

Questions & Answers for RFP#202510

NR-SR-WR 10 CLAs

Question: Are you able to tell us, are these homes mixed gender homes, male homes, female homes, and the approximate age of the individuals?

Answer: All the homes are male homes, except for the medical home. The ages for most of the folks is under 30, it is a younger group. There's a lot of age-outs that are on the list that need a placement.

Question: Based on the LONs that you just gave us, we go through them, if it's something we think we can work with, we reach out and ask for the packets for those individuals?

Answer: Yes

Question: Do we put in proposals for whatever home we are interested in?

Answer: Yes. To meet the Individuals after reviewing the packets please reach out to Grisell, Department's Official Contact. She will help facilitate with the other regions, or coordinate for the West Region home to schedule the visits with the individuals.

Question: Are these folks primarily coming off a waiting list? Or is this a new grouping of Individuals in each of these houses that are not connected otherwise.

Answer: The Individuals are age outs, possibly on the older care giver list, Individuals are residing at the Hospital for Special Care. Some of the Individuals may know each other, the groups were established by looking at common needs and regional location.

The rest of the Individuals are in a variety of different scenarios, whether it's out of state or currently in a residential setting that they need to move out when the age out. Some of them are on the emergency list.

Question: We would also have to work with Case Managers to find them day programs?

Answer: You may if they are in a residential facility that is not in the area where the Provider is going to develop, then there would be a possibility that they would need to find another day program based on the commute, as well as if it's a LEA paid for education day program and they have aged out, then DDS would need to assist with locating a day program.

Question: Is the goal really 10 brand new group homes or placement first? Because assuming maybe we saw all of them at referral meetings and they didn't quite fit. But if we do meet three people and we have three spaces for them, once we meet them, is that an option? Or is it 10 new group homes no matter what?

Answer: The intention was 10 new group homes because the Individuals hopefully have been referred to every possible viable vacancy and have been on our portability list as well as being presented at the statewide meetings. After the RFP is awarded, if there is a more appropriate setting then the awarded agency can work with the Individual's team on other placement options within a provider. Removing Individuals in the RFP groupings while the RFP process is active would create difficulties with the awarding process. The majority of the Individuals in the RFP had been placed on the DDS Secure Portal, have been presented at statewide meetings for placement matches and/or referred to numerous vacancies with no success in finding a residential placement.

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Question: The contract term for this RFP is two years? Can you talk a little bit on what does that mean exactly?

Answer: Renewal of the contract might be 2 years or more. At 2 years they have to go back through OPM to get approval and renewed again. It doesn't mean that we would be looking to put it back out to bid. It would just be a contract renewal unless there are significant concerns with the agency.

Question: Does DDS have any prospective properties identified in each region or is it up to the proposer to try to do that?

Answer: There are not prospective properties identified. This would be up to the proposer to locate the property and work with the Region. DSS funds the room and board. DDS would work with the agency as well as the developer on code issues depending on the number of Individuals in the home. The DSS development process would be utilized.

Question: Is there a budget line for the purchase and rehabilitation of the property?

Answer: Typically, regional staff will go out and review the property and look for certain factors- location, Individuals needs and number of living in the location. The awarded agency would submit a Development Agreement through the region and the Department of Social Services. Depending on the number of parties in the home and the type of renovations that might be needed to bring it to code, it would be up to the agency to secure a mortgage through the revolving loan fund, bank or mortgage company. Agency is responsible to locate a developer as well. Some agencies have the ability to develop and are familiar with the code while some of the smaller agencies do not have that resource.

Question: So it's a loan for the development?

Answer: The revolving loan fund to secure a mortgage can be accessed. In addition, some providers do use banks i.e. Webster and secure a loan rather than use a revolving loan fund. Revolving loan fund has much more paperwork involved than going through a traditional mortgage company or bank.

Question: Are their rates lower on the revolving loan for interest?

Answer: No. They are currently the same as the banks right now, that could change at any time.

Question: What is the timeline for occupancy to start taking clients in?

