



State of Connecticut
Department of Developmental Services

DDS

Ned Lamont
Governor

Jordan A. Scheff
Commissioner

Elisa F. Velardo
Deputy Commissioner

Assistive Technology Evaluation Request for Proposal (RFP)
Questions and Answers

- Q. In the NOO it says no more than \$2250 per person. We are confused by this statement. We assume that this is the max per person. However, it is not clear if this is the only way DDS is funding the project or if there is upfront funding to get the project going and build capacity?

DDS understands that it may take the successful proposer additional resources to get the program up and running and build capacity. The RFP allows for start-up funds to address this issue. Proposers must include a detailed cost itemization of start-up costs and a timeline for payment. The department reserves the right to negotiate with the successful proposer on the final amount of the Start-up funding. The expectation will be that once the start-up funding has been paid the successful proposer will charge DDS a rate for each individual no more than \$ 2,250 per person for services as described in the RFP.

- Q. When does the Proposer's Authorized Representatives Form get submitted? (Referenced on Page 6 of the RFP). Is it an Attachment to the full proposal or submitted ahead of submission?

The Proposer's Authorized Representative Form should be submitted as soon as possible but no later than with the proposal submission.

- Q. Page 7 Section 6 under Minimum Qualifications of Proposers: In the statement, "Preference will be given to entities that can demonstrate they can successfully provide technology assessments and Assistive Technology services to 150 individuals in a 12-month period." Does this mean that if we do an assessment and then go back 6 months later for additional training, that the assessment and training are each counted separately toward the 150?

It is important for DDS to choose a vendor that can deliver the proposed services to the individuals it supports in a timely and efficient manner. The preference of DDS is to choose a successful proposer that is able to demonstrate it can provide technology assessments and Assistive Technology services to 150 individuals in a 12-month period. If no vendor is able to deliver the services to 150 individuals on an annual basis, then DDS may choose more than one vendor to service the three DDS regions. It is the preference of the Department that the vendor will serve 150 individuals, inclusive of all the services provided to the person.

- Part 2.** And as a part two to this question: Are the Anticipated Customer Trainings outside the initial training within the \$2250 per person or would that be a separate cost?

Customer Training is included in the per person cost. It is the expectation that most individuals will require training to be successfully use of the technology recommended by the proposer, and some will require follow up support. However, individuals that required considerable additional training hours than the average person serviced by the proposer may require additional funding. DDS may approve additional training hours as needed. The proposer should submit with their proposal average range of training hours that are covered, as well as an hourly rate to be charged to the Department for any additional training supports be approved by DDS.

Q. There seems to be an error in the directions for submission, it states that it needs to be double sided, but we can't do that electronically. Please clarify.

The Print Style for electronic submissions does not require double sided pages.

Q. If we were not aware of the opportunity in enough time to submit a LOI, does that mean we cannot submit a proposal?

No, In the addendum, it states that a letter of intent was not needed to apply for this RFP

Q. Will all referrals be sent through DDS to the selected vendor(s) or will vendor(s) be listed as a preferred vendor and receive referrals directly from DDS participants/case workers/group homes/etc?

For the successful proposer to be reimbursed, all individuals must be referred by DDS.

Q. If referrals go through the DDS case manager – when requests for AT assessments are made for a DDS participant who resides in one of the Contractor's own group homes, would that referral get sent from DDS to that Contractor's Assistive Technology team for fulfillment, even if the resident lives within a different region?

DDS will work with the successful proposer(s) to determine referral rules for individuals with potential conflict of interest concerns, cross regional issues or due to a change in a person's health or behavior.

Q. Will referrals be made for individuals only or could a referral be for all the residents of a group home.

DDS may refer an individual or a group of individuals residing in one setting.

Q. Does the \$2,250 per person include: a. the purchase of technology? If not, how will technology be funded? A one time or the AT Notice of Opportunity grant Could participants use their one-time waiver?

The successful proposer will be expected to order, and oversee the delivery and installation of the assistive technology equipment or software to the person's residential and/or day service location. The cost of assistive technology equipment or software will be paid by the successful proposer then reimbursed by DDS with an invoice and valid receipt.

Q. How will the proposer be reimbursed for extended training?

Customer Training is included in the per person cost. It is the expectation that most individuals will require training to be successfully use of the technology recommended by the proposer, and some will require follow up support. However, individuals that required considerable additional training hours than the average person serviced by the proposer may require additional funding. DDS may approve additional training hours as needed. The proposer should submit with their proposal average range of training hours that are covered, as

well as an hourly rate to be charged to the Department for any additional training supports be approved by DDS.

Q. Is the 10% administrative fee in addition to the \$2,250 allocated per person?

The maximum cost per person is inclusive of the 10% administrative fee.

Q. Will there be a mechanism for the provider to give feedback on referral volume?

In consultation with the successful proposer, DDS will develop a process to provide feedback on all issues related to the Assistive & Remote Supports Technology Services including referral volume.

Q. If AAC Services (Augmentative and Alternative Communications) are needed, would additional funding be available for individuals with highly complex and/or multiple disabilities? This would be for services above and beyond a normal AT Assessment.

DDS will work with the successful proposer to ensure individuals with significant support needs maximize assistive technology services. A pre-approval process for which services are included and those that are not included in the maximum cost per person for individuals identified by the successful proposer will be established.

Q. If an AT Assessment is started but cannot be completed for various reasons, do we still get credit towards the administration fee calculation for fee reduction?

