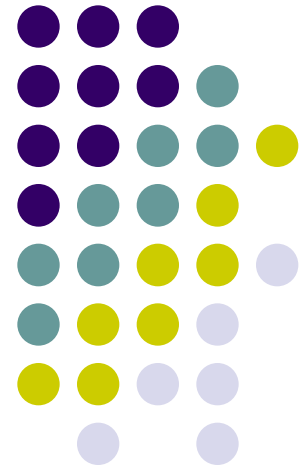
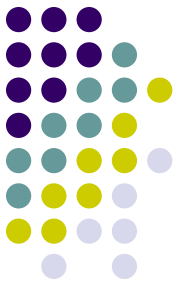


State of Connecticut Nursing Facility Diversification RFP Conference



*Department of Social Services
Department of Economic and Community Development
June 17 & 18, 2013*

Overview



- Background
- Purpose
- Proposal/Application Process
- Eligible/Ineligible Activities
- Service Requirements
- Questions

Growth

Males and Females combined



Age Cohort	2010 - 2015	2015 - 2020	2020 - 2025
50-54	1.7%	-8.7%	-11.1%
55-59	16.1%	1.7%	-8.7%
60-64	12.8%	16.3%	1.7%
65-69	26.1%	13.2%	16.6%
70-74	26.9%	26.6%	13.5%
75-79	3.3%	27.2%	27.0%
80-84	-5.8%	3.2%	26.8%
85-89	3.6%	-5.9%	3.2%
90+	25.7%	9.6%	-0.5%

