



## Addendum 2

### STATE OF CONNECTICUT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

#### RFP# DMHAS-CSD-Mental Health (MH) Intensive Residential Services 2021

The State of Connecticut Department of Mental Health and Addiction Services is issuing Addendum 2 to the **Mental Health (MH) Intensive Residential Program 16-bed High Intensity Medical Program Request for Proposals (RFP)**.

Addendum 2 contains:

- A. Questions and Official Answers
- B. Virtual Bidder's Conference Attendees

The Power Point Presentation, delivered at the Virtual Bidder's Conference is available upon request to the Official Contact, [marcia.mcdonough@ct.gov](mailto:marcia.mcdonough@ct.gov).

In the event of an inconsistency between information provided in the RFP and information in Addendum 2, **the information in Addendum 2 shall control.**

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#### A. Questions and Official Answers

1. **Question:** How do you differentiate between individuals who might need true skilled nursing care and the level of care provided by this facility?  
**Answer:** Individuals who are in this program or referred may have co-morbid medical conditions but do not require a nursing level of care. If they require nursing home level of care, they would not be referred to this program.
2. **Question:** To what extent does the facility need to be wheelchair or handicap accessible?  
**Answer:** The facility must be wheelchair and handicap accessible.
3. **Question:** How is discharge planning determined?  
**Answer:** Discharge planning is considered to be a core component of the program's services and an ongoing part of the treatment process. If the

individual is skill building and appears to be acquiring independent living skills, there would be a team discussion to review level of care. If there is consensus, an appropriate next level of care is looked for.

4. **Question:** If a person ends up requiring skilled nursing, what is the process for getting them there and how are the barriers to access for skilled nursing addressed?

**Answer:** The process for obtaining skilled nursing for program participants is the same as for any other client in the community. Clients would need to be screened for appropriateness. If necessary, DMHAS can utilize diversion nurses to assist with this process.

5. **Question:** Are these folks prioritized through DMHAS oversight?

**Answer:** Individuals in State Hospitals are prioritized for this level of residential care. The Medical Director's office will do a quarterly review with the program on resident's level of care.

6. **Question:** If a person is ready to return to a lower level of care or to their catchment area with improved medical status, what is the process for return? What failsafe is DMHAS putting in place to avoid those who no longer meet program need or require more intensive services do not languish in the program?

**Answer:** Since this program is considered to be a statewide program, the LMHA associated with the client is expected to be involved in treatment and discharge planning. It is expected that the "home LMHA" will be working throughout the placement to find alternative placements as an individual becomes discharge ready.

7. **Question:** What level of authority does the operating program have in determining appropriateness of referral?

**Answer:** DMHAS has indicated in the RFP that referrals are on a no-decline basis. If there are conflicting opinions regarding appropriateness, DMHAS would initiate a case conference involving our Medical Director.

8. **Question:** Based on the history of the current program, what is the need for special medical equipment like beds?

**Answer:** It is expected that some program participants may require items such as walkers and other adaptive devices and may require special equipment like beds.

9. **Question:** Are there existing admissions criteria and limitations?

**Answer:** There are no written admission criteria and no formal limitations or exclusion criteria. Admission decisions are based on client need and program fit. Clients are identified through internal discussion with the DMHAS Medical Director and the DMHAS Director of Admissions, as well as with the program.

**10. Question:** Is there flexibility to change staffing positions after the program is established to better meet client needs—for example, adding another residential counselor and decreasing another position to stay within the given budget. Or, what if more hands-on care requires another PT CNA?

**Answer:** DMHAS has provided the staffing patterns that should be met for the new program. Proposals should meet the staffing patterns laid out in the RFP. As the program gains more experience working with the program's clients, DMHAS would consider changes to the staffing patterns. This would involve discussion with staff from the Community Services Division and the Medical Director or his designee.

**11. Question:** Are staff currently working there able to transfer to the new program if they choose to do so? In other words, would they be allowed to go from CMHA to Gilead employees?

**Answer:** Staff working in the program are CMHA employees who may meet other CMHA agency needs after the program is ended. DMHAS would not be involved in facilitating something like this. If a provider is awarded the contract, they are free to contact the current vendor to discuss this possibility.

