Paying Own Way
Location:	164 Waccamaw Medical Park Dr.	
City:	Conway	Zip Code: 29526
Phone:	843 – 347 – 5060	FAX: 843-347-4102
Admin:	Murray G. Chesson	E-Mail: mgc02@csdmh.org
Owner:	SC Department of Mental Health	

Facility:	Horry County Clinic	Eligible
Location:	164 Waccamaw Medical Park Drive	
City:	Conway	Zip Code: 29526
Phone:	843 – 347 – 4888	FAX: 843-347-4102
Admin:	Linda Wright	E-Mail: lfw88@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	Conway Hospital, Inc.	Eligible
Location:	300 Singleton Ridge Road	Address: P.O. Box 829
City:	Conway	Zip Code: 29526
Phone:	843 – 347 – 8114	FAX: 843.347.8056
Admin:	Philip Clayton	E-Mail: pclayton@cmc-sc.com
Owner:	Conway Hospital, Inc.	

Conway Medical Center – Emergency Department

27. Jasper County**Designation: Rural / Very Rural**

Facility:	Coastal Carolina Medical Center	Eligible
Location:	1000 Medical Center Drive	Address: 1000 Medical Center Drive
City:	Hardeeville	Zip Code: 29927
Phone:	843-784-8182	FAX: 843.784.8001
Admin:	Teresa Urquhart	E-Mail: teresa.c.urquhart@tenethealth.com
Owner:	PHC-Jasper, Inc.	

Costal Carolina Medical Center – Emergency Department

Facility:	Jasper County Clinic	Eligible
Location:	1510 Grays Hwy.	Address: P.O. Boz 1016
City:	Ridgeland	Zip Code: 29936
Phone:	843 – 726 – 8030	FAX: 843-726-8207
Admin:	Hank Kovalanchik	E-Mail: hpk33@scdmh.org
Owner:	SC Department of Mental Health	

28. Kershaw County **Designation: Rural / Very Rural**

Facility: Kershaw County Medical Center **Eligible**
Location: 1315 Roberts Street Address: P.O. Box 7003
City: Camden Zip Code: 29020
Phone: 803-432-4311 FAX: 803.425.6380
Admin: Donnie Weeks E-Mail: weeks@kcmc.org
Owner: Kershaw County Medical Center

Kershaw County Medical Center – Emergency Department

Facility: Kershaw County Clinic **Eligible**
Location: 2611 Liberty Hill Rd. Address: P.O. Box 645
City: Camden Zip Code: 29020-0645
Phone: 803 – 432 – 5323 FAX: 803-713-3978
Admin: Michele Reeder E-Mail: mmr11@scdmh.org
Owner: SC Department of Mental Health

29. Lancaster County **Designation: Rural / Very Rural**

Facility: Springs Memorial Hospital **Eligible**
Location: 800 West Meeting Street Address: 800 West Meeting Street
City: Lancaster Zip Code: 29720
Phone: 803-286-1481 FAX: 803.286.1367
Admin: Tom McDougal E-Mail: holly_wood@chs.net tom_mcdougal@chs.net
Owner: Lancaster Hospital Corp.

Springs Memorial Hospital – Emergency Department

Facility: Lancaster Clinic **Eligible**
Location: 1906 Hwy. 521 Bypass S. Address:
City: Lancaster Zip Code: 29720
Phone: 803 – 285 – 7456 FAX: 803-285-5514
Admin: Paige Walther E-Mail: apw02@scdmh.org
Owner: SC Department of Mental Health

Facility: Mid-Carolina AHEC **Eligible**
Location: 1824 Highway #9 Bypass West Address:
City: Lancaster Zip Code: 29721-2049
Phone: 803 - 286 - 4121 FAX: 803 - 286 - 4165
Admin: Cheri C. Plyler, MBA E-Mail: cplyler@comporium.net

30. Laurens County **Designation: Rural**

Facility: Laurens County Hospital **Eligible**
Location: 22725 Highway 76 East Address: P.O. Drawer 976
City: Clinton Zip Code: 29325
Phone: 864-833-9100 FAX: 864.833.9142
Admin: Jim Boote E-Mail: jboote@lchcs.org
Owner: Laurens Co Health Care System

