

## Addendum 1

### State of Connecticut Department of Mental Health and Addiction Services

#### RFP # DMHAS-YAS-DBT-2023

The State of Connecticut Department of Mental Health and Addiction Services is issuing Addendum 1 to the **Dialectical Behavioral Therapy Residential Program for Young Adults for Request for Proposals**.

**Addendum 1 contains:**

**A. Changes to Legal Notice.** Please note that a change has been made to **Section I. General Information, B. Instruction, and Item 4. Procurement Schedule** is hereby deleted and replaced with the following:

**4. Procurement Schedule.** See below. Dates after the due date for proposals ("Proposals Due") are non-binding target dates only (\*). The Agency may amend the schedule as needed. Any change to non-target dates will be made by means of an amendment to this RFP and will be posted on the State Contracting Portal and, if available, the Agency's RFP Web Page.

**Proposal Due has been extended to 12/7/2022**

<b><u>Procurement Timetable</u></b>	
RFP Released	9/29/2022
Letter of Intent Due	10/13/2022 by 3:00 pm
RFP/Bidder's Conference Date	10/20/2022 by 10:00 am
Deadline for Questions	10/27/2022 by 3:00 pm
Answers Released	11/3/2022 by 3:00 pm
Proposals Due	<b>12/7/2022 by 3:00 pm</b>
(*) Proposer Selection	TBD
(*) Start of Contract Negotiations:	TBD
(*) Start of Contract	4/1/2023

**B.** Please note that a change has been made to **Section II.C. PURPOSE OF RFP AND SCOPE OF SERVICES Item 5. Subcontractor is being replaced with the following:**

**5. Subcontractor** – The use of a Subcontractor is allowed. For proposers who may use a direct care staffing service on an as needed basis, they should provide a detailed plan for the requirement that these staff are oriented, trained, and prepared to provide DBT informed care.

- C. Questions and Answers** – The following are DMHAS responses to the questions received during and after the Bidder's Conference.

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

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- 1. Question: Is it required to have clinical staff on site 24/7? Is on call acceptable for weekends and holidays?**

**Answer:** The RFP requires that the program must have 24/7 on-site staff coverage. The RFP does not stipulate 24/7 clinical staff coverage. Regarding on-call coverage, we are interested in how your agency will address clinical coverage on weekends and holidays.

- 2. Question: Do we need licensed or licensed eligible staff 24/7 or some coverage on these shifts?**

**Answer:** Licensed staff, or licensed eligible staff are not required to be on site 24/7. The RFP requires the proposer to develop and submit a plan for clinical coverage.

- 3. Question: Is the funding expected to cover all the clinical coverage, since DPH license for Residential Living center does not allow billing third party payers?**

**Answers:** Services are billable by an enrolled Medicaid provider unless the facility is determined to be an Institute for Mental Disorders (IMD) per the CMS definition. If determined to be an IMD, these services may not be billed to Medicaid. The successful proposer will undergo an IMD review with DSS if necessary.

- 4. Question: Within the 1-3 years are residents expected to "graduate" from the program?**

**Answer:** There is no language in the RFP regarding limitations on clients' length of stay.

- 5. Question: Is this a per diem or grant funding contract?**

**Answer:** This program is funded by State dollars. A purchase of Service (POS) contract will be issued.

- 6. Question: Are the 6 residents all working with the one clinician, or does the clinical Director/Manager also see clients?**

**Answer:** It will be up to the proposer to decide how to assign the caseload between the clinical director and clinician.

- 7. Question: Would there be consideration if an agency does not currently have a facility set up, but willing to purchase a location for this program?**

**Answer:** The RFP requires a detailed plan for securing a site if a site is not already owned or rented by a proposer.

- 8. Question: Does DMHAS have data that indicates what area of CT that the clients will be coming from? Also, any other demographic information? I assume that a coed facility is acceptable?**

**Answer:** DMHAS does not have demographic or nexus data for clients referred to the program. The RFP stipulates that the program population includes all genders.

