

Addendum 1

State of Connecticut Department of Mental Health and Addiction Services

DMHAS_SWS_Latino Outreach-2022

The State of Connecticut Department of Mental Health and Addiction Services is issuing Addendum 1 to the **Latino Outreach Regional Case Management for Request for Proposals**.

Addendum 1 contains:

- A. Questions and Answers

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

A. Questions and Answers

1. Question: Will a list of attendees be made available?

Answer: Below is a list of all the attendees to the Virtual Bidders Conference on March 23, 2022.

mmormile@ccaoh.org; Amy Ogle <AOgle@cmhacc.org>;
kcarmelich@wheelerclinic.org; KPepice@Wheelerclinic.org;
HArduini@Wheelerclinic.org; JArnold@Wheelerclinic.org;
CGeraci@wheelerclinic.org; JRoccapriore@Wheelerclinic.org;
TAndersonDiaz@Wheelerclinic.org; Asher DeLorme <adelerme@casaincct.org>;
Willa Bloch <blochw@crtct.org>; Regan, Moriarty LCSW, LADC
<RMoriarty@wellmore.org>; Sopelak, Megan <Megan.Sopelak@ct.gov>; Ruiz,
Lillian <Lillian.Ruiz@ct.gov>; McCants, Betty <Betty.McCants@ct.gov>;
Mcdonough, Marcia <Marcia.Mcdonough@ct.gov>; Mabry, Pamela
<Pamela.Mabry@ct.gov>; Graves, Marie <Marie.Graves@ct.gov>; Wampler,
Jeremy <Jeremy.Wampler@ct.gov>; mdiaz@hbh1.org; s.lagarde@fhchc.org;
Jill Schoenfuss <JSchoenfuss@apexcc.org>; amatthis@staywellhealth.org;
Kristie Scott <Kristie.Scott@perceptionprograms.org>; Carrie Dyer
<cdyer@reliancehealthinc.org>; Katie Conforti LPC
<KConforti@CHRHEALTH.ORG>; jorourke@communicare-ct.org;
tfreeberg@thevillage.org; cmunoz@ucfs.org; marodriguez@lcs-ct.org; Chrissy
Cacace <Ccacace@fcagency.org>; Morrison, Emily <emorrison@usmhs.org>;
gabriellasilverman@intercommunityct.org; jennifer.kolakowski@rnpinc.org;
thomas.narducci@hhchealth.org; Emily Fox <EFox@fcagency.org>; Paine,
Abigail <a.paine@fhchc.org>; Bruce Lacey <blacey@communicare-ct.org>;

Daria Keyes <dkeyes@ccaoh.org>; Justine Couvares <jcouvares@wellmore.org>; Gimarie Battle <battleg@crtct.org>; Messier-Smith, Sarah <smessiersmith@thevillage.org>; Caitlin Collins <ccollins@staywellhealth.org>; Frambiel Rodriguez <Frambiel.Rodriguez@rnpinc.org>; Erin Joudrey <erin.joudrey@perceptionprograms.org>; Rodriguez, Abigail <arodriguez@hbh1.org>

2. Question: Can you please send the slides to all participants in this meeting?

Answer: The PowerPoint presentation was sent to all attendees on 3/23/22 at 12:10 pm.

3. Question: On page 12 of the RFP, it states, "Maximum 20 pages, exclusive of Executive Summary, Appendices, and Budget Forms." a. Is the budget narrative also excluded from the page limitation? b. Are sections F, G, and H also excluded from the space limitations?

Answers:

- a. The budget narrative is excluded.
- b. Section IV Item F., G. & H are excluded from the 20-page maximum.

4. Question: Is a 1.0 FTE required? 35 or 40 hours? How much FTE supervision would be required?

Answer: FTE is required. 35-40 hours is up to proposer's protocols. FTE supervision is up to proposer's discretion, but this must be indicated in the proposal.

5. Question: Can you confirm that this is a rebid? Is there a list of current providers?

Answer: This is a new request for proposal. Current providers are as follows:

- Chemical Abuse Services Agency (CASA) - Bpt, (MAAS) New Haven
- MCCA - Waterbury
- Optimus Health Care – Stamford
- Perception Programs – Willimantic
- Wheeler Clinic – Plainville
- Catholic Charities - Hartford

6. Question: How many LOI providers are there at present?

Answer: We have received a total of 23 LOI.

7. Question: Is it possible to get the attachments as separate fillable forms rather than converting them to word from the PDF? I had some difficulty with that.

Answer: Yes, upon request. Please send e-mail to official contact person donna.locurto@ct.gov.

8. Question: On page 16 section D.1. a.2, it says "organizational chart shall be included in the appendices" but an org chart is never mentioned again. Is it required?