Laurens County Health Care System – Emergency Department

Facility: Laurens Clinic **Eligible**
Location: 442 Professional Park Rd Address:
City: Clinton Zip Code: 29325
Phone: 864 – 938 – 0912 FAX: 864-938-0926
Admin: Donna Stover E-Mail: dks60@scdmh.org
Owner: SC Department of Mental Health

31. Lee County **Designation: Rural / Very Rural**

Facility:	Lee County Clinic	Eligible
Location:	817 Brown St.	Address: P.O. Box 206
City:	Bishopville	Zip Code: 29010-0206
Phone:	803 – 484 – 9414	FAX: 803-484-4299
Admin:	Kathleen Higgins	E-Mail: kch09@scdmh.org
Owner:	SC Department of Mental Health	

32. Lexington County **Designation: Urban**

Facility:	Lexington Medical Center	Eligible
Location:	2720 Sunset Blvd.	Address: 2720 Sunset Blvd.
City:	West Columbia	Zip Code: 29169
Phone:	803 – 791 – 2000	FAX: 803.791.2660
Admin:	Michael Biediger	E-Mail: mbiediger@lexhealth.org
Owner:	Lexington County Health Services. District	

Lexington Medical Center – Emergency Department

Facility: Lexington County Community Mental Health Center **Not Eligible – Paying Own Way**

Location:	301 Palmetto Park Blvd.	Address:
City:	Lexington	Zip Code: 29072
Phone:	803 – 996 – 1500	FAX: 803-996-1510
Admin:	Richard L. Acton	E-Mail: rla78@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	CAF Services	Eligible
Location:	305 Palmetto Park Blvd.	Address
City:	Lexington	Zip Code: 29 072
Phone:	803 – 359 – 7206	FAX: 803-359-7291
Admin:	Debra C. Lyles	E-Mail: dcl19@scdmh.org
Owner:	SC Department of Mental Health	

33. Marion County **Designation: Rural / Very Rural**

Facility:	Marion County Medical Center	Eligible
Location:	2829 East Highway 76	Address: P.O. Box 1150
City:	Mullins	Zip Code: 29574-6035
Phone:	843-431-2000	FAX: 843.431.2414
Admin:	Harold Tucker	E-Mail: gtucker@mcmcd.org
Owner:	Marion Regional Healthcare System	

Marion County Medical Center – Emergency Department

Facility:	Marion County Clinic	Eligible
Location:	1104 N. Lombardy St.	Address:
City:	Marion	Zip Code: 29571
Phone:	843 – 431 – 1100	FAX: 843-431-1103
Admin:	Kathryn Henderson	E-Mail: kch16@scdmh.org
Owner:	SC Department of Mental Health	

34. Marlboro County **Designation: Rural**

Facility:	Tri-County Mental Health Center	Not Eligible – Paying Own Way
Location:	1035 Cheraw Highway	Address: P.O. Box 918
City:	Bennettsville	Zip Code: 29512
Phone:	843 – 454 – 0841	FAX: 843-454-0635
Admin:	Janice A. Rozier	E-Mail: jar23@scdmh.org
Owner:	SC Department of Mental Health	

35. McCormick County **Designation: Rural / Very Rural**

Facility: McCormick County Clinic **Eligible**
Location: 202 Highway 28, North Address:
City: McCormick Zip Code: 29835
Phone: 864 – 465 – 2412 FAX: 864-465-3325
Admin: Betty Speach E-Mail: bjs06@scdmh.org
Owner: SC Department of Mental Health

36. Newberry County **Designation: Rural**

Facility: Newberry Clinic **Eligible**
Location: 2043 Medical Park Dr. Address:
City: Newberry Zip Code: 20108
Phone: 803 – 276 – 8000 FAX: 803-276-6669
Admin: Heather O’Dell E-Mail: hmo80@scdmh.org
Owner: SC Department of Mental Health

