

RFP #32490

Proposer's Conference Questions

Q1: Can you talk a little bit about the target population? What is their functional level?

A: The target population is ages 8-20 years old, with a focus on those 17 and younger, with intellectual disability and significant behavioral challenges, often leading to hospitalization. The target population includes youth who are ready for discharge from a hospital but need additional support before returning home or those who would benefit from intervention with the hope of avoiding hospitalization. While the target population is not autism-specific, many prospective kids may have autism in addition to intellectual disability. Referrals may include all genders and abilities, but all need behavioral stabilization in order to return to the family home.

Q2: Age 8-17 and males and females – is there any grouping of age or gender groups?

A: Groupings will be decided by the eligibility team, which includes the agency and DDS. This RFP is for one site with 3 beds that accommodates all genders, abilities, and ages within the range specified.

Q3: Timeline for opening the program seems tight – is there a specific property that DDS has identified for providers to use?

A: DDS does not have a location identified but is willing to discuss options with the selected vendor. That specific timeline is a goal, not a firm date. However, DDS will need the program open within FY 27.

Q4: Are we responsible for education during the period of time they are with us? It states we need special education teachers but also states we aren't to coordinate with school districts.

A: The provider is responsible to work with the child's LEA to ensure the IEP goals are implemented which may include them continuing in their current educational

program. The provider needs access to a special education teacher in order to ensure educational goals are being addressed.

Q5: How will DDS facilitate collaboration between the provider and local education agencies (LEAs) for IEP implementation?

A: The Case Manager assigned to the individual will support the provider in working with the LEA. The provider is responsible for supporting the LEA in implementing the IEP, which may include them continuing in their current educational program.

Q6: If we have a building that has more than 3 beds, can the others be used for DDS respite needs?

A: This depends on if the locations are separated. There needs to be separate kitchens, bathroom, sleeping, and living areas. This program needs its own dedicated space due to the ages of the target population.

Q7: What are the allowable expenses under the start-up funding, and are there caps on specific line items (e.g., furnishings, vehicle purchase)?

A: There's not a set limit for specific line items; it will be evaluated by the committee for reasonableness as part of the overall proposal.

Q8: How will the rate methodology for monthly payments be determined, and how will extended vacancies affect funding?

A: Payment will be made every month for 1/12 of the annual award amount, as long as at least one individual is receiving services in that month. If there are extended

vacancies due to the provider denying entry into the program, then DDS may prorate the monthly payment for the months that the census is reduced due to the provider denying entry into the program.

Q9: What is the minimum required staffing ratio for the 3-child capacity, and how will DDS evaluate adequacy?

A: . The staffing ratio will be determined by the needs of the individuals residing in the program at any given time. The minimum staffing pattern and the process for determining enhanced staffing will be answered by the provider through their proposal.

Q10: Is it acceptable for the provider to also utilize telehealth as a supplement to in-home support?

A: Some hours of telehealth are acceptable but in-home visits and training are required. The plan of how the provider will be implementing this service should be outlined in the RFP proposal.

Q11: Is there a required number or minimum of contact hours during the three-month post-discharge period?

A: The necessary post-discharge contact hours will be determined by the needs of each individual. The process for determining post-discharge support will be answered by the provider in their proposal.

Q12: Regarding the location, if we haven't found a location yet, is the requirement fixed to a certain area, or is to where is realistically available in Connecticut?

A: While there is a preference for the program to be centrally located to ensure equitable access, there is no specific location or region of the state required.

Q13: Where are not clear on the part requiring “(+O) 501 (c) (3) determination. We understand the 501 (c) (3) part, but what distinctively does this mean in full?

A: Proposals must include a copy of the Internal Revenue Service letter that verifies the provider is a 501 (3) private non-profit organization. This document should be labeled as "Attachment O" in the Appendices. No form is provided.

Q14: For the Teacher requirement, do we have to have the Teacher stationed off site, or residential?

A: The provider needs access to a special education teacher in order to ensure educational goals are being addressed.