Addendum 7

State of Connecticut
Department of Social Services
Nursing Facility Diversification 6/4/2013
Request for Proposals

The State of Connecticut, Department of Social Services and the State of Connecticut, Department of Economic and Community Development (the Departments) are issuing Addendum 7 to the Nursing Facility Diversification 6/4/2013 Request for Proposals (RFP). All requirements of the original RFP except those requirements specifically changed by this addendum shall remain in effect. In the event of any inconsistency between information provided in the RFP and information in this addendum, the information in this addendum shall prevail.

This addendum contains questions submitted by interested parties and the Departments' official answers. These answers shall clarify the requirements of the RFP.

NOTE WELL: the answers to Questions 6, 7, and 8 below change the answers to Questions 37, 38, and 40 in Addendum 6.

Pursuant to Section I.C.8 of the RFP, the Departments may or may not respond to questions received after the Deadline for Questions specified in Section I.C.6 of the RFP as amended.

RFP Section	Q#	Question	Answer
Multiple Proposals	1	I have a follow up question on a statement that was made during the conference. It was stated that only one RFP project per facility would be accepted – but I assume that one facility that is submitting a multifaceted project as one RFP request would be acceptable. Is that correct? For instance, I can't send in one RFP for a day center and a second RFP for a home care agency – one not related to the other. However, I can send in one RFP that includes a reduction in beds and the development of both a day center and a home care agency in the empty space – all as one project. Is that correct?	A proposal for Component 1 may include a multifaceted program. For Component 2, a multifaceted program can be included within a single proposal as long as the proposed capital improvements are necessary and appropriate for the operation of such program.
Eligible Activities	2	I am writing to you today to seek clarification on the use of consultants. I assume that if we get past phase 1 that the cost of a consultant can be included in the grant. In the handouts from Nursing Facility Diversification RFP Conference the section labeled Component 1 activities included technical assistance and consulting. My question relates to this area. Will costs associated with technical costs and consulting be reimbursable under the grants that are awarded?	Component 1 funds available through this RFP may be used for technical assistance and consulting, if the expense for such services is obligated after any contract developed as a result of this RFP is fully executed. Component 2 funds may be used for third-party predevelopment costs incurred in connection with the proposed project if they are necessary, reasonable, and customary (for example, appropriate architectural, engineering, and environmental inspection services) as long as they were incurred after June 4, 2013. Note, however, that neither of the Departments will be responsible for any costs or expenses incurred by any respondent except as may be set forth in a fully executed contract developed as a result of this RFP.

RFP Section	Q#	Question	Answer
Eligible Activities	3	Addendum #3 Page 12 Component 2 - capital improvements to land or buildings owned by a nursing facility where such improvements are needed to diversify or establish a new business model. Since DSS has expressed a clear interest in expanding Adult Day Care opportunities and expanding and integrating other health care services for individuals relocated back to the community or already residing in the community, I am assuming that a capital improvement to land (owned by the SNF) includes construction of a building to house an Adult Day Care Center and other critical community connected services . Is this assumption correct? On page 36 Component 2 (DECD) "ii" discusses New construction related to Adult Family Living Homes. However, we have read the Sub "i" "additions" reference as including a new building on facility grounds. Please confirm our understanding.	That is incorrect. Component 2 funding available through this RFP may be used for: • renovation, rehabilitation, and/or conversion of buildings owned by a nursing facility where such improvements are needed to diversify or establish a new business model including but not limited to an Adult Day Center; or • new construction, renovation, rehabilitation and/or conversion of an Adult Family Living Home (AFLH). The Centers for Medicare and Medicaid Services (CMS) proposed rule states that any property adjacent to or on the grounds of a nursing home is not considered to be a home and community-based setting. The rule further states that an exception from the U.S. Health and Human Services (HHS) Secretary would be required in order to consider the property for home and community-based services. If a proposed Adult Family Living Home is on or adjacent to nursing facility property, the proposal must include justification for the location. If an exception is needed, the offer of the opportunity to negotiate a contract pursuant to this RFP shall be dependent upon approval of the exception. An Adult Day Center (ADC) can be located on nursing facility grounds, including within an existing nursing facility. For the purpose of rate setting, the portion of the facility that is used for an ADC would not be considered as part of the nursing facility. Although there are no specific registration or license requirements for an ADC, the Connecticut Association of Adult Day Centers (CAADC), a private non-profit entity, certifies adult day centers. If an ADC is not certified, it may not be eligible for grants or other financing. DSS does not have a special interest in developing Adult Day Centers. The suitability of a proposed ADC must be aligned with the documentation of community need, informed choice, person-centered approach, and community support.

RFP Section	Q#	Question	Answer
Service Requirements/Transition Program	4	The response to #66 states that the respondent would have to work with the appropriate state agency to determine the licensure level for the transitional unit. Ct. Nursing Homes only have 3 levels of licensure available...CCNH, RHNS and RCH. (Unless a new one was created and we are not aware of it). The RFP responses nix adding RCH beds because they are considered institutional beds. RHNS beds are a thing of the past. For years they have been transitioned to CCNH for higher acuity patients. So that leaves CCNH unless DPH is willing to consider them as non-nursing home beds even though they are on the NF property in the NF building. In order to develop a legally acceptable model and a quality proposal that meets the needs of the clients and the objectives of DSS, respondents need to know how DPH will classify these transitional beds. The DPH licensure will determine the staffing level and the services.	The Connecticut Department of Public Health has indicated that, in general, transitional program beds would be considered licensed nursing facility beds, and the costs associated with transitional services not currently provided by the facility would be incorporated into the nursing facility rate. However, in accordance with the answer to question #66 in Addendum 5, the respondent may propose a transitional program model that might not fit into its current nursing facility structure. As stated in the answer to Question 66 in Addendum 5, “If the proposed project results in a significant change to the facility’s bed configuration, the proposal may include a proposed rate for the newly configured facility. If the proposal includes two separate and distinct facility models, the proposal may include two proposed rates. If two rates are proposed, DSS will develop a melded rate. The proposal must include the proposed costs, bed structure, staffing patterns, and budget. DSS’ Office of Reimbursement and Certificate of Need staff will review the proposed rate(s) for successful proposals.” The Departments fully expect individuals receiving transitional services to require nursing facility level of care. The transitional program should not be used to serve individuals who do not require nursing facility level of care, according to the Ascend Pre-Admission Screening and Resident Review (PASRR) process for nursing facility applicants.
Service Requirements/Target Population	5	the grant states target population is Medicaid recipients. If I am trying to prevent premature nursing home placement I can’t include non-Medicaid at risk elders? For example, what about the elders that come through my nursing home for placement who haven’t applied for Medicaid yet or are pending T-19 n the community?	Funding available through this RFP must be used to diversify or establish a new business model to support Medicaid recipients who need Long Term Services and Supports (LTSS) to live in the community. Once the new business model has been established, the respondent may serve individuals who are at risk for nursing facility placement, including individuals who are not Medicaid recipients.
Subcontractors	6	If I am using Qualidigm as a consultant to provide staff education and to provide data analysis would they fall under the subcontractor?	No. For the purpose of this RFP, a subcontractor is an individual (other than an employee of the contractor) or business entity hired by the contractor to provide a specific health or human service as part of a contract with DSS as a result of this RFP.
Subcontractors	7	If I engage Qualdigm to provide training and education and to track and record outcomes for my grant over the 2 years would they be considered a subcontractor in terms of the grant requirements?	No. See answer to question #6.
Subcontractors	8	If I engage a communication and marketing agency to assist with formulating an Informed Choices campaign including media buys would they be considered subcontractors?	No. See answer to question #6.

Addendum 7

State of Connecticut

Department of Social Services

Nursing Facility Diversification 6/4/2013

Request for Proposals

Date Issued: September 17, 2013

Approved: *Linda Burns*
Linda Burns
(Original signature on document in procurement file)

This Addendum Acknowledgement must be signed and included with your proposal.	
_____	_____
Authorized Signature	Name of Respondent

Addendum 6

State of Connecticut
Department of Social Services
Nursing Facility Diversification 6/4/2013
Request for Proposals

The State of Connecticut, Department of Social Services and the State of Connecticut, Department of Economic and Community Development (the Departments) are issuing Addendum 6 to the Nursing Facility Diversification 6/4/2013 Request for Proposals (RFP). All requirements of the original RFP except those requirements specifically changed by this addendum shall remain in effect. In the event of any inconsistency between information provided in the RFP and information in this addendum, the information in this addendum shall prevail.

This addendum contains questions submitted by interested parties and the Departments' official answers. These answers shall clarify the requirements of the RFP.

RFP Section	Q#	Question	Answer
Contract Offers/Contract Term	1	If a project is approved, are there time constraints on implementation of programs?	A Component 1, Level A project must be fully implemented within the two-year contract term. A Component 1, Level B project must be completed within the nine-month contract term. A Component 2 project must be completed in accordance with Attachment N, Development Schedule, of the DECD Application, which must be included with the proposal. For projects utilizing both Component 1 and Component 2 funding, timelines would be coordinated and aligned with required services and deliverables, and in accordance with Attachment N, Development Schedule, of the DECD Application, which must be included with the proposal.
Letter of Intent	2	If the applicant plans to submit more that one(1) proposal under Component 1 of Eligible activities, does the applicant have to submit a Letter of Intent for each such proposal he/she plans to submit?	The submission of multiple proposals for one nursing facility site for the same component is not an option with this procurement, although one proposal may include a multifaceted program However, a respondent may submit proposals for more than one nursing facility site. Each proposal must be self-contained and packaged separately, and demonstrate the respondent's capacity to successfully complete multiple projects. If the respondent plans to submit proposals for more than one nursing facility site, the respondent must submit a separate Letter of Intent form for each nursing facility site.

RFP Section	Q#	Question	Answer
Inquiry Procedures	3	do we need to have all 3 addenda signed and submitted or is Addendum 3 sufficient?	Proposals must include a signed Addendum Acknowledgement for each Addendum.
Multiple Proposals	4	So I'm a one campus nursing home and I have two ideas, I can only submit one?	That is correct. The submission of multiple proposals for one nursing facility site for the same component is not an option with this procurement, although one proposal may include a multifaceted program. However, a respondent may submit proposals for more than one nursing facility site. Each proposal must be self-contained and packaged separately, and demonstrate the respondent's capacity to successfully complete multiple projects.
Multiple Proposals	5	So for instance, if I wanted to do a day program, but I wanted to do in a PCA program, I couldn't submit for both, unless somehow I package them together?	That is correct.
Multiple Proposals	6	How does limiting the RFP to one idea per site support the vision of the community having a compendium of services and the concept of a nursing home as a hub of community LTSS?	The intent of limiting a proposal to one nursing facility site for the same component is to allocate the limited funding available to as many different sites as possible throughout the State. However, one proposal may include a multifaceted program.
Multiple Proposals	7	Is a proposal with multiple diversification initiatives where some are Level A and some are Level B eligible for funding ? If so, how would the respondent identify the overall proposal? If so, would the respondent identify each of the individual initiatives as either 1A, 1B or 2A ?	The submission of multiple proposals by the same respondent for the same component for one nursing facility site is not an option with this procurement, although one proposal may include a multifaceted program. However, a respondent may submit proposals for more than one component and/or more than one nursing facility site. Each proposal must be self-contained and packaged separately, and demonstrate the respondent's capacity to successfully complete multiple projects.
Terms and Conditions/Proposed Costs	8	**Nursing Facility Payment Revisions- Capacity Reductions** Subsection C.4. (Proposed Costs) of Section II (Mandatory Provisions) states, "No cost submissions that are contingent upon a state action will be accepted". Please clarify that an application that includes a request for a Medicaid rate adjustment to account for fixed costs spread over a reduced licensed capacity related in whole or in part to service diversification will not be deemed a "submission that is contingent upon state action".	That is correct.
Objectives	9	If a SNF owners owns multiple facilities, would an application that included closing beds in another facility owned by the provider meet the RFP requirement of reducing beds (while not closing beds in the facility identified as the applicant) ?	No.

RFP Section	Q#	Question	Answer
Ineligible Activities	10	The CMS website states "The Program of All-Inclusive Care for the Elderly (PACE) provides comprehensive long term services and supports to Medicaid and Medicare enrollees. An interdisciplinary team of health professionals provides individuals with coordinated care. For most participants, **the comprehensive service package enables them to receive care at home rather than receive care in a nursing home**." (emphasis added) Since the PACE program is a CMS recognized and CMS financially supported program that keeps people in the community that may otherwise have been in a skilled nursing facility, would a proposal that requests funding to implement a PACE program be accepted, evaluated and considered eligible for funding?	No, funding available through this RFP may not be used to develop a PACE (Programs of All-inclusive Care for the Elderly) infrastructure. DSS has decided to integrate medical, behavioral, and long-term services and supports for the 57,000+ individuals who are eligible for both Medicare and Medicaid through the State Demonstration to Fully Integrate Care for Dual Eligible Individuals, rather than through a PACE program. Key elements of the Demonstration will include use of DSS' Administrative Services Organizations (ASOs), use of DSS' Person-Centered Medical Home (PCMH) practices, and creation of local "health neighborhoods."
Ineligible Activities	11	The PACE program is a nationally recognized program that assists individuals in their local community. It started in San Farncisco and is highly successful throughout the country. Would the development and administration of a PACE program be considered eligible for NFD RFP funding?	See answer to question #10.
Ineligible Activities	12	Will you fund the development of PACE infrastructure?	See answer to question #10.
Ineligible Activities	13	Why not?	See answer to question #10.
Ineligible Activities	14	So it falls under that?	Yes.
Eligible Activities	15	Would a free-standing hospice/AFLH be eligible for funding?	Funding available through this RFP may be used for a free-standing hospice/AFLH, if the hospice/AFLH meets the criteria for a community-based setting. The U.S. Health and Human Services (HHS) proposed rule states that any property adjacent to or on the grounds of a nursing home is not considered to be a home and community-based setting. The rule further states that an exception from the HHS Secretary would be required in order to consider the property for home and community-based services. If the proposed hospice/AFLH is on or adjacent to nursing facility property, the proposal must include justification for the location. If an exception is needed, the offer of the opportunity to negotiate a contract pursuant to this RFP shall be dependent upon approval of the exception.
Eligible Activities	16	Is it preferable to submit proposals that focus on one area, for example, technical assistance in consulting, or contain multiple acceptable uses?	A proposal may either focus on a single eligible activity or combine eligible activities into one multifaceted program. Neither is preferable.

RFP Section	Q#	Question	Answer
Eligible Activities	17	Can training and development proposals cross multiple disciplines, or does DSS prefer focus on singular discipline training and developments?	Funds available through this RFP may be used for training and professional development that cross multiple disciplines, for example, nursing and physical therapy.
Eligible Activities	18	[The respondent] is developing a new service called XXXXXXXXXXXXXXXXXXXXX. It is designed to support individuals' desire to remain at home safely and independently. It will offer a core service package that includes a care coordinator; personal emergency response system; home safety audit; and an annual physical by [the respondent] Primary Care Physicians, among others. Would grant funding be available to develop this model to include a service package that would be designed in collaboration with the Department of Social Services to enable seniors who are Medicaid recipients to live in the community? Services not typically paid for by Medicaid such as care coordination, social services, nutrition services, hospice and palliative care, and respite care could be included in this model's service package.	Funding available through this RFP may be used to develop a model that includes the services identified in the question, but funding available through this RFP may not be used for services that are not typically paid for by Medicaid and services cannot be bundled. Some of the services identified in the question, for example, hospice care, can be paid for by Medicaid.
Eligible Activities	19	Does the RFP allow for development and New Construction of a family living facility (rental units that would house husband/wife/adult children what would care for mom and/or day. Also have live-in availability with all ancillary services: housekeeping, shopping, laundry, transportation etc.) Also could that facility contain and Adult Day Center to provide for elderly/handicap individuals in the community?	Funding available through this RFP may not be used to purchase real estate. If the respondent purchases the real estate with other funds or the respondent already owns the real estate, Component 2 funds may be used for new construction and/or rehabilitation of an Adult Family Living Home. Funding available through this RFP may not be used for housing other than an Adult Family Living Home. An Adult Family Living Home may not include an Adult Day Center.
Eligible Activities	20	**According to Section 5 point b, (page 25) the Component 2 requires a "restrictive covenant on the land records i.e. lien on the property. My questions are as follows:** Under component 2, is there a capital award amount / threshold that triggers the Covenants? for example, awards less than $1 million does not require a covenant since you can attach our Medicaid funds, etc. Is there documentation on the covenant that explains the terms such as the durations, how is it subordinated to other loans or leans against the property?	There is no specified threshold amount that triggers the use of a restrictive covenant to secure State financing. DECD would be unable to attach Medicaid funding. Restrictive covenants are used frequently in many DECD financing programs. A restrictive covenant is placed on a property to ensure that it is used in accordance with the terms of the funding agreement for a specified period of time, and can be subordinated to existing or future financing. The exact terms of a restrictive covenant and whether to use one in a specific transaction are determined on a project-by-project basis before a funding agreement is executed. For example, the investment of a relatively small amount of State funds for the remediation of a property may not require a property restriction.