37. Oconee County **Designation: Rural / Very Rural**

Facility: Oconee Memorial Hospital **Eligible**
Location: 298 Memorial Drive Address: 298 Memorial Drive
City: Seneca Zip Code: 29672-9943
Phone: 864-882-3351 FAX: 864.882.3711
Admin: Jeanne Ward E-Mail jeanne.ward@oconeemed.org
Owner: Oconee Memorial Hosp. Inc

Oconee County Memorial Hospital – Emergency Department

38. Orangeburg County **Designation: Rural**

Facility: Regional Med Center of Orangeburg / Calhoun Counties **Eligible**
Location: 3000 St. Matthews Road Address: 3000 St. Matthews Road
City: Orangeburg Zip Code: 29118-1498
Phone: 803-395-2200 FAX: 803.395.2304
Admin: Thomas Dandridge E-Mail: tcdandridge@trmchealth.org
Owner: Regional Med. Ctr. of Orangeburg and Calhoun Counties

The Regional Medical Center – Emergency Department

Facility: Orangeburg Area Mental Health Center **Not Eligible – Paying Own Way**
Location: 2319 St. Matthews Road Address:
City: Orangeburg Zip Code: 29118
Phone: 803 – 536 – 1571 FAX: 803-536-1463
Admin; Bessie B. Abraham E-Mail: bba16@scdmh.org
Owner: SC Department of Mental Health

Facility: Orangeburg County Clinic **Eligible**
Location: 1375 Gilway Extension Address: P.O. Box 505
City: Holly Hill 29059
Phone; 803 – 496 – 3410 FAX: 803-496-9185
Admin: Nancy Ellis E-Mail: nle54@scdmh.org
Owner: SC Department of Mental Health

39. Pickens County **Designation: Urban**

Facility: Cannon Memorial Hospital **Eligible**
Location: 123 W.G. Acker Drive Address: P.O. Box 188
City: Pickens Zip Code: 29671
Phone: 864 – 878 – 4791 FAX: 864.898.1047
Admin: Norman Renz E-Mail: nrentz@cmhsc.org
Owner: Cannon Memorial Hospital

Cannon Memorial Hospital – Emergency Department

Facility: Palmetto Baptist Medical Center –Easley **Eligible**
Location: 200 Fleetwood Drive Address: P.O. Box 2129
City: Easley Zip Code: 29640
Phone: 864 – 442 – 7200 FAX: 864.442.7521
Admin: Roddey Gettys E-Mail roddey.gettys@palmettohealth.org
Owner: Palmetto Health Alliance

Palmetto Health Baptist – Easley – Emergency Department

40. Richland County **Designation: Urban**

Facility: Palmetto Health Richland **Eligible**
Location: 5 Richland Medical Park Dr. Address: 5 Richland Medical Park Dr.
City: Columbia Zip Code: 29203
Phone: 803 – 434 – 7000 FAX: 803.434.6668
Admin: John Singerling E-Mail john.singerling@palmettohealth.org
Owner: Palmetto Health Alliance

Palmetto Health Richland – Emergency Department

Facility: Palmetto Health Baptist **Eligible**
Location: Taylor at Marion Street Address: Taylor at Marion Street
City: Columbia Zip Code: 29220
Phone: 803 – 296 – 5678 FAX: 803.296.5462
Admin: James Bridges E-Mail: james.bridges@palmettohealth.org
Owner: Palmetto Health Alliance

Palmetto Health Baptist – Emergency Department

Facility: Sisters of Charity Providence Hospitals **Eligible**
Location: 2435 Forest Drive Address:
City: Columbia Zip Code: 29204-2098
Phone: 803.256.5300 FAX: 803.256.5765
Admin: Sister Judith Ann Karam E-Mail: judith.karam@providencehospitals.com
Owner:

Sisters of Charity Providence Hospitals – Emergency Department

Facility: Columbia Area Mental Health Center **Not Eligible – Paying Own Way**
Location: 2715 Colonial Drive Address
City: Columbia Zip Code: 29203
Phone: 803 – 898 – 4802 FAX: 803-898-4007
Admin: Robert L. Bank, M.D. E-Mail: rib93@scdmh.org
Owner: SC Department of Mental Health

