

RFP FY2020 Emergency Transition Housing Program

Please Note:

- ❖ **There is an error on Page 3 of the RFP. RFP name: "FY 2019 Emergency Transitional Housing Programs". It should read "FY2020 Transitional Housing Program". Everywhere else it is referred to as FY 2020.**
- ❖ **Please disregard attachment P (Page 32) regarding information on involuntary discharges. This information is not needed/required.**

Conference/Submitted Questions

1. Please confirm the number of people in each home. Could you explain the transition process and how do vacancies work?
Each home will have a maximum capacity of 3 individuals. Referrals will be received from the Regional PRAT committees. They will pass along as much information and assessments as they have. The provider will be expected to go out to meet the individual and conduct their own assessment within 48 hours of the referral. Providers will need to notify the PRAT committee the next day of their decision regarding the referral and admission should take place immediately. Providers will need to document to the region the length of time between referral, screening visit, admission and discharge. It is expected that providers will accept referrals unless they have a strong, valid reason why it would have a negative impact on the individuals already served in this setting.
2. Discussing healthcare coordination, we were looking at more standard nursing. Are you thinking about more involved nursing? So, if someone was more medically involved, would we get paid separately or is it part of the budget?
It is anticipated that the home will run with standard RN oversight, including medication administration. If an individual has extensive medical concerns and requires more than standard nursing oversight and follow-up, one time funds can be requested for that specific individual to cover the additional support.
3. Although a CRS program, you have indicated providers will receive payments of 12 equal amounts over the year. Will there be a cost reporting or reimbursement element to this?
It is anticipated that providers will receive a 1/12th payment each month. This will not be based on capacity. This payment will not be

subject to cost settlement. The exact payment methodology has not yet been determined.

4. What if we have a vacancy, are we going to be paid for that vacancy and for how long?
As noted in question #3, providers will be paid 1/12th each month to run the program. This will not be based on capacity. Therefore there is no need for vacancy payments as would occur in traditional CLA/CRS homes.

5. Is the anticipated 11% increase for minimum wage built into the \$750,000 maximum cost?
Yes ~ the maximum award is \$750,000. It will not be increased by 11%.

6. Referral system, call backs - are there going to be target goals that we should meet or just collecting data?
Providers will need to document the length of time between referrals, screening visits, and admission, length of time between admission and discharge, overall length of stay and where the individual moved to permanent housing. Providers will have to report to their resource manager at 30 day intervals their progress on discharge planning. The goal is to have individuals move from the Transitional Housing within 90-180 days.

7. Will the houses be subject to QSRs?
Yes ~ as a CRS they will have QSRs.

8. Will there be case management support for the individuals?
Yes ~ if individuals do not currently have a Case Manager, they will be assigned one.

9. In the event of full occupancy, the provider would also be expected to provide triage support and assessments of individuals in the community (outreach services). How is that paid for?
If not at full occupancy, it would be anticipated that you would have sufficient resources to assist with individuals who have an immediate need in the community. If you are at full occupancy and all resources are being used by the program, additional funding would be provided through a one-time payment if you are requested to assist in these community situations.

10. If there is no day program, is the cost for running such a service (IDN) for ETH participants coming out of the ETH operational dollars (\$750,000)?
Funding for day program will not come out of the \$750,000 residential operational budget. Individuals who have a day budget can purchase appropriate day services from any qualified provider. If these services cannot be identified, funding will be provided for the ETH program to provide appropriate day services either within their current day service system or as individualized day services. If the individual does not currently have day funding a request will be made to PRAT for the allocation of this funding.
11. What is the process of getting people placed out if the agency cannot take them internally?
Through the Case Manager, the individual should be placed on the PRAT agenda for review/referral to all appropriate vacancies. There may also be inter-regional PRAT requests to look at vacancies across the state. The Case Manager will keep the Transitional Housing team updated on the progress of these referrals.
Also, once the individual is stabilized, they may be able to return to their former setting, e.g. family home or residential setting such as CLA/CRS etc.
12. Have you thought about some particular conditions a person might have and what kind of mechanisms would be in place so when particular services are identified for someone who is unstable that we would be able to access them?
If more intensive or additional clinical supports are identified or deemed necessary, the provider may receive one-time funds to purchase these services.
13. What is the cost of the lease?
Homes will be leased for \$1 a year. A lease will be developed between the state (DDS) and the provider. The state will cover the cost of the utilities.