Answer: A CLA development from start to end can take from 16 to 24 months to open. Homes that have an increased census have more code requirements do take longer to develop. Our new Director of Emergency Management has asked to be involved in floor plans to prevent any issues from occurring in terms of the property being renovated to the proper code because we have had some issues in the past.

Question: And then there's a paragraph that talks about admitting clients within 90 to 120 days. But it also talks about moving clients out, discharging clients. Is this a permanent home for clients?

Answer: Yes, if someone really excels, the Individual's team will look for them to move on to a less restrictive setting. Most of these Individuals do have some significant challenges, more likely it would be a long-term placement.

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Question: The question is the state having some ownership rights to any of the CLA that we all run because they'd invested in it with their room and board rates over the years. But that policy direction they were heading towards created a fairly significant disincentive for any of us to want to move forward and open more.

Answer: There has been no change in legislation regarding the sale of properties funded through DSS/Room/board. In the event an agency was requesting to vacate a property, the provider would need to go through the DSS-DDS Vacating Committee to request permission to vacate. Typically, providers used the proceeds from a sale of a home to be used towards a new development, with that said the legislation on this matter has not changed.

Question: And the question is, is that still the direction DSS plans to move in where DSS would have some decision-making authority about how we could spend any of those proceeds and would have to approve our vacating.

Answer: There have been no changes in legislation at this point in time.

Question: How many actual proposals? Assuming you want them in a hard copy, but it doesn't say how many copies you want.

Answer: Agencies can send an electronic copy of the RFP to Grisell Fernandez, Dept.'s Contact by 4pm on the due date of Friday 6/13/2025. You can send 1 copy of the proposal for each home you are interested in.

Question: There are a few group homes that we rent from someone who owns and then after X amount of years, we stop getting reimbursed. But we still must rent, so it would be great to know owner rent because DSS stops paying us when the value of the home is paid for. But we still have to rent, so it would be great to know owner rent because DSS stops paying us when the value of the home is paid for.

Answer: The preference is to purchase and renovate a home, there is a 30yr useful life per regs, there is an appeal process that you can speak to DSS about if you are no longer getting paid.

Question: Is this a start up? The startup for capital improvements to the house, or is the anticipation that the capital improvements go through the development agreement and through DSS and the start-up is really for staffing and programmatic?

Answer: Renovations to the home will need to be included in the development process through DSS. There is start up and cash advance, both are 30 days of the annual service budget of the home.

Question: The RFP requires us to have a van for the residents, is that also something that can be paid for under the RFP?

Answer: That would be paid through the Individual's budget. All that is considered, as well as all the clinical supports.

Question: The costs for those are quite high, they are around \$175,000. So, we either have to rent or purchase. We would have to have a loan?

Answer: Providers do a variety of things. They do both, leasing and purchase vehicles. Cash advance can be used for van expenses such as first and/or last payment, regular monthly payment, gas and maintenance, a down payment is not an allowable expense.

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Question: When we review the records of the proposed residents or participants, will we be able to tell how many folks need handicap accessibility for vans and things like showers?

Answer: Yes. And if that's a question where it's not clear, that question would be submitted and then we'd get an official response.

Question: Are we going to have to submit three separate budgets? One for the acquisition which we don't know the numbers on, one for startup and one for full operation?

Answer: There is a budget sheet within and attached as a supplement document of the RFP that would be for the Individuals. After you are awarded the home, that's when the startup amount is discussed that amounts to 30 days of the annual budget as well as the cash advance which is typical for DDS. As far as housing goes, it is a separate process. DSS wants to know the RFP was officially awarded, then you would work with the Region on the location of the home. For anyone who hasn't done a development, everything needs to be one level. DSS is only approving one level homes.

Question: We identify a property that is one level and looks good. We need to be able to move on that property very quickly given the current housing market. How do we anticipate DSS getting involved? Because we make an offer and then DSS doesn't like it, or it doesn't seem to move forward.

Answer: There have been several meetings regarding this project. DSS has been made aware of these homes coming onboard and we've been working with them to lessen turnaround times. Once you identify a property, you immediately need to contact your resource department to request an independent appraisal of the house from DSS. DSS has been facilitating the appraisals quickly.