RFP Section	Q#	Question	Answer
Readiness to Proceed	21	Based on comments today, is it true that responses do not have to identify if they are applying for level A or B?	That is incorrect. The respondent must identify the level of readiness to proceed, namely Level A or Level B, on both the Letter of Intent form and the Cover Sheet form. Proposals for Level A funding will be evaluated separately from proposals for Level B funding, based on the level of readiness to proceed that is identified on the Cover Sheet of the proposal. If the Cover Sheet indicates that the level of readiness to proceed is Level A, but the proposal does not meet the requirements for Level A, that will negatively impact the rating of the proposal. The Departments will not change the level of readiness to proceed that is identified on the Cover Sheet of a proposal.
Readiness to Proceed	22	Will DSS make the decision about level A or level B in their evaluation process?	No; see answer to question #21.
Main Proposal	23	To clarify a point made on the Addendum. (based on the answer below if I am pursing a Component 1 (noncapital) I do not have to complete the DECD Application, attachments, application check, correct? Question: I had a question regarding the applications and attachments that are available to download on http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1. Do we have to complete the Application, Attachments, and both Consolidated Applications (Workbook 1 & Workbook 2) that are linked? Answer: If the respondent is submitting a proposal for Component 2, the respondent must complete, print, and submit the following application materials on the DECD web site at http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1: Application Attachments Application Checklist The respondent should not submit the Consolidated Application.	If the respondent is submitting a proposal for Component 1 only, the respondent should not submit the application materials on the DECD web site.
Organizational Requirements/Quality Assurance Protocols	24	In the RFP, it asks for respondents to provide 4 letters of recommendation from residents **and** residents' families...does that mean a total of 4 letters in any combination from residents **and/or** families? Or does it mean a resident and their family have to jointly write the letter and the respondents need to provide such letters from 4 different residents?	A responsive proposal must include a total of four letters including a minimum of one letter from a resident and a minimum of one letter from a resident's family member.

RFP Section	Q#	Question	Answer
Organizational Requirements/Quality Assurance Protocols	25	**Quality Assurance Protocols** Subsection E.1.h. (Quality Assurance Protocols of Section III (Program Information) states, "Provide evidence that care currently provided in the nursing facility is high quality care, including four letters from residents and residents' families in Section IV.H. Appendices." Please clarify whether four letters are needed from residents and residents' families, for a total of eight letters, or if a total of four letters from either residents or residents' families should be provided.	See answer to question #24.
Service Requirements/AFLH	26	Adult family homes-What if the property is adjacent to the nursing home campus? Like if you wanted to buy a home near you.	If the respondent already owns a property adjacent to the nursing facility and would like to use it to develop an adult family living home, the respondent may submit a proposal in response to the RFP, but the respondent should not buy a new property adjacent to the nursing facility. The U.S. Health and Human Services (HHS) proposed rule states that any property adjacent to or on the grounds of a nursing home is not considered to be a home and community-based setting. The rule further states that an exception from the HHS Secretary would be required in order to consider the property for home and community-based services. The proposal must include justification for the location. If an exception is needed, the offer of the opportunity to negotiate a contract pursuant to this RFP shall be dependent upon approval of the exception.
Service Requirements/AFLH	27	If you had the exemption, it's in place of -- it's the services money that gets inhibited by CMS if your housing is on the nursing home, right?	That is correct.
Service Requirements/AFLH	28	In the adult family home, you talked about an agency run -- runs the services. Will that agency be licensed even if the building is not? It's just a concept of an agency? It doesn't -- there is no requirements what the agency must meet?	The agency that provides the Adult Family Living Home services must be registered with DSS, but it does not need to be licensed by the Connecticut Department of Public Health. See also answer to Question 54, Addendum 5.
Service Requirements/AFLH	29	Then you would also have to have a shift involved for overnight. Can it be shifts?	The direct caregiver does not have to be awake during the overnight shift.
Service Requirements/Transition Program	30	Are multiple buildings on one site or campus be eligible for physical development if both are needed to establish one program, i.e. transitional beds?	Yes, Component 2 funding available through this RFP may be used to develop multiple buildings on one nursing facility site, but only if the proposed physical improvements can be bid and contracted for as a single project and the various buildings, after the completion of the work, will function and be operated by a single entity for a common and coordinated purpose.

RFP Section	Q#	Question	Answer
Service Requirements/Transition Program	31	**Transitional Programs** Please indicate if transitional program services can be provided to individuals served as part of licensed nursing facility capacity and whether service funding will be under Medicaid nursing facility payments, RFP funding or a combination thereof.	Funding available through the RFP may be used to establish a transitional program; however, funding available through the RFP may not be used to pay for the actual transitional program services. If a nursing facility were to develop a home and community-based services (HCBS) agency, it could build capacity for LTSS in the community that could then deliver the transitional services in the facility. Transitional services (for example, independent living skills training or intensive diabetes management training) provided by the HCBS agency to an individual in the transitional program of the facility could be billable under Medicaid as a single unit upon discharge. If the facility were to choose this strategy for the delivery of services, costs associated with transitional services not currently provided by the facility would be billed by the HCBS agency as Money Follows the Person Demonstration services rather than incorporated into the nursing facility rate. All nursing facility beds must be licensed in accordance with State regulations. Whether or not ***transitional program*** beds will be considered licensed nursing facility beds will depend on the proposed business model and the proposed services. It is the respondent's responsibility to work with the appropriate State agencies to determine the appropriate licensure level. If the proposed transitional program beds will be considered licensed nursing facility beds, the budget included in the proposal must include the costs associated with the proposed transitional program beds. If the proposed project results in a significant change to the facility's bed configuration, the proposal may include a proposed rate for the newly configured facility. If the proposal includes two separate and distinct facility models, the proposal may include two proposed rates. If two rates are proposed, DSS will develop a melded rate. The proposal must include the proposed costs, bed structure, staffing patterns, and budget. DSS' Office of Reimbursement and Certificate of Need staff will review the proposed rate(s) for successful proposals.

RFP Section	Q#	Question	Answer
Service Requirements/Transition Program	32	**Transitional as Existing SNF with Full responsibility for Health Care** a) Is DSS requiring all the health care services delivered to these transitional individuals be delivered by the existing NF staff in the traditional manner/routine? b) Are the health services included in the transitional program a per diem rate? Are the food & meal expenses included in the rate? Is the rate for the transitional program considered a "step down" rate with the NF still responsible for all services but lesser requirements? c) Can DSS provide details on what services the transitional per diem rate will cover?	DSS is not requiring that all health care services be delivered to individuals in the transitional program by the existing nursing facility staff in the traditional manner/routine. Food and meal expenses would probably be included in the nursing facility rate. Transitional program services would be billed at a fee-for-service rate, rather than a per-diem rate. See also answer to question #31.
Service Requirements/Transition Program	33	**Transitional Program with Delivered Services form Agencies/providers to Participants in Transitional Rooms** Since the goal is to provide the individual with the life skills to successfully re-enter the community it would make sense to deliver services in an alternative community based model. d) Would it be acceptable to establish a Transitional Program where the health care services needed, while the individual is residing in a transitional room, are arranged for by the access agency? or the NF? and delivered by community providers such as a home health agency? (This would be in line with goal of orienting the individual on how the system will work for them when they leave the NF.) e) If so, could DSS identify what services would be covered under the perdiem and what services would be under the traditional payment of fee for service as if the individual was residing in the community?	See answers to questions #31 and #32.
Service Requirements	34	If a proposed project requires changes in regulatory language, is the department open to rule change?	The Departments are open to regulatory changes, but will not have total control of the content and/or timing of any such changes. If a proposal appears to require changes in regulatory language, the Departments would first attempt to obtain a different interpretation of the regulation. If that were unsuccessful, the Departments could pursue a change in regulatory language. The offer of the opportunity to negotiate a contract pursuant to this RFP shall be dependent upon the regulatory change or new interpretation.

RFP Section	Q#	Question	Answer
Subcontractors	35	Can a nursing home grantee apply for funds to pass through to an existing community based partner / provider to assist with the development or enhancement of an existing community based program rather than duplicating an existing service in the community that needs enhancing or expanding? If so what are the stipulations and requirements? Example, if a nursing home wanted grant dollars for the establishment of an adult day care program however another adult day care program exists in the community could the nursing home (grantee) use the funds to open a satellite center on campus or near campus using the grant dollars to contract with the existing adult day care for programming, services and transportation to set up the ADC on our near campus. Assuming the market supports the demand for additional Adult Day Care slots.	Yes; the community partner must be identified as a subcontractor in the proposal.
Subcontractors	36	If I am licensing software with grants funds would the vendor be considered a subcontractor?	No.
Subcontractors	37	If I am using Qualidigm as a consultant to provide staff education and to provide data analysis would they fall under the subcontractor?	Yes.
Subcontractors	38	If I engage Qualdigm to provide training and education and to track and record outcomes for my grant over the 2 years would they be considered a subcontractor in terms of the grant requirements?	Yes.
Subcontractors	39	If I want to license information management software from a vendor for my grant would that vendor be considered a subcontractor?	No.
Subcontractors	40	If I engage a communication and marketing agency to assist with formulating an Informed Choices campaign including media buys would they be considered subcontractors?	Yes.
Financial Requirements/Audited Financial Statements	41	**Audited Financial Statements** Subsection F.1.a. (Audited Financial Statements) of Section III (Program Information) states, “Submit one copy of the organization’s three most recent annual financial statements prepared by an independent Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (GAAP) (USA).” It does not appear that “organization” is defined in the RFP but presume that “Contractor”, which is defined as the owner (or designee) or a nursing facility, and “organization” are interchangeable. If that is the case, please confirm that financial statements should only be provided for the contractor, not parent or other related party entities. If that is not the case, please specify when audited or reviewed statements are required for entities that are not the contractor.	Pursuant to Section III.F.1 of the RFP, “organization” refers to the respondent and each proposed subcontractor.

RFP Section	Q#	Question	Answer
Budget Requirements	42	**Payment Rates and Methodologies** For the purpose of assessing the financial feasibility of providing a service covered under Medicaid home health, Home and Community Based Services (HCBS) waivers and Money Follows the Person (MFP), it is necessary to know the payment rates and the related rate-setting or cost-settlement methodology that has been established. Can you please provide current home health, HCBS and MFP service rates and established rate methodologies (e.g., fixed fee, cost-based prospective) or the public location source of that information. Also, what are projected rates and rate methods for new services referenced in the RFP including but not limited to adult family living homes and transitional programs. If projected per day or unit of service rates for new services have not been developed, please advise whether applicants should assume funding would be in the form of a grant based on a projected budget.	Please see Addendum 5 and Addendum 6.
Payment Information	43	What are the terms and timing of payments to successful bidders?	For Component 1, the first payment would be issued prospectively upon contract execution. Payments are generally issued three times per contract year. For a two-year contract, the amount of the first payment would be one sixth of the maximum contract cost. Subsequent payments would be issued based on receipt and approval of satisfactorily completed services and deliverables. Specific terms and conditions pertaining to the payment process shall be set forth in the terms of the resulting contract. For Component 2, the respondent would provide plans, specifications, reports, and any other required information to DECD for review and approval. Upon approval by DECD, the respondent would then prepare for bidding. The respondent must bid competitively. There is information on the DECD web site about how to competitively bid. After the competitive bidding process, there is a pre-construction meeting. DECD releases funds based on the general contractor's periodic estimates for payments, comparable to the regular industry. For projects utilizing both Component 1 and Component 2 funding, payments would be coordinated and aligned with required services and deliverables.

Addendum 6

State of Connecticut

Department of Social Services

Nursing Facility Diversification 6/4/2013

Request for Proposals

Date Issued: September 12, 2013

Approved: *Linda Burns*
Linda Burns
(Original signature on document in procurement file)

This Addendum Acknowledgement must be signed and included with your proposal.	
_____	_____
Authorized Signature	Name of Respondent

Addendum 5

State of Connecticut
Department of Social Services
Nursing Facility Diversification 6/4/2013
Request for Proposals

The State of Connecticut, Department of Social Services and the State of Connecticut, Department of Economic and Community Development (the Departments) are issuing Addendum 5 to the Nursing Facility Diversification 6/4/2013 Request for Proposals (RFP). All requirements of the original RFP except those requirements specifically changed by this addendum shall remain in effect. In the event of any inconsistency between information provided in the RFP and information in this addendum, the information in this addendum shall prevail.

This addendum amends Section I.E.4 of the RFP:

This addendum also contains questions submitted by interested parties and the Departments' official answers. These answers shall clarify the requirements of the RFP.

Amendment to the RFP

Section I.E.4 of the RFP is amended as follows:

4. **Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Evaluation Team will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. The rating sheet including weights ~~are confidential~~is embedded in this section as a hyperlink.

   - Organizational Requirements, especially *Qualifications/Relevant Experience*
   - Service Requirements, especially *Documentation of Community Need, Informed Choice*, *Person-Centered Approach,* and *Community Support*
   - Staffing Requirements *see note*
   - Reporting Requirements
   - Subcontractors
   - Work Plan
   - Financial Requirements
   - Budget Requirements
   - Appendices

   Note:
   As part of its evaluation of the Staffing Requirements, the Evaluation Team(s) will consider the respondent's demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10).

Questions and Answers

RFP Section	Q#	Question	Answer
Contract Offers/Minimum Contract Cost	1	What is the minimum cost for a level B funding?	See Addendum 3 of the RFP.
Contract Offers/Minimum Contract Cost	2	But if you want to submit something on a level B, you know, request to collaborate with town departments and so forth, what would the funding requirement be? For example, if I wanted to meet with my town, the senior citizens, housing department, finance director, the board of selectmen, the RTM, is there a minimum threshold requirement?	See answer to question #1.
Contract Offers/Minimum Contract Cost	3	If I say it's only going to cost 20 grand, I mean, is that going to be accepted because it does not meet the minimum 50?	See answer to question #1.
Contract Offers/Minimum Contract Cost	4	In other words, just to clarify, in other words, you put together a budget, and you can get the $50,000. I mean, like you're saying, like you might be having something in the future that you're going to convert something to office space or like some of the examples you gave.	See answer to question #1.
Contract Offers	5	Throughout the presentations on the Strategic Rebalancing Plan, approximately $72.5 million was identified as additional funding made available through a temporary increase in the federal financial participation rate. It was identified as funding to enhance the infrastructure of home and community based services. Are those dollars included in this RFP?	As stated in Addendum 3, the anticipated additional funding referenced at the RFP Conferences is not included in the RFP. However, pursuant to Section I.C.3 of the RFP as amended, if additional funding becomes available for Component 1 in State Fiscal Year 2013-2014, the Departments reserve the right to offer the opportunity to negotiate a contract with DSS to the respondent(s) with the next highest ranking proposal(s). If additional funding becomes available for Component 2 in State Fiscal Year 2013-2014, the Departments reserve the right to recommend the next highest ranking proposal(s) to DECD for further consideration within budgetary constraints. If additional funding becomes available, the Departments may issue another RFP at their discretion.

RFP Section	Q#	Question	Answer
Contract Offers	6	If there is additional funding next year, will first-round successful bidders be eligible to submit another bid? Contrast with statement 'will go to next highest ranked bidders.'	See answer to question #5.
Contract Offers	7	If not, has it been determined how they will be used to enhance the home and community based services infrastructure?	This question is unrelated to the RFP or the procurement process.
Minimum Qualifications	8	Would you consider revising special focus and consent order restrictions because there can be strong policy over argument that diversification resources could help a facility move to a high quality?	See Addendum 3 of the RFP.
Procurement Schedule	9	Just a generic question, why is it only 60 days to respond from the date of issue? You issued it on the 4th of June.	See Section I.C.6 of the RFP as amended above.
Procurement Schedule	10	Is seven weeks a minimum?	Pursuant to the *Office of Policy and Management Procurement Standards: for Personal Service Agreements and Purchase of Service Contracts*, for an RFP resulting in a Purchase of Service contract, there must be a minimum of seven (7) weeks between the date that an agency releases the RFP and the deadline for submitting proposals, unless an emergency situation warrants a shorter length of time.
Procurement Schedule	11	Longer sounds like a good idea. Four more weeks.	See answer to question #9.
Procurement Schedule	12	How about a time extension, because this all takes time to do this.	See answer to question #9.
Procurement Schedule	13	Observation too short on its face and exacerbated by summer vacations of facility and stakeholder staff. Suggest extend August deadline to September and adjust all prior dates.	See answer to question #9.
Procurement Schedule	14	Arranging meetings with municipal leaders, senior service providers, healthcare entities, architects, other professionals will be extremely difficult during the heart of the summer vacation. Will you consider an extension of the due dates past Labor Day?	See answer to question #9.

RFP Section	Q#	Question	Answer
Procurement Schedule	15	Will you be answering questions that are submitted before the August 26th deadline if there are answers to them? For instance, some of the questions asked during the RFP conferences?	No.
RFP Conferences	16	Is today's list of attendees available to the public?	The Departments do not plan to release the list of RFP Conference attendees.
RFP Conferences	17	Today's presentation, can this be available immediately?	The RFP Conference presentation is available from the Internet at the following locations: • DSS RFP Web Page www.ct.gov/dss/cwp/view.asp?a=2345&q=304920&dssNav= • DECD Web Site http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1 • State Contracting Portal http://das.ct.gov/cr1.aspx?page=12
RFP Conferences	18	Will these questions and responses be included in any ethic you publish by DSS?	All questions asked at the RFP Conferences will be answered in a written addendum to the RFP, which will serve as the official response to questions asked at the conferences. Any and all amendments or addenda to the RFP will be published on the State Contracting Portal, on the DSS RFP Web Page, and on the DECD RFP Web Page.
RFP Conferences	19	Is tomorrow's conference pretty much the same as today's, just different participants and questions?	The presentation was the same at both RFP conferences.
RFP Conferences	20	Who has the authority to approve an amendment, and what is the process and how likely is it that the departments actually make amendments to RFPs since this is an unusual part of the process and you don't usually have a conference, so you don't usually get this kind of feedback, how likely is it that it occurs?	Although the Department does not typically hold an RFP Conference, the amendment/addendum process is typical. The members of the RFP Team from DSS and DECD will collaboratively prepare, approve, and issue any and all amendments and/or addenda to the RFP. The Departments may issue as many amendments and/or addenda as needed to clarify the requirements of the RFP and answer questions submitted by interested parties. However, no amendments and/or addenda may be issued within two weeks before the deadline for submission of proposals.
RFP Conferences	21	Can you kindly advise when the transcripts will be available from the two RPF bidder's conferences?	The Departments do not plan to release the RFP Conference transcripts. However, all questions asked at the RFP Conferences will be answered in a written addendum to the RFP, which will serve as the official response to questions asked at the conferences.

