

Remote Supports Startup Notice of Opportunity Provider Questions

[DDS Remote Supports Guide](#)

[DDS Funding Guidelines](#) (Remote Supports Rates page 5)

Budget/ Billing Questions:

1. What is the maximum allowable funding for this Notice of Opportunity?

As per the information session, there is no set upper limit on the amount of funding you may request. Please draft a proposal based on the reasonable projected costs for you to implement this service and include a description and justification of costs, in line with the application requirements. The department will review all requests.

2. Are we essentially submitting a proposal to build capacity as a virtual support partner? Should we limit the scope of our proposal to this or add anything in regard to the on-call staff, etc.? Please clarify.

Please refer to the NOO application sent to you on 1/27/25. Agencies will define a scope that aligns with their goals for remote supports services. DDS does not prescribe a service model. As with all services, you will be held to the provider qualifications of the services delivered.

3. How is the virtual partner payment billed?

Virtual Support Partner rates are paid via WebResDay billing. Once you obtain a service authorization and the individual has a placement in the selected service, you will be able to bill in WebResDay for the service delivered.

4. Is this through WebResDay or is it invoice driven?

Service rates (Virtual Support Partner, etc.) will be billed in WebResDay as normal. Any funding allocated through this NOO will be paid as a start-up lump sum payment. By March 2026, you will be required to submit actuals (invoices or other actuals) to demonstrate the amount of funds expended. Excess funds will be recouped.

5. What are the units of billing? Is this in 15- minute increments?

Hourly remote support rates may be billed in 15-minute increments in WebResDay. Daily rates are billed and paid per diem only, not in partial days.

Funding Questions:

6. Can you please clarify the funding?

Once your budget is approved, your primary region will be notified. You will be asked to submit a single 1x request for the entire amount of your budget. You will receive a lump sum payment in the amount equal to your approved budget. If you do not expend all of your approved costs by March 2026, the excess will be recouped at that time.

7. For the virtual partner, what is the expectation for the \$10.28 per hour rate?

The \$10.28 per hour is for the provider to provide Virtual Support Partner (VSP) services during established hours. This includes uninterrupted availability to monitor and respond to

requests from the individual. For more information, please see the description of VSP in the [Remote Supports Guide](#).

8. What is the Virtual Support Provider per diem rate of \$31.00? Is this hourly? Is this for face-to-face time as opposed to virtual?

The per diem rate of \$31.00 is a daily rate. Please refer to the 'Remote Supports – Rates' chart listed in question 9.

9. Please differentiate what the expectations are for each billing rate.

Remote Supports - Rates	
Service - Per Person/Per Hour	Rate
Virtual Support Partner	\$10.28
On Call Staff Support (For those without I.H.S Safety Net)	\$6.16
On demand, In Person Support (Billed as IHS)	\$49.72
Per Service	
Purchase and Installation of Technology (Non Per Diem)	Paid at Cost + \$50 admin per transaction
Monthly Lease/Payments for Technology (Non Per Diem)	Paid at Cost + \$50 admin per transaction
Service Per Diem/Per Person	
Virtual Support Partner	\$31.00
Purchase and Installation of Technology	Included in Per Diem
Monthly Lease/Payments for Technology	Included in Per Diem

For more information, please refer to the [Remote Supports Guide](#).

10. How many hours per day per individual are expected for the virtual provider to be available?

Each individual participating in the Remote Supports service will have person specific support requirements based on their unique circumstances. The Remote Supports service allows for up to 24 hours per day of remote monitoring and scheduled on-demand responses. The provider and individual will agree upon the structure of services provided. Times of availability and details on how the Remote Supports should be used will be documented in each person’s “Back-up response plan” and Individual Plan (IP).

11. How many people does DDS believe are interested in this service or who are currently requesting it?

This pilot program is part of DDS’s ongoing work to collect more data about the demand for and possible uses of remote supports in Connecticut. This funding is made available to allow providers to pilot a business model for Remote Supports. This will allow us to measure the demand for this service and learn about best practices moving forward. The NOO is designed to minimize the risk to providers in case the demand from individuals does not reach the levels that would allow the service to be self-sustaining at established rates.