Answer: Yes

9. Question: Can you share who currently holds the contracts?

Answer: See answer to question # 5.

10. Question: Is this primarily focused on Substance Use? And does the Case Manager serve as a conduit to existing services or are they expected to also provide case management?

Answer: The primary focus is on substance use, but engagement into mental health services is also required as needed. The case manager serves as a conduit into services and it is not the intention of this program to provide ongoing case management beyond what is required for engagement and referral purposes.

11. Question: Can you please explain more on the performance measures listed in section D. on page 9? As well as where to include this information within the submission.

Answers:

- a. Submit how the agency plans to evaluate the performance of the program. Descriptions of evaluation are provided in Section D on page 9.
- b. Submit performance measures in program description section.

12. Question: Must the Community worker hired be 1.0 FTE dedicated to this program? Do you have a recommended FTE supervision?

Answer: FTE dedicated to this program is required. FTE supervision is up to proposer's discretion, but this must be indicated in the proposal.

13. Question: Are there any budget limitation on supervision, administrative costs or on travel/mileage?

Answer: The Budget proposal is up to proposer's discretion.

14. Question: Are there any direct service requirements? If so, what are they?

Answer: Individuals are to be admitted and discharged in the DMHAS DDaP data system. Services provided include:

DDaP Code	DDaP Service	Description	Units
PP062	Transporting of Client	Transporting a client where the service provided is the transportation itself. Manner of contact must be face-to-face with the client, although family or collaterals may be transported to client.	minutes
T1016	Case Management w/ Client Face to Face	Case management services provided to a client in the following program types: Homeless Outreach, Crisis, Research, Client is in Intake and has not yet had a Comprehensive Assessment or Psychiatric Assessment, a Children's Program, or when circumstances and the clinical contact has not yet permitted sufficient data gathering for an assessment, treatment plan and progress notes that would meet TCM Documentation standards. Also used for Case Management Services when client is admitted to a DMHAS inpatient hospital or other per diem program where a payor assumes that all billing for client services will be part of the inpatient stay.	minutes
T116B	Case Management with Collateral	Case management services with provided to a client in the following program types: Homeless Outreach, Crisis, Research, Client is in Intake and has not yet had a Comprehensive Assessment or Psychiatric Assessment, a Children's Program, or when circumstances and the clinical contact has not yet permitted sufficient data gathering for an assessment, treatment plan and progress notes that would meet TCM Documentation standards. May include phone contacts. Also used for Case Management Services when client is admitted to a DMHAS inpatient hospital or other per diem program where a payer assumes that all billing for client services will be part of the inpatient stay.	minutes
T116C	Case Management w/ Client by Telephone	Reflects phone contacts with the client. Includes assisting and enabling a client to gain access to needed medical, social educational and other services. Case management services provided to a client in the following program types: Homeless Outreach, Crisis, Research, Client is in Intake and has	minutes

		not yet had a Comprehensive Assessment or Psychiatric Assessment, a Children's Program, or when circumstances and the clinical contact has not yet permitted sufficient data gathering for an assessment, treatment plan and progress notes that would meet TCM Documentation standards. Also used for Case Management Services when client is admitted to a DMHAS inpatient hospital or other per diem program where a payor assumes that all billing for client services will be part of the inpatient stay.	
ENG01	Engagement	This code represents a Behavioral health service that works to engage target population clients into recovery services.	minutes
PP040	Language Translation	Translation services to assist communication with a client and staff person	minutes

15. Question: On page 20 of the RFP, it states, "H: Statement of Assurances Place after Conflict of Interest-Disclosure Statement. Sign and return Section VI. Appendix – D Statement of Assurances Attachment." On page 28 of the RFP is Appendix B Statement of Assurances. Is this the form that should be signed and included with our proposal?

Answer: Yes

16. Question: What is the rationale for allowing providers to apply for multiple regions, however only 1 award will be issued per provider?

Answer: It gives providers more opportunity to receive an award if they have programs in multiple regions and they are not selected for another region.

17. Question: Why is this program still using the masculine term "Latino", surely we have evolved as a community?

Answer: The terms "Hispanic" and "Latino" are often used synonymously in the U.S., with the term "Latinx" used as a gender-neutral alternative to the latter. While there is some debate over which term is considered correct, it ultimately depends on who you are addressing and that person's individual preference. DMHAS is aware of the impact of language and works to avoid expressions that may exclude, marginalize, or offend a particular group of people and will continue to use the term Latino, at this time.

18. Question: Does DMHAS have a preferred number of FTE's per region given anticipated number of clients served annually?

Answer: Minimum 1.0 FTE, per region, proposers are more than welcome to propose more FTEs at their discretion.

19. Question: Can you talk more about the metrics; they seem vague?

Answer: This section is at the proposer's discretion. The bullet points in the RFP provide some guidance on what to include. This is on page 9 D. PERFORMANCE MEASURES.