14. It was indicated that DDS would be covering all utility costs. Would providers be responsible for the operational maintenance? Individual breakage and repairs? ...Cutting grass and snow removal? trash? Roof repair? **The method for these services to be provided has not been determined yet. They would be provided by the state or the provider would purchase these services through the award of one-time funds. In any case, the provider would not have to pay for these services through their residential service budget. More specific details will be included in the DDS lease.**
15. Referrals – are these homes running on a no refusal policy? Do providers have to accept all referrals?
A “No refusal policy” is not part of DDS language. While it is certainly expected that a provider would look to serve any emergency in need, there may be cases when this would not be in the best interests of the other individuals currently living in the home. We would expect providers to look at the bigger picture and offer practical, valid reasons if they do not feel that they can accept a referral.
16. What if we get to 180 days and things haven’t necessarily improved but the organization has showed good faith effort to do everything they could do in their power to remedy the situation and place individuals. What happens at that point and is the lack of placement in the recommended time frames held against the provider?
The expectation is that providers will document the time it takes to move from one step to the other and that the goal of discharge will occur in 180 days. However, it is understood that things don’t always happen according to plan. Providers will continue to document their steps and outline what the blockages have been and how they are being addressed. Failure to meet the 180 day deadline will not result in a negative assessment of the provider.
17. How does a provider look at the availabilities of the vacancies throughout the state. Most providers would not have knowledge of all those other resources and vacancies. How would we go about getting that information and how would referrals be made?
Providers should work through the Case Manager and PRAT. The Resource Administrator and Private ARD will also be a resource to assist in making referrals across the state.

18. It was stated that 100 people could have used this service last year. Do you have a breakdown on where they actually came from (CLA/CRS, parent's home, other DDS community based placement, not in the system)? Where are the majority of the emergency placements coming from?
Statewide ~ DDS has approximately 100-125 emergencies a year. The majority of these individuals are from the family home or their own homes. Secondly are individuals who are homeless or have ended up in the hospital with no residence to return to. Thirdly, is individuals who came from a DDS funded residential setting or supports. We have few emergencies that are unknown to DDS.
19. What is the typical LON for the program anticipated to be?
LON scores can run the gamut. Usually, individuals with lower LON scores (1-3) can be served with other resources such as CCH or Individualized Home Supports. Therefore, it would be expected that LON scores would range from 4-8 but this may not always be the case.
20. If the home has a participant who requires more than 1:1 coverage ratio and the home is at capacity, will DDS support additional one-time funding?
In these cases, additional one time funding could be provided for the additional staff for that particular individual.
21. Do you want a start-up budget submitted with the RFP?
No. A start up request will only be made by the awarded provider. This should be completed with assistance from your Resource Manager and will be paid 45 days prior to the home opening. Actual costs will be submitted after the home opens and this will be subject to cost settlement.
22. What are the clinical costs/hourly rate per person you are allowing for the proposal?
The clinical costs should be determined by the provider. The budget proposal should indicate the types of services that will be provided and the cost. The providers' assessment of these needs should be based on experience in working with individuals in crisis/traumatic situations. The budget will be reviewed as part of the proposal evaluation and the committee will determine if it meets the needs of the individuals that will be served in the Transitional Housing Program.