Question: Meeting with Individual that would fit in a vacancy, how involved are the families? Are they set with the groupings?

Answer: It is advised that provider should speak to the Case Manager and Region before speaking with the parents /family or guardians.

Question: How have you matched the folks together in clusters? Did they have some kind of meet and greet?

Answer: I cannot speak for the other regions, but I can speak for the West Region. There have not been meet and greets. This project started many months ago where there were several meetings with case management and the PRAT manager on the groupings. They based their decisions on case manager's feedback, what the Individual's needs are and the amount of staffing that was going to be needed. There are always concerns when doing RFPs as you have multiple case managers trying to put the best groups together.

Question: If our agency submits bids for multiple homes with the intention of increasing our chances of being awarded at least one, are we obligated to move forward with all of the homes if more than one bid is approved?

Answer: If selected for multiple homes which an agency submitted proposals for, the vendor is not required to move forward with all homes. Once selections are made the agency can accept or decline.

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Question: Or are we allowed to decline some and proceed with only one, depending on which one is awarded?

Answer: Yes

Question: Regarding Group I, DDS shared at the TA that one resident is normally a 1:1; but he needs a 2:1 for home visits. How is the 2:1 funded? Would the funding for the 2:1 be paid at each home visit or would the funds be annualized?

Answer: For the Individual in Group I that requires 2:1 for home visit, the additional staffing expense for the second will be paid through 1x funding.

Question: Do residents for Group I and H have day programs they are attending? If so, which day programs do they attend?

Answer: All the Individuals in Groups I and H are still in school except AP who has Individual Day Supports with a day program.

Question: Group H has 1 Individual that requires a needle injection for insulin several times a day.

Answer: This Individual is no longer being considered for RFP

Question: One individual in North Region group I- LON indicates that he has severe PICA in the Day Program, but not at home. Please clarify this.

Answer: We followed up with family and the family states usually he does not eat nonfood items but sometimes has tendency to pick up something from the floor and place to his mouth. But in their experience, it was very rare.

Question: One Individual in North region group J has a Comp LON of 5, Beh- 5 but LON indicates that he has been in a locked unit. Is this an accurate depiction of who he is and his actual needs?

Answer: The NR individual in Group J is in a locked unit because he was at Yale. He does not need to be in a locked unit. He is moving to the TU next week and then we can get a better understanding of what his needs will be.

Question: The individual in group J (LY) has a behavior score of 5 not 3. He was admitted to XXX 7/29/2021; he's had many ED visits and was in the ED for 75 days prior to admission, as his parents were unable to safely care for him at home. He will suddenly explode in negative behaviors with very little warning and no obvious trigger. When he does, he becomes very aggressive and needs immediate intervention from multiple people to assure safety. In the community he may take advantage of an opportunity to bolt and requires staff who are especially aware of his needs and stay very close to him.

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Question: One individual in South region group E- LON indicates that he has a sever or life-threatening allergy. Please clarify this and whether he has an epi-pen.

Answer: Yes, the Individual has a sever peanut allergy which is documented in the lpe and always carries an EpiPen.

Question: One individual in South region group F- LON indicates that he requires a c-pap but does not use it. Please clarify the reason that he does not wear it and attempts made for use.

Answer: The Individual is prescribed a CPAP machine, but the guardian has reported the Individual has not used the machine for some time as his symptoms are mild.

Question: One individual in West region group B- Label on referral packet states "Female" but all documentation refers to "he". Please clarify this.

Answer: The Individual is male

Question: Some individuals seem to require 1:1 funding, however, their LON reflects "Continuous Support" since they live at home with families. Please provide us with a funding breakdown by individual for all proposed programs for all regions.