20. Question: Are letters of support allowable?

Answer: No, letters of support were not requested in the RFP.

21. Question: This appears to be substance focused more so than mental health. Is this accurate? (Understanding that they are intermixed)

Answer: The primary focus is on substance use, but engagement into mental health services is also required as needed, due to the acknowledgment of the co-occurrence with mental health issues.

22. Question: You said that the case manager would be responsible for hand off to an organization for services, but under Scope of Service it talks about tracking people as they go through levels of the continuum of care. Is ongoing case management expected?

Answer: After an individual engages into services, the individual will be discharged from the Latino Outreach program and admitted into the services referred to. Ongoing tracking is not necessary for the Latino Outreach program.

23. Question: Does the department have a goal for number of unduplicated individuals served annually per region?

Answer: 40 unduplicated per month

24. Question: Can you talk more specifically about what the case management expectation is beyond connecting to Substance Abuse and Mental Health providers? These clients often need extensive assistance w/ case management. Who is expected to provide that?

Answer: The goal is to connect individuals to services. If extensive assistance w/case management is a need, then it is the expectation the outreach worker will assist in referral for these services.

25. Question: By withdraw management programs, do you mean detox, MAT or both? Please clarify.

Answer: Yes, withdrawal management includes detoxification and/or MAT.

26. Question: What is the cap on how much can be allocated for Admin & General?

Answer: Due to the diverse types and accounting practices of organizations, it is not possible to specify the types of costs that may be classified as A&G costs in all situations that being said as since Administration and General costs are costs incurred for the common or joint objectives and cannot be identified with a particular final cost objective. Examples of allowable costs of A&G costs include but are not limited to the following:

- a. Business or office management;
- b. Salaries and other expenses (e.g., payroll, taxes, benefits, travel) of executive directors, administrative personnel, or secretaries for a portion of time spent administering the general organization's affairs;
- c. Salaries and other expenses (e.g., payroll, taxes, benefits, travel) of employees whose duties consist primarily of general legal services; personnel administration; budget and planning; finance; accounting, auditing or financial reporting; business services; safety or risk management; management information systems; library; record keeping; filing, mail distribution, or other general services;
- d. Providing executive direction and organization planning;
- e. Attending general board, committee, or staff meetings (unless held in connection with specific programs or fundraising activities);
- f. Annual meeting;
- g. Preparation, publication, or distribution of an annual report;
- h. Proportion of costs of training conferences, workshops, or seminars that deal with administration or general topics;
- i. General legal services;
- j. Personnel administration;
- k. Budget and planning;
- l. Finance;
- m. Accounting, auditing or financial reporting;
- n. Business services (purchasing, accounts payable, etc.);
- o. Safety or risk management;
- p. Management information systems;
- q. Library;
- r. Recordkeeping;
- s. Filing, mail distribution, or other general services;
- t. In addition to staff expenses, proportional office costs (e.g., building occupancy, telephone, office supplies, equipment).

Unallowable A&G costs include but are not limited to the following:

- a. Costs of meetings or other events not related to the state award
- b. Costs of memorabilia, models, gifts, or hospitality suites.
- c. Costs of advertising or public relations designed solely to promote the organization or solely for fundraising purposes.
- d. Costs of alcoholic beverages are unallowable.
- e. Bad debts
- f. Costs that result in an unreasonable charge to State-funded programs
- g. Costs that are related to the organization's activities in other states.
- h. Costs of insurance on the lives of trustees, officers, or other employees holding positions of similar responsibility when the organization is named as beneficiary.
- i. The portion of the cost of organization-furnished automobiles that relates to personal use by employees.
- j. Contributions, defined as a gift of money or its equivalent made by the organization to another organization or person.
- k. Costs of employee bonuses are unallowable

27. Question: At one point in the RFP, Donna's email address is incorrect

Answer: Donna's email address is: donna.locurto@ct.gov

28. Question: Can DMHAS provide data to show how many clients have been served in each region for FY 20 and FY 21?

Answer: Prior to this RFP, the Latino Outreach program was not a regional program, so some regions were over represented, while others were underrepresented. If there is interest in looking at prior program performance, one is able to access this information by looking up each current provider's performance dashboard on the DMHAS EQMI webpage.

<https://portal.ct.gov/DMHAS/Divisions/EQMI/EQMI-Provider-Quality-Reports-Info>

29. Question: If the answer to #1 is no, does DMHAS have an estimated number of clients that will need services in FY23?

Answer: The expectation will be for the program to serve 40 unduplicated clients monthly.

