

Addendum 1

STATE OF CONNECTICUT

DEPARTMENT OF DEVELOPMENTAL SERVICES

Fiscal Intermediary Services

Request for Proposals

FIS RFP 33295

The State of Connecticut Department of Developmental Services is issuing **Addendum 1** to the **FIS RFP 33295**

Addendum 1 contains:

A. Revisions for the following RFP subsections:

1. Revision of Section III. Proposal Submission Overview, A. Submission Format Information, 6. Style Requirements.
2. Revision of Section IV. Required Proposal Submission Outline, D. Main Proposal, 2. Minimum Qualifications: Respondent's Experience, 2.2.1
3. Revision of Section IV. Required Proposal Submission Outline, D. Main Proposal, 2. Minimum Qualifications: Respondent's Experience, 2.2.2
4. Revision of Section IV. Required Proposal Submission Outline, D. Main Proposal, 7. Scope of Service Requirements, 7.1.6 Administrative Services
5. Revision of Section IV. Required Proposal Submission Outline, D. Main Proposal, 7. Scope of Service Requirements, 7.1.7 Customer Services & Operational Requirements
6. Revision of Section IV. Required Proposal Submission Outline, D. Main Proposal, 8. Quality Measures, 8.1.3 Quality Assurance Work Plan

B. Questions submitted by interested parties. The Responses shall amend or clarify the requirements of the RFP as per Section I.B.10. Inquiry Procedures.

C. Heat Maps for Day and Residential Self-directed placements.

In the event of an inconsistency between information provided in the RFP and information in these Responses, the information in these Responses shall control. All sections of the FIS RFP # 33295, which was not modified by this Addendum 1, remain in full force and effect.

A. REVISIONS

Sections/ Subsections of the RFP have been revised as follows:

- 1) Size of margins and use of RFP text in the proposal has been clarified in the RFP as follows:
 - Margins: The margin of all pages shall be a minimum of one inch (1")
 - Proposers must include the section numbers, but do not need to list RFP text as part of their proposal.
- 2) Minimum Qualifications: Respondent's experience, 2.2.1 allows proposer to submit as an addendum, the lists of: *"state agencies, other governmental jurisdictions (counties, cities, and/or territories) and organizations for which the respondent has engaged in similar or related contract work"*.
- 3) Minimum Qualifications: Respondent's experience, 2.2.2 allows proposer to submit as an addendum, the lists of: *"current or past contract(s) where the Respondent performed similar work for those state agencies, other jurisdictions or organizations and for each contract, include the name of the customer's program officer, title, address, telephone number, and e-mail address, and the term of the contract"*.
- 4) An SOC-2 Report may be submitted as an addendum to the RFP response.
- 5) Union grievance response (refers to II.C.3.f.7) is clarified to be 2 business days.
- 6) The Quality Assurance Work Plan may be submitted as an addendum to the RFP response.

B. QUESTIONS AND RESPONSES

1. **Who is the State currently utilizing as an FI Provider?**
 - GT Independence
2. **Why has the state chosen to move to multiple FI vendors instead of just one like they've done in the past?**
 - DDS had multiple vendors for many years, it was just recently that the state moved to one FI. Multiple FIs allows individual choice.
3. **How many FIs does the State intend to select under this procurement?**
 - At least one.
4. **What is the average individual budget for a participant?**

- The average annual individual budget amount per participant is approximately \$60,000/year.
- 5. What is the total average monthly spending for all participants?**
- Typically, between \$11M-\$12M/month.
- 6. What is the projected increase in the family enrollment?**
- *DDS projects 5% annual growth in the use of self-directed supports.*
- 7. How many workers are currently enrolled with the union?**
- As most employees are enrolled with the union, that is approximately 7,000 employees.
- 8. Is there a single union, or are there multiple unions?**
- Single union.
- 9. If there are existing self-directed participants who are currently working with an FI who is awarded this contract, will those participants need to re-enroll / select a new FI?**
- An existing participant must be enrolled with one of the FIs selected from this RFP. If the individual does not make a selection, then one of the selected FIs will be chosen for them. If the existing FI is one of the selected vendors through this process, participants currently enrolled with them would not need to reenroll in order to remain with them.
- 10. Assuming more than one vendor, what would be the process of distributing participants across multiple vendors?**
- A new participant must choose to enroll with one of the FIs selected from this RFP. If the individual does not make a selection, then one of the selected FIs will be chosen for them.
- 11. Can you tell us how budget/authorization information is transmitted to the FI?**
- *Daily sFTP.*
- 12. Are those PDFs or excel/.csv.?**
- *Currently, this is a csv file.*
- 13. What are the payment terms?**
- TBD in the resultant contract.