Group A West Region	Budget	Group B West Region	Budget	Group C West Region	Budget
Individual A	\$194,295.00	Individual K	\$174,124.00	Individual J	\$174,124.00
Individual L	\$152,928.00	Individual L	\$272,852.00	Individual R	\$250,000.00
Individual N	\$349,484.00	Individual B	\$152,413.00	Individual J	\$152,413.00
Individual C	\$174,124.00	Individual C	\$254,154.00	Individual J	\$174,124.00
GRAND TOTAL	\$870,831.00	GRAND TOTAL	\$853,543.00	GRAND TOTAL	\$750,661.00

Answer:

Group D South Region	Budget	Group E South Region	Budget	GROUP F South Region	Budget
Individual J	\$ 297,254.00	Individual B	\$ 501,186.80	Individual A	\$ 309,430.00
Individual M	\$ 130,116.00	Individual M	\$ 259,798.00	Individual D	\$ 174,708.00
Individual J	\$ 515,738.20	Individual K	\$ 297,254.00	Individual A	\$ 331,210.00
Individual M	\$ 323,434.00	Individual E	\$ 297,254.00	GRAND TOTAL	\$ 815,348.00
Individual C	\$ 275,593.00	Individual K	\$ 130,116.00		
GRAND TOTAL	\$ 1,542,135.20	GRAND TOTAL	\$ 1,392,742.80		

GROUP G STATEWIDE -	Budget	GROUP H North	Budget	GROUP I North Region	Budget
Medical home MFP		Individual J	\$ 168,697.00	Individual R	\$ 280,330.00
Need to stay with cap, home budget is met		Individual I	\$ 168,697.00	Individual E	\$ 134,329.00
Individual M		Individual M	\$ 194,321.00	Individual A	\$ 233,057.00
Individual W		Individual A	\$ 261,066.00	Individual L	\$ 114,393.00
Individual N		GRAND TOTAL	\$ 792,781.00	GRAND TOTAL	\$ 762,109.00

GROUP J North Region	Budget
Individual R	\$ 261,066.00
Individual T	\$ 233,057.00
Individual I	\$ 216,583.00
Individual L	\$ 114,393.00
GRAND TOTAL	\$ 825,099.00

Question: Are these the maximum budgets or can providers submit a budget that is higher, based on the needs indicated in the LON's?

Answer: Need to stay with cap, Group G medical home budget is met.

Question: There are several individuals who require 1:1 supports based on the LON, however, the behavioral section of the LON, it indicates that they require 2:1 support or more during behavior episodes.

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Answer: Additional staff will need to be secured out of complement (LON funding) to assist during behavior episodes.

Question: One individual in the West region group B- IP/LON states that he has had success with having an RBT at Day Program/School. Please clarify if additional funding would be made available to provide this same level of skill in the home.

Answer: If there is a need and justification is provided, a request can be made through the URR process.

Question: In the West and North Region, the funding levels do not seem to take into account the LON allocation with 1:1 funding either 16 hours a day or 24 hours a day; unlike the South region budgets. For example, South region has a 3-bed house that is funded above some 4 and 5 bed homes, all with similar needs. Please provide a breakdown of funding by individual for all programs in all regions as well as the expected staffing support.

Answer: Refer to the question where budgets were shared for funding. Staff supports will need to be determined with the team in new setting, if the staffing is not adequate, the URR process will need to be utilized or one time funding. Unable to determined expected staff supports given this will be a new setting.

Question: If an individual is not funded as a 1:1 but information in their LON indicates that they need this support, will providers have the opportunity to add this funding on top of the budgets for each program?

Answer: Because we cannot determine which group/ individual is being referenced, the suggestion would be to mention in the RFP proposal that it was indicated in the LON this party requires 1:1 staffing and the appropriate funding was not included in the RFP, the expectation if awarded that the appropriate funding would need to be agreed to upon acceptance of the award.

Question: Sometimes vehicles are allowed to be put in the startup cost of a program. We've seen that in some more recent DCF RFPs. If we need a specific van for medical needs, is it possible for us to put that as part of our start-up costs, considering it's a facility start-up cost that you're not going to need to replace hopefully for 5 or so years?

Answer: Providers do a variety of things. They do both, leasing and purchase vehicles. Cash advance can be used for van expenses such as first and/or last payment, regular monthly payment, gas and maintenance, a down payment is not an allowable expense.