30. Question: As a current provider, we have been given specific direction by DMHAS regarding the number of unduplicated clients that should be seen per FTE. This was a result of DMHAS rightsizing caseload size. It would be important to know the expectation so that we can accordingly for FTE's rather than taking a best guess.

Answer: The expectation will be for the program to serve 40 unduplicated clients monthly.

31. Question: Does DMHAS have a recommendation regarding number of FTE's per X (e.g. 25 unduplicated) number of clients served?

Answer: The expectation will be for each program to serve 40 unduplicated clients monthly.

32. Question: How many Latino Outreach programs are currently being offered (FY22) and which agencies have those contracts?

Answer: Please see response to question # 5

33. Question: How many hours per week constitute a FTE according to DMHAS for the purposes of this grant?

Answer: 35 or 40, at the proposer's discretion, based on the organization's staffing requirements.

34. Question: Is the community outreach worker required to transport clients as part of this proposal/grant?

Answer: Transportation is a requirement. If the agency has a policy against transporting clients, then a plan must be included that addresses how transportation will be provided.

35. Questions: Per page 19 of the RFP

a. "Based on the nature of this position, contractors must also have a plan in place to equip each Latino Outreach case manager with a cell phone and a laptop/computer or tablet to allow them to work with individuals from the community [...]." Further down it also says that "Startup costs for this project are not allowable." Would the cell phone and laptop/computer or tablet required by the RFP not be allowed in the budget?

Answer: Yes, this is allowed because it is a requirement.

b. Would our program have to supply these items out of pocket despite them being a requisite for the RFP? Or, per the budget sheet, would these be allowable under 5503: Equipment (Less than \$5,000) and 5801: Communications? Would the Wi-Fi / cellular plan be allowed to be budgeted for under this RFP?

Answer: Yes, because it is a requirement to perform the duties of the program.

36. Questions: Formatting –

- a. **On page 12 of 39 of the RFP, Section #7, Pagination, it says all pages need to be numbered in the footer. Should the application be numbered chronologically (Cover page is Page 1, through Appendices, Pages xx?), and if so, are we being given editable versions of these required appendices and forms so that we can adjust the page number correctly? Or, are people expected to convert to Word documents?**

Answers:

- i. Yes
ii. Word documents will be given upon request.
iii. Please adjust the pages correctly, according to your proposal.
- b. **Are we to use a pdf editor instead? Or, are we to print and number by hand, then rescan for submission?**

Answer: Both are acceptable.

- c. **Is there a preferred style or side for the numbers and headers? Left or right aligned? Centered? In the same Times New Roman size 12 font?**

Answer: There is not preferred style, as long as you meet the requirements of the RFP.

37. Questions: Submission Requirements –

- a. **For Section G, Conflict of Interest, there is a statement that is required to be included if there is no conflict. "ABC Company has no current business relationship (within the last 3 years) that poses a conflict of interest, as defined by C.G.S. § 1-85." – is this to be included in the main body of the proposal with a line for signature and date, or should it be its own page (excluded from the 20-page maximum of the narrative body)?**

Answer: This should be on a separate page excluding the 20-page maximum.

- b. **Should this statement be expanded or is the single statement of no conflict, signed and dated, enough for the Disclosure Statement?**

Answer: It could be either, as long as it is signed and dated.

- c. **Along that train of thought, for F, Declaration of Confidential Information, if there *is no* confidential information, is that section negligible or should there also be something signed and dated that notes that there is no confidential information? Would it be a page that would say "Not Applicable"?**

Answer: There should be a document signed and dated, that there is not a conflict of interest.

38. Question: Regarding the table of contents, would we build it based on the sections (Cover 1 / Table of Contents 2/ Executive Summary 3 / Main 4-24(max 20 pages) / Attachments 25 / Declaration of Confidential Information 26? / Conflict of Interest. 27 / Statement of Assurances 28) or is there a specific template that is required for the application?

Answer: Please refer to section IV. Required Proposal Submission Outline and Requirements in the RFP.

39. Questions: The FTE for this position:

a. Will you please confirm the intention of service provision of the Case Manager is to provide a “light touch” during their interactions with clients with the goal of connecting them to substance use services and case management services?

Answer: The purpose of this program is to engage primary Spanish Speaking Latinos to assist in engagement into substance use and/or mental health services. It is not intended to provide ongoing case management services. If ongoing case management services are needed, it is the intention the individual is referred to a program that can provide such services.

b. If the answer to the above is yes and there is a general intention that the LOI worker will not be providing case management, will you provide a list of agencies in Region 3 who do provide general case management to Latino individuals in need?

Answer: It will be part of the role of the outreach worker to make connections with services in the region in order to aid in the referral process.

40. Question: Does funding for the Latino Case Manager need to be a new hire or can they be an existing staff member with a new job description?

Answer: The Latino Case Manager can be a new hire or an internal transfer.