14. When does Medicaid deposit payments to the FI?

- DDS currently pays the FI for services paid and the FI submits Medicaid claims to the CT Department of Administrative Services (DAS) for reimbursement to the state. Medicaid does not currently directly pay the FI for DDS services.

15. Does the FI provider bill both the State and various health plans for participant budgetary items?

- The FI currently only bills the state (DDS) for budgetary items – though Medicaid claims are submitted to DAS.

16. If a participant does not spend all of their budget in a single month, can they “roll over” funds to a subsequent month? If so, how long/how much may a participant roll over funds until such funds are considered non-usable or are to be forfeited?

- Participants may utilize authorized funds within their budget year or until that budget line is terminated. They are not generally limited to monthly authorization amounts.

17. Are there different services and/or service codes associated with a participant budget? If so, can participants move monies across different service codes?

- There are numerous service codes/modifiers associated with a participant’s budget. If the budgeted line item is not from the same service code/modifier combination - then the budget must be adjusted by the DDS Case Manager to authorize a change in use of that funding.

18. What is the duration of each individual budget?

- Individual budgets typically run for 1 year, unless terminated prior to that time.

19. What is the average number of workers per participant?

- Just over 2 workers per participant on average.

20. Who determines the ongoing participant eligibility for this program and how will an FI be notified of eligibility changes (e.g. 270/271 file exchanges)?

- Participants with an active budget are eligible for services. DDS will notify the FI if a budget is put on hold, or the authorization is terminated.

21. How often is eligibility reviewed and redetermined?

- As DDS pays the FI for services rendered – eligibility for payment through the FI is based on an active budget, which is renewed annually. Medicaid eligibility may affect *claims* submission – and the FI should work with DDS on “held billing”.

22. What actions should the FI take should they learn of a participant’s ineligibility?

- The FI should notify DDS if there are questions on participant eligibility.

23. Does the participant’s eligibility ever change retroactively?

- Yes.

24. What is the current PMPM rate for the program?

- Respondents are welcome to view the current FI contract (23DSS7113MD) in the CT Source Contract Board. [CTSource Contract Board](#)

25. Does the current FI receive any other additional payments, such as billing the maximum Medicaid rate and keeping any amounts not paid to DSPs?

- The FI receives payment directly from DDS, not from Medicaid.

26. What are the program’s current pain points?

- Proposer should refer to Section II of the RFP to determine areas of focus.

27. Who pays the cost of all background and registry checks? Do they come from the participant’s budgets? Is the FI reimbursed for the cost of the background and registry checks?

- The cost of background and registry checks are currently authorized in the participant’s budget.
- The FI facilitates the check, which is funded through the individual’s budget.

28. What background checks are required?

- State of Connecticut Criminal background check
- If applicant resides in or has resided in another state in the past 5 years, national criminal background check.
- OIG Exclusionary Database

- Sex Offender Registry
- DDS Abuse/Neglect Registry
- DSS Quality Assurance Administrative Actions List

29. How much do background checks/fingerprinting cost?

- Cost may vary, depending on service used. Fingerprinting is not required.

30. Is fingerprinting required?

- No

31. How frequently are background checks/fingerprints required?

- The current expectation is:
 - Prior to hire and upon request for background checks
 - OIG - monthly
 - Abuse/Neglect Registry - Biannually

32. For compliance purposes, what is considered "timely" background checks or what the current vendor's expected timeframe is.