RFP Section	Q#	Question	Answer
Evaluation Criteria (and Weights)	22	Will you be releasing the weighted criteria that will be used to score the RFP submissions? I believe that was stated at the first RFP conference.	The rating sheet including weights is included in this addendum.
Evaluation Criteria (and Weights)	23	While the RFP states that the weights for the evaluation criteria are confidential, at the bidders conference attendees were told DSS would release the weights in an effort to have the respondents concentrate on those pieces that are most important to DSS. Will DSS release those weights? If so, when?	See answer to question #22.
Terms and Conditions/Proposed Costs	24	In the Proposed Costs section it states the; "No cost submissions that are contingent upon a state action will be accepted". At the bidders conference it was stated that rate increases for respondents offering bed reductions would be considered. Based on the verbal response at the bidders' conference, it would make sense for a provider to conclude that an application that includes a request for a Medicaid rate adjustment to account for fixed costs spread over a reduced licensed capacity would **not** be deemed a “submission that is contingent upon state action” and would be accepted, evaluated and remain eleigible for funding. Is this assumption correct? If not, should a facility seeking a Medicaid rate adjustment, for the reduction in beds identified in their RFP response, submit such a request to DSS separately outside the RFP process?	A proposal that includes a request for a Medicaid rate adjustment to account for fixed costs spread over a reduced licensed bed capacity would not be deemed a submission that is contingent upon a State action.

RFP Section	Q#	Question	Answer
Key Personnel	25	The question is on page 18, D8. Could you elaborate further on the level of oversight indicated in the above section?	As part of its evaluation of the Staffing Requirements, the Evaluation Team(s) will consider the qualifications of all staff that will be responsible for implementing and sustaining the proposed business model, including but not limited to a Project Manager. If the selected respondent/contractor wants to remove such staff from the project (with the exception of staff who have terminated employment) and/or assign new staff to the project, approval must first be obtained from the State. Similarly, if the State is not satisfied with the performance of any staff assigned to the project, the State can request that such staff be removed from the project. See also Section III.E.3 of the RFP.
Goal	26	How would DSS explain culture change in this proposal?	For the purpose of this RFP, culture change is best reflected by full compliance with the requirements of the Minimum Data Set (MDS) 3.0 Section Q, as well as informed choice, the person-centered approach, and community support. See also Sections III.E.2.f, III.E.2.g, and III.E.2.i of the RFP.
Objectives	27	How important is this section that has to do with reducing beds? We have ideas to keep people out of nursing homes.	If there is an excess of beds in the catchment area identified in the proposal, according to the Medicaid long term care demand projections, and the proposal does not include a number of nursing facility beds that will be removed from the system, that could negatively impact the rating of the proposal.
Objectives	28	Real quickly on decreasing the number of nursing facility beds, if you can clarify. Is it filled beds? In other words, if you have a hundred beds but only 80 are filled, you have to decrease the 80?	The RFP does not include a requirement to decrease the number of filled nursing facility beds. However, if there is an excess of beds in the catchment area identified in the proposal, according to the Medicaid long term care demand projections, and the proposal includes a number of filled nursing facility beds that will be removed from the system, that could positively impact the rating of the proposal. See also answer to question #27.
Objectives	29	If an RFP response does not include any bed reductions and the respondent includes a credible justification, does the respondent lose all of the points for bed reductions or are the other scoring areas adjusted to reflect one less scoring item?	See answer to question #27.
Objectives	30	Wouldn't it be driven by the planning department, the MERCER data, because some towns, obviously, have more demand for institutional --	See Section III.E.2.c of the RFP.

RFP Section	Q#	Question	Answer
Objectives	31	I don't have my copy in front of me, but I thought it said in black and white that bed reduction is definitional to this whole program. But what I'm hearing in response to some of the questions is well, maybe if you have a really good service program to offer, we would consider that even without a bed reduction. And I'm just confused. Is it one or the other? And I appreciate, though, the idea that you might amend it to allow that, based on the feedback. But at the moment, isn't it in black and white in the RFP, that this is about bed reduction first and foremost?	One of the objectives of the Strategic Rebalancing Plan is to decrease the number of nursing facility beds in an orderly fashion in locations that currently have or are projected to have a surplus of beds, but it is not a minimum qualification to be eligible to submit a response to the RFP. Therefore, a respondent may submit a proposal that does not contribute to reducing the total number of beds statewide. However, if there is an excess of beds in the catchment area identified in the proposal, according to the Medicaid long term care demand projections, and the proposal does not include a number of nursing facility beds that will be removed from the system, that could negatively impact the rating of the proposal.
Objectives	32	When you're looking at bed need, are you looking at town specific or a particular radius?	The Medicaid long term care demand projections provide information for each of Connecticut's 169 towns including available bed data for nursing facilities within a 15-mile radius of the given town. A responsive proposal must identify the catchment area, which may be one or more cities or towns. See also Sections III.E.2.b and III.E.2.c of the RFP.
Objectives	33	If a SNF has a contractual arrangement with another entity to utilize beds in his/her facility (for example,as a component of a CMS innovation award) would the applicant be penailzed for not reducing beds?	The respondent should explain the contractual arrangement in the proposal and include any related documentation and information that supports the respondent's proposal. See answer to question #27 for more information.
Objectives	34	If a SNF owner has high census for a significant period of time (for example 92%-96%) would the applicant be penalized for not reducing beds ?	See answer to question #27.
Ineligible Activities	35	If you're thinking of going to DECD for congregate or other housing for the CHAMPUS funds, can that property be on the same campus as the nursing home? Secretary exception?	This question is unrelated to the RFP or the procurement process. If the respondent is contemplating community housing other than Adult Family Living Homes, see the DECD web site at http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1.

RFP Section	Q#	Question	Answer
Ineligible Activities	36	Are residential care homes considered community housing alternatives?	No. CMS considers residential care to be institutional care. Funding available through this RFP may not be used for institutional care.
Ineligible Activities	37	Would you consider transitioning a residential care facility to come and get help? Even if the RCH is part of or adjacent with a nursing home? My question was would you consider converting RCH units to congregate housing if the organization was able to provide, you know, the private bath and kitchen facilities, considering most RCHs are also connected to licensed nursing facilities?	No, funding available through this RFP may not be used for community housing other than Adult Family Living Homes. However, a residential care home could be repurposed through a project that meets the requirements of the RFP.
Ineligible Activities	38	To create affordable housing units in support of Money Follows the Person, [the respondent] would consider relicensing SNF beds to Residential Care Home (RCH) beds in the same facility. This model would greatly reduce costs for Money Follows the Person, as it is much less expensive than a skilled nursing facility. Can grant funding be used for this purpose?	See answer to question #36.
Ineligible Activities	39	Since facility based hospice vservices would meet the DSS RFP goals, would a proposal like this be eligible for funding under the RFP?	No, funding available through this RFP may not be used for institutional care.

RFP Section	Q#	Question	Answer
Ineligible Activities	40	You mentioned hospice. I noticed that hospice, I don't think, was identified specifically as a community service in the actual RFP. Is that an alternative for people to -- you said an Alzheimer's wing is not appropriate in an institution that you are going to pay for, but if you expanded your ability to have hospice beds in your facility, is that considered a community service?	See answer to question #39.
Ineligible Activities	41	Is construction of a new nursing home eligible for funding?	See answer to question #39.
Ineligible Activities	42	In Southington?	See answer to question #39.
Ineligible Activities	43	How does the plan account for the growth of dementia, and will you fund a dementia unit?	Funding available through this RFP may not be used for institutional care. The Departments expect individuals with dementia to be eligible to move into Adult Family Living Homes.
Ineligible Activities	44	Could space within a SNF be repurposed for outpatient services such as a dialysis center?	No, funding available through this RFP may not be used for medical services.
Eligible Activities	45	Is any funding for existing electronic Medicaid -- medical records to support HCBS?	If the focus of the proposal is to build capacity for LTSS in the community, a provision for electronic health records could be included. For example, if the respondent proposes to develop a home and community-based services agency, developing electronic health records could be part of the proposal because electronic health records are an excellent tool for sharing information across providers. However, funding available through this RFP may not be used to develop electronic health records to improve the respondent’s current nursing facility and institutional care model.
Eligible Activities	46	For Component 1, can this money fund existing programs, for example, training, or must they be new initiatives?	Component 1 funds may be used to expand or enhance an existing program. However, the proposed program must be aligned with the documentation of community need, informed choice, person-centered approach, and community support.
Eligible Activities	47	Can we specify our own staff preferred vendors/partners in technical assistance consulting training proposals, or do we need to use a state-approved list?	Respondents can specify their own vendors/partners, but should consider whether the philosophical approach of their vendors/partners is consistent with the RFP. As part of its evaluation of the Service Requirements the Evaluation Team(s) will consider the experience of proposed vendors/partners with informed choice and the person-centered approach.

RFP Section	Q#	Question	Answer
Eligible Activities	48	For training and development proposals, can funds be used to retrain/develop existing nursing home staff for new roles in community programs, as well as to train staff for community programs in general?	Yes.
Eligible Activities	49	Do furniture and equipment and infrastructure costs include IT equipment?	Funding available through this RFP cannot be used for furniture and equipment costs that are not integral to services provided directly to clients. Component 1 funds may be used to purchase furniture and equipment, including information technology equipment, associated with services provided directly to clients.
Eligible Activities	50	Can grant funding be used to expand the capacity of an existing adult day program? Can it be used to transform space in a facility to establish a new adult day program?	Yes, funding available through this RFP may be used to expand the capacity of an existing program and/or to establish a new program. However, the proposed program must be aligned with the documentation of community need, informed choice, person-centered approach, and community support.
Eligible Activities	51	On Page 41 of the RFP (Addendum #3 version) it references diversification through the provision of community based services. Some of the services mentioned include physical therapy, occupational therapy, meals-on-wheels....etc. Below that section in the requirements section it states- "Location of Offices/Facilities/Hours of Operation. Specify the location of all proposed direct client service sites, hours of operation, and services to be provided at each site. " Based on the location requirement for "all direct service sites" I am asking for confirmation that a proposal that offered expansion of services such as outpatient occupational therapy (or others mentioned in the RFP) at a site other than the nursing facility would be accepted, evaluated and eligible for funding.	Funding available through the RFP may be used to expand home and community-based services at a site other than the nursing facility.

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<tr><th>RFP Section</th><th>Q#</th><th>Question</th><th>Answer</th></tr>
<tr><td>Readiness to Proceed</td><td>52</td><td>Will you be reserving any Component 2 capital dollars for accepted Component 1B proposals that may result in the need for capital renovation dollars?</td><td>Component 2 funding will not be set aside for successful Level 1B proposals. The respondent may use other funding sources for capital improvements and/or request funding for capital improvements if additional funding is made available by DECD at a later date.</td></tr>
<tr><td>Readiness to Proceed</td><td>53</td><td>At the bidders conference attendees were told respondents can include substantiation and/or justification if they felt required documents or other requirements were not appllicable to the initiatives included in their application for NFD funding. If respondents submit an application with such information, would the application be accepted, evaluated and remain eligible for funding? How would that impact the scoring of the application?</td><td>As stated in Addendum 3, if the respondent believes that information requested in the RFP does not apply to its proposal, the respondent should state in the proposal that information requested in the RFP does not apply to its proposal, explain why, and include any other information in the appropriate section(s) that supports the respondent’s proposal. Proposals that include such information will be accepted and evaluated, and if selected the respondent will be eligible for the right to negotiate a contract. The explanation of why the information in the RFP does not apply to the proposal, as well as any other information included in the appropriate section(s) that supports the respondent’s proposal will be evaluated in accordance with the rating sheet.</td></tr>
<tr><td>Service Requirements/AFLH</td><td>54</td><td>Will DSS be issuing an addendum to the RFP identifying the proposed payment/reimbursement/rates for the new service models AFLH & TP?
Question: What’s the funding for an AFLH / How will they get paid?</td><td>Although the Adult Family Living Home Medicaid reimbursement rates have not yet been finalized, the following information is not expected to change substantially.

Four classifications of Adult Family Living/Foster Care Home services will be available under the Connecticut Home Care Program for Elders (CHCPE) Medicaid Waiver and Personal Care Assistance (PCA) Medicaid Waiver:
• Level 1: services provided to individuals who because of their impairments, require supervision on a daily basis and require cueing or supervision to perform Activities of Daily Living (ADLs), and who may also have cognitive or behavioral challenges;
• Level 2: services provided to individuals who require hands-on assistance on a daily basis to perform 2 ADLs;
• Level 3: services provided to individuals who require hands-on assistance on a daily basis to perform 3 or more ADLs, or 2 ADLs and co-occurring assistance for the management of challenging behaviors or cognitive deficits; and
• Level 4: services provided to individuals who require hands-on assistance on a daily basis to perform 4 or more ADLs, or 3 ADLs and co-occurring assistance for the management of challenging behaviors or cognitive deficits.

<table><tr><th>Level</th><th>Per Diem Rate</th></tr><tr><td>1</td><td>$42.58</td></tr></table></td></tr>
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RFP Section	Q#	Question	Answer

2	$63.40
3	$77.28
4	$107.06

The rate is a per-person, bundled rate that does not include skilled nursing, room and board, items of comfort or convenience, or the costs of home maintenance or improvement. Skilled nursing would be covered as a Home Health Agency fee for services. Room and board is negotiated between the landlord and the participant.

The Adult Family Living/Foster Care Home (AFLH) is a community living option for CHCPE Medicaid Waiver participants and PCA Medicaid Waiver participants, whereby the housing costs must be separate from the service costs. The landlord/tenant lease must not be conditional upon the participant receiving services. However, if the respondent also owns the home, the respondent could charge the residents monthly rent. Component 2 funding available through this RFP may be used for new construction and/or rehabilitation of an AFLH. In addition to the costs associated with new construction and/or rehabilitation of an AFLH, a proposal may request Component 1 funding for costs associated with establishing a provider agency that would identify individuals who would like to live in the home and provide live-in support to the participants.

Adult Family Living/Foster Care Home services are personal care and supportive services (including but not limited to homemaker, chore, attendant services, and meal preparation) that can be furnished to Waiver participants who reside in the home by a direct caregiver who lives in the home. The direct caregiver may be a relative of the participant as long as s/he is not a legally liable relative. Adult Family Living/Foster Care Home services are furnished to adults who receive these services in conjunction with residing in the home. Service allocation is based on Activity of Daily Living (ADL), Instrumental Activity of Daily Living (IADL), cognitive or behavioral needs. Services include 24-hour response capability to meet scheduled or unpredictable resident needs to provide supervision, safety, and security based on ADL, IADL, cognitive or behavioral needs. Services may also include social and recreational activities and cueing or reminders to take medications. The direct caregiver may not administer medication, but may supervise the participant's self-administration of medication. The direct caregiver will provide nutritionally balanced meals and healthy snacks each day to the participant, as dictated by the participant's medical/nutritional needs. Payment for services provided in an Adult Family Living/Foster Care Home will be billed and paid through Connecticut's Medicaid Management Information System (MMIS). Medicaid will not make a separate payment for homemaker or chore services furnished to an individual receiving Adult Family Living/Foster Care Home services, since these are integral to and inherent in the provision of Adult Family Living/Foster Care Home services. Edits in the MMIS system do not allow these services to be billed to Medicaid when Adult Family Living/Foster Care Home services are in place.

Under the current CHCPE and PCA Waiver amendments submitted to CMS, Adult Family Living/Foster Care Home services may be provided in the home of either the direct caregiver or the Waiver participant, whichever is

RFP Section	Q#	Question	Answer
			preferable to the participant. However, DSS has decided to include a provision for a home owned by the provider agency. DSS expects the Waivers to be modified to include this new provision before the contract term specified in this RFP. The home must conform to all applicable building codes, health and safety codes and ordinances, and meet the participant's need for privacy. The provider agency's responsibilities include but are not limited to: • Quality management; • Certifying that the home is regularly maintained and that the interior floors, walls, ceilings, and furnishings are clean and in good repair including the kitchen area, bathroom, Waiver participant's bedroom, ventilation, heating, lighting, and stairs; • Ensuring that the home is equipped with a fire extinguisher and an emergency first aid kit; • Verifying that the direct caregiver is at least 18 years of age, is in good health, and is able to follow written and verbal instruction, report changes in a participant's condition, maintain confidentiality, and complete record keeping requirements specified by the agency; • Supervising the services delivered by the direct caregiver; • Orientation, competency evaluation in the provision of daily care, and ongoing continuing education for the direct caregiver; • Providing nursing oversight/supervision of the care provided by the direct caregiver on a bimonthly basis at a minimum; and • Assuring, in conjunction with the participant's care manager, that the health and safety needs of the participant are met. The provider agency may also provide relief to the direct caregiver, or the Waiver participant's care manager can provide relief through the provision of other Waiver services. In order to be credentialed to provide Adult Family Living/Foster Care, the agency must provide evidence of the ability to certify that the home meets all the requirements included in this description, and demonstrate the ability to monitor the delivery and quality of services provided to the participant. An Adult Family Living/Foster Care Home is limited to no more than three residents, not including the direct care provider. DSS is considering increasing the maximum number of residents to four.
Service Requirements/AFLH	55	Regarding the adult family living home, now, do you see a maximum or minimum amount of residents?	Three unrelated residents, not including the direct caregiver, is the maximum number of residents. The minimum would be one resident, in addition to the direct caregiver. Note that DSS is considering increasing the maximum number of residents to four.