12. What is the funding cap for Assistive Technology// Remote Supports technology for the individuals?

The Remote Supports NOO is specific to start up funds and is not funded through the waivers. Specific to Assistive Technology provided to an individual, the waiver cap of \$25,000 for a five-year period (\$30,000 during the ARPA period) is applicable. Remote Supports does not have waiver caps, but all requirements outlined in the waivers are applicable. Remote Supports services that an individual receives, whether per diem or hourly, would be subject to coordination with their other Assistive Technology/Remote Supports services to ensure they are compliant with the waiver cap. Exceptions to an individual's waiver cap would follow the established process.

13. How will equipment repairs and maintenance be funded for the individual? (Ex. The individual broke the tablet device that they used for remote supports?)

In the short-term, the cost of maintenance may be built into the requested budget for the NOO. After NOO funding expires, the cost of maintenance would need to be included within the overall revenue model for Remote Support service.

14. How will equipment repairs and maintenance be funded for the virtual provider?

Please see the answer to question 13, above.

15. Will DDS fund the cost of a third-party contractor, such as an installer or equipment supplier?

Qualified Providers must meet responsibilities related to the service. Providers may enter into business agreements to fulfill responsibilities, but the Qualified Provider has obligation to oversee that third-party will continue to meet the obligations identified by the Department.

16. Is there a billing distinction between being available as the virtual provider and calls actually answered? In other words, is there a different rate for being on a call with someone versus just being available?

There is no difference in rate. Please refer to the [DDS Funding Guidelines](#).

Virtual Support Partner (VSP): A paid support person such as an agency, qualified provider, OR unpaid support person such as a family member, friend, or other natural support that provides virtual support from a remote location utilizing the Remote Support Technology System that has been designed for the individual. The service roles and responsibilities of each party will be clearly outlined in the individuals "In-Person Response Plan."

On-Call Backup entity: The entity that is responsible for the on-call services. The back-up entity will receive a notification from the VSP, or in response to an electronic device indicating that support is needed. They are responsible for arriving in-person to the individual within the mandated amount of time agreed on in the individuals plan and provide in-person supports

On Demand, in-person support: The direct face-to face supports provided by the staff when they are sent to an individual's location as requested by the individual, VSP, or in response to an electronic alert. Paid at the I.H.S. rate in 15-minute intervals.

Quality Assurance:

17. Are there specific quality assurance metrics that that the virtual provider is expected to meet (i.e., call wait times, number of calls per week/day/hour, etc.) Please provide these metrics.

Please note that Remote Supports is the delivery of supports at a remote location through virtual means by paid staff or natural supports who are engaged with the individual through technology/devices with the capability for live two-way communication and therefore will not involve call wait times. Regarding other metrics, this NOO is intended to function as a pilot program through which DDS and private providers will learn about the demand and possibilities of remote supports service in Connecticut. The department may request provider logs about the volume of usage of remote supports (such as number of calls received in a time period) and may provide additional data collection tools as the pilot progresses. Providers should anticipate and include within their budget a funding request for staff time associated with some amount of data collection and tracking.

18. Is there an expectation of having calls recorded and reviewed after the fact for quality assurance purposes? Please provide any specifics.

There is not an expectation that calls will be recorded to be reviewed at a later time. Please refer to the attached [link](#) that references DDS's current policy on video and audio technology.

Staff/Structure Questions:

19. As the virtual support partner, can we employ out of state or remote employees?

Qualified Providers must meet the responsibilities and expectations outlined with providing the service. Providers may elect to enter into business agreements with third parties to complete certain elements of Remote Support Services.

20. What are DDS expectations for caseload sizes?

Caseload sizes may vary depending on the particular support needs of the individuals served. Remote Support Providers will maintain a caseload size that preserves their ability to immediately respond to alerts or support needs as they arise.

21. Is there an expectation that we will have technology to track whether employees are actively working at their computers in between calls?