- **What is the current vendor's expected timeframe for those?**
- *There is not a specific requirement for "timely" background checks, however, the background check timeframe must allow for "Successful onboarding of DSPs within five (5) business days from the FI's receipt of the initial request to hire DSP and properly completed new hire packet, to start date for DSP. If the new hire packet is incomplete, the FI shall request any missing information/documentation from the EOR or DSP no later than two (2) business days after receipt of the new hire packet".*

33. Can you please be more specific on what information needs to be obtained via the background checks for DSPs?

- DSPs with findings on the OIG exclusionary list or the DDS Abuse and Neglect Registry are prohibited from working with DDS individuals.
- If a DSP has pending criminal charges or a conviction on their criminal background check, but is not on the OIG Exclusionary list or the DDS Abuse and Neglect Registry, then the EOR receives notice that the DSP has criminal history.
 - The EOR can then make an informed decision as to whether or not to hire that DSP.

34. The RFP includes an emergency setup of workers. Is there a provision for the worker to start "subject to" review of the background?

- *Employee may start working prior to results of the criminal background check only in emergency situations that are approved by the Department.*
- The emergency situations include but are not exclusive to:
 - Department Discretion
 - Risk of health and safety due to the loss of a caregiver,
 - Imminent risk of homelessness, and
 - As mandated as part of an Individual Protective Service Plan (IPSP).
- In the emergency situations approved by the Department, DSPs are required to complete some minimum required paperwork, including consent for background checks. In addition, there must be a clear DDS Abuse/Neglect Registry Check, OIG check and the DSS Quality Assurance Administrative Actions List check.
- *If criminal history is discovered, the process, as described in the previous question would need to occur. If the DSP is determined to be on the DDS Abuse/Neglect Registry, DSS Quality Assurance Administrative Actions List or the OIG Exclusionary list, immediate termination of employee is required.*

35. Per the SLAs, the FI is required to have a 2-hour emergency process for enrolling DSPs. Are all background checks expected to be conducted within the 2 hours or are DSPs able to work prior to the completion of the background checks? In addition, are you able to supply the presumed frequency of these types of requests, or the amount of emergency requests the Department has sent in 2025?

- In the emergency situations approved by the Department, DSPs are required to complete some minimum required paperwork, including consent for background checks. In addition, there must be a clear DDS Abuse/Neglect Registry Check, OIG check and the DSS Quality Assurance Administrative Actions List check. DDS anticipates that there will be no more than a max of 10 emergency onboardings per month, in emergency situations approved by the Department.

36. What role will the vendor play in regards to incident reporting?

- The selected vendor must report all suspected abuse, neglect, financial exploitation/fraudulent activity to AID/DDS.

37. Who pays the cost of Workers' Compensation? Or is it part of the participant's budget?

- The state currently funds Worker's Compensation through a Stipulated Rate line in the individual's budget.

38. According to the DDS webpage, the state expenses Worker’s Comp policies for all self-directed employers; however, participants can use their individual budgets to add additional insurances (e.g., auto insurance for transportation services). It also states that the FI will assist in obtaining a policy on the individual’s behalf. My question, based on this, is whether or not DDS expenses those WC insurance coverage costs directly to the FI vendor in a separate funding or is it allocated into the PMPM, etc?

- The state currently funds Worker’s Compensation through a Stipulated Rate line in the individual’s budget.

39. Please describe any requirements under FLSA as they pertain to this program, such as sick time or other benefits, such as insurance.

- All state and federal employment laws must be followed.

40. Is the health insurance currently being offered to employees the union-sponsored health insurance?

- There are 2 types of health insurance currently “offered” to employees.
 - 1) CBA Healthcare Premium Assistance
 - 2) Insurance assistance funded through the budget.

41. What requirements does the State have around the insurance benefits to DSPs, such as premium amounts or coverage?

- There are 2 types of health insurance currently “offered” to employees.
 - 1) CBA Healthcare Premium Assistance
 - 2) Insurance assistance funded through the budget.
- Specific requirements can be found in the CBA or the [DDS Cost Guidelines, 6-1-2025](#).

