

Alzheimer's Disease and Related Dementias
Training Programs for
1) Healthcare Professionals and 2) Community Professionals
Log # 2024-0908

Question and Answer (Q&A)
To be posted by October 30, 2023

1. **Question:** In the eligibility section, the RFP indicates that proposals will be accepted "*from CT public and private organizations, community-based agencies, CT State agencies and municipalities*". Our non-profit organization performs work in Connecticut (including under contract with the state) but does not have a physical address in the state, nor are we registered with the state Charitable Unit. Are we eligible to submit a proposal? Can you confirm if only CT companies are eligible to submit proposals for this program?

CT DPH response:

Applications will be accepted from organizations not based in Connecticut.

2. **Question:** Please clarify the contract period. The RFP notes that the project will extend over a 5-year period. Will the contract be awarded for the full five years or for one year at a time? If it will be awarded one year at a time, will contractors be required to submit an updated proposal?

CT DPH response:

The contract will be awarded for a total of 5 years. The awarded contractor(s) will not need to submit an updated proposal each year. They will, however, be required to submit an updated workplan and budget for years 2 – 5 and submit program progress and expenditure reports in accordance with the contract reporting schedule.

3. **Question:** Because the original contract period is five months in length, is there potential for this abbreviated contract period to be used to support a needs assessment, program planning, and initial launch?

CT DPH response:

Yes. The proposed workplan and budget could include a needs assessment, program planning, and launch.

4. **Question:** The RFP provides guidance on the target number of professionals to be trained under the projects. We assume these are annual figures. Please correct us if that understanding is not correct. If it is an annual figure, will adjustments to the expectations be made for the first contract period, which is five months? That is, are the target figures expected to be reached in the shorter initial contract period?

CTDPH response:

The training requirements are annual figures. They will be adjusted accordingly pending the contract execution date and how many months are remaining in the first funding period.

5. **Question:** Are you able to provide more guidance on the kinds of professionals who fall into the "Medical Professional" category and the "Community Professional" category? For example, are home health care providers *of all kinds* assumed to be community professionals? Would staff at a community clinic, such as an FQHC, be considered to be medical professionals or community professionals? Are long term care staff in one category or the other? Is the distinction made by practice site, by role/profession, or by setting?

CTDPH response:

Component 1: Training is for health care and medical providers who conduct direct health care services of a varying nature and/or other professionals working in a health care setting, including but not limited to clinic, hospital, home care, long term care, ambulatory, etc., such as social workers or *Community Health Workers (CHWs).

Component 2: Training is for professionals who work in the community as part of their employment or role but do not necessarily provide direct health care services of any kind and instead provide support to the public in a community setting, including municipal employees, public safety, social services, and Community Health Workers (CHWs). In contrast to Component 1, they do not necessarily hold any professional health care related license to care, medically treat, or prescribe.

*(*pending they work in a health care setting and provide direct care)*

6. **Question:** Please clarify if community professional training opportunities under Component 2 would be open to volunteer facilitators of dementia caregiver support programs and/or informal caregivers?

CTDPH response:

The RFP defines Community Professionals: as social workers, police officers, emergency management services staff, community health workers, caregivers, home health aides and personal care aides. These are just examples. Training should be conducted primarily for employed community professionals however volunteers could be included.

7. **Question:** If I am part of a large organization do I need to report on all the organizations or just our division that is working on this grant proposal? In other words, is it our subdivision or the whole parent organization that needs to provide this information?

CTDPH response:

Proposals should include a **brief** overview of the larger organization with more detail on the subdivision unit's capacity and history in addressing the RFP training goals.

8. **Question:** Would a symposium count towards the number of professionals being trained or does it need to be smaller scale education?

CT DPH response:

A symposium could be included as a training option but should be secondary to smaller groups training courses, and the participant count at a symposium/conference/summit would not count toward the number of professionals being trained.

9. **Question:** regarding “*Component target audiences*”:
- a. Do we have to commit to providing training to all of the positions listed in Component 2 or are they just examples of various audiences?

CT DPH response:

Those professions listed under Component 2 (social workers, police officers, emergency management services staff, community health workers, caregivers, home health aides and personal care aides) were examples. Training for these groups is strongly encouraged but they are not exclusive. The workplan for Year 1 and subsequent annual workplans can include other community profession types as appropriate.

- b. Can you explain more about what differentiates the populations trained in component 1 and 2?

CT DPH response:

Please see response to question #5.

- c. Is there a similar list of examples for positions covered in component 1 as there is in component 2?

CT DPH response:

Please see the response to question #5 that provides greater clarification.

- d. Can you explain why personal and health aids and professional caregivers are not included in Component 1.

CT DPH response:

Please see the response to question #6 which clarifies the difference between Component 1 and 2. The Component 1 list was an example. Health aids and professional caregivers can be included.

- e. Can you explain what professional position is meant by “professional caregivers” in Component 2? Does this include paid and unpaid or family caregivers?

CT DPH response:

Professional caregivers indicate they may have received some training and certification to be employed as a professional caregiver. This does not include family caregivers.

12. Question: regarding “*Service expectations.*”

- a. **Are these cumulative expectations for the entire five-year period or per year?** Component 1 - "Recruit/train at least 150 healthcare professionals over the course of the contract period" Component 2 - "Recruit/train at least 80 professionals, such as social workers, police officers, emergency management services staff, community health workers, caregivers, home health aides, and personal care aides statewide over the course of the contract period".

CT DPH response:

Please see response to question #4.

- b. **The first “year” is May-October. With the 4.5-year period does that mean a \$25k budget for the half of a year? or is there still \$50k?**

CT DPH response:

The chosen contractor for Component 1 and Component 2 will be offered the full \$50,000 for the Year 1 contract period (estimated May 1, 2024 - September 30, 2024), as long as an adequate budget and spending plan are provided.

13. Question: regarding Section C - Scope of Services the RFP indicates that training must be a combination of in person and online based on the needs of the audience to maximize training attendance. Is in-person training required for all audiences or are different training formats like interactive zoom an acceptable alternative?

CT DPH response:

The goal is to maximize attendance and increase knowledge. On some occasions, but not all, virtual training may be the best option. A hybrid of trainings methods (virtual and in person) is acceptable. Commonly used and reliable virtual platforms such as Zoom are acceptable.

14. Question: Can grant funds be used for marketing/promotion of training programs?

CT DPH response:

Funds can be used to create marketing materials to assist with training recruitment. Funds cannot be used for paid mass media campaigns such as TV, streaming, radio or paid social media.