- 9. Question: Will this Power Point be shared?**

**Answer:** The Power Point was shared with all attendees on Thursday, October 20, 2022 at 2:45 pm

- 10. Question: Is an APRN acceptable to provide psychiatric coverage? Please define "near site" coverage for nurse?**

**Answer:** Yes, APRN psychiatric coverage is acceptable. The RFP stipulates "on-site or nearly all on-site services" for ancillary services such as nursing. The plan for how nursing services will be delivered is up to the proposer to submit.

- 11. Question: Will some of the clients be registered sex offenders? Does the provider have any contract of acceptance of referrals?**

**Answers:** There is no way to determine if a client or clients referred to the DBT program may have a history of sexual offending behavior. Each client should have an individualized treatment plan that accounts for any problem behavior. Referrals will be made from the YAS OOC central office and it is the expectation that the RFP program will serve referred clients.

- 12. Question: Page 6, #7 outlines the minimum qualifications of proposers. Item D reads "At least five (5) years of experience developing and implementing residential treatment programs. Can you clarify if operating a transitional site with 24/7 staff support in a supervised apartment setting falls within this definition?"**

**Answer:** Yes, that description appears to meet the standard.

**13. Question: Can the money can be utilized to obtain a site?**

**Answer:** No.

**14. Question: Are set-up costs in additional to the contract amount?**

**Answer:** One-time startup funds may be available and would be considered separate from the total contract amount. The RFP requires that startup costs be clearly identified as one line item in the budget and that all startup costs be listed separately and clearly detailed in the budget narrative.

**15. Question: May fund be used to acquire a facility/house?**

**Answer:** No.

**16. Question: Is this contract for 3.7 million annually?**

**Answer:** No.

**17. Question: Page 6, #7 outlines the minimum qualifications of proposers. Item D reads "At least five (5) years of experience developing and implementing residential treatment programs. Can you clarify if operating a transitional site with 24/7 staff support in a supervised apartment setting falls within this definition?**

**Our transitional YAS programming site operates in an apartment complex and is self-contained in its own building with four apartments and a capacity of four clients in three of the apartments. The fourth apartment is the staff office and respite bed when needed. The site is staffed 24/7. Services provided at the site and at other YAS office sites a short distance away include case management, social and vocational recovery services, individual therapy, medication management, and life skills support and instruction.**

**Answer:** Yes, this description appears to meet the minimum requirement.

**18. Question: May funds be used to purchase a facility/house?**

**Answer:** No.

**19. Question: May funds be used to rent a facility/house for the program?**

**Answer:** Yes.

**20. Question: May funds be used to renovate facility to meet the requirements of the RFP?**

**Answer:** Yes, one time startup funds may be available and can be used for this purpose in order to meet the requirements of the RFP. All requested startup costs must be identified as one line item in the budget and all startup costs must be listed separately and clearly detailed in the budget narrative.

**21. Question:** Under Staffing Requirements (#3) on page 10, what is meant by “psychiatry”? Will this requirement allow for a prescriber (APRN) instead of a psychiatrist?

**Answer:** Yes. A psychiatric APRN is considered a psychiatric provider.

**22. Question:** Under Staffing Requirements (#3) on page 10, there is reference to 24/7 staff support. What level of staff support do you require 24/7?

**Answer:** A minimum of (direct care) staff to client ratio of 1:3 is required 24/7.

**23. Question:** Under Staffing Requirements (#3) on page 10, is there an expectation that the Clinical Director will also see clients? What is the staff requirement for the direct service clinician – does one clinician work with the six clients or does the 1 to 3 ratio apply to the clinicians?

**Answer:** The 1:3 direct care staff to client ratio does not include clinical staff. Client caseloads between the clinical director and clinician are left to the prerogative and needs of the program.

**24. Question:** Do you have suggestions or requirements for the amount of time dedicated for clinicians and ancillary services (psychiatrists, nursing, vocational, recreational and occupational therapy)? Based on the Staffing Requirements on page 10, there is a requirement for a junior and senior clinician – should both of those positions be one dedicated FTE each?