42. Can you please explain a bit more on the expectation on the FI to “Assist in acquiring employee health insurance”?

- For CBA Healthcare premium assistance, the FI receives an application and proof of denial from DSP after Husky and Covered CT denial. If eligible, FI makes payment in accordance with the CBA (Article 19).
- For budgeted Health Insurance, a DSP who meets specific criteria as outlined in DDS Cost Guidelines, secures an insurance policy and submits invoice to the FI, who makes payment.

43. Tactical question - Is the margin requirement for the proposal 1 inch or 1.5 inch? Are there different requirements for different sections or components?

RFP Language is unclear:

Margins: The margin of all pages shall be a minimum of one and one half inches (1½"); all other margins shall be one inch (1")

- The binding edge margin of all pages shall be a minimum of one inch (1"). There will not be different requirements for different sections. This will be updated in an amendment to the RFP.

44. Can you confirm the term (in years) of the CBA and is it on the same cycle as the RFP (i.e. will the FI need to negotiate a new CBA or will they be inheriting an existing one)?

- The FI would not be negotiating the CBA. The current RFP is for 3 years and expires on June 30, 2026. The CBA term would not necessarily align with the FI contract term, though they may align by coincidence.

45. The contract term states 3 years with an inclusive 6-month transition period, however the budget template indicates 3 full years post transition for pricing. Will the Department confirm if the contract term is 3.5 years followed by the 2 extension years?

- 3 years, inclusive of transition with a possibility of 2 extension years.

46. During the six-month transition period ending December 31, 2026, will contracted FI vendors be held fully accountable to all SLAs and performance metrics, or will DDS apply phased or graduated enforcement during transition? The RFP states an "inclusive transition phase" but never explicitly suspends SLAs. Many bidders will assume leniency—this question forces DDS to clarify enforcement exposure.

- DDS understands that the transition phase may pose initial challenges. DDS will work with the selected Contractor(s) to mitigate issues. Actual SLA enforcement language during the transition phase will be explicitly stated in the contract.

47. Per the timeline supplied, there is a 7/1/26 Anticipated Start Date with a 6-month transition. Is the expectation that enrollment functionality be live on 7/1/26 for all DSPs, or is there a phased approach with full go-live able to begin on 1/1/27?

- There is a phased approach to transition planning, with anticipated full go live on 1/1/27.

48. Section i.3 states the FI is responsible for payments exceeding authorization with no recourse. If DDS system data causes an overpayment, will the FI have a chance to correct it before being responsible?

- *If the cause of the overpayment is due to a DDS system error, DDS would allow the vendor some time to correct the issue prior to holding the FI responsible.*

49. For the quarterly spectrum audits, will DDS provide the audit sample for review, or is the vendor responsible for selecting the sample and maintaining it for DDS review upon request?

- *DDS will provide the audit sample.*

50. Where can we find a copy of the current CBA?

- *A copy of the current CBA can be found as an attachment to the RFP.*

51. What transition activities are envisioned for the 6-month period of July 1, 2026 until December 31, 2026?

- Transition activities include, but are not limited to:
 - Providing FI services to all new participants and a pilot group.
 - Participant Enrollment and employee onboarding.
 - Integration of transition data into new FI vendor systems. (i.e. EOR, participant and DSP data)

52. How many vendor payments is the current incumbent FMS making for DDS participants monthly?

- *There were over 11,000 vendor payments in December 2025. Please note that this includes our DDS qualified providers, other agencies and individual people that enrolled as a vendor to receive reimbursements.*

53. How many vendors are currently enrolled with the incumbent FMS?

- *There are currently just over 200 Qualified Providers/Independent Practitioners authorized to provide services to multiple individuals. In addition, there are many smaller providers and EORs who are set up as vendors.*

54. What is the current number of vendors paid per month?

- *About 1,500 vendors paid/month*

55. What expectations does DDS have regarding continuity of Open Future Learning (OFL) training for participants and DDS staff?