Lambert

3

Population Projections Nursing Facility Level of Care

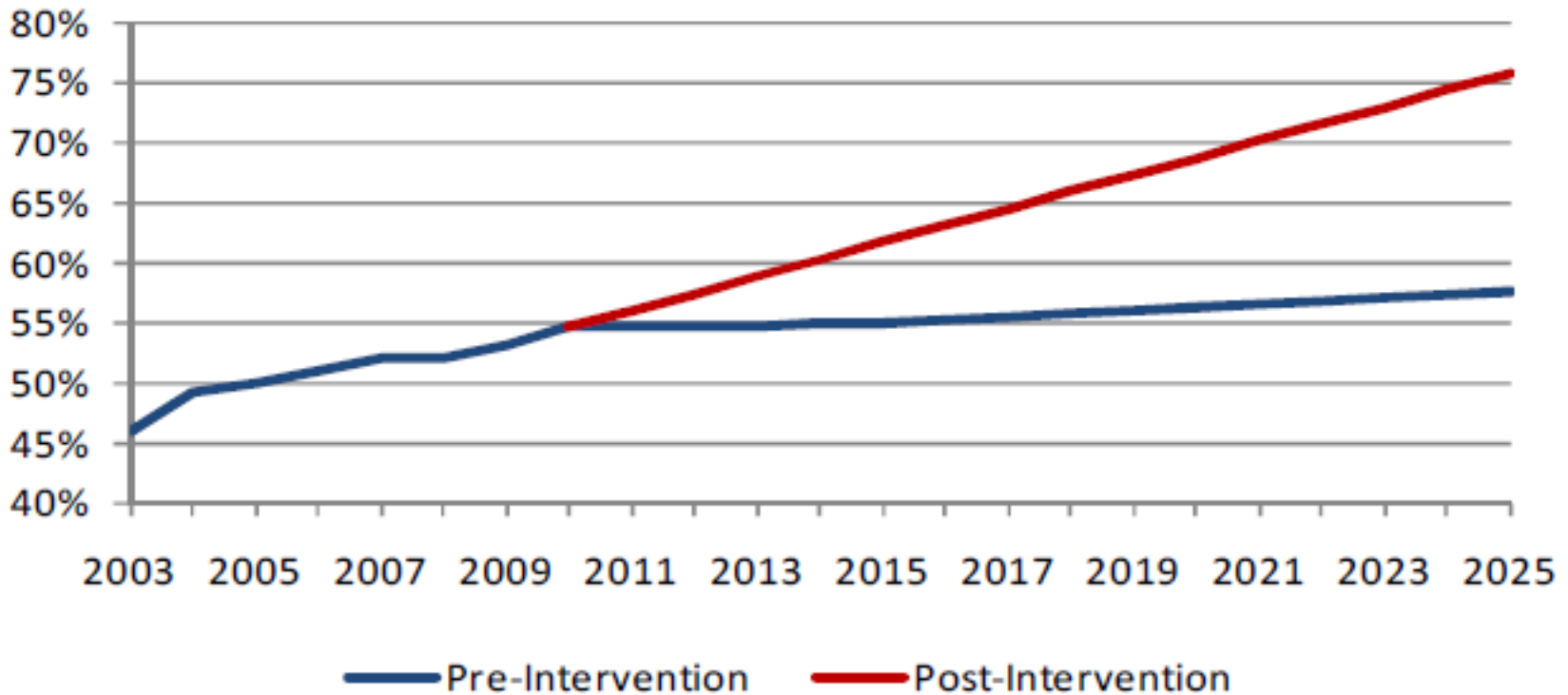


	Total Population	Percent Increase over 2010
2010 Actual	38836	
2015	41832	7%
2020	44829	15%
2025	48620	25%

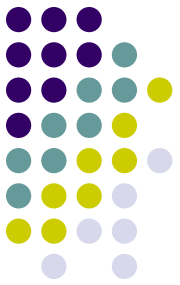
Trend Projection through 2025



Projected HCBS/NF Mix Line

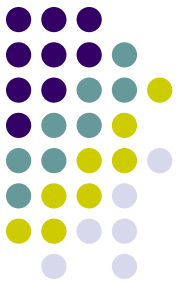


Supply and Demand Projections



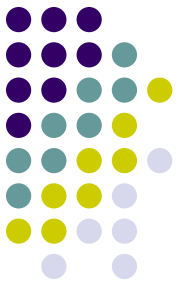
Supply Excess (Deficiency)	2010 Actual	2015	2020	2025
Nursing Homes				
Beds	1378	2995	4999	7208
CNA	421	914	1525	2199
Home and Community Based Services				
PCA	0	(382)	(797)	(1294)
Home Health Aide	0	(720)	(1493)	(2416)

Vision



- Each town or group of towns in Connecticut will have a compendium of long-term services and supports.

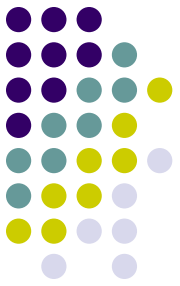
Synopsis



Proposals must align with the State's Strategic Rebalancing Plan: A Plan to Rebalance Long Term Services and Supports 2013-2015, embedded as a hyperlink, assure informed choice to residents living in the facility, and contribute to reducing the total number of nursing facility beds statewide.

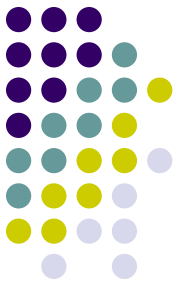
Respondents are encouraged and expected to develop relationships and partner with stakeholders in the community including but not limited to town governance, town residents, nonprofit entities, home and community-based services (HCBS) providers, people with disabilities, and elders.

Person Centered



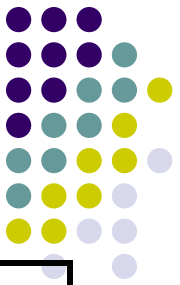
- Provides the consumer with needed information, education, and support required to make fully-informed decisions about his or her care options and to actively participate in his or her self-care and care planning;
- Supports the consumer, and any representative(s) whom he or she has chosen, in working together with his or her non-medical, medical, and behavioral health providers and care manager(s) to obtain necessary services and supports; and
- Reflects care coordination under the direction of and in partnership with the consumer and his/her representative(s) that is consistent with his or her personal preferences, choices, and strengths, and that is implemented in the most integrated setting

Services and Capital



- **Component 1** – projects (other than capital improvements) related to diversifying or establishing a new business model to support Medicaid recipients who need Long Term Services and Supports to live in the community; and/or
- **Component 2** – capital improvements to land or buildings owned by a nursing facility where such improvements are needed to diversify or establish a new business model.

Contract Terms and Funding



	COMPONENT 1	COMPONENT 2
Contract Term	October 1, 2013 to September 30, 2015	To Be Determined
Max Total Funding	\$6,000,000	\$10,000,000
Number of Contracts	To Be Determined	To Be Determined
Minimum Contract	\$50,000	\$50,000
Maximum Contract	\$3,000,000	\$5,000,000

Additional Funding



If additional funding becomes available for Component 1 in State Fiscal Year 2013-2014, the Departments reserve the right to offer the opportunity to negotiate a contract with DSS to the respondent(s) with the next highest ranking proposal(s). If additional funding becomes available for Component 2 in State Fiscal Year 2013-2014, the Departments reserve the right to recommend the next highest ranking proposal(s) to DECD for further consideration within budgetary constraints.