Qualified Providers must meet responsibilities related to the service they are providing. The department may establish training/qualification expectations for providers and staff at the provider agency, but the department does not define management expectations for those provider agencies. Providers must have the ability to provide 24/7 live two-way communication which requires an immediate response.

22. What are the expectations of the virtual partner staffing?

Providers must maintain staffing levels that allow them to meet the requirements as qualified Virtual Support Partners. This includes reliable live support for individuals and the capacity to respond to unanticipated emergencies or requests immediately.

Insurance Liability

23. What are the requirements for liability insurance?

All DDS Providers participating in this NOO must meet the liability insurance requirements outlined in Part II, Section C, subsections 11 and 12 of the POS Contract. For providers already on contract, there are no additional liability insurance requirements specific to Remote Supports.

24. How are these additional costs funded? Is this funding specific to providing supports in IHS settings?

Costs beyond service rates will be funded through a single lump-sum payment to the provider. For additional detail about the funding process, please refer to the answer to question 6. Providers should follow the guidelines for providing Remote Supports as listed in page 5 of the [Remote Supports Guide](#). While receipt of IHS services is not a requirement, Remote Supports cannot be billed alongside certain other waived services, including 24-hour residential settings.

25. How do we bill for remote support services in 24-hour settings if we have people who could benefit from remote supports in CLAs, CRS, etc.?

Remote Supports cannot be billed at the same time as other waiver supports. Remote Supports cannot be billed in 24-hour settings such as CCH, CRS, or CLA. This waiver service is an option for those who live in their own homes or family homes as a mechanism to optimize independence while providing supports as needed.

26. Is there a designated referral source for remote support services?

The case manager will be the primary referral source for Remote Support services.

27. How does DDS foresee referrals being made (case manager, direct from consumer, etc.)?

Please see answer to question 26.

28. What happens after March 2026 with staff and resources?

The goal of the Remote Supports Startup Initiative is to assist providers in creating economies of scale. Applications will show the provider's ability to implement strategic funding processes and develop a model for sustainability post-March 2026.

29. At the end of the funds, if people leave, will we have to retrain other people and essentially start over?

Please see answer to question 28.

30. Will you ensure that each region is aware of what this N.O.O. entails in terms of billing and disbursement of funds?

DDS will provide clear communication and tracking across the regions.

31. This timeline is just under a year. Are we supposed to account for time it takes to ramp up the program? Should we be putting a full year's worth of salary in the budget?

Yes, providers will ask for what they project they will need for the entirety of the award period. Only approved expenses occurred between the time of award and deadline will be eligible. DDS will communicate with providers at the time of approval if the timeline does not allow for all expenditures.

32. Is there a max budget?

Please see answer to question 1.

33. Is this only for IHS facilities?

Please see answer to question 25.

34. Is Remote Supports a completely separate service from billing with EVV?

Yes, Remote Supports (RS) has both a remote monitoring and on-call backup component and both are separate from IHS. If in-person support is required, providers bill at the on-demand, in-person support rate which is billed as IHS. Providers may not bill for remote supports and in-home supports simultaneously.

35. The deadline for application is really quick, is there a possible extension if providers express interest and are actively working on it?

Unfortunately, the deadline for submission is firm.

36. How many hours of on-call support can be used in addition to as needed?

There is no hard cap on on-call support hours. Authorized on-call support hours will be determined based on the individual's funding allocation and as designated in the Individual Plan (IP) as well as the preferences of the individual and team in consultation with the provider.

37. Will it be 15-minute increments?

Please see answer to question 5.

38. Funding guidelines only talk about hourly; can providers get a breakdown of funding parameters?

All available rates including daily rates can be found in the [DDS Funding Guidelines](#) (Remote Supports are on page 5). You may also review the [Remote Supports Guide](#) for a description of how rates are billed.

39. Will RS be subtracted from IHS budgeted hours?

Funding allocations for Remote Supports will be made through the regular funding allocation process. Some individuals may be at their max hours (based on LON cap) and may need to reallocate funding to allow for Remote Supports.