- DSP training - either through OFL or another vendor selected by the Department is expected to be an ongoing requirement.

56. How will CT Department of Developmental Services (DDS) administer self-direction for individuals receiving services with CT Department of Social Services (DSS) and/or Connecticut Aging and Disability Services (ADS) across budgets and FMS supports?

- The FI may be required to provide wage and tax information to another entity for processing for individuals utilizing both DSS and DDS funded services, as identified and required by DDS.

57. Limit for Jurisdiction List (Sec. 2.2.1)

Due to strict page limits, would DDS consider capping the number of jurisdictions Respondents must list (e.g., top five), or allowing the full list as an attachment?

- The full list may be submitted as an attachment.

58. Limit for Contract Descriptions (Sec. 2.2.2, 2.2.2.1, 2.2.2.2)

Would DDS consider limiting the number of contracts Respondents must describe (e.g., top five), or allowing additional descriptions as an attachment to stay within page limits?

- Additional descriptions may be included as an attachment.

59. In order to know the best possible site for a physical presence in Connecticut, is there a demographic breakdown of where participants of self-directed services are located in the State?

- Individuals that self-direct are scattered throughout the state, however, there are clusters of greater self-directing participants as noted in the heat maps in part C of this addendum. A centralized location would be ideal to allow easy access for most participants.

60. Will the Department confirm that the Executive Summary is not included in the 30-page limit of Section D. Main Proposal?

- The Executive Summary does count towards the 30-page limit of Section D. Main Proposal.

61. Will the Department allow font sizes smaller than 11-point for content in tables, graphics, organization charts, call out boxes, and any included RFP text?

- No. Please refer to the style submission requirements in Section III.A.6.

62. Due to the page restrictions, will the Department please confirm that RFP text is not expected to be included as part of the response?

- Provider does not need to include the question/text in the RFP response – just the Section, for example, Section 7.1.2.1.

63. Due to the page limitations and the vast experience and client list of some Respondents, will the Department allow this information to be limited to 3 contracts that are most similar in scope? If not, may this information be presented as an Appendix?

- Please include this information as an appendix.

64. Can the Department confirm that 10. Budget Requirements is not included in the 30-page page limitations for Section D?

- Correct, the cost response is not part of the 30-page proposal limitation.

65. Due to the page limitations, will the Department allow the Quality Assurance work plan to be included as an Appendix?

- Yes.

66. Can the Department confirm whether "Random sample auditing" will be recurring on a regular schedule or will be ad hoc over the term of the contract?

- Both regularly scheduled and ad hoc random sample auditing may be required.

67. Due to the page limitations, will the Department allow the SOC-2 report to be provided as an Appendix?

- Yes.

68. Can the Department clarify what specific alerts are being requested in requirement CT PCA EVV Compliance Matrix FR#4 "The system shall have the ability to transmit configurable, real-time alerts to specified system users?"

- Examples include, but are not limited to:
 - Timesheet ready for approval
 - Timesheet rejected
 - System outages/issues, etc.

69. Can the Department confirm if the "weekly visits" mentioned in CT PCA EVV Compliance Matrix FR#38 are generated as reports for the Department or are displayed to users of the web portal?

- Ideally, this would be on the web portal with the ability for both users and DDS to access (through their own login credentials. Reports may vary based on credentials).

70. Section II.C.3.f states that responses to union-escalated grievance cases must be provided within 48 business hours, however the SLAs stated under II.D.2 state a maximum of two (2) business days. Can the Department please clarify the response time expected?

- 2 business days.

71. Can the Department provide other types of Collective Bargaining Agreement terms the FI needs to adhere to other than DSP rate increases?

- Please refer to the CBA attachment. The FI would also assist with payment for Union trainings, withholding union dues, tracking accruals for and paying out CBA Paid Time Off, Healthcare Premium Assistance, lump sum payments and holiday pay.