**Answer:** Time allotted to clients in the program will be based on client need. DBT implementation requires regular individual, group, and other supports as needed by the clients. The full or part-time status of the DBT clinical director and clinician are to be determined by the proposer and detailed in your proposal.

**25. Question:** What agencies were represented at the Bidder’s conference?

**Answer:**

BHcare, Inc.	Bridges Healthcare, Inc.	Community Health Resources, Inc.
Family & Children's Aid, Inc.	Mercy Housing and Shelter Corp.	Recovery Network of Programs, Inc.
Sound Community Services, Inc.	The Bridge Family Center, Inc.	The Connections, Inc.

**26. Question: How much time is allowed between notice of award and implementation, since a site may need to be located for rental, renovations completed, and DPH licensed?**

**Answer:** The RFP stipulates that a detailed time line and plan is required if a site is not already secured and a license needs to be attained.

**27. Question: Can on call with the clinicians be counted as coverage for the weekends, evenings and holidays?**

**Answer:** The RFP requires 24/7 direct care staff on-site coverage. Any on-call clinical coverage cannot be counted in the required minimum 1:3 staff to client ratio. A plan for clinical support on weekends, evenings, and holidays is for the proposer to develop.

**28. Question: Will you support 24-hour on site clinical support?**

**Answer:** The RFP does not require 24/7 on-site presence for the clinical staff.

**29. Question: What is the target length of stay?**

**Answer:** Length of stay has not been stipulated. The target for discharge readiness will be based on clinical progress.

**30. Questions: What is the level of ongoing support from the DBT consultant?**

**Answer:** The Contracted DBT clinician will be available for the initial training, consultations and staff supervision, based upon staff need, for a contractual term of 3 years.

**31. Questions: Are you looking to have a staff trained in vocational, recreational and occupational therapy on shift daily? If so, how many hours a week are you looking for in the RFP?**

**Answer:** Vocational, recreational and occupational therapies will be based upon the programmatic schedules and the clients' needs.

**32. Questions: The RFP states that the use of a subcontractor is not allowed. Does this include use of a direct care staffing service to cover on an as needed basis?**

**Answer:** No. However, for proposers who may use a direct care staffing service on an as needed basis, they should provide a detailed plan for the requirement that these staff are oriented, trained, and prepared to provide DBT informed care.

**33. Questions: Please explain the referral process in terms of the providers input regarding client acceptance into the program.**

**Answer:** The YAS OOC central office will screen and refer prospective clients to the program. Provider input will be considered in decisions to admit.

**34. Questions: Will proposals exceeding 1,250,000 annually in DMHAS funding be considered? The staffing for this model is robust and the target population requires a competent and experienced staff team. This coupled with the work force issues providers are experiencing may very well command more funding to be successful.**

**Answer:** The proposer should submit a budget based on what they believe will be needed to operate this program and to meet the requirements of the RFP.

**35. Questions: The RFP mentions a private adjunct consultative service for physiological assessments. Can we do our assessments in house or are we mandated to use this service?**

**Answer:** Assuming 'physiological' is meant to read 'psychological'. Psychological assessments may be done at the discretion of the provider.

**36. Questions: Will the program be expected to accept registered sex offenders?**

**Answer:** The DBT program will be expected to admit and develop an individualized treatment plan for any client. A history of sexual offending behavior requires planning and consideration to determine eligibility.

**37. Questions: Is this program grant funded or per diem?**

**Answer:** This program is funded by State dollars. A purchase of Service (POS) contract will be issued.

**38. Questions: Please explain the parameters for startup costs including budget limit.**

**Answer:** One-time startup costs may be available and the proposer should identify what they believe will be needed. All requested startup costs must be identified as one-line item in the budget and all startup costs must be listed separately and clearly detailed in the budget narrative.