RFP Section	Q#	Question	Answer
Service Requirements/AFLH	56	I have a question regarding the adult family homes. This goes along with the ability to financially operate them. One of the things that I believe you said is that besides four unrelated people that a house parent model is attractive. Would those staff members or that person living in the home be part of those four unrelated people?	No, the direct caregiver and other service providers would not count toward the unrelated people living in the home. Three unrelated residents, not including the direct caregiver, is the maximum number of residents. The minimum would be one resident, in addition to the direct caregiver. Note that DSS is considering increasing the maximum number of residents to four. If a nursing facility chooses to own the AFLH and provide the community services, then the nursing facility would collect rent from the Waiver residents, in addition to receiving payment for the community services. Some, but not all Waiver participants may qualify for the Rental Assistance Program (RAP). To estimate the amount of rent available under RAP, multiply the Maximum Allowable Rent (MAR) for an efficiency apartment (0 bedrooms) by the number of expected residents. The MAR includes utilities. For example, the nursing facility owns a four-bedroom home in Hartford, which is expected to serve three Waiver participants. The principal care provider will occupy one bedroom. The Fair Market Rent (FMR)/MAR for a 0-bedroom efficiency in Hartford is $766 per month. $766 multiplied by 3 residents is $2,298 in gross rental income per month. Maximum Allowable Rents (MAR) are available at: http://www.ct.gov/dss/lib/dss/pdfs/housing/rapmaximumrentschedule.pdf.
Service Requirements/AFLH	57	Is there any consideration around supporting staffing in this model, you know, staff development, staff improvement?	Staff development and improvement may be included in the proposal.
Service Requirements/AFLH	58	Should the respondent include the proposed rate for adult family living?	Yes. Unlike nursing facility rates, the rates for home and community-based services are the same for each provider. For home and community-based services, there is one rate for each type of service. The Provider Fee Schedule is available at: https://www.ctdssmap.com/CTPortal/Provider/Provider%20Fee%20Schedule%20Download/tabId/54/Default.aspx. Policy and Regulations for a specific provider type can be found in Chapter 7 of the Provider Manual, which is available at: https://www.ctdssmap.com/CTPortal/Information/Publications/tabId/40/Default.aspx. Provider fees should be included in the Budget section of the proposal.

RFP Section	Q#	Question	Answer
Service Requirements/AFLH	59	With the established rates, has all of the Affordable Healthcare Act been included in that and the burden? For developing adult family home? Small businesses, what is it's going to look like? I'm not a pro on it, but I will say for a home healthcare, the in-home care, having part-time employees in the community, private businesses will have a burden of providing insurance and benefits. As well as any businesses run providing services, 24-hour services to part-time employees.	The final rule from the federal Department of Labor (DOL) has not been promulgated yet. The current AFLH rates are based on existing U.S. DOL rules, not on the proposed final rules.
Service Requirements/AFLH	60	What state is a good model to review for adult family homes?	There are no existing Adult Family Living Homes in Connecticut. Massachusetts has the closest model, although it is not exactly the same. In Massachusetts, there is only one agency that provides all the staffing for AFLHs. Connecticut will allow multiple agencies across the State to staff AFLHs. Connecticut will also allow the staffing agency to own the home.
Service Requirements/AFLH	61	Could conversion proposals also include cost of purchasing existing buildings that would support AFLH, adult family living, purchasing the building?	Funding available through this RFP may not be used to purchase real estate. If the proposed project includes the purchase of real estate, the proposal must identify other funding sources for the purchase.
Service Requirements/AFLH	62	Are there any AFLH currently in the state, if so, are there existing AFLH models, including special needs home in Connecticut that DSS considers optimal or state of the art?	See answer to question #60.
Service Requirements/AFLH	63	For Adult Family Living Homes, is it acceptable for a nursing facility to rent a house if the owner allows then to operate as a AFLH?	No, but a nursing facility can participate in an AFLH by becoming a home and community-based services agency and providing the Adult Family Living Home services in a home owned by the principal care provider or the Waiver participant. For more information, see also answer to question #54.
Service Requirements/Transition Program	64	What if you were to develop transitional housing units so they are not, you know, permanent housing but transitional housing for people using your assisted nursing home structure?	As stated in Section III.E.2 of the RFP, examples of acceptable projects include developing a transitional program that supports the movement of individuals from a variety of institutional settings into the community. Transitional programs may be developed through a community entity and must be time-limited to no more than 180 days pre-transition, in accordance with Medicaid requirements.

RFP Section	Q#	Question	Answer
Service Requirements/Transition Program	65	You referenced something in the PowerPoint about 180 days of Medicaid funding for transitional days. Is that just a limit on how much, or is there an established rate structure now?	The CMS rule allows community services provided in a nursing facility to be billed for 180 days prior to a discharge as a transitional cost under the Money Follows the Person program.
Service Requirements/Transition Program	66	Will DSS be issuing an addendum to the RFP identifying the proposed payment/reimbursement/rates for the new service models AFLH & TP?	If a nursing facility were to develop a home and community-based services (HCBS) agency, it could build capacity for LTSS in the community that could then deliver the transitional services in the facility. The HCBS agency could support the facility in multiple ways with a continuum of LTSS. Transitional services (for example, independent living skills training or intensive diabetes management training) provided by the HCBS agency to an individual in the transitional program of the facility could be billable under Medicaid as a single unit upon discharge. If the facility were to choose this strategy for the delivery of services, costs associated with transitional services not currently provided by the facility would be billed by the HCBS agency as Money Follows the Person Demonstration services rather than incorporated into the nursing facility rate. All nursing facility beds must be licensed in accordance with State regulations. Whether or not ***transitional program*** beds will be considered licensed nursing facility beds will depend on the proposed business model and the proposed services. It is the respondent's responsibility to work with the appropriate State agencies to determine the appropriate licensure level. If the proposed transitional program beds will be considered licensed nursing facility beds, the budget included in the proposal must include the costs associated with the proposed transitional program beds. If the proposed project results in a significant change to the facility's bed configuration, the proposal may include a proposed rate for the newly configured facility. If the proposal includes two separate and distinct facility models, the proposal may include two proposed rates. If two rates are proposed, DSS will develop a melded rate. The proposal must include the proposed costs, bed structure, staffing patterns, and budget. DSS' Office of Reimbursement and Certificate of Need staff will review the proposed rate(s) for successful proposals. Depending on the licensure requirements, the proposed business model, and the proposed services, the facility might be able to incorporate the transitional services into the facility's daily rate for an individual in its transitional program, or the facility might be able to bill for the transitional services separately through its new HCBS agency.
Service Requirements/Transition Program	67	A question about transitional beds. Would those have a licensure, or would those be unlicensed transitional beds?	See answer to question #66.
Service Requirements/Transition Program	68	Additional beds, are they licensed?	See answer to question #66.
Service Requirements/Transition Program	69	And if so, same rate as Medicaid?	See answer to question #66.

RFP Section	Q#	Question	Answer
Service Requirements/Transition Program	70	Will this wing be licensed or certified, or is the program -- or is it -- if a program within your existing license facility -- I don't know if we got that right.	See answer to question #66.
Service Requirements/Transition Program	71	So I guess the question was: Do we have to de-license these beds to make them a transition unit? I can add additional programming to support the transition back in under part B Medicare, whatever our reimbursement is now, right?	See answer to question #66.
Service Requirements/Transition Program	72	Would DSS change the rate across the whole facility, or just the two pieces? Transition a piece identifying a section or a wing or a unit.	See answer to question #66.
Service Requirements/Transition Program	73	So essentially, you said you could discharge them from the transition unit under the SNF license into the community-based service entity?	See answer to question #66.
Service Requirements/Transition Program	74	Is renovation of existing buildings on a NF campus to develop transitional program units eligible for funding in the RFP?	Yes. However, if the existing building is not currently identified as being part of the nursing facility, it is the respondent's responsibility to work with the appropriate State agencies to determine the appropriate licensure level.
Service Requirements/Transition Program	75	Do transitional program units have to be located in the SNF building? Can they be located in another building on the campus of the SNF? Can they be located in another building in close proximity of the SNF campus? Can they be located in a building somewhere else in the town or municipality?	Transitional program units may be located in any of the locations mentioned in the question. However, see also answers to question #66 and question #74.

RFP Section	Q#	Question	Answer
Service Requirements/Documentation of Community Need	76	While the term community usually designates a geographic area, is it acceptable to identify the community in your proposal as a targeted population? For example, disabled veterans as your community, individuals with severe dimentia as your community , regardless of their geographic location.	No.
Service Requirements/Accreditation Certification/Licensure	77	In order to establish a program consistent with the rebalancing strategy, we would like to renovate XXXXXXXXXXXXXX for our office space. To do this, we need to convert the building (house) to commercial use. It seems that we cannot apply unless we have zoning approvals in place and/or we have a letter saying zoning relief is not necessary. At present, we do not have either for the expansion of XXXXXXXXXXXXXX. Would DSS/DECD accept some notification that there is a pending zoning application in lieu of the requirement?	Yes, the proposal must indicate the present zoning, the necessary change, and a timeline for obtaining documentation of such change.
Service Requirements	78	Will DSS view proposals that are scalable/usable with other organizations around the state more favorably, for example, play books that others can use in addition to implementing our own program, being those for use solely at our own organization, or does it not matter?	Although the Evaluation Team(s) will not consider whether or not a project is replicable as part of its evaluation of proposals, the Departments encourage respondents to propose replicable projects.

RFP Section	Q#	Question	Answer
Financial Requirements/Audited Financial Statements	79	If a respondent SNF had "going concern" issues in their last audit, would that automatically make them ineligible in this RFP process? Would their response be evaluated and could they still be eligble to receive a contract and RFP award? Would DSS consider allowing the SNF'sa response to evaluated and allowed to receive an award, if they provided reasonable justification and substantiation why these issues would not impact their ability to succeed in their initiatives if they were awarded a diversification contract with DSS ?	See Addendum 4.
Financial Requirements/Financing	80	Will there be funds available for providers who basically have loan covenant issues that they may violate by reducing bed capacity? They could be with any bank.	The Departments have already been working with HUD on this issue. HUD will work with successful respondents to provide as much flexibility as possible. See also Section III.F.1.d of the RFP.
Financial Requirements/Financing	81	Let's say it's not HUD.	The Departments are confident that financial institutions have a vested business interest in cooperating with a nursing facility's proposal. The Departments will provide support to and work with successful respondents on this issue.
Financial Requirements/Leveraged Funds	82	If the NF has identified funds available from other state agencies, independent of this RFP, could they identify these potential funds as leverage funds in their RFP response?	Yes, a responsive proposal must describe how the organization will leverage other resources to develop and implement the proposed business model. Other resources may include but are not limited to: owner equity; grants of cash, real property and other assets; in-kind services; state or federal resources (other than those available through this RFP); local government; and private for-profit and nonprofit entities.
Budget Requirements	83	There certainly is a cost related to downsizing a facility, but I don't see anywhere in here where that cost or this is part of the -- one of the components where that cost is considered?	The proposal should include the costs related to downsizing a facility in the proposed budget. If the proposed project results in a significant change to the facility's bed configuration, the proposal may include a proposed rate based on the project specifications for the newly configured facility. If the proposal includes two separate and distinct facility models, the proposal may include two proposed rates. If two rates are proposed, DSS will develop a melded rate. The proposal should include the proposed costs, bed structure, staffing patterns, and budget. DSS' Office of Reimbursement and Certificate of Need staff will review the proposed rate(s) for successful proposals.

RFP Section	Q#	Question	Answer
Budget Requirements	84	I just want to set it up quickly, I suppose, with a comment, that in Medicaid, rate increase may be essential or significantly important in terms of the overall rightsizing, rebalancing proposal that is submitted. I don't think there is an ability to answer in detail or fully about how will DSS consider Medicaid rate increases. But I do want to just sort of put it in -- put it out there as a central issue some of the proposals that the Medicaid rate increase. In combination with a decrease in, you know, lowering supply of beds would be very important. And to the degree that you can answer whether or not DSS will be considering Medicaid rate increases as they traditionally have, or will they be in the context of a rightsizing proposal be considered differently or more favorably within a proposal?	See answer to question #83.
Budget Requirements	85	What about outside the proposal, but it's in line with a rebalancing initiative? So, you know, either you didn't get the RFP or you don't need to apply for the RFP, which would have an initiative going forward?	DSS is not considering that at this time.
Budget Requirements	86	Will you once August 7th comes along and the RFP is over?	This question is unrelated to the RFP or the procurement process.

RFP Section	Q#	Question	Answer
Budget Requirements	87	I think I am a little confused about what is considered to be, in your answer, and then the follow-up answer was what is considered to be within the rightsizing initiative and what is considered to be outside of it. I hope outside of it means that if you're submitting a rate request that – and you're not a facility that applied for rightsizing or rebalancing on the diversification dollars, but you're submitting a proposal that is consistent with the Mercer analysis or consistent with what we understand to be the state's rightsizing rebalancing goals, that is outside of this process but would be considered within the same sort of philosophy that is part of the process.	See answer to question #83.

RFP Section	Q#	Question	Answer
Budget Requirements	88	I guess the thing you might be missing here is that outside of the process would be a facility or organization that is simply willing to participate in rightsizing by lowering bed capacity in exchange for a Medicaid rate increase, which would be strongly in support of the state's rebalancing goals by lowering the supply of beds in the system. But that organization is not, per se, interested in creating home community-based services, which I think is central to the rightsizing rebalancing RFP. You must be interested not just in lowering bed capacity but it's lowering bed capacity in combination with creating something. And my first question was really related to will Medicaid rate increases be considered in that context? And the answer was yes, considered. Then I was just suggesting that there may be a slew of organizations that are interested in advancing the government's rightsizing and rebalancing goals but not creating home and community-based services, and I'm hoping that the answer is yes, that will be considered also.	This question is unrelated to the RFP or the procurement process.
Budget Requirements	89	I don't want to have a member submit a request for rate relief in combination with lowering bed capacity. And the answer is the only opportunity to receive that kind of relief from DSS is through the RFP process. And that is why I'm asking the question.	This question is unrelated to the RFP or the procurement process.

RFP Section	Q#	Question	Answer
Budget Requirements	90	Since the NFD RFP contracts under Component 1A and 1 B will be awarded with specified end dates of November 14, 2015 and August 14, 2014, respectively, can you also please clarify that any Medicaid rate adjustments related to bed reductions will have separate effective date terms.	The effective dates of any approved Medicaid rate adjustments related to bed reductions will not necessarily align with the term of any contract developed and executed as a result of this RFP. The Medicaid rate adjustment would likely take effect after the bed reduction has been implemented and would continue past the end date of the contract.

Addendum 5

State of Connecticut

Department of Social Services

Nursing Facility Diversification 6/4/2013

Request for Proposals

Date Issued: September 9, 2013

Approved: *Linda Burns*
Linda Burns
(Original signature on document in procurement file)

This Addendum Acknowledgement must be signed and included with your proposal.	
_____	_____
Authorized Signature	Name of Respondent

Addendum 4

State of Connecticut
Department of Social Services
Nursing Facility Diversification 6/4/2013
Request for Proposals

The State of Connecticut, Department of Social Services and the State of Connecticut, Department of Economic and Community Development (the Departments) are issuing Addendum 4 to the Nursing Facility Diversification 6/4/2013 Request for Proposals (RFP). All requirements of the original RFP except those requirements specifically changed by this addendum shall remain in effect. In the event of any inconsistency between information provided in the RFP and information in this addendum, the information in this addendum shall prevail.

This addendum amends the following sections of the RFP:

- Section I.C.6
- Section I.E.1
- Section III.E.2.c

1. **Section I.C.6** of the RFP is amended as follows:

   6. Procurement Schedule. See below. The Departments may amend the schedule, as needed. Any change will be made by means of an addendum to this RFP and will be posted on the State Contracting Portal, the DSS RFP Web Page, and the DECD RFP Web Page.

   - RFP Released: June 4, 2013
   - RFP Conferences: June 17, 2013 and June 18, 2013
   - Deadline for Questions: ~~June 25~~August 5, 2013, 2:00 p.m. Eastern Time
   - Answers Released (tentative): ~~July 10~~August 26, 2013
   - ***MANDATORY*** Letter of Intent Due: ~~July 24~~September 23, 2013, 2:00 p.m. Eastern Time
   - Proposals Due: ~~August 7~~October 7, 2013, 2:00 p.m. Eastern Time

2. **Section I.E.1** of the RFP is amended as follows:

   1. Evaluation Process. It is the intent of the Departments to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful respondents, and offering the right to negotiate a contract, the Departments will conform to the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85) and DSS' written procedures for POS procurements (pursuant to C.G.S. § 4-217). At any time during the evaluation process, if the Departments are advised of a respondent's or proposed subcontractor's alleged failure to comply with any State or federal law, statute or regulation, the Departments are bound to consider such information when evaluating proposals, negotiating with successful respondents, and offering the right to negotiate a contract. The Departments reserve the right to reject the submission of any respondent that is not financially viable based on the Departments' assessment of the annual financial statements required by Section III.F.1.a of this RFP.