72. Section C.3. Responsibilities and Service Requirements, a.6 states, “Assist onboarded DSPs with enrolling in trainings required by the Department, including but not limited to the union orientation and regularly scheduled reminders.” Can the Department further explain the role and activities of the FI in assisting DSPs in enrolling in Union orientation?

- The selected FI will send the list of newly hired employees weekly to TUF and the Union.
- TUF/Union sends the list of DSPs who completed training, along with training dates, so that FI can make the stipend payment to the DSP.
- Reminders shall be sent to the employees initially and at 30-day increments regarding the due date for completion (90 days).

73. Is it the Department's expectation that the newly selected FIs take on the final pay period of 2026 for payment to DSPs in January 2027 for tax purposes, or does the Department expect the newly selected FIs to make payments sooner in 2026, and if so, what month for first payments?

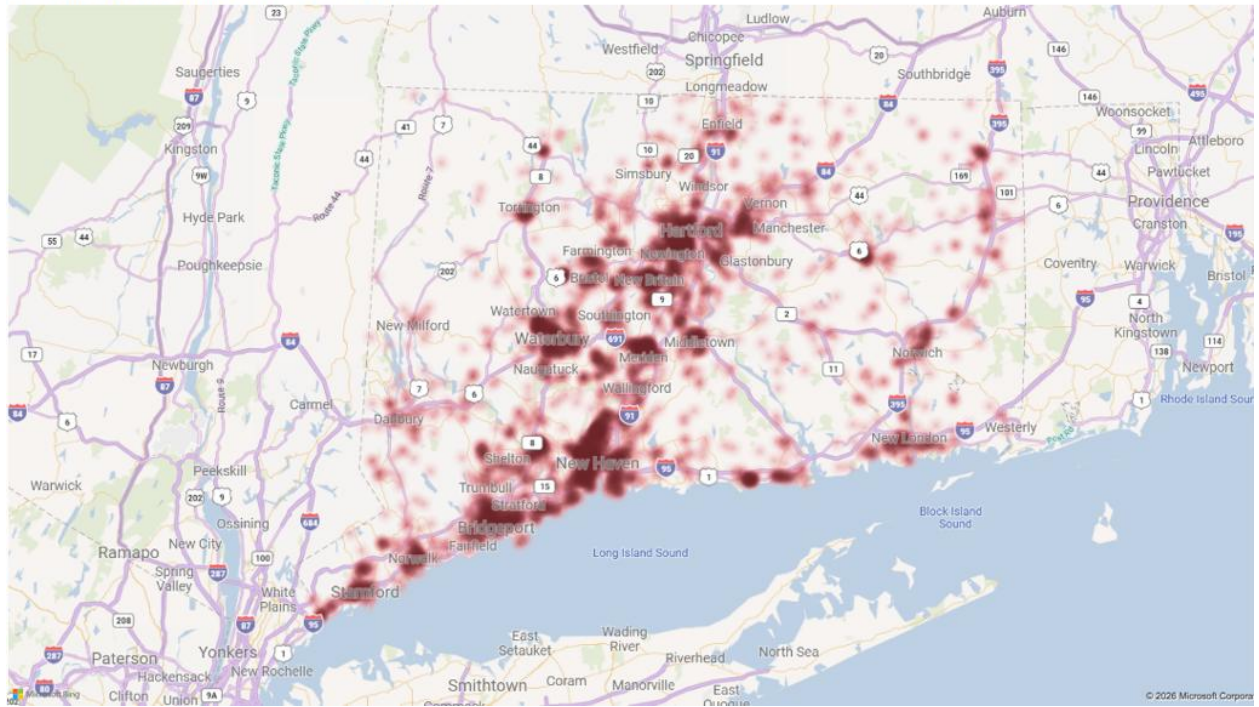
- This will be determined as part of the transition.

74. Section D.2. Service Level Agreements, 1.viii states, “A minimum of 99% of all DSP payroll must be processed through EVV.” Will the Department please provide the current average percentage of DSP payroll processed through EVV?

- Approximately 99% of EVV required services are processed through EVV.

C. Heat Maps

Residential Self-Directed Services



Day Self-Directed Services