**12. Question:** What DSM V diagnoses are considered for this program? Does this include clients with ABIs or Developmental Disabilities, in addition to medical and SA needs?

**Answer:** Clients may have a wide range of diagnoses and no diagnoses are explicitly excluded. Placement decisions are individualized based on client needs and program fit. A client with a diagnosis of ABI or Developmental Disabilities could be admitted to the program.

**13. Question:** On page 20, it says that the consumer length of stay is twelve (12) to forty-eight (48) months. What types/levels of care does the Department expect the consumers be discharged to after their program stay?

**Answer:** The program is likely to have few discharges and would be based on individual needs and are decided within ongoing planning. Discharges in the past have included nursing homes, supervised apartments, and independent living with supports.

**14. Question:** What is the Department's expectation regarding licensure of the facility?

**Answer:** The current facility is licensed as a Mental Health Residential Living Center. The successful proposer must have the same license. For licensure information, please visit the following link:

<https://portal.ct.gov/DPH/Communications/Regulation--Licensure/Regulation-and-Licensure-Home-Page>

**15. Question:** On page 24, under 3b (Treatment/Service Components), numbers 7 and 8, it lists psychiatric evaluation, prescriptions, Medication Assisted Treatment, counseling and psychotherapy as required components, but the staffing requirements on page 28 do not list psychiatry or licensed social work staff. Why?

**Answer:** It is not expected that those services would necessarily be provided within the program. A proposer may not be licensed as an outpatient clinic and may not possess this capability. However, proposers in this situation must be able to demonstrate how they would link to the local LMHA or another clinical provider to have those services provided. If your agency does have the ability to provide these services, it is expected that those services would be provided through your agency's outpatient clinic.

**16. Question:** On page 27, 5 c it says "the Department reserves the right to require a 1 person to 1 FTE ratio at its discretion." 1:1 staffing requirements are not reflected in the staffing section on page 28. How will this staffing be paid for?

**Answer:** At times due to significant clinical situations we have used discharge dollars to enhance existing programs to add life coach hours. The amount of time required would come from the clinical team recommendations. We do not provide 24/7 1:1 additional staffing.

**17. Question:** If the Department selects a vendor that is not a private non-profit or state-operated LMHA, will the program be contracted through the local LMHA?

**Answer:** All contracts are generated through the Office of the Commissioner. Oversight of the program's services would likely be managed through the Medical Director's Office and the local LMHA. The program would also need to collaborate and link with the local LMHA for supportive services if they did not have the capacity to provide these supportive services (i.e. like psychiatric evaluation, medication management, clinical services).

**18. Question:** How much money will be available for project start up and what items/costs will it cover? Will DMHAS cover necessary building renovations required for siting the project in compliance with any applicable licensing? Is there a dollar limit to how much can be requested for these siting/start up renovation costs? If so, what is the limit?

**Answer:** DMHAS has not posted a ceiling for start-up costs. Proposers should submit a separate start-up budget that includes costs the proposer deems necessary for start-up. DMHAS will allow a small amount of start-up funding to be used for making minor site improvements. However, any funding request should be in alignment with OPM's Cost Standards. Proposers should consult the following link for more information regarding these standards. The link is [Purchase of Service \(POS\) Cost Standards](#)

**19. Question:** Is \$1,187,328 available for the first contract period (November 1, 2020 to June 30, 2021)? May the \$1,187,328 be used for renovations and start-

up costs? Please also confirm that an additional \$1,187,328 is available for annual program operation beginning July 1, 2021.

**Answer:** The full amount will not be available for the first contract period. The amount that will be available will be negotiated after the right to negotiate a contract is awarded. First year costs should only include start-up costs and costs associated with the proposer's plan to transition clients by July 1, 2021. The total of \$1,187,328 is the annualized grant amount beginning July 1, 2021.

**20. Question:** On page 22, section 2 c -5, it asks the proposer to state if it will require bond funding to site the project. Will DMHAS bond funds be available for this project? If so, how much will be available?