23. Is there a typical staffing pattern you are expecting the awarded vendor to utilize?
The staffing pattern will vary, depending on the needs of the individuals that are residing in the home. As residents will be moving in and out, the staffing pattern may need to adjust based on the changing needs. The budget proposal may account for the average staffing pattern that is anticipated for this type of setting.
24. What are the various types of “add-ons” discussed at the conference DDS will allow and how and when will they be funded?
**Refer to question #12.
The need for any additional services outside the scope of the proposal would be determined by the team. A one-time request would be submitted for funding that would allow the provider to purchase these services.**
25. How much access would we have to records and observations prior to accepting anyone?
**Refer to question#1
Providers will be given as much information as is available. In some cases, there may not be much in the way of assessments or history. It is also expected that the provider will meet the individual. Due to the emergency nature of the situation and the short time constraints, an extended observation/assessment period will not be practical.**
26. Can a vehicle for transportation be included in the budget?
The budget can include vehicle leasing costs. DDS will not fund the purchase cost of a vehicle. All vehicle related expenses must meet DDS fiscal reporting regulations and OPM cost standards
27. What is the potential time line for referrals? How fast after one transition out of the home will another one be referred?
Referrals will be based on need ~ emergency cases that involve the need for a residential placement. However, due to the number of individuals who become homeless and need this service, it is anticipated that we will have referrals greater than our capacity. Therefore we expect to have referrals waiting for the next available vacancy. Once there is a date for an individual to move out, agencies can begin the transition process for the next individual to move in to eliminate any lag time. However, remember, that agencies will be paid the full amount each month even if there is a vacancy.

28. To what extent is the proposer involved in the finding and transition to a new long term placement?

Refer to question #11

Once an opportunity has been identified the transitional housing team should work with the receiving team to develop a transition plan. This plan should assure that all the individual's needs are addressed to give the placement the best chance of success.

29. What is the process if an individual is not placed by the 180 day deadline?

Refer to question #16

30. Who handles the maintenance/repairs of the home?

Refer to question #14

31. What is the program # of the proposal?

The program #s are:

- **Meriden #1**
- **Norwich #2**
- **Wilton #3**

Norwich House:

32. What type of air conditioning will be installed?

As was done previously at this location, we will be installing new window air conditioners to cool the house.

33. Will the electrical wiring be upgraded as it appears unsafe?

Yes, we will be replacing the switches and outlets with new ones and resolving any unsafe wiring. The main electrical panel and service was just recently updated. We also will be installing a completely new fire alarm system

34. How many bathrooms will be installed?

There will be two bathrooms ~one upstairs and one downstairs.

35. Will the agency awarded the contract be able to make structural changes to the facilities for safety or will the state make those alterations.

Per the lease, agencies will not be able to make any structural changes. If it is felt that something is necessary, the need should be discussed with DDS to determine if they will make those changes. Please note that all the homes will be renovated and updated prior to agencies moving into the properties.

36. Typically, a residential provider is not aware of statewide open beds. We would like to know about the case management support for discharge and what is required and expected on our end, for instance, are we just a support for the Case Manager/Resource Manager/PRAT or will we be the agency to make the referral and completing full placement/case management services? What will CM/PRAT/Resource Management roles be in placing individuals?
Refer to #8, #11, #16, #17

37. Are the 3 Emergency Transition Program houses going to work together for "best placement"? That is, if there is not a "fit" in one home can an individual be referred to another home? Can we refuse to take a referral, gender specific house for instance?

Refer to #15

Yes. It is expected that the Transitional Housing programs will work together. If a referral is made to one program and they are not able to serve that person for a variety of reasons, including gender specific, the referral will be forwarded to other sites.

38. Does DDS have a back-up plan if all 9 beds are full at the Transition Program houses? Would it be possible for the agency to open an emergency bed in their agency or provide I H S services until a bed opens in one of the transition program houses? If so, how would this service be reimbursed?

Refer to #9

If an agency cannot serve an individual due to full capacity, we would look for the individual to be served in another setting. The agency could use an emergency bed they may have or provide I H S supports in another setting such as the family home or a hotel. If additional funding is needed, it would be provided through one-time funding.

39. Why are other pods attached to the Meriden program being renovated? Are they going to be used by the state or other private agencies?

DDS attempts to keep all their properties up to date and in good repair. Currently the other units in the building are not being used. However, DDS reserves the right to use them in the future.

40. Will the agency that takes over the Meriden program have access to the Annex where the main security/fire panel is located?