**39. Questions: Is a security guard an allowable expense?**

**Answer:** The RFP does not stipulate a security guard as part of the staffing requirement.

**40. Questions: Does DMHAS have data that indicates where in Connecticut most of the referrals come from? Or other information.**

**Answer:** No.

**41. Questions: On page 19 E. Attachments states that "Attachments other than the required attachments identified are not permitted and will not be evaluated. On page 37 in the Proposed Content Checklist-Main Proposal with relevant attachments-states- "Proposers should use their discretion to determine whether certain required information is sufficiently captured in the body of their proposal or requires additional attachments for clarification". These two sections seem contradictory. What is the limit on attachments? For example, are photos of the site and floor plans, a purchase agreement for a site, organizational chart, resumes, job descriptions etc. allowed as they go beyond the required attachments?**

**Answer:** "Proposers should use their discretion to determine whether certain required information is sufficiently captured in the body of their proposal or requires additional attachments for clarification". There is no limits on attachments as long as the attachments are relevant to your main proposal. You are not to extend or expand the 25 page limit of the main proposal. The attachment section is to include any supporting document referencing your main proposal. However, attachments such as photos, site plans, purchase agreements, rental agreements, organizational charts, resumes, job descriptions, etc. are allowed.

Each attachment must be labeled and added to the table of contents.

**42. Questions: How do we receive referrals? Who can make referrals to the program?**

**Answer:** Referrals will be made exclusively from the YAS OOC central office.

**43. Questions: What are the rules for visitors in the program?**



**Answer:** Visitor guidelines are for the program to develop.

**44. Questions: What are the rules around curfews/overnights off campus?**

**Answer:** Curfew and overnight guidelines are for the program to develop.

**45. Questions: Will there be auditing standards that will need to be met? Is so, how often do external audits occur?**

**Answer:** According to our Terms and Conditions of Part II of the contract the following applies:

**5. Audit and Inspection of Plant, Places of Business and Records.**

(a) The State and its agents, including, but not limited to, the Connecticut Auditors of Public Accounts, Attorney General and State's Attorney and their respective agents, or where applicable, federal agencies, may, at reasonable hours, inspect and examine all of the parts of the Contractor's and Contractor's Parties' plants and places of business which, in any way, are related to, or involved in, the performance of this Contract. The Contractor shall comply with federal and state single audit standards as applicable.

(b) The Contractor shall maintain and shall require each of the Contractor Parties to maintain accurate and complete Records. The Contractor shall make all of its and the Contractor Parties' Records available at all reasonable hours for audit and inspection by the State and its agents.

(c) The State shall make all requests for any audit or inspection in writing and shall provide the Contractor with at least twenty-four (24) hours' notice prior to the requested audit and inspection date. If the State suspects fraud or other abuse, or in the event of an emergency, the State is not obligated to provide any prior notice.

(d) The Contractor will pay for all costs and expenses of any audit and inspection which reveals information that, in the sole determination of the State, is sufficient to constitute a breach by the Contractor under this Contract. The Contractor will remit full payment to the State for such audit or inspection no later than thirty (30) days after receiving an invoice from the State.

(e) The Contractor shall keep and preserve or cause to be kept and preserved all of its and Contractor Parties' Records until three (3) years after the latter of (i) final payment under this Contract, (ii) the expiration or earlier termination of this Contract, as the same may be modified for any reason. The State may request an audit or inspection at any time during this period. If any Claim or audit is started before the expiration of this

period, the Contractor shall retain or cause to be retained all Records until all Claims or audit findings have been resolved.

(f) The Contractor shall cooperate fully with the State and its agents in connection with an audit or inspection. Following any audit or inspection, the State may conduct and the Contractor shall cooperate with an exit conference.

(g) The Contractor must incorporate this entire Section verbatim into any contract or other agreement it enters into with any Contractor Party.

**46. Questions: Can funding be affected based off an external audit?**

**Answer:** It will all depends on the external audit findings.

**47. Questions: What is the typical discharge plan for residents?**

**Answer:** Discharge planning will depend on client needs and occur in coordination with the accepting agency or program.