Procurement Schedule



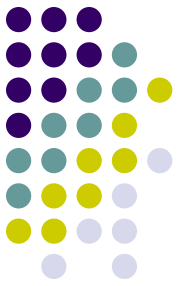
- RFP Released: June 4, 2013
- RFP Conferences: June 17, 2013 and June 18, 2013
- Deadline for Questions: June 25, 2013, 2:00 p.m. Eastern Time
- Answers Released (tentative): July 10, 2013
- **MANDATORY** Letter of Intent Due: July 24, 2013, 2:00 p.m. Eastern Time
- Proposals Due: August 7, 2013, 2:00 p.m. Eastern Time

Minimum Qualifications of Respondents



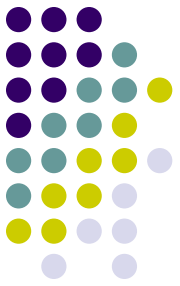
- a. A Medicaid-approved nursing facility doing business in the State of Connecticut;
- b. Is not under a Consent Order by the Connecticut Department of Public Health;
- c. Has not been identified as a “Special Focus Facility” as defined by the Centers for Medicare and Medicaid Services; and
- d. Is in compliance with the requirements of the federal Minimum Data Set (MDS) 3.0 Section Q.

Multiple Proposals



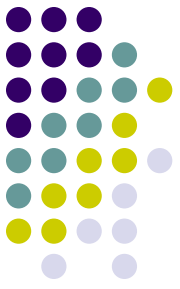
The submission of multiple proposals for one nursing facility site for the same component is not an option with this procurement. However, a respondent may submit proposals for more than one nursing facility site. Each proposal must be self-contained and packaged separately, and demonstrate the respondent's capacity to successfully complete multiple projects.

Evaluation Criteria



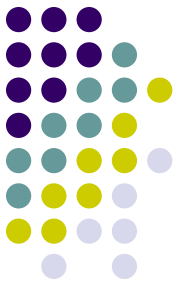
- Organizational Requirements, especially *Qualifications/Relevant Experience*
- Service Requirements, especially *Informed Choice, Person-Centered Approach, and Community Support*
- Staffing Requirements including *commitment to affirmative action*
- Reporting Requirements
- Subcontractors
- Work Plan
- Financial Requirements
- Budget Requirements
- Appendices

Ineligible Activities



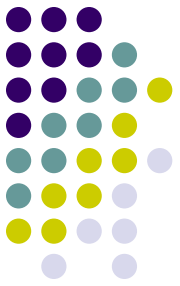
- a. Institutional care including partial conversion or new construction of a short-term rehabilitation center;
- b. Conversion to a greenhouse model;
- c. New construction or substantial rehabilitation of rental housing including but not limited to assisted living or congregate housing;
- d. Full or partial conversion of a nursing facility into any form of housing;
- e. Site acquisition;
- f. Relocation of any business or occupied housing units;
- g. Furniture and equipment costs that are not integral to services provided directly to clients.

Housing



If the respondent is contemplating community housing other than Adult Family Living, see the DECD web site at <http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1>.

Adult Family Homes



Adult family homes, approved by DSS, for elderly, blind or disabled individuals who would otherwise require institutionalization. Adult family living homes provide lodging, meals, assistance with activities of daily living and other activities including but not limited to shopping, laundry, housekeeping, and transportation.

Component 1 Activities



- i. Technical assistance and consulting;
- ii. Infrastructure costs associated with diversifying or establishing a new business model that supports individuals on Medicaid who need Long Term Services and Supports (LTSS) to live in the community;
- iii. Infrastructure costs associated with information technology;
- iv. Legal fees for establishing a separate home health agency structure and other start-up costs;
- v. Fees for becoming a certified adult day center, a home health agency or a homemaker companion agency;
- vi. Licensure costs;

Component 1 Continued



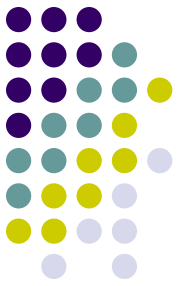
- vii. Training and professional development;
- viii. Community market research;
- ix. Outreach activities;
- x. Print materials for adult day center, adult family living home, home health agency or homemaker companion agency;
- xi. Expenses attributed to accessibility modifications for developing community housing NOT on institutional property;
- xii. Furniture and equipment costs integral to services provided directly to clients; and
- xiii. Financing costs