It is the expectation that the successful proposer will be reimbursed for individuals who complete the process. If the evaluation cannot be completed due to an individual's inability to complete the process (example: repeated no show), then the provider can submit an invoice of actual costs up to but no more than the maximum allowable amount. If the AT assessment cannot be completed due to an issue of the successful proposer, then no payment will be made.

Q. Are AT Technology purchases included in the \$500k maximum award and/or the \$2,250 per AT Assessment rate?

The successful proposer will be expected to order, and oversee the delivery and installation of the assistive technology equipment or software to the person's residential and/or day service location. The cost of assistive technology equipment or software will be paid by the successful proposer then reimbursed by DDS with an invoice and valid receipt.

Q. The RFP states we need to provide an all-inclusive fee associated with the AT Assessment, technology, support, and training. Is this per contract (2-year term), or annually, or per AT Assessment? Assuming the administration fee is not included here and is separate? Is the administration fee for 2 years or just annually?

The AT assessment fee is inclusive of the analysis of the needs of individuals with intellectual disabilities, assisting in the selection of appropriate assistive technology, acquisition, and installation for a customer's needs, providing training in the use of the selected device(s). The maximum allowable cost per person is also inclusive of the 10% administrative allowance. The awarded administrative fee will be paid over a 12-month period in equal and consistent payments. The fees identified by the successful proposer will be for the two-year contractual period.

Q. Would an ATP Certification from RESNA satisfy the credentialing requirements for AT staff?

Yes, an ATP Certification from RESNA will satisfy the credentialing requirements identified in the RFP.

Q. The RFP references a Staff Qualifications document on pages 33 and 34 but does not seem to be attached to the packet. Is this actually referencing a separate document?

The State's approval under Staff Qualifications does not relieve the Contractor of ultimate responsibility for the professional and appropriate delivery of services. In the delivery of services under this Contract, the Contractor shall only use qualified employees and subcontractors that have the educational background, professional or personal experience or a combination thereof to provide comprehensive Assistive Technology Services and who:

Have knowledge of anatomy, physiology, disabling conditions, and disease processes relevant to the technical aspects of the assistive technology and services that they represent or provide; and

Regularly engage in self-guided study and attend courses, seminars, trade shows, and other continuing education activities, with at least 10 hours per year of such activities.

The Contractor shall maintain documentation of the training and professional development records for all the Contractor's employees and subcontractors.

No later than thirty (30) days after the Effective Date, the Contractor shall submit to the State a staff roster with a complete list of the Contractor's employees and subcontractors who will provide services under this Contract. No later than thirty (30) days after any change in the Contractor's service delivery team, the Contractor shall submit to the State an updated staff roster.

Q. For what period after the AT Assessment is the expectation that the Contractor provide troubleshooting and tech support to the individual? Would this be in addition to the \$2,250 per individual?

The successful proposer should include in their proposal a description of the technical support they will be providing and make available to individuals. This would be included in the maximum per person cost. As the installer and trainer of the equipment, DDS expects the proposer will assist individuals to maximize assistive technology services. If the equipment has a warranty, the proposer should describe how they will assist the individuals with accessing the manufacturer to ensure the equipment is working correctly. It would be the expectation the successful proposer will be available to the person for a minimum of one year of troubleshooting after the installation of the equipment.

Q. What amount of training is part of the AT Assessment and when would it be separate and billed as additional?

Customer Training is included in the per person cost. It is the expectation that most individuals will require training to successfully use of the technology recommended by the proposer, and some will require follow up support. However, individuals that required considerable additional training hours than the average person serviced by the proposer may require additional funding. DDS may approve additional training hours as needed. The proposer should submit with their proposal the average range of training hours that are covered, as well as an hourly rate to be charged to the Department for any additional training supports approved by DDS.

Q. Can the contractor purchase initial inventory with start-up funding?

DDS understands that it may take the successful proposer additional resources to get the program up and running and build capacity. The RFP allows for startup funds to address this issue. Proposers must include a detailed cost itemization of start-up costs and a timeline for payment. The department reserves the right to negotiate with the successful proposer on the final amount of the Start-up funding. DDS is not opposed to the successful proposer purchasing initial inventory. The use of the inventory for the purpose of a lending library for individuals to practice with AT equipment is acceptable. If the purpose is to have inventory available to a person to purchase for their own use after an assessment, it must be noted that DDS will not reimburse the proposer to maintain inventory after the contract begins.

Q. If there is a change in health and/or disability, would an individual be able to undergo a second AT Assessment?

DDS will work with the successful proposer(s) to determine referral rules for individuals with potential conflict of interest concerns, cross regional issue or due to a change in a person's health or behavior.

Q. If there is abandonment of technology, what would be the expectation of the Contractor in addressing that abandonment?

As per the RFP, the successful proposer will be required to complete a 3-month and 6-month survey to measure if the desired effect of AT device or service meets its goal. As part of the survey, the proposer should be asking about the consistent use of the equipment. If it is identified the product has been abandoned or hardly used, the proposer should notify DDS. The proposer and DDS will work together to determine why the product is no longer being used. Questions to be discussed include the ability and desire of the individuals to use assistive technology, was there an issue with the evaluation, was the training appropriate for the individual, staff or family members, and did the environment have any involvement in the use of the equipment.

Q. Would a second AT Assessment be approved?

DDS will work with the successful proposer(s) to determine referral rules for individuals with potential conflict of interest concerns, cross regional issues or due to a change in a person's health or behavior .