3. **Section III.E.2.c** of the RFP is amended as follows:

   c. *Documentation of Community Need*. The State utilized Medicaid long term care demand projections, embedded in this section as a hyperlink, to identify high need areas of the State and to guide decision making. Criteria defining high need areas included current nursing facility census compared to current and projected demand for institutional care at a local level, and current and projected demand for community-based LTSS compared to supply. ~~Provide documentation to~~ Explain how the Medicaid long term care demand projections support the need for the proposed business model changes within the proposed catchment area. ~~Cite sources used to obtain data such as a federal governmental agency data set or other recognized authoritative source.~~

Addendum 4

State of Connecticut

Department of Social Services

Nursing Facility Diversification 6/4/2013

Request for Proposals

Date Issued: September 5, 2013

Approved: *Linda Burns*
Linda Burns
(Original signature on document in procurement file)

This Addendum Acknowledgement must be signed and included with your proposal.	
_____	_____
Authorized Signature	Name of Respondent

Addendum 3

State of Connecticut
Department of Social Services
Nursing Facility Diversification 6/4/2013
Request for Proposals

The State of Connecticut, Department of Social Services and the State of Connecticut, Department of Economic and Community Development (the Departments) are issuing Addendum 3 to the Nursing Facility Diversification 6/4/2013 Request for Proposals (RFP). All requirements of the original RFP except those requirements specifically changed by this addendum shall remain in effect. In the event of any inconsistency between information provided in the RFP and information in this addendum, the information in this addendum shall prevail.

This addendum amends the following sections of the RFP:

- Section I.C.3. Contract Offers
- Section I.E.1. Evaluation Process

This addendum also contains questions submitted by interested parties and the Departments' official answers. These answers shall clarify the requirements of the RFP.

Amendment to the RFP

Section I.C.3 of the RFP is amended as follows:

3. **Contract Offers.** The offer of the right to negotiate a contract pursuant to this RFP is dependent upon the availability of funding to the Departments. The Departments anticipate the following:

	Component		
	1A	1B	2
Contract Term:	~~October 1~~November 15, 2013 to ~~September 30~~November 14, 2015	November 15, 2013 to August 14, 2014	To Be Determined
Maximum Total Funding:	$6,000,000	$6,000,000	$10,000,000
Maximum Funding Per State Fiscal Year:	$3,000,000	$3,000,000	Not Applicable
Number of Contracts:	To Be Determined		
Minimum Contract Cost:	$50,000	$0	$50,000
Maximum Contract Cost:	$3,000,000	$200,000	$5,000,000

If additional funding becomes available for Component 1 in State Fiscal Year 2013-2014, the Departments reserve the right to offer the opportunity to negotiate a contract with DSS to the respondent(s) with the next highest ranking proposal(s). If additional funding becomes available for Component 2 in State Fiscal Year 2013-2014, the Departments reserve the right to recommend the next highest ranking proposal(s) to DECD for further consideration within budgetary constraints.

Section I.E.1 of the RFP is amended as follows:

1. **Evaluation Process.** It is the intent of the Departments to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful respondents, and offering the right to negotiate a contract, the Departments will conform to the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85) and DSS' written procedures for POS procurements (pursuant to C.G.S. § 4-217). At any time during the evaluation process, if the Departments are advised of a respondent's or proposed subcontractor's alleged failure to comply with any State or federal law, statute or regulation, the Departments are bound to consider such information when evaluating proposals, negotiating with successful respondents, and offering the right to negotiate a contract.

Questions and Responses

1. *Question*: Are the slides that were used for the Bidder's Conference available on line? If not, when will they be avaialable and where will access them?

   Answer: The RFP Conference presentation is available from the Internet at the following locations:

   - DSS RFP Web Page
     www.ct.gov/dss/cwp/view.asp?a=2345&q=304920&dssNav=
   - State Contracting Portal
     http://das.ct.gov/cr1.aspx?page=12

2. *Question*: Same question on the transcriptions.

   Answer: The Departments do not plan to release the RFP Conference transcripts. However, all questions asked at the RFP Conferences will be answered in a written addendum to the RFP, which will serve as the official response to questions asked at the conferences. The addendum will be released on the date established in the Procurement Schedule as amended.

3. *Question*: Will DSS be issuing an addendum to the RFP modifying the chart that identifies the available funding to include the additional dollars referenced at the conference?

   Answer: No; the anticipated additional funding referenced at the RFP Conferences is not included in the RFP. However, pursuant to Section I.C.3 of the RFP as amended above, if such additional funding becomes available for Component 1, the Departments reserve the right to offer the opportunity to negotiate a contract with DSS to the respondent(s) with the next highest ranking proposal(s). If such additional funding becomes available for Component 2, the Departments reserve the right to recommend the next highest ranking proposal(s) to DECD for further consideration within budgetary constraints.

4. *Question*: Subsection C.5. (Minimum Qualifications of Respondents) of Section I (General Information) of the DSS Nursing Facility Diversification RFP, states that an eligible nursing respondent, "Is not under a Consent Order by the Connecticut Department of Public Health."

   It is our understanding that all changes of ownership of nursing facilities result in Consent Agreements with the Department of Public Health (DPH) to address identified physical plan updates and system reviews. Also, it is common for DPH to require a new licensee of a facility that had significant quality of care deficiencies to enter into a Consent Agreement that specifies additional nursing oversight, minimum direct care staffing hours and other requirements.

   We ask that the department issue a clarification to the RFP indicating that facilities that have Consent Agreements in effect with the Department of Public health (DPH) related to a facility change of ownership be allowed to file an application. In addition, it would be helpful if the RFP specified a specific, "under a Consent Order" date, such as July 15, 2013, so that a facility with an order or agreement set to expire prior to September 9, 2013 would not be precluded from participation in the diversification initiative.

   Answer: A "Consent Order," also referred to as a "Consent Agreement," does not include a Pre-Licensure or Change of Ownership (CHOW) Consent Order. A "Consent Order" also does not include a "Directed Plan of Correction," which is signed only by the nursing facility. A "Consent Order" is signed by both the Connecticut Department of Public Health and the nursing facility. The owner (or designee) of a nursing facility that is under an active "Consent Order" as of the Letter of Intent due date established in the Procurement Schedule as amended is not eligible to submit a response to the RFP. However, if a "Consent Order" is set to expire on or before the Letter of Intent due date established in the Procurement Schedule as amended, the facility has completed all terms and conditions of the "Consent Order", and DPH has conducted an on-site visit and confirms compliance, then the owner (or designee) of the facility is eligible to submit a response to the RFP.

5. *Question*: Please see page 8, paragraph 5. Can you clarify whether "consent order" would include CHOW consent orders?

   Answer: See answer to question 4.

6. *Question*: Can DSS provide an addendum to the contract identifying a site where the questions and official responses will be made available to respondents in real time…as decisions are made.

   Answer: No; however, the Departments will make every effort to release answers to questions before the date specified in the Procurement Schedule as amended.

7. *Question*: Can we submit 2 proposals for 2 separate programs?

   Answer: No, if both programs are for the same nursing facility site, although one proposal may include a multifaceted program. Yes, if each program is for two different nursing facility sites. Each proposal must be self-contained and packaged separately, and demonstrate the respondent's capacity to successfully complete multiple projects.

8. *Question*: I have a follow up question on a statement that was made during the conference. It was stated that only one RFP project per facility would be accepted – but I assume that one facility that is submitting a multifaceted project as one RFP request would be acceptable? Is that correct? For instance, I can't send in one RFP that includes a reduction in beds and the development of both a day center and a home care agency in the empty space – all as one project. Is that correct?

   Answer: Please see the answer to question 7.

9. *Question*: If an owner has multiple facilities and is planning for diversification to community/person centered services for each of his/her facilitites, is the owner required to send in a seperate proposal for each facility or can the owner include all of the facilities in one submission ?

   Answer: The respondent must submit separate proposals for each nursing facility site. Each proposal must be self-contained and packaged separately, and demonstrate the respondent's capacity to successfully complete multiple projects.

10. *Question*: Dementia care units are not on the exclusion list. Is funding available to covert an existing skilled unit to a skilled and secure dementia care unit? Under this section would capital renovations costs be available to support the conversion of a dementia care unit?

    Answer: No; the strategic priority for this RFP is the development of community-based long term services and supports.

11. *Question*: I am writing to inquire as to whether the "Level B" funding application process is at all different than that of the Level A funding proposals? Specifically, will Level B proposals be penalized if the applications reflect an idea that is very early in its development stage? What is the minimal amount of information that must be provided to be considered a complete application for the Level B proposals? Also, will these questions be addressed during the RFP conference?

    Answer: Proposals for Level A funding will be evaluated separately from proposals for Level B funding. If the respondent believes that information requested in the RFP does not apply to its proposal, the respondent is strongly encouraged to submit clarifying questions to the Official Contact for the RFP, in writing, before the deadline for questions established in the Procurement Schedule as amended. The respondent should also state in the proposal that information requested in the RFP does not apply to its proposal, explain why, and include any other information in the appropriate section(s) that supports the respondent's proposal.

12. *Question*: Page 26 of the RFP states. "Level B funding is not available for Component 2". At the bidder's conference a question was submitted regarding the submission of a Component 1-B proposal that would need Component 2 funding in order to effectuate the provision of identifed services to the community. The response was- probably (not the exact words). For example, a nursing facility is interested in opening and operating an Adult Day Center in its facility but needs to assess the community needs, get community input and support, bring in an architect to determine the specific structural changes that are necessary and various other processes in order to develop a sustainable business plan. They will be reducing beds by 10 and intend on using the reconfigured square footage from the five rooms for the ADC. It is clear that they will need Component 2 funds for the structural changes. Do they identify the estimated Component 2 funds needed in their proposal? Will DSS/DECD set aside any identified Component 2 funds for the Level 1-B proposals that are awarded? If not, will DSS/DECD still award Level 1-B awards when they know that Component 2 funds are necessary to complete the initiative?

    Answer: A proposal for Level 1B funding should not include a request for Component 2 funding. Component 2 funding will not be set aside for successful Level 1B proposals. The Departments will select proposals for Level 1B funding even though capital improvements would be necessary to complete the initiative. The respondent may use other funding sources for capital improvements and/or request funding for capital improvements if additional funding is made available by DECD at a later date.

13. *Question*: I had a question regarding the applications and attachments that are available to download on http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1.

Do we have to complete the Application, Attachments, and both Consolidated Applications (Workbook 1 & Workbook 2) that are linked?

Answer: If the respondent is submitting a proposal for Component 2, the respondent must complete, print, and submit the following application materials on the DECD web site at http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1:

Application
Attachments
Application Checklist

The respondent should not submit the Consolidated Application.

Addendum 3

State of Connecticut

Department of Social Services

Nursing Facility Diversification 6/4/2013

Request for Proposals

Date Issued: July 18, 2013

Approved: *Linda Burns*

Linda Burns

(Original signature on document in procurement file)

This Addendum Acknowledgement must be signed and included with your proposal.	
_____	_____
Authorized Signature	Name of Respondent

Addendum 2

State of Connecticut
Department of Social Services
Nursing Facility Diversification 6/4/2013
Request for Proposals

The State of Connecticut, Department of Social Services and the State of Connecticut, Department of Economic and Community Development (the Departments) are issuing Addendum 1 to the Nursing Facility Diversification 6/4/2013 Request for Proposals (RFP). All requirements of the original RFP except those requirements specifically changed by this addendum shall remain in effect. In the event of any inconsistency between information provided in the RFP and information in this addendum, the information in this addendum shall prevail.

This addendum amends Section I.C.6 of the RFP.

Section I.C.6 of the RFP is amended as follows:

6. **Procurement Schedule.** See below. The Departments may amend the schedule, as needed. Any change will be made by means of an addendum to this RFP and will be posted on the State Contracting Portal, the DSS RFP Web Page, and the DECD RFP Web Page.

- RFP Released: June 4, 2013
- RFP Conferences: June 17, 2013 and June 18, 2013
- Deadline for Questions: ~~June 25~~August 5, 2013, 2:00 p.m. Eastern Time
- Answers Released (tentative): ~~July 10~~August 26, 2013
- ***MANDATORY*** Letter of Intent Due: ~~July 24~~September 9, 2013, 2:00 p.m. Eastern Time
- Proposals Due: ~~August 7~~September 23, 2013, 2:00 p.m. Eastern Time

Addendum 2

State of Connecticut

Department of Social Services

Nursing Facility Diversification 6/4/2013

Request for Proposals

Date Issued: June 18, 2013

Approved: *Linda Burns*
Linda Burns
(Original signature on document in procurement file)

This Addendum Acknowledgement must be signed and included with your proposal.	
_____	_____
Authorized Signature	Name of Respondent

Addendum 1

State of Connecticut
Department of Social Services
Nursing Facility Diversification 6/4/2013
Request for Proposals

The State of Connecticut, Department of Social Services and the State of Connecticut, Department of Economic and Community Development (the Departments) are issuing Addendum 1 to the Nursing Facility Diversification 6/4/2013 Request for Proposals (RFP). All requirements of the original RFP except those requirements specifically changed by this addendum shall remain in effect. In the event of any inconsistency between information provided in the RFP and information in this addendum, the information in this addendum shall prevail.

This addendum amends the Procurement Notice.

The **Procurement Notice** is amended as follows:

Request for Proposals conferences will be held on June 17, 2013 and June 18, 2013, from 10:00 a.m. to 1:00 p.m., at Rensselaer Polytechnic Institute, 275 Windsor Street, Hartford, CT 06120.

Prospective respondents are strongly encouraged, but not required to attend one of the conferences. Attendees must register using one of the hyperlinks below. Only individuals that are on the registration list will be allowed access to the meeting. Attendance is limited to the first 100 registrants per day due to space limitations. Only two registrations will be accepted per prospective respondent.

- Date: June 17, 2013 (attendees must register at http://ctnursingfacilitybiddersconference.eventbrite.com/)
- Date: June 18, 2013 (attendees must register at http://dssnursingfacilitybiddersconference.eventbrite.com/)

Addendum 1

State of Connecticut

Department of Social Services

Nursing Facility Diversification 6/4/2013

Request for Proposals

Date Issued: June 10, 2013

Approved: *Linda Burns*
Linda Burns
(Original signature on document in procurement file)

This Addendum Acknowledgement must be signed and included with your proposal.	
_____	_____
Authorized Signature	Name of Respondent

PROCUREMENT NOTICE

State of Connecticut
Department of Social Services
Nursing Facility Diversification 6/4/2013
Request for Proposals

The State of Connecticut, Department of Social Services and the State of Connecticut, Department of Economic and Community Development (the Departments) are seeking proposals from nursing facilities licensed by the State of Connecticut, Department of Public Health who are interested in diversifying or establishing a new business model to support Medicaid recipients who need Long Term Services and Supports (LTSS) to live in the community.

Proposals must align with the State's Strategic Rebalancing Plan: A Plan to Rebalance Long Term Services and Supports 2013-2015, embedded as a hyperlink, assure informed choice to residents living in the facility, and contribute to reducing the total number of nursing facility beds statewide. Respondents are encouraged and expected to develop relationships and partner with stakeholders in the community including but not limited to town governance, town residents, nonprofit entities, home and community-based services (HCBS) providers, people with disabilities, and elders.

Proposals may be submitted for one or both of the following components:

Component 1 – projects (other than capital improvements) related to diversifying or establishing a new business model to support Medicaid recipients who need Long Term Services and Supports to live in the community; and/or
Component 2 – capital improvements to land or buildings owned by a nursing facility where such improvements are needed to diversify or establish a new business model.

If the respondent is submitting a proposal for Component 1 only (no capital improvements), the respondent must provide all the information requested in Sections III.E and III.F of this RFP. If the respondent is submitting a proposal for Component 2 only (capital improvements), the respondent must provide all the information requested in Sections III.E.1 through III.E.5 and Section III.F of this RFP, as well as the application materials on the DECD web site at http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1. If the respondent is submitting a proposal for both Component 1 and Component 2, the respondent must provide all the information requested in Sections III.E and III.F of this RFP, as well as the application materials on the DECD web site at http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1.

Request for Proposals conferences will be held on June 17, 2013 and June 18, 2013, from 10:00 a.m. to 1:00 p.m., at Rensselaer Polytechnic Institute, 275 Windsor Street, Hartford, CT 06120.

The Request for Proposals is available in electronic format on the State Contracting Portal at http://das.ct.gov/cr1.aspx?page=12 or from the Official Contact:

Name: Linda Burns, Contract Administration and Procurement
Address: State of Connecticut, Department of Social Services
25 Sigourney Street, 9th Floor, Hartford, CT 06106
Phone: 860-424-5661
E-Mail: Linda.burns@ct.gov

The RFP is also available on the DSS web site at www.ct.gov/dss/cwp/view.asp?a=2345&q=304920&dssNav= and the DECD web site at http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1.

A printed copy of the RFP can be obtained from the Official Contact upon request.

The deadline for submission of proposals is August 7, 2013, 2:00 p.m. Eastern Time.