41. Saluda County **Designation: Rural / Very Rural**

Facility: Saluda Clinic **Eligible**
Location: 206 Travis Avenue Address:
City: Saluda Zip Code: 20138
Phone: 864 – 445 – 8122 FAX: 864-445-9546
Admin: Barbara Bowman-Thomas E-Mail: bat82@scdmh.org
Owner: SC Department of Mental Health

42. Spartanburg County **Designation: Urban**

Facility: Spartanburg Regional Medical Center **Eligible**
Location: 101 East Wood Street Address: 101 East Wood Street
City: Spartanburg Zip Code: 29303
Phone: 864 – 560 – 6000 FAX: 864.560.6001
Admin: Ingo Angermeier E-Mail: iangermeier@srhs.com
Owner: Spartanburg Regional Health Services. Dist., Inc.

Spartanburg Regional Medical Center – Emergency Department

Facility: Spartanburg Area Mental Health Center **Not Eligible – Paying Own Way**
 Location: 250 Dewey Ave. Address:
 City: Spartanburg Zip Code: 29303
 Phone: 864 – 585 – 0366 FAX: 864=585-9208
 Admin: William S. Powell, M.D. E-Mail: wsp62@scdmh.org
 Owner: SC Department of Mental Health

43. Sumter County **Designation: Urban**

Facility: Tuomey Healthcare System **Eligible**
 Location: 129 North Washington St. Address: 129 North Washington St.
 City: Sumter Zip Code: 29150
 Phone: 803 – 774 – 9000 FAX: 803.774.9489
 Admin: Jay Cox E-Mail: jay.cox@tuomey.com
 Owner: Tuomey Health Care System

Tuomey Healthcare System – Emergency Department

Facility: Santee-Wateree Community Mental Health Center **Not Eligible – Paying Own Way**
 Location: 215 North Magnolia St. Address: P.O. Box 1946
 City: Sumter Zip Code: 29151
 Phone: 803 – 775 – 9364 FAX: 803-773-6615
 Admin: Richard B. Guess E-Mail: rbg89@scdmh.org
 Owner: SC Department of Mental Health

44. Union County **Designation: Rural**

Facility: Union Mental Health Clinic **Eligible**
 Location: 130 Medical Sciences Dr. Address: P.O. Box 129
 City: Union Zip Code: 29379-0129
 Phone: 864 – 427 – 1224 FAX: 864-429-0627
 Admin: Gary Money penny E-Mail: gwm62@scdmh.org
 Owner: SC Department of Mental Health

45. Williamsburg County **Designation: Rural / Very Rural**

Facility: Williamsburg County Clinic **Not Eligible – Paying Own Way**
 Location: 310 East main St.
 City: Kingstree Zip Code: 29556
 Phone: 843 – 354 – 5453 FAX: 843-354-3322
 Admin: Maritta Janice Smith E-Mail: mjs69@scdmh.org
 Owner: SC Department of Mental Health

46. York County **Designation: Urban**

Facility: Catawba Mental Health Center **Not Eligible – Paying Own Way**
 Location: 223 E. Main Street, Suite 300 Address:
 City: Rock Hill Zip Code: 29730
 Phone: 8803 – 328 – 9600 FAX: 803-329-7141
 Admin: Paul J. Cornely, Ph.D. E-Mail: pjc97@scdmh.org
 Owner: SC Department of Mental Health

Facility: Catawba Family Center **Eligible**
 Location: 250 Piedmont Blvd. Address:
 City: Rock Hill Zip Code: 29732
 Phone: 803 – 329 – 3177 FAX: 803-329-3319
 Admin: Rae Ann Alepa E-Mail: raa21@scdmh.org
 Owner: SC Department of Mental Health

Facility:	York Adult Services Clinic	Not Eligible – Paying Own Way
Location:	166 Dotson St.	Address:
City:	Rock Hill	Zip Code: 29732
Phone:	803 – 327 – 2012	FAX: 803-327-4198
Admin:	Paul J. Cornely, Ph.D.	E-Mail: pjc97@scdmh.org
Owner:	SC Department of Mental Health	
