

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Evidenced Based Programs

Request for Proposal

RFP# DMHAS-EBP-SEd-2026 RFP

ADDENDUM 1

The State of Connecticut Department of Mental Health and Addiction Services is issuing Addendum 1 to the **Evidenced Based Programs, Supported Education, RFP**
Addendum 1 contains:

A. Changes to the Procurement Notice –

1. Section II.C.2.b.i-ii is hereby deleted and replaced with the following:
 - b. Other Required Service Components:
 - i. Proposers must demonstrate the ability to provide supported education services using American Sign Language (ASL) to people who are deaf or hard of hearing; and
 - ii. Proposers must demonstrate the ability to provide supported education services to people who are monolingual Spanish speaking (other languages if there is a documented need for the proposer's Geographic Area).
2. The URL on page 39 of the RFP is hereby deleted and replaced with:

To download an electronic copy of the Bidder Contract Compliance Monitoring Report from CHRO:

<https://portal.ct.gov/-/media/chro/cc-documents/notificationtobidderspdf.pdf>

Please attach a copy of the **Bidder Contract Compliance Monitoring Report** to the Proposal.

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

1. **Question:** Can we include the workplan as an attachment?

Answer: Yes, the workplan can be an attachment rather than part of the 15 page narrative.

2. **Question:** Questions 3b and 7vii, both ask for bios. Do we have to include bios in both places?

Answer: Please include the bios only once in the Staffing Expectations section of your proposal. Please note, the top of page 7 of the RFP which states:

This section is for information only. This can be used for additional instruction on completing your Main Proposal in your RFP as applicable.

3. Question: Can the Letters of Support be attachments?

Answer: Yes, the Letter of Support can be attached.

4. Question: Page 43 of the RFP asks for an Organizational Chart. This is not mentioned in the narrative. Do we need to include this? If so, where?

Answer: An organizational chart is required in the attachments.

5. Question: Page 43 of the RFP asks for DPH Clinical Licensure. This is not mentioned in the narrative. Do we need to include this? If so, where?

Answer: As this is a non-clinical program, proof of licensure is not required for this RFP.

6. Question: The link provided on page 39 of the RFP does not work, when you follow it, it reads: "The URL is invalid or the pointer does not exist, Clear browser cache and try again." Is this the same document that is requested on Page 4, c. Notification to Bidders, Parts I-V? If not, can you please provide the correct link or the document itself.

Additionally, the RFP says to download and attach an electronic copy of the Bidder Contract Compliance Monitoring Report from CHRO, but the provided URL (https://www.ct.gov/chro/lib/chro/Notification_to_Bidders.pdf) is not working. Can you please let me know where to find an active URL?

Answer: Yes, this is the same form. Please see the correct link:

To download an electronic copy of the Bidder Contract Compliance Monitoring Report from CHRO:

<https://portal.ct.gov/-/media/chro/cc-documents/notificationtobidderspdf.pdf>

7. Question: Page 10 of the RFP, Section b. i. and ii. states that the proposer must provide employment services. Are employment services required to be provided by the successful bidder in conjunction with supported education services?

Answer: No, please see section A of this addendum. This section has been amended to state "supported education services" only.

8. Question: Page 10, section c. states that the hours of operation must be 8 hours per day Monday - Friday. Is DMHAS requiring a 40-hour work week for funding through this RFP?

Answer: Yes, DMHAS is requiring a 40-hour work week for funding through this RFP.

9. Question: Page 11, section d. states that the proposer must provide clinical supervision, clinical service delivery oversight and consultation for staff assigned to the program. Supported Education services collaborate with clinical providers but have not been required to provide direct clinical supervision or oversight for DMHAS-funded Supported Education Program staff. This is a change to current

DMHAS-funded supported education programs and is not part of a supported education evidenced-based best-practice model. Please clarify.

Answer: Proposer must provide supervision of staff assigned to the Supported Education program and collaborate with clinical providers of their shared clients.

- 10. Question:** Subcontractors: There seems to be a bit of inconsistency here. On page 12, the RFP states that Subcontractors are "not allowable." Yet, on page 9, the RFP states under Services Expectations, "the purpose of this subsection is to gather information about how the proposer intends to provide the purchased services (including the use of any subcontractors)."

Can we subcontract or not?

Answer: Subcontractors are not allowed for the RFP. Please note, the top of page 7 of the RFP which states:

This section is for information only. This can be used for additional instruction on completing your Main Proposal in your RFP as applicable.

- 11. Question:** Is there a cap on the indirect cost rate?

Answer: No, there is no cap on the indirect cost rate

- 12. Question:** Under section 2 (Services Expectations)

Supported Education Services are defined as career exploration and educational counseling services including but not limited to: "educational planning including development of comprehensive individualized education plans" Is the expectation that our staff be certified in special education to produce comprehensive IEP's for our clients?

Answer: No, staff do not need to be certified in special education or produce Individualized Education Plans.

- 13. Question:** Section 5 Contract Awards states that the total funding available is \$170,000 per contract for a contract term of 3 years. In other sections it says that \$170,000 is the annual amount. Is the grant amount \$170,000 annually for a total of roughly \$510,000 over 3 years?

Answer: Yes, the annual amount is \$170,000 over a 3-year period for a total of \$510,000.

- 14. Question:** Question on formatting: The budget and budget narrative is listed as section 8, before the cultural competency section. The budget and budget narrative does not count in the 15-page limit, but the cc section does and must be numbered. Can we switch the order of those sections?

Answer: No please keep the same order. Under the budget/budget narrative section state: "See Attached".

- 15. Question:** Are there current providers for this program or is this a new program?

Answer: Yes, there are current providers for this program.

16.Question: Is there a separate system (outside of ddap) for reporting? Similar to Supported employment and the quarterly reports

Answer: No, the only reporting system is DDaP

17.Question: On page 11, the selected agency must hire 1.5 direct care FTE, which does not include supervisory staff. I just want to be clear that we can still put some dollars in the budget for supervisory staff.

Answer: Yes, the 1.5 FTE for direct care does not include supervisory staff.

18.Question: You mentioned the submission being single sided and since it's electronic, do you literally want us to leave a blank every other page?

Answer: No, please do not leave a blank page between the written sections of the narrative.

19.Question: For organizations that do not have independently audited financial statements, does DMHAS permit submission of tax returns, CPA-prepared financial statements, or other financial documentation in lieu of audited financial statements?

Answer: Please see page 13, Section II.C.7,b which states:

If less than three (3) audits were conducted, details must be provided as to why, and any supporting documentation assuring the financial efficacy of the applicant agency should be included (i.e. an accountant prepared financial statement, a tax return, etc.).

20.Question: On page 4 of the RFP, it says that there will be 5 awards with one provider per region. With the understanding that there's already one provider in our region, does this mean DMHAS is funding an additional provider for each region, or is this a standard rebid for the sole provider in each region?

Answer: This is a standard rebid for the sole provider for each region; there is not an additional provider for each region. However, you can apply to service two regions with two proposals if you choose.

Date: June 17, 2026