The panel for the fire system is located in a hallway area. The system is for the whole building and all units would have access to it. If there are more occupants to the building, all parties would need to be notified of a fire drill as the alarm would go off in all units. Note: there is no security system. There is also a bathroom in the hallway that would be accessible for all units.

41. Individuals will typically have a contract/funding set up for day program transportation. Will the agency be reimbursed/bill for mileage transporting individuals to and from their vocational program?
If the day provider is transporting, the individual's funding for day program will include transportation costs. If the residential provider (Transition program) has to transport for day program, they will be given residential funding (at the same rate as the day program) to cover this cost.
42. Will DDS maintenance for the outside of the home i.e. lawn care, snow removal (sidewalks, parking lot, street) outside the home maintenance, etc.?
Refer to #14
43. Will DDS maintenance for the inside of the home i.e. damage by individuals, maintenance, repairs etc.?
Refer to #14
44. Will DDS be purchasing and adding all the appliances in the Meriden home such as a stove, washer, dryer, etc. that were not there?
The awarded agency will be purchasing appliances through the start-up funds.
45. Can the awarded contract be paid for through a Fiscal Intermediary (FI)?
At this time we do not anticipate using the FI for payment. This home will be designated as a CRS and that is a contracted service. The FI and an individual budget are usually reserved for self-determined services.
46. Individuals will typically have a contract/funding set up for day services. If an agency provides day support to an individual residing in a Transition Program house will the agency be reimbursed the vocational rate for providing day services?
If it is determined that day supports will be provided from the home setting, the agency will be funded the appropriate rate for the service. If the individual spends most of their time in the residential setting, they would be designated as having Senior Support. If they spend 50% or more time in the community, they would be assigned to Individualized Day. In either case, the agency would need to be working on day goals.
47. I saw there were alarms on the bedroom windows in the Meriden home. Will there be alarms added to the windows in the common area of the home?
Delayed egress alarms will be placed on all the doors in Unit A. The alarms seen on the windows were small, battery powered alarms. DDS will not be putting an alarm system on the windows. Should an agency feel like they want/need this, they can purchase it through the start-up funds.

48. Will there be operational manuals provided for the appliances and tub in the Meriden home?

As agencies will be purchasing the appliances (see # 44) you will have your own operational manuals. The Meriden site will have a working whirlpool tub.

49. Will there be a Hoyer lift provided, if required for an individual at the Meriden home?

It is anticipated that the Meriden site will have tracking installed/updated to have a working lift system. Use of a Hoyer lift was not recommended.

50. Can renovations be made to the Meriden home bathroom if necessary?

The bathroom has been fully renovated. If there is a change that is required/needed it can be discussed with DDS to determine if further renovations will be done.

51. How much start-up cost is DDS providing for each program for this RFP?
How are the start-up funds allowed to be allocated under this RFP?

The start-up funding is 30 days of the proposal cost. Therefore it may vary based on the funding amount of the proposal. The maximum amount is \$61,644 based on the maximum award of \$750,000. Only the awarded agency will complete the start-up cost request (it is not part of the RFP). Your Resource Manager can assist you with this. Refer to #21

52. Will the contract be paid each month regardless of its monthly capacity?

That is if there was only one individual placed in the home during the month will the agency still receive 1/12 of the contract payment that month?

Refer to #3 & #4

53. If only one bed is being utilized in the transition house would the agency be able to allocate staff that is not being used in the staffing complement to other parts of their program?

If staff are available due to under capacity in the Transitional Housing, the priority would be for assistance in dealing with other DDS emergencies, this could include within the provider agency. Any use of staff outside the Transitional Housing program should be discussed with DDS prior to assignment.