**Answer:** Proposers should not submit proposals that are contingent on bond funds. DMHAS bond funds will not be available for this project.

**21. Question:** Will bidders that propose projects that require bond funding be given fewer points?

**Answer:** Please refer to the Answer to Question 20, immediately above.

**22. Question:** Should the bidder provide a separate budget for start-up and renovation costs?

**Answer:** Proposers should submit a separate budget for start-up and renovation costs with the understanding that DMHAS will allow a small amount of start-up funding to be used for making minor site improvements.

However, any funding request should be in alignment with OPM's Cost Standards. Proposers should consult the following link for more information regarding these standards.

The link is [Purchase of Service \(POS\) Cost Standards](#)

**23. Question:** What type of analysis was performed to determine this program should cost no more than \$1,187,328 as stated in section D, part 2 of the RFP?

**Answer:** DMHAS used the amount that has been allocated to the current vendor for this program.

**24. Question:** Please provide a list of the agencies which submitted letters of intent for this RFP.

**Answer:** The following organizations submitted a Mandatory Letter of Intent:

1. CHD/Adult Mental Health
2. Reliance Health, Inc.
3. Martin House, Inc.
4. Chrysalis Center, Inc.
5. CHR
6. Wellmore
7. The Connection, Inc.
8. Mercy Housing and Shelter Corporation
9. Community Mental Health Affiliates, Inc.

10. Recovery Network of Programs, Inc.
11. Gilead Community Services, Inc.
12. Continuum of Care, Inc.

**25. Question:** Is DPH licensing required for the proposed intensive residential space?

**Answer:** The current facility is licensed as a Mental Health Residential Living Center. The successful proposer is required to have the same license.

**26. Question:** Page 11 of RFP addendum #1 states, "Maximum 20 pages, exclusive of Executive Summary, Appendices and Budget forms." Are all required forms excluded from the page limits, or are just the budget forms excluded?

**Answer:** All required forms are excluded from the 20-page maximum page limitation.

**27. Question:** Site control will be the largest challenge. Are there any properties that DMHAS is aware of that would be potential sites?

**Answer:** DMHAS is not aware of potential sites for the program.

**28. Question:** So the current site is not a potential site?

**Answer:** The current site is not a potential site.

**29. Question:** Can you please provide some insight into the challenges of the current site.

**Answer:** DMHAS has been satisfied with the current site and did not experience challenges with it.

**30. Question:** Is it possible to share why this program is being brought to RFP?

**Answer:** The current provider has officially notified DMHAS that they will no longer provide these services at Parkview after June 30, 2021.

**31. Question:** Since the contractor would be required to accept all referrals-are forensic clients referred to this program? (i.e. Would we need to have considerations for sex offenders with residential restrictions, etc)

**Answer:** DMHAS does not restrict sex offenders from residential program. Decisions regarding placement of sex offenders will be based on safety, site location, clinical need, and program fit.

**32. Question:** Is DMHAS willing to support the process to secure a license? Given covid, most DPH work is on hold right now.

**Answer:** To the extent possible, DMHAS would work with DPH to facilitate securing a license.

- 33. Question:** Please confirm the dates for questions and answers.  
**Answer:** Questions are due no later than 7/20/2020, 3:00 PM and answers will be posted 7/27/2020 as an Addendum to the RFP.
- 34. Question:** Is there a cap on Start-Up funds?  
**Answer:** Please refer to the answers to Questions 18.
- 35. Question:** Please clarify if a license is needed for the program proposed.  
**Answer:** The current facility is licensed as a Mental Health Residential Living Center. The successful proposer is required to have the same license.
- 36. Question:** Do the existing clients have insurance? If so, what types?  
**Answer:** Clients in the program in Fiscal Year 2019 had Medicaid BHH, Medicaid FFS, and Medicaid/Medicare.
- 37. Question:** If you have students placed in your organization, are they able to assist in the program. MSW's, Nursing Students?  
**Answer:** Like other agency programs, the successful proposer could utilize students in the program. However, they would not be able to be substituted for the staffing pattern specified in the RFP. Students would be supplements to the core staffing requirements.

## **B. Virtual Bidder's Conference Attendees**

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