Questions or requests for information in alternative formats must be directed to the Departments' Official Contact at 860-424-5661. Persons who are deaf or hearing impaired may use a TDD by calling 1-800-842-4524.

TABLE OF CONTENTS

	Page
Procurement Notice	1
Section I — GENERAL INFORMATION	3
A. Introduction	3
B. Abbreviations / Acronyms / Definitions	3
C. Instructions	7
D. Proposal Format	11
E. Evaluation of Proposals	12
Section II — MANDATORY PROVISIONS	15
A. Standard Contract, Parts I and II	15
B. Assurances	15
C. Terms and Conditions	16
D. Rights Reserved to the State	17
E. Statutory and Regulatory Compliance	18
Section III — PROGRAM INFORMATION	21
A. Department Social Services Overview	21
B. Department of Economic and Community Development Overview	22
C. Money Follows the Person Overview	22
D. Strategic Rebalancing Plan	23
E. Main Proposal	26
F. Cost Proposal	35
Section IV — PROPOSAL OUTLINE	38

I. GENERAL INFORMATION

A. INTRODUCTION

1. **RFP Name.** Nursing Facility Diversification 6/4/2013

2. **Summary.** The State of Connecticut, Department of Social Services and the State of Connecticut, Department of Economic and Community Development (the Departments) are seeking proposals from nursing facilities licensed by the State of Connecticut, Department of Public Health who are interested in diversifying or establishing a new business model to support Medicaid recipients who need Long Term Services and Supports (LTSS) to live in the community.

3. **Synopsis.** Proposals must align with the State's Strategic Rebalancing Plan: A Plan to Rebalance Long Term Services and Supports 2013-2015, embedded as a hyperlink, assure informed choice to residents living in the facility, and contribute to reducing the total number of nursing facility beds statewide. Respondents are encouraged and expected to develop relationships and partner with stakeholders in the community including but not limited to town governance, town residents, nonprofit entities, home and community-based services (HCBS) providers, people with disabilities, and elders.

4. **Commodity Codes.** The services that the Departments wish to procure through this RFP are as follows:

   0040 Building or Roadway Constr. and Related Services Contractor Provided
   0074 Home Modifications
   1000 Healthcare Services
   2000: Community and Social Services

B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

Adult Day Center (ADC)	A center that provides adult day services through a community-based program designed to meet the needs of cognitively and physically impaired adults through a structured, comprehensive program that provides a variety of health, social, and related support services including but not limited to socialization, supervision and monitoring, personal care, and nutrition in a protective setting during any part of a day
Adult Family Living (AFL) Home	Adult foster care homes, approved by DSS, for elderly, blind or disabled individuals who would otherwise require institutionalization. Adult family living homes provide lodging, meals, assistance with activities of daily living and other activities including but not limited to shopping, laundry, housekeeping, and transportation.
Affordable Housing	Housing that is affordable to Medicaid recipients whose incomes do not exceed $2,130.00, or people with disabilities and elders in the community whose incomes do not exceed 50% of the Area Monthly Income (AMI) adjusted for family size. More information about the Area Monthly Income (AMI) is available on the DECD web site at http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1. As determined by HUD, housing (including utilities) is considered affordable when a family pays no more than 30% of its adjusted monthly income for rent.

Assisted Living (AL) Residence	A residence with nursing services and assistance with activities of daily living provided to residents living within a managed residential community having supportive services that encourage residents primarily age 55 and older to maintain a maximum level of independence. Routine household services may be provided as assisted living services.
BFO	Best and Final Offer
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunities (CT)
CMS	Centers for Medicaid and Medicare Services (U.S.)
Companion Services	Nonmedical, basic supervision services to ensure the well-being and safety of a person in such person's home
Congregate Housing	Congregate housing offers private apartments with kitchen and bath, along with moderate supportive services and common areas for dining. There may also be common areas for socialization and other activities. This arrangement offers a unique opportunity for private living within a communal setting for individuals age 62 and older.
Contractor	The owner (or designee) of a nursing facility that enters into a contract with DSS and/or DECD as a result of this RFP
CT	Connecticut
DAS	Department of Administrative Services (CT)
DECD	Department of Economic and Community Development or its successor agency (CT)
DPH	Department of Public Health (CT)
DSS	Department of Social Services (CT)
FOIA	Freedom of Information Act (CT)
Home and Community-Based Services (HCBS)	A range of personal, support, and health services provided to an individual in such individual's home in the community to help the individual stay at home and live as independently as possible
Home Health Agency (HHA)	A public or private organization, or a subdivision thereof, engaged in providing professional nursing services and the following services, available 24 hours per day, in a person's home or a substantially equivalent environment: homemaker services, home health aide services, physical therapy, speech therapy, occupational therapy or medical social services.
Home Health Aide Services	Routine individualized healthcare such as changing bandages and dressing wounds, and applying topical medications to the elderly, convalescents, or persons with disabilities in the person's home or in a care facility.
Homemaker Companion Agency	A public or private organization employing one or more persons that is engaged in the business of providing companion services or homemaker services
Homemaker Services	Nonmedical, supportive services that ensure a safe and healthy environment for a person in such person's home, such services to include assistance with personal hygiene, cooking, household cleaning, laundry and other household chores
HUD	Department of Housing and Urban Development (U.S.)
Informed Choice Process	A process to inform consumers of their choices regarding all long term services and supports that are available
IRS	Internal Revenue Service (U.S.)
LOI	Letter of Intent
LTSS	Long Term Services and Supports
Medical Social Services	The identification, assessment, and management of social problems related to illness, the receipt of medical care, and the attainment and maintenance of health
MFP	Money Follows the Person
MOU	Memorandum of Understanding

OAG	Office of the Attorney General (CT)
Occupational Therapy (OT)	The use of treatments to develop, recover, or maintain the daily living and work skills of patients with a physical, mental or developmental condition
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
P.A.	Public Act (CT)
Person-centered	An approach that: • provides the consumer with needed information, education, and support required to make fully-informed decisions about his or her care options and to actively participate in his or her self-care and care planning; • supports the consumer, and any representative(s) whom he or she has chosen, in working together with his or her non-medical, medical, and behavioral health providers and care manager(s) to obtain necessary services and supports; and • reflects care coordination under the direction of and in partnership with the consumer and his/her representative(s) that is consistent with his or her personal preferences, choices, and strengths, and that is implemented in the most integrated setting.
Personal Care	Unskilled help with activities of daily living like bathing, dressing, eating, getting in and out of bed or chair, moving around, and using the bathroom. It may also include care that most people do themselves, like using eye drops.
Physical Therapy (PT)	A health care profession primarily concerned with the remediation of impairments and disabilities and the promotion of mobility, functional ability, quality of life and movement potential through examination, evaluation, diagnosis, and physical intervention
POS	Purchase of Service
Prospective Respondent	The owner (or designee) of a Nursing Facility that may submit a proposal to the Departments in response to this RFP, but has not yet done so
Respite	The provision of temporary care for a person who requires specialized or intensive care or supervision that is normally provided by an unpaid caregiver at home. Respite care provides the caregiver with relief from the demands of such person's care.
Respondent	The owner (or designee) of a Nursing Facility that has submitted a proposal to the Departments in response to this RFP
RFP	Request for Proposals
SEEC	State Elections Enforcement Commission (CT)
Short-term Rehabilitation Facility	A facility that provides therapy for individuals recovering from a surgery, illness or accident. Generally, those needing short-term, inpatient rehabilitation may remain involved in their program at a facility for as little as a couple of days to as many as several weeks. Short-term rehabilitation programs help individuals achieve their maximum functional capacity and get back to their homes and community in the shortest time possible. To achieve this goal, such individuals receive physical, occupational, and/or speech therapy from skilled therapists. Such therapists are part of a team that includes physicians, nurses, social workers, and nutritionists, who work with the individual and family members to develop and implement an individualized care plan.
Speech Therapy (ST)	Treatment of speech defects and disorders, especially through use of exercises and audio-visual aids that develop new speech habits
Subcontractor	An individual (other than an employee of the contractor) or business entity hired by the contractor to provide a specific health or human service as part of a contract with DSS as a result of this RFP

Transitional Program	A program developed for the primary purpose of providing independent living skills training to individuals who, but for the provision of home and community-based long-term care services and supports, would continue to require the level of care provided in an inpatient facility. A transitional program is intended for individuals who choose to transition from an institutional to a community setting. The services provided in a transitional program, including but not limited to cooking, eating, housekeeping, hygiene, safety, and money management, are designed to help the individual become more functionally independent and better equipped to live in the community.
U.S.	United States

C. INSTRUCTIONS

1. **Official Contact.** The Departments have designated the individual below as the Official Contact for purposes of this RFP. The Official Contact is the **only authorized contact** for this procurement and, as such, handles all related communications on behalf of the Departments. Respondents, prospective respondents, and other interested parties are advised that any communication with any other employee(s) (including appointed officials) of the Departments or personnel under contract to the Departments about this RFP is strictly prohibited. Respondents or prospective respondents who violate this instruction may risk disqualification from further consideration.

   Name: Linda Burns, Contract Administration and Procurement
   Address: State of Connecticut, Department of Social Services
   25 Sigourney Street, 9th Floor, Hartford, CT 06106
   Phone: 860-424-5661
   E-Mail: Linda.burns@ct.gov

   Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact.

2. **RFP Information.** The RFP, addenda to the RFP, and other information associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:

   - DSS RFP Web Page
     www.ct.gov/dss/cwp/view.asp?a=2345&q=304920&dssNav=
   - DECD Web Site
     http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1
   - State Contracting Portal
     http://das.ct.gov/cr1.aspx?page=12

   It is strongly recommended that any respondent or prospective respondent interested in this procurement subscribe to receive e-mail alerts from the State Contracting Portal. Subscribers will receive a daily e-mail announcing procurements and addenda that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.

   Printed copies of all documents are also available from the Official Contact upon request.

3. **Contract Offers.** The offer of the right to negotiate a contract pursuant to this RFP is dependent upon the availability of funding to the Departments. The Departments anticipate the following:

	Component	
	1	2
Contract Term:	October 1, 2013 to September 30, 2015	To Be Determined
Maximum Total Funding:	$6,000,000	$10,000,000
Maximum Funding Per State Fiscal Year:	$3,000,000	Not Applicable
Number of Contracts:	To Be Determined	
Minimum Contract Cost:	$50,000	$50,000
Maximum Contract Cost:	$3,000,000	$5,000,000

If additional funding becomes available for Component 1 in State Fiscal Year 2013-2014, the Departments reserve the right to offer the opportunity to negotiate a contract with DSS to the respondent(s) with the next highest ranking proposal(s). If additional funding becomes available for Component 2 in State Fiscal Year 2013-2014, the Departments reserve the right to recommend the next highest ranking proposal(s) to DECD for further consideration within budgetary constraints.

4. **Eligibility.** The owners (or designees) of nursing facilities licensed by the State of Connecticut, Department of Public Health are eligible to submit proposals in response to this RFP.

5. **Minimum Qualifications of Respondents.** To be eligible to submit a response to this Request for Proposals, a respondent must be the owner (or designee) of a nursing facility that has the following minimum qualifications:

   a. A Medicaid-approved nursing facility doing business in the State of Connecticut;
   b. Is not under a Consent Order by the Connecticut Department of Public Health;
   c. Has not been identified as a "Special Focus Facility" as defined by the Centers for Medicare and Medicaid Services; and
   d. Is in compliance with the requirements of the federal Minimum Data Set (MDS) 3.0 Section Q.

   The Departments reserve the right to reject the submission of any respondent in default of any current or prior contract.

6. **Procurement Schedule.** See below. The Departments may amend the schedule, as needed. Any change will be made by means of an addendum to this RFP and will be posted on the State Contracting Portal, the DSS RFP Web Page, and the DECD RFP Web Page.

   - RFP Released: June 4, 2013
   - RFP Conferences: June 17, 2013 and June 18, 2013
   - Deadline for Questions: June 25, 2013, 2:00 p.m. Eastern Time
   - Answers Released (tentative): July 10, 2013
   - ***MANDATORY*** Letter of Intent Due: July 24, 2013, 2:00 p.m. Eastern Time
   - Proposals Due: August 7, 2013, 2:00 p.m. Eastern Time

7. **Letter of Intent.** A Letter of Intent (LOI) is ***REQUIRED*** by this RFP. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact by e-mail (preferred) or U.S. mail by the deadline established in the Procurement Schedule. Prospective respondents must complete and use the Letter of Intent form, which is embedded in this section as a hyperlink. It is the sender's responsibility to confirm the Official Contact's receipt of the LOI. ***Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.***

8. **Inquiry Procedures.** All questions regarding this RFP or the procurement process must be submitted to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline will be answered. However, questions will not be answered when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At their discretion, the Departments may or may not respond to questions received after the deadline. The Departments may combine similar questions and give only one answer. All questions and answers will be compiled into a written addendum to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the addendum and duly noted as such. The answers to questions will be released on the date established in the Procurement Schedule. Any and all amendments or addenda to this RFP will be published on the State Contracting Portal, on the DSS RFP Web Page, and on the DECD RFP Web Page. At their discretion, the Departments may distribute any amendments and addenda to this RFP to prospective respondents who submitted a Letter of Intent or attended the RFP conference. **Proposals must include a signed Addendum Acknowledgement, which will be placed at the end of any and all addenda to this RFP.**

9. **RFP Conferences.** Two RFP conferences will be held to answer questions from prospective respondents. Prospective respondents are strongly encouraged, but not required to attend one of the conferences. Attendees must register using one of the hyperlinks below. Only individuals that are on the registration list will be allowed access to the meeting. Attendance is limited to the first 100 registrants per day due to space limitations. Only two registrations will be accepted per prospective respondent.

   - Date: June 17, 2013 (attendees must register at http://ctnursingfacilitybiddersconference.eventbrite.com/)
   - Date: June 18, 2013 (attendees must register at http://dssnursingfacilitybiddersconference.eventbrite.com/)
   - Time: 10:00 a.m. to 1:00 p.m. Eastern Time
   - Location: Rensselaer Polytechnic Institute, 275 Windsor Street, Hartford, CT 06120

Copies of the RFP will not be available at the RFP conference. Attendees are asked to bring a copy of the RFP to the conference. At the conference, attendees will be provided an opportunity to submit written questions, which may (or may not) be answered at the conference. Any oral answers given at the conference are tentative and not binding on the Departments. All questions submitted will be answered in a written addendum to this RFP, which will serve as the official response to questions asked at the conference. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the addendum and duly noted as such. The addendum will be released on the date established in the Procurement Schedule. Any and all amendments or addenda to this RFP will be published on the State Contracting Portal, on the DSS RFP Web Page, and on the DECD RFP Web Page.

10. **Proposal Due Date and Time.** The Official Contact is the **only authorized recipient** of proposals submitted in response to this RFP. Proposals must be received by the Official Contact on or before the due date and time:

- Due Date: August 7, 2013
- Time: 2:00 p.m. Eastern Time

Faxed or e-mailed proposals will not be evaluated. A postmark date shall not be accepted as the basis for meeting the proposal due date and time. Respondents should not interpret or otherwise construe receipt of a proposal after the due date and time as acceptance of the proposal, since the actual receipt of the proposal is a clerical function. The Departments suggest the respondent use certified or registered mail, or a delivery service such as United Parcel Service (UPS) to deliver the proposal. When hand-delivering proposals, respondents should allow extra time to comply with building security and delivery procedures.

Hand-delivered proposals must be delivered to the loading dock located on the north side of the DSS building, at 555 Capitol Avenue, on business days between 8:30 a.m. and 2:00 p.m. Upon arriving at the loading dock, the respondent or courier must ring the buzzer by the door. The Official Contact or designee will receive the proposal and provide the respondent or courier with a receipt upon request. **The Departments shall not accept hand-delivered proposals at the Security Console located on the Mezzanine.**

Proposals shall not be considered received until they are in the hands of the Official Contact or another representative of the DSS Contract Administration and Procurement Unit designated by the Official Contact. At the discretion of the Departments, late proposals may be destroyed or retained for pick-up by the submitters.

An acceptable submission must include the following:

- one (1) original proposal;
- six (6) conforming copies of the original proposal; and
- two (2) conforming electronic copies of the original proposal (one copy on each of two Compact Disks clearly labeled with the Legal Name of the respondent and **NFD RFP**).

The original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated. The original proposal and each conforming copy of the proposal must be complete, properly formatted and outlined, and ready for evaluation by the Evaluation Team(s). **The electronic copies of the proposal must be compatible with *Microsoft Office Word* or *Microsoft Office Excel*.** If any of the required Appendices and Forms identified in Section IV are not compatible with Microsoft Office Word or Microsoft Office Excel, they must be scanned and submitted in Portable Document Format (PDF) or similar file format.

11. **Multiple Proposals.** The submission of multiple proposals for one nursing facility site for the same component is not an option with this procurement. However, a respondent may submit proposals for more than one nursing facility site. Each proposal must be self-contained and packaged separately, and demonstrate the respondent's capacity to successfully complete multiple projects.

12. **Declaration of Confidential Information.** Respondents are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations, and interpretations resulting from them. If a respondent deems that certain information required by this RFP is confidential, the respondent must label such information as CONFIDENTIAL. In Section C of the proposal submission, the respondent must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the respondent must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the respondent that would result if the identified information were to be released; and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).