Component 2



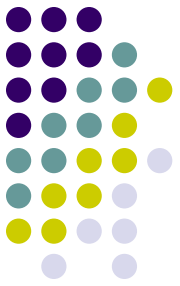
- i. Renovation, rehabilitation, and/or conversion including additions, demolition, remediation or removal of hazardous materials, paving and other site improvements, and reasonable soft costs to support the rehabilitation of buildings owned by a nursing facility where such improvements are needed to diversify or establish a new business model.
- ii. New construction and/or rehabilitation, renovation or conversion including additions, demolition, remediation or removal of hazardous materials, paving and other site improvements and reasonable soft costs to support the construction/rehabilitation of an Adult Family Living Home(s).

Readiness to Proceed



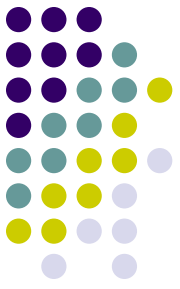
- **Level A** funding is intended for nursing facilities that have already researched and developed a viable concept with a business plan for sustainability. Level A funding may be provided for one or both components. Nursing facilities that request Level A funding must demonstrate: a) a commitment to culture change and person-centered planning; b) a fully-developed concept with a business plan for sustainability; and c) existing relationships with community stakeholders.
- **Level B** funding is intended for nursing facilities that have not already developed a business plan. Level B funding will be based on viability of concept and will provide funding to fully develop the concept or other requirements to meet Level A criteria. Level B funding is not available for Component 2.

Proposal Submissions



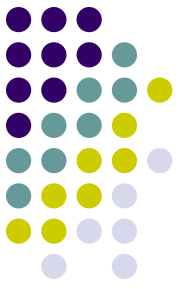
“The respondent should also state in the proposal that information requested in the RFP does not apply to its proposal, explain why, and include any other information in the appropriate section(s) that supports the respondent’s proposal.”

Examples of acceptable projects



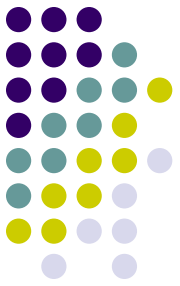
- Converting a portion of a nursing facility into an adult day center.
- Converting a portion of a nursing facility into a business office to operate a Home and Community-Based Services agency such as a Home Health Agency.
- Making building code modifications, accessibility modifications, and other necessary and reasonable upgrades to a house purchased by a nursing facility to be used as an Adult Family Living Home. The funding available through this RFP may not be used to purchase the house.

Acceptable Projects Continued



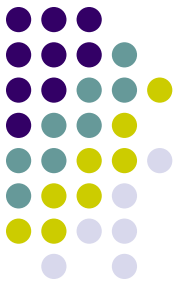
- Supporting a nursing facility working in collaboration with community stakeholders to build a town-based compendium consistent with the State's strategic plan.
- Using the nursing facility as part of the town's emergency back-up and/or expanded respite system.
- Developing capacity to provide community-based services through diversification of nursing facility services including, but not limited to physical, occupational or speech therapy; home health; personal care; home-delivered meals; respite; transportation; adult day; etc.
- Developing a transitional program that supports the movement of individuals from a variety of institutional settings into the community. Transitional programs may be developed through a community entity and must be time-limited to no more than 180 days pre-transition, in accordance with Medicaid requirements.

Acceptable Projects Continued



- Developing a training program within a nursing facility including training and support for caregivers, and medication management and self-administration.
- Developing an emergency back-up staff support service, which could be integrated into an individual's community care plan.
- Developing a substance abuse and addiction transition program.
- Developing an independent living skills program with employment as the end goal if appropriate.
- Partnering with the U.S. and/or Connecticut Department of Veterans Affairs to provide LTSS commonly needed by veterans who are Medicaid recipients.

Service Requirements

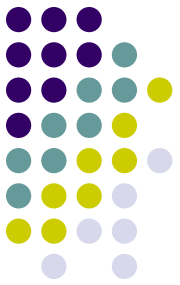


- Target Population
- *Catchment Area*
- *Documentation of Community Need*
- *Location of Offices/Facilities/Hours of Operation*
- *Business Model*
- *Informed Choice*
- *Person-Centered Approach*
- *Culturally Competent Services*
- *Community Support*
- *HCBS Linkages/Collaboration/Coordination*
- *Learning Collaborative*
- *Accreditation/Certification/Licensure*
- *DSS Responsibilities.*

Questions



Public Contact information



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- **Phone:** 860-424-5661