**48. Questions: Are they identifying housing options while residing in the program?**

**Answer:** Housing options for discharge planning will be conducted in coordination with YAS OOC staff and the receiving agency.

**49. Questions: Are we expected to assist with identifying housing plans post discharge?**

**Answer:** Any housing plans that occur as part of a client's discharge from the program will be facilitated in collaboration with YAS OOC staff and/or the receiving agency.

**50. Questions: Is there a typical length of stay?**

**Answer:** Length of stay is determined by client progress.

**51. Questions: Are there specific assessments required to assess target areas?**

**Answer:** Specialized assessments will be based on client need.

**52. Questions: Are there specific requirements in regards to treatment planning and how often services are provided on a weekly basis?**

**Answer:** Treatment planning and service hours are based upon programmatic guidelines, state licensing requirements, and client need.

**53. Questions: How are meals/food handled?**

**Answer:** Meal planning and meal preparation are skills to be taught in the program. Meals are communal in the DBT residential program.

**54. Questions: Is there a curfew?**

**Answer:** The RFP does not stipulate a curfew. Programmatic guidelines are up to the discretion of the proposer to develop.

**55. Questions: Is there a requirement for participation in therapies and activities?**

**Answer:** Time allotted to clients in the program will be based on client need. DBT implementation requires regular individual, group, and other supports as needed by the clients. All guidelines for services and participation are to be developed by the program.

**56. Questions: What are rules surrounding clients that have children?**

**Answer:** Guidelines regarding clients with children are to be developed by the program based upon individual circumstances. Children may not reside in the program.

**57. Questions: Does the DBT Program Director have to be a full-time dedicated director, or can they have other residential or programs under their responsibilities in addition to this residence/program?**

**Answer:** There is no specified requirement for the full or part time status of the DBT Program Director or how the Director's responsibilities are assigned. Details should be included in your proposal.

**58. Questions: Does the DBT Clinical Director have to be full-time dedicated director, or can they have other residential or programs under their responsibilities in addition to this residence/program.**

**Answer:** There is no specified requirement for the full or part time status of the DBT Program Director or how the Director's responsibilities are assigned. Details should be included in your proposal.

**59. Questions: Does the DBT Clinical Director have to be a director-level employee, or can they be a clinical manager who is a licensed clinician?**

**Answer:** This level of the Clinical Director in any agency is up to the discretion of that agency.

**60. Questions: Are the direct care staff expected to be residential counselors with a bachelor's degree, or are there other expectations for education/licensure of this staff?**

**Answer:** There is no requirement for a bachelor's degree for direct care residential staff stipulated in the RFP. All staff are required to attend, complete and participate in the DBT trainings and ongoing supervision. It is up to the proposer to develop the minimum qualifications for direct care staff.

**61. Questions: Can the nursing and occupational ancillary services be contracted through a local home care agency or VNA? Is there an expected number of hours per week or days of service per week or month for these services?**

**Answer:** Proposers who plan to provide nursing and occupational services through a local home care agency or VNA should provide a detailed plan in the proposed budget along with a plan for the requirement that these staff are oriented, trained, and prepared to provide DBT informed care. Hours for nursing and occupational therapy are based on client need.

**62. Questions: Can the home furnishings (furniture, kitchen equipment/supplies, appliances, etc.) be included in the start-up expenses?**

**Answer:** Yes.

**63. Questions: Can treatment services provided in the home by licensed clinical staff be billed to DSS/Medicaid for reimbursement under the CT Mental Health Residential Living Center license?**

**Answer:** Services are billable by an enrolled Medicaid provider unless the facility is determined to be an Institute for Mental Disorders (IMD) per the CMS definition. If determined to be an IMD, these services may not be billed to Medicaid. The successful proposer will undergo an IMD review with DSS if necessary.

**64. Questions: Can we charge rent and real estate taxes to the grant, as the budget template does include a line item for it?**

**Answer:** Please see attached State of Connecticut Office of Policy and Management Cost Standards for POS Contracts.

Date: November 3, 2022