54. Is it possible for a referral to transition to a permanent placement in a home run by the same agency if there is a vacancy?
Yes ~ an agency can certainly transition an individual to a home they operate that has a vacancy.
55. Can you use some of the budget for recreation purposes?
Yes you can and there is a line in the budget that includes recreation.
56. What is the approval process for restrictive procedures that require HRC/PRC approval prior to use? Will HRC/PRC approvals be streamlined due to the short time frames of transitions into and out of the home?
DDS will work with the provider to establish an approval process that meets the needs of the individuals in this short term program.
57. Who pays for any adaptive equipment that may be needed/required?
Title XIX (Medicaid) would be the first choice for payment for adaptive equipment. If this is denied or the individual is not currently eligible, DDS would fund with one-time payments.
58. Do utilities covered by DDS include internet and cable?
No, these services are not included under utilities. Cost for internet and cable can be put into the budget under occupancy costs.
59. How does the agency find potential options for long term placement? Will there be a way for providers to be notified of available vacancies with other agencies or will this be done through the Case Manager only?
Refer to #11, #16, #17
60. Who is responsible for purchasing food and household supplies if no entitlements are in place at the time of transition?
It is anticipated that the agency will be pursuing entitlements for the individual. However, in the interim DDS would fund with one-time payments.
61. Is it possible to see what the lease may look like for renting the property from DDS?
DDS uses a standard lease as approved by DAS. This is the current lease that is used with providers who were awarded DDS conversion homes. A copy of the boilerplate lease has been posted on this site.
62. Where should non-staff consultants and their rates be allocated?
Refer to # 22. There is a place in the budget to allocate them.
63. What is the time frame from referral to screening visits?
Refer to #1

64. Are there any suggestions for a staffing model with no prior knowledge of needs of the individuals being referred?

This should be determined by the provider. Refer to #23

65. Regarding maintenance of the home, the selected proposer is responsible for anything up to \$7500 and anything above that is DDS's responsibility. Is that correct?

Responsibilities will be detailed in the lease agreement.

Norwich House

66. Will the electrical wiring in the house be redone?

Switches and plugs will be replaced. A new main service and panel was recently installed at the house and all wiring will be brought up to code requirements.

67. Is the electrical wiring knob-and-tube?

No

68. Will central AC and heating be installed?

Refer to #32

69. Will the boiler be replaced?

The boiler was recently replaced.

70. What work needs to be done in the basement?

The basement will be brought up to code requirements.

71. Will the wood floors be sanded and sealed throughout the building?

Yes, all wood floors will be sanded and refinished.

72. Will new windows be installed in the entire building?

Yes.

73. Will there be only one full bathroom upstairs?

Refer to #34

74. Will the roof be replaced?

The roof was recently replaced.

75. Will the kitchen be renovated with new cabinets and appliances?

The kitchen will be renovated with new cabinets. The agency will be responsible for purchasing new appliances with start-up funds.

76. Is there a laundry hook up at the Norwich location?

Yes there will be a hook up for a washer and a dryer.

77. Could you please clarify what an involuntary discharge from any program initiated by the provider means?
This is when an agency indicates that they will no longer serve an individual and requests that they move from a residential setting or no longer attend a day program against the wishes of the individual/family/guardian. Please see note at the top of these questions. This information is not needed.
78. Should day program and IDN hours be included in the staffing pattern?
No, the staffing for these hours would come from day funding and therefore should not be part of the residential budget.
79. Will unsuccessful proposers be given feedback about why they were not chosen? Is there any reason why an unsuccessful proposer would not receive debriefing and feedback?
Feedback is not routinely given to all providers that submit a proposal. However, any provider who submitted a proposal may request to meet with the RFP chair to review their qualifying score. Please note that this review is not intended to operate as an appeal process.
80. What is the process if the agency believes a referral to the transition home is not appropriate?
Refer to #1, #15
81. Who is responsible for maintaining the grounds?
Refer to #14
82. Who pays for the utilities at the location?
Refer to #13, #14
83. Is the expectation that nursing and behaviorist supports are per home, or if we have multiple locations covered?
The budget needs to contain the costs for these services specific to the home. The RFP states: "The proposal must include a separate budget for each site, indicating the cost to operate each site independent of the possibility of multiple awards."
84. Will the budget allow for vehicles?
Refer to #26
85. Is the expectation that ratios are always 1:1 given that agencies won't know the needs of the persons in the home and the goal is that individuals are transitioning in and out continually?
Refer to #23, #64

86. Will there be a start-up budget to get everything purchased for the home similar to group home start-ups

Refer to #21, #44, #51