13. **Conflict of Interest - Disclosure Statement.** Respondents must include a disclosure statement concerning any current business relationships (within the past three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the respondent and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a respondent tries to influence, or succeeds in influencing, the outcome of an official decision for its personal or corporate benefit. The Departments will determine whether any disclosed conflict of interest poses a substantial advantage to the respondent over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a respondent must affirm such in the disclosure statement: *"[name of respondent] has no current business relationship (within the past three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

■ D. PROPOSAL FORMAT

1. **Required Outline.** All proposals must follow the required outline presented in Section IV. Proposal Outline. Proposals that fail to follow the required outline will be deemed, at the discretion of the Departments, non-responsive and not evaluated.

2. **Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Respondents must complete, print, and submit the Cover Sheet form, which is embedded in this section as a hyperlink.

3. **Table of Contents.** All proposals must include a Table of Contents that conforms to the required proposal outline. (See Section IV.)

4. **Executive Summary.** Proposals must include a high-level summary, not exceeding two (2) pages, of the main proposal and cost proposal. The Executive Summary shall include a statement that the respondent is in compliance with the requirements of the federal Minimum Data Set (MDS) 3.0 Section Q.

5. **Attachments.** Attachments other than the required Appendices and Forms identified in Section IV are not permitted and will not be evaluated. Further, the required Appendices and Forms must not be altered or used to extend, enhance or replace any requirement of this RFP. Failure to abide by these instructions will result in disqualification.

6. **Style Requirements.** The original proposal and each of the six (6) conforming copies of the original proposal must conform to the following specifications:

Binding Type:	Loose leaf binders with the Legal Name of the respondent, and the RFP Name appearing on the outside front cover of each binder: **Nursing Facility Diversification 6/4/2013 RFP**
Dividers:	A tab sheet keyed to each subsection that appears in bold font style in Section IV, Proposal Outline, must separate each subsection of the proposal; the title of each such subsection must appear on the tab sheet
Paper Size:	8½" x 11", "portrait" orientation
Print Style:	1-sided
Font Size:	Minimum of 11-point
Font Type:	Arial or Tahoma
Margins:	The binding edge margin of all pages shall be a minimum of one and one half inches (1½"); all other margins shall be one inch (1")
Line Spacing:	Single-spaced

7. **Pagination.** The Legal Name of the respondent must be displayed in the header of each page. All pages, from the Cover Sheet through the required Appendices and Forms, must be numbered consecutively in the footer.

8. **Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the respondent must appear in the upper left corner of the envelope or package. The RFP Name must be clearly displayed on the envelope or package: **NFD RFP**.

   Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted as a clerical function, but it will not be evaluated. At the discretion of the Departments, such a proposal may be destroyed or retained for pick-up by the submitters.

■ E. EVALUATION OF PROPOSALS

1. **Evaluation Process.** It is the intent of the Departments to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful respondents, and offering the right to negotiate a contract, the Departments will conform to the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85) and DSS' written procedures for POS procurements (pursuant to C.G.S. § 4-217).

2. **Evaluation Team.** One or more Evaluation Team(s) will be designated to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Evaluation Team(s). Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any respondent (or representative of any respondent) to contact or influence any member of the Evaluation Team(s) may result in disqualification of the respondent's proposal.

3. **Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (a) be received on or before the due date and time; (b) meet the Proposal Format requirements; (c) follow the required Proposal Outline; and (d) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. Any proposal that deviates significantly from the requirements of this RFP will be rejected.

4. **Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Evaluation Team will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. The weights are confidential.

   - Organizational Requirements, especially *Qualifications/Relevant Experience*
   - Service Requirements, especially *Informed Choice*, *Person-Centered Approach,* and *Community Support*
   - Staffing Requirements *see note*
   - Reporting Requirements
   - Subcontractors
   - Work Plan
   - Financial Requirements
   - Budget Requirements
   - Appendices

   Note:
   As part of its evaluation of the Staffing Requirements, the Evaluation Team(s) will consider the respondent's demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10).

5. **Respondent Selection.** Upon completing its evaluation of proposals, the Evaluation Team(s) will submit the rankings of all proposals to the Commissioner of the Department of Social Services and/or the Commissioner of the Department of Economic and Community Development. The final selection of a successful respondent is at the discretion of the DSS and/or DECD Commissioner. Any respondent selected will be so notified. All unsuccessful respondents will be notified by e-mail or U.S. mail, at the Departments' discretion, about the outcome of the evaluation and respondent selection process.

6. **Contracting Process.** Any respondent selected for Component 1 will be offered an opportunity to negotiate a contract with DSS. Such negotiations may, but will not automatically, result in a contract. DECD shall require the selected respondent(s) for Component 2 to submit further documentation to assure the project feasibility including but not limited to a formal business plan, structural reports, a Phase 1 Environmental Assessment, hazardous materials testing if warranted, final plans and specifications, competitive procurement, contractor's insurance and bonding, and fair housing materials if applicable before a contract can be offered.

7. **Debriefing.** After receiving notification from the Departments, any respondent may contact the Official Contact and request a Debriefing of the procurement process and its proposal. If respondents still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Departments to discuss the procurement process. The Departments shall schedule and conduct Debriefing meetings that have been properly requested, within fifteen (15) days of the Departments' receipt of a request. The Debriefing meeting must not include or allow any information concerning other proposals, nor should the identity of the evaluators be released. The Debriefing process shall not be used to change, alter, or modify the outcome of a competitive procurement. More detailed information about requesting a Debriefing may be obtained from the Official Contact.

8. **Appeal Process.** Any time after the submission due date, but **not later than thirty (30) days** after the Departments notify respondents about the outcome of the competitive procurement, respondents may submit an Appeal. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. Respondents may appeal any aspect of the competitive procurement; however, such Appeal must be in writing and must set forth facts or evidence in sufficient and convincing detail for the Departments to determine whether during any aspect of the competitive procurement there was a failure to comply with the State's statutes, regulations or standards concerning competitive procurement or the provisions of the RFP. Any such Appeal must be submitted to the Commissioner of the Department of Social Services with a copy to the Official Contact. The respondent must include the basis for the Appeal and the remedy requested. The filing of an Appeal shall not be deemed sufficient reason to delay, suspend, cancel or terminate the procurement process or execution of a contract. More detailed information about filing an Appeal may be obtained from the Official Contact.

9. **Contest of Solicitation or Award.** Pursuant to Section 4e-36 of the Connecticut General Statutes, "Any bidder or proposer on a state contract may contest the solicitation or award of a contract to a subcommittee of the State Contracting Standards Board…" More detailed information is available on the State Contracting Standards Board web site at http://www.ct.gov/scsb/site/default.asp.

10. **Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Departments' contracting procedures, which may include approval by the Office of the Attorney General.

II. MANDATORY PROVISIONS

■ A. STANDARD CONTRACT, PARTS I AND II

By submitting a proposal for Component 1 in response to this RFP, the respondent implicitly agrees to comply with the provisions of Parts I and II of the State's "standard contract":

Part I of the standard contract is maintained by DSS and will include the scope of services, contract performance, budget, reports, and program-specific provisions of any resulting contract. A sample of Part I is available from the Official Contact upon request.

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the contract. Part II is available on OPM's web site at: http://www.ct.gov/opm/fin/standard_contract.

Note:
Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations.

Part I of the standard contract may be amended by means of a written instrument signed by DSS, the selected respondent (contractor), and, if required, the Attorney General's Office. Part II of the standard contract may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's office.

■ B. ASSURANCES

By submitting a proposal in response to this RFP, a respondent implicitly gives the following assurances:

1. **Collusion.** The respondent represents and warrants that it did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The respondent further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the respondent's proposal. The respondent also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.

2. **State Officials and Employees.** The respondent certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The State may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the respondent, contractor, or its agents or employees.

3. **Competitors.** The respondent assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the respondent to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The respondent further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the respondent knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

4. **Validity of Proposal.** The respondent certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or addenda hereto. The submission shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At their sole discretion, the Departments may include the proposal, by reference or otherwise, into any contract with the successful respondent.

5. **Press Releases.** The respondent agrees to obtain prior written consent and approval of the Departments for press releases that relate in any manner to this RFP or any resulting contract.

■ C. TERMS AND CONDITIONS

By submitting a proposal in response to this RFP, a respondent implicitly agrees to comply with the following terms and conditions:

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.

2. **Preparation Expenses.** The State shall not assume any liability for expenses incurred by a respondent in preparing, submitting, or clarifying any proposal submitted in response to this RFP. Reasonable pre-development costs incurred by a respondent selected for Component 2 funding will be considered for funding after DECD application approval.

3. **Exclusion of Taxes.** The State is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Respondents are liable for any other applicable taxes.

4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.

5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Departments may request and authorize respondents to submit written clarification of their proposals, in a manner or format prescribed by the Departments, and at the respondent's expense.

6. **Supplemental Information.** Supplemental information will not be considered after the deadline for submission of proposals, unless specifically requested. A respondent may be asked to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Departments. At their sole discretion, the Departments may limit the number of respondents invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per respondent.

7. **Presentation of Supporting Evidence.** If requested, a respondent must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. At their sole discretion, the Departments may also check or contact any reference provided by the respondent.

8. **RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or confer any rights on any respondent unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the respondent and the State and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the respondent or for payment of services under the terms of the contract until the successful respondent is notified that the contract has been accepted and approved by the Departments and, if required, by the Attorney General's Office.

■ D. RIGHTS RESERVED TO THE STATE

By submitting a proposal in response to this RFP, a respondent implicitly accepts that the following rights are reserved to the State:

1. **Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the State.

2. **Amending or Canceling RFP.** The State reserves the right to amend or cancel this RFP on any date and at any time, if the State deems it to be necessary, appropriate, or otherwise in its best interests.

3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Departments may reopen the procurement process, if it is determined to be in the best interests of the State.

4. **Offer and Rejection of Proposals.** The Departments reserve the right to offer in part, and/or to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Departments may waive minor technical defects, irregularities, or omissions, if in their judgment the best interests of the State will be served. The Departments reserve the right to reject the proposal of any respondent who submits a proposal after the submission due date and time.

5. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract offered as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.

6. **Contract Negotiation.** The Departments reserve the right to negotiate or contract for all or any portion of the services contained in this RFP. The Departments further reserve the right to contract with one or more respondent(s) for such services. After reviewing the scored criteria, the Departments may seek Best and Final Offers (BFOs) on cost from respondents. The Departments may set parameters on any BFOs received.

7. **Clerical Errors in Offer.** The State reserves the right to correct inaccurate offers resulting from its clerical errors. This may include, in extreme circumstances, revoking the offering of the right to negotiate a contract already made to a respondent and subsequently offering the right to negotiate a contract to another respondent. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial respondent is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the respondent.

8. **Key Personnel.** When the State is the sole funder of a purchased service, the State reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The State also reserves the right to approve replacements for key personnel who have terminated employment. The State further reserves the right to require the removal and replacement of any of the respondent's key personnel who do not perform adequately, regardless of whether they were previously approved by the State.

■ E. STATUTORY AND REGULATORY COMPLIANCE

By submitting a proposal in response to this RFP, the respondent implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Respondents are generally advised not to include in their proposals any confidential information. If the respondent indicates that certain documentation, as required by this RFP in Section I.C.12 above, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The respondent has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a respondent may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** Connecticut statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons. Detailed information is available on CHRO's web site at Contract Compliance
IMPORTANT NOTE: The respondent must upload the Workplace Analysis Affirmative Action Report into the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. More information about uploading standard contract documents is embedded in this section as a hyperlink.

3. **Consulting Agreements, C.G.S. § 4a-81.** Proposals for State contracts with a value of $50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall require a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81.
The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at OPM: Ethics Forms
IMPORTANT NOTE: The respondent must upload the Consulting Agreement Affidavit (OPM Ethics Form 5) into the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. More information about uploading standard contract documents is embedded in this section as a hyperlink.

4. **Limitation on Use of Appropriated Funds to Influence Certain Federal Contracting and Financial Transactions, 31 USC § 1352.** A responsive proposal shall include a Certification Regarding Lobbying form, which is embedded in this section as a hyperlink, attesting to the fact that none of the funds appropriated by any Act may be expended by the recipient of a Federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the: (A) awarding of any Federal contract; (B) making of any Federal grant; (C) making of any Federal loan; (D) entering into of any cooperative agreement; or (E) extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

5. **Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2).** If a respondent is offered an opportunity to negotiate a contract with an anticipated value of $50,000 or more in a calendar or fiscal year, the respondent must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and Connecticut State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at OPM: Ethics Forms
IMPORTANT NOTE: The selected respondent must upload the Gift and Campaign Contributions Certification (OPM Ethics Form 1) into the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to contract execution. More information about uploading standard contract documents is embedded in this section as a hyperlink.

6. **Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a respondent is offered an opportunity to negotiate a contract, the respondent must provide the State with *written representation* or *documentation* that certifies the respondent complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and Connecticut State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at OPM: Nondiscrimination Certification
IMPORTANT NOTE: The selected respondent must upload the Nondiscrimination Certification into the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to contract execution. More information about uploading standard contract documents is embedded in this section as a hyperlink.

7. **Certificate of Legal Existence**. At time of contract, successful respondents will be required to show evidence of incorporation in the State of Connecticut, having obtained a Certificate of Legal Existence from the Secretary of State, or other authorization to conduct business in the State of Connecticut in order to enter into a contract with DSS and/or DECD for these purposes.

8. **Competitive Bidding Requirements**. ►*Applies to Component 2 only*◄ All contractors must competitively procure construction, goods, and services in conformance with DECD procurement standards, which are available on the DECD web site at http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1.

III. PROGRAM INFORMATION

A. DEPARTMENT OF SOCIAL SERVICES OVERVIEW

The Department of Social Services delivers a broad variety of services to children, families, adults, people with disabilities, and the elderly, including health care coverage, child care, child support enforcement, independent living services, energy assistance, food and nutrition aid, and program grants. DSS administers more than 90 legislatively authorized programs and one third of the State budget, currently serving more than 700,000 individuals in nearly 450,000 households (June 2012 data).

By statute, DSS is the State agency responsible for administering a number of programs under federal legislation, including the Food and Nutrition Act of 2008 and the Social Security Act. The Department is also designated as a public housing agency for the purpose of administering the Section 8 program under the federal Housing Act.

The Department is headed by the Commissioner of Social Services and there are two Deputy Commissioners -- a Deputy Commissioner for Programs and a Deputy Commissioner for Health Services, Finance, and Administration. The Department administers most of its programs through 12 field offices throughout the State, with central administrative offices located in Hartford. In addition, many services funded by the Department are available through community-based agencies. The Department has out-stationed employees at hospitals to expedite Medicaid/HUSKY applications, and also works with community service providers to facilitate program applications.

Attached to the Department for administrative purposes only are the Department of Rehabilitative Services, encompassing vocational rehabilitation services, services for the blind and visually-impaired, services for the deaf and hearing-impaired, and disability determination services; and the Child Day Care Council.

Department Mission

The Connecticut Department of Social Services provides a continuum of core services to:

- Meet basic needs of food, shelter, economic support, and health care
- Promote and support the choice to live with dignity in one's own home and community
- Promote and support the achievement of economic viability in the workforce

We gain strength from our diverse environment to promote equal access to all Department programs and services.

Department Vision

The Connecticut Department of Social Services is people working together to support individuals and families to reach their full potential and live better lives. We do this with humanity and integrity.

■ B. DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT OVERVIEW

The Department of Economic and Community Development is the State's lead agency responsible for strengthening Connecticut's competitive position in the new high-tech, knowledge-based global economy. The agency takes a comprehensive approach to economic development that incorporates housing and community development, as well as culture and tourism.

The Department of Economic and Community Development devises and implements strategies that help businesses grow and succeed; revitalize communities and neighborhoods; ensure quality housing; and promote tourist attractions, the arts, and historic preservation. Specifically, DECD:

- Supports existing businesses and attracts new businesses and jobs with a wide range of programs and services to help companies prosper;
- Promotes Connecticut industries and businesses here at home, throughout the country, and across the globe;
- Strengthens Connecticut's communities by promoting affordable housing opportunities and providing funding and technical support for local community and economic development projects;
- Works to make tourism a leading economic contributor and a source of pride for Connecticut;
- Develops and strengthens the arts in Connecticut and making artistic experiences widely available to residents and visitors; and
- Helps to eliminate brownfield properties by promoting smart growth principles, strengthening public-private partnerships, and providing a one-stop resource for expertise.

■ C. MONEY FOLLOWS THE PERSON DEMONSTRATION PROJECT OVERVIEW

The Money Follows the Person (MFP) Rebalancing Demonstration, authorized by Section 6071 of the federal Deficit Reduction Act of 2005 (P.L. 109-171), was designed to assist states to balance their long-term care systems and help Medicaid enrollees transition from institutions to the community. Congress initially authorized up to $1.75 billion through Federal Fiscal Year (FFY) 2011. With the subsequent passage of the federal Patient Protection and Affordable Care Act (P.L. 111-148) in 2010, Section 2403 extended the project through September 30, 2016. An additional $2.25 billion in federal funds were appropriated through FFY 2016. Grant funds awarded in 2016 can be used through FFY 2020. The MFP Rebalancing Demonstration Project supports state efforts to rebalance their long-term support systems so that individuals have a choice of where they live and receive services.

The State of Connecticut is committed to creating a more efficient and effective Long Term Services and Supports (LTSS) system aligned with the principles of choice, autonomy, and dignity. The envisioned system will allow Medicaid recipients who need LTSS to choose whether they want to receive these services in a nursing facility or in a community setting. In order to attain the vision of enhanced qualify of life and increased choice for individuals across all disabilities to live, work, and age within their own communities, the concept of a town-based LTSS compendium was developed. Honoring the autonomy and local governance authority of the towns within Connecticut, the individually-tailored, town-based approach to LTSS will provide choices ranging from various types of supportive housing options to care provided in a nursing facility. These options will reflect the preferences of the persons they are designed to serve and support a seamless transition from hospital to short-term rehabilitation and back into the community.

■ D. STRATEGIC REBALANCING PLAN

Connecticut Public Act 11-242, § 83 and 84 require the Commissioner of Social Services to develop a strategic plan, consistent with the long-term care plan established pursuant to Section 17b-337 of the Connecticut General Statutes (C.G.S.), to rebalance Medicaid long-term services and supports, including, but not limited to those services and supports provided in home, community-based, and institutional settings. The Commissioner must include providers from all three settings in the development of the plan.

The act permits the Commissioner of Social Services to contract with nursing facilities, as defined in Section 17b-357 C.G.S., and home and community-based providers to carry out the strategic plan. It also permits the Commissioner to revise a rate paid to a nursing facility pursuant to Section 17b-340 C.G.S. to carry out the plan. The act authorizes the Commissioner to fund plan initiatives with federal grants available under the Money Follows the Person Demonstration project and the State Balancing Incentive Payment Program under the Patient Protection and Affordable Care Act (P.L. 111-148).

1. Goal

The overarching goal of this Request for Proposals is to help the State of Connecticut rebalance its Medicaid Long Term Services and Supports between services received in the community and services received in nursing facilities, to reflect the choice and desires of the individuals receiving those services and supports. More and more Medicaid recipients are choosing to receive their services in the community, causing an excess of nursing facility beds statewide. The intent is to alleviate confusion, chaos, and disorder in the manner in which nursing facility beds are removed from the system. A thoughtful approach, allowing facilities to change their focus and business model to incorporate community-based services will be less stressful to nursing facility residents, nursing facility staff, nursing facility owners, the State, and Medicaid recipients.

For years, the system has inadvertently supported a bias toward nursing facility care rather than care in the community for Medicaid recipients who need LTSS even though individuals overwhelmingly would prefer to receive LTSS in their homes in the community. This bias has led to a large number of nursing facility beds in our state. Now that the federal and state governments are supporting LTSS in the community for Medicaid recipients, Connecticut has an excess number of nursing facility beds. This RFP provides an opportunity for nursing facilities in Connecticut to redesign their business models to reflect this change.

Proposals must demonstrate the respondent's commitment to culture change, person-centered planning, and existing relationships with stakeholders in the community including but not limited to town governance, town residents, nonprofit entities, home and community-based services (HCBS) providers, people with disabilities, and elders.

2. **Objectives**

The respondent must focus its proposal on the following objectives:

a. Provide choice to Medicaid recipients in where they receive their LTSS;
b. Build capacity for LTSS in the community based on projected need; and
c. Decrease the number of nursing facility beds in an orderly fashion in locations that currently have or are projected to have a surplus of beds.

3. **Purpose**

The purpose of this Request for Proposals is to seek proposals from nursing facilities licensed by the State of Connecticut, Department of Public Health who are interested in diversifying or establishing a new business model to support Medicaid recipients who need Long Term Services and Supports to live in the community. Proposals must align with the State's Strategic Rebalancing Plan: A Plan to Rebalance Long Term Services and Supports 2013-2015, embedded as a hyperlink, assure informed choice to residents living in the facility, and contribute to reducing the total number of nursing facility beds statewide. Respondents are encouraged and expected to develop relationships and partner with stakeholders in the community including but not limited to town governance, town residents, nonprofit entities, home and community-based services (HCBS) providers, people with disabilities, and elders.

The submission of multiple proposals for one nursing facility site for the same component is not an option with this procurement. However, a respondent may submit proposals for more than one nursing facility site. Each proposal must be self-contained and packaged separately, and demonstrate the respondent's capacity to successfully complete multiple projects.

4. **Ineligible Activities**

Funding available under this RFP may ***not*** be used for:

a. Institutional care including partial conversion or new construction of a short-term rehabilitation center;
b. Conversion to a greenhouse model;
c. New construction or substantial rehabilitation of rental housing including but not limited to assisted living or congregate housing;
d. Full or partial conversion of a nursing facility into any form of housing;
e. Site acquisition;
f. Relocation of any business or occupied housing units;
g. Furniture and equipment costs that are not integral to services provided directly to clients.

If the respondent is contemplating community housing other than Adult Family Living, see the DECD web site at http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1.

5. **Eligible Activities**

a. **Component 1**. DSS has up to $3 million in MFP funds available per State Fiscal Year. Funds may not be used for capital improvements, but may be used for accessibility modifications. Examples of acceptable uses include but are not limited to:

i. Technical assistance and consulting;
ii. Infrastructure costs associated with diversifying or establishing a new business model that supports individuals on Medicaid who need Long Term Services and Supports (LTSS) to live in the community;
iii. Infrastructure costs associated with information technology;
iv. Legal fees for establishing a separate home health agency structure and other start-up costs;
v. Fees for becoming a certified adult day center, a home health agency or a homemaker companion agency;
vi. Licensure costs;
vii. Training and professional development;
viii. Community market research;
ix. Outreach activities;
x. Print materials for adult day center, adult family living home, home health agency or homemaker companion agency;
xi. Expenses attributed to accessibility modifications for developing community housing NOT on institutional property;
xii. Furniture and equipment costs integral to services provided directly to clients; and
xiii. Financing costs.

b. **Component 2**. DECD has up to $10 million of capital financing available for the following eligible projects:

i. Renovation, rehabilitation, and/or conversion including additions, demolition, remediation or removal of hazardous materials, paving and other site improvements, and reasonable soft costs to support the rehabilitation of buildings owned by a nursing facility where such improvements are needed to diversify or establish a new business model.

ii. New construction and/or rehabilitation, renovation or conversion including additions, demolition, remediation or removal of hazardous materials, paving and other site improvements and reasonable soft costs to support the construction/rehabilitation of an Adult Family Living Home(s).

State bond funds will be provided in the form of a grant or loan. It is anticipated that DECD will require the filing of a restrictive covenant on the land records to ensure that the property is used consistent with the purposes for which capital funds are provided. The length of the restrictive covenant will be commensurate with the proportion of State funding to the total development cost.

6. **Readiness to Proceed**

The Departments expect to select proposals at two levels of readiness to proceed.

Level A funding is intended for nursing facilities that have already researched and developed a viable concept with a business plan for sustainability. Level A funding may be provided for one or both components. Nursing facilities that request Level A funding must demonstrate: a) a commitment to culture change and person-centered planning; b) a fully-developed concept with a business plan for sustainability; and c) existing relationships with community stakeholders.

Level B funding is intended for nursing facilities that have not already developed a business plan. Level B funding will be based on viability of concept and will provide funding to fully develop the concept or other requirements to meet Level A criteria. Level B funding is not available for Component 2.

Proposals for Level A funding will be evaluated separately from proposals for Level B funding.

■ E. MAIN PROPOSAL

If the respondent is submitting a proposal for Component 1 only (no capital improvements), the respondent must provide all the information requested in Sections III.E and III.F of this RFP. If the respondent is submitting a proposal for Component 2 only (capital improvements), the respondent must provide all the information requested in Sections III.E.1 through III.E.5 and Section III.F of this RFP, as well as the application materials on the DECD web site at http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1. If the respondent is submitting a proposal for both Component 1 and Component 2, the respondent must provide all the information requested in Sections III.E and III.F of this RFP, as well as the application materials on the DECD web site at http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1.

If the respondent believes that information requested in the RFP does not apply to its proposal, the respondent is strongly encouraged to submit clarifying questions to the Official Contact for the RFP, in writing, before the due date for questions. The respondent should also state in the proposal that information requested in the RFP does not apply to its proposal, explain why, and include any other information in the appropriate section(s) that supports the respondent's proposal.

Where indicated throughout this section of the RFP, respondents are required to provide the information requested about each subcontractor proposed to provide a specific health or human service as part of a contract with DSS as a result of this RFP. Failure to comply with this requirement may result in the immediate disqualification of the proposal.

1. **Organizational Requirements** *(Page Limit: 10 pages per the respondent and each subcontractor)*

The owners (or designees) of nursing facilities licensed by the State of Connecticut, Department of Public Health are eligible to submit proposals in response to this RFP.

To be eligible to submit a response to this Request for Proposals, a respondent must be the owner (or designee) of a nursing facility that has the following minimum qualifications: a) a Medicaid-approved nursing facility doing business in the State of Connecticut; b) is not under a Consent Order by the Connecticut Department of Public Health; c) has not been identified as a "Special Focus Facility" as defined by the Centers for Medicare and Medicaid Services; and d) is in compliance with the requirements of the federal Minimum Data Set (MDS) 3.0 Section Q.

The Departments reserve the right to reject the submission of any respondent in default of any current or prior contract.

A responsive proposal must include the following information about the administrative and operational capabilities of the respondent and each proposed subcontractor where indicated throughout this section of the RFP.

a. *Mission/Goals/Years in Operation*. Provide a brief overview of **the respondent's and each proposed subcontractor's** organization including the mission, goals, and years in operation. Describe how the proposed project fits within **the respondent's and each proposed subcontractor's** mission and goals.

b. *Current Functional Organization.* Provide an organization chart showing the ***current*** hierarchical structure of functions and positions within **the respondent's and each proposed subcontractor's** organization, in Section IV.H. Appendices.

c. *Qualifications/Relevant Experience*. Describe **the respondent's and each proposed subcontractor's** success with person-centered planning, community collaboration, and making changes to its business model. Explain any difficulties, problems or obstacles the organization has encountered and how it resolved them. Provide examples of the organization's current practices and achievements in person-centered planning and the steps taken to attain such achievements. Describe how the organization honors individual client preferences, choices, and abilities.

d. *Governance – Disclosure.* Provide the following information about **the respondent's and each proposed subcontractor's** organization:

   i. The name, business address, residence address, and percentage of time to be allocated to implementing the proposed business model by members of the Board of Directors;

   ii. The role of the Board of Directors in the organization's governance and policy-making;

   iii. A current organization chart defining the levels of ownership, governance, and management in Section IV.H. Appendices;

   iv. A complete description of any and all related party relationships and transactions including full disclosure of any anticipated payments to a related party (such payments are non-allowable unless the respondent provides sufficient data to satisfy the Departments that the payments are necessary and reasonable); and

   v. An overview of how organization policies and procedures are reviewed and updated whenever there are federal and State regulation changes and/or operational changes, or as requested by the Departments.

e. Ownership – Disclosure. Provide the following information about **the respondent's and each proposed subcontractor's** organization:

i. A complete description of the percent of ownership by the principals of the organization, or any other individual or organization that retains a 5% or more interest including name, business address, and residence address;

ii. The name of any persons identified in subsection i above who are related to each other and the nature of the relationship, namely, spouse, child, brother, sister, or parent;

iii. The name of any person(s) with an ownership or controlling interest of 5% or more in the organization, who also has an ownership or controlling interest of 5% or more in any other related entity including subcontracting entity, parent entity or wholly owned entity including the name of the other entity;

iv. The name of any person with an ownership or controlling interest in the organization who has been convicted of a criminal offense related to that person's involvement in any federal or State program(s), since the inception of such program(s);

v. The name, business address, and residence address of any agent or employee of the organization who has been convicted of a criminal offense related to that person's involvement in any federal or State program(s), since the inception of such program(s);

vi. Whether any person identified in subsections (i) through (v) above has been terminated, suspended, barred or otherwise excluded from participation, or has voluntarily withdrawn as the result of a settlement agreement, from any federal or State program(s), or has within the past five years been reinstated to participation in any federal or State program(s), and prior to said reinstatement had been terminated, suspended, barred or otherwise excluded from participation, or has voluntarily withdrawn as the result of a settlement agreement, in such program(s); and

vii. A description of the organization's relationship with other entities including whether the organization is an independent entity or a subsidiary or division of another entity (if the organization is not an independent entity, the proposal shall describe the organization linkages and the degree of integration/collaboration between the organizations including the roles of the organizations' principals) and a description of the relationship with any parent company when the organization is an affiliate of another entity.

f. *Audit Compliance*. Describe **the respondent's and each proposed subcontractor's** success with contract compliance requirements during the past three (3) years. Identify any deficiencies in program audits and, if applicable, detail what steps the organization has taken to address any recommendations. List all sanctions, fines, penalties or letters of noncompliance issued against the organization by any funding source (public and/or private). Describe the circumstances eliciting the sanction, fine, penalty or letter of noncompliance and the corrective action or resolution to the sanction, fine, penalty or letter of noncompliance. If no sanctions, fines, penalties or letters of noncompliance were issued, a statement that attests that no sanction, fine, penalty or compliance action has been imposed on the organization within the past three (3) years must be submitted.

g. *Evidence of Qualified Entity*. Provide written assurance to the Departments from the respondent's legal counsel that **the respondent and each proposed subcontractor** is qualified to conduct business in the State of Connecticut and is not prohibited by its articles of incorporation, bylaws, or the laws under which it is incorporated from performing the services required under any resulting contract, in Section IV.H. Appendices.

h. *Quality Assurance Protocols.* Describe the respondent's internal process to ensure the quality and appropriateness of the care provided in the nursing facility. If an external quality assurance process is used, describe the process. Provide evidence that the care currently provided in the nursing facility is high quality care, including four letters from residents and residents' families in Section IV.H. Appendices.

i. *References.* Provide three (3) specific programmatic references for the respondent. References must include the company name, and the name, title, mailing address, telephone number, and e-mail address of a specific contact person. The contact person must be an individual familiar with the respondent and its day-to-day performance. References cannot be the respondent's or any proposed subcontractor's current employees. ***Respondents are strongly encouraged to contact their references to ensure the accuracy of their contact information, and their willingness and ability to provide references.*** The Departments expect to contact these references as part of the evaluation process.

2. Service Requirements (*Page Limit: 20 pages total*)

The Departments will consider any proposed business model that will contribute both to increasing the capacity of long term services and supports in the community, as well as reducing the total number of nursing facility beds statewide. Respondents are encouraged to be innovative and creative in their proposals.

The State acknowledges that the vision of local LTSS compendiums includes new models of institutional care. These institutional settings will reflect a stronger culture of person-centered care than is currently the norm in Connecticut. While different nursing facility models of care are an important consideration, the strategic priority for this RFP is the development of community-based LTSS.

Examples of acceptable projects include, but are not limited to the following.

- Converting a portion of a nursing facility into an adult day center.

- Converting a portion of a nursing facility into a business office to operate a Home and Community-Based Services agency such as a Home Health Agency.

- Making building code modifications, accessibility modifications, and other necessary and reasonable upgrades to a house purchased by a nursing facility to be used as an Adult Family Living Home. The funding available through this RFP may not be used to purchase the house. Adult Family Living Homes must provide housing for Medicaid recipients whose incomes do not exceed $2,130.00, or people with disabilities and elders in the community whose incomes do not exceed 50% of the Area Median Income (AMI) adjusted for family size. More information about the Area Median Income (AMI) is available on the DECD web site at http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1. As determined by HUD, housing (including utilities) is considered affordable when a family pays no more than 30% of its adjusted monthly income for rent.

- Supporting a nursing facility working in collaboration with community stakeholders to build a town-based compendium consistent with the State's strategic plan.

- Using the nursing facility as part of the town's emergency back-up and/or expanded respite system.

- Developing capacity to provide community-based services through diversification of nursing facility services including, but not limited to physical, occupational or speech therapy; home health; personal care; home-delivered meals; respite; transportation; adult day; etc.

- Developing a transitional program that supports the movement of individuals from a variety of institutional settings into the community. Transitional programs may be developed through a community entity and must be time-limited to no more than 180 days pre-transition, in accordance with Medicaid requirements.

- Developing a training program within a nursing facility including training and support for caregivers, and medication management and self-administration.

- Developing an emergency back-up staff support service, which could be integrated into an individual's community care plan.

- Developing a substance abuse and addiction transition program.

- Developing an independent living skills program with employment as the end goal if appropriate.

- Partnering with the U.S. and/or Connecticut Department of Veterans Affairs to provide LTSS commonly needed by veterans who are Medicaid recipients.

A responsive proposal must include the following information about how the respondent shall, directly or indirectly through subcontractors, diversify or establish a new business model to support Medicaid recipients who need Long Term Services and Supports (LTSS) to live in the community.

a. *Target Population.* The population to be served is Medicaid recipients who need LTSS to live in the community. Any new business entity established by the respondent as a result of this RFP must enroll as a Medicaid provider.

b. *Catchment Area.* Identify the cities and towns to be served.

c. *Documentation of Community Need*. The State utilized Medicaid long term care demand projections, embedded in this section as a hyperlink, to identify high need areas of the State and to guide decision making. Criteria defining high need areas included current nursing facility census compared to current and projected demand for institutional care at a local level, and current and projected demand for community-based LTSS compared to supply. Provide documentation to support the need for the proposed business model changes within the proposed catchment area. Cite sources used to obtain data such as a federal governmental agency data set or other recognized authoritative source.

d. *Location of Offices/Facilities/Hours of Operation.* Specify the location of all proposed direct client service sites, hours of operation, and services to be provided at each site.

e. *Business Model.* Provide a clear and concise description of the proposed business model and how it will achieve the goal, objectives, and purpose stated in Section III.D.1-3 above. The description shall include but not be limited to:

   i. How the proposed business model will enhance community-based LTSS and meet the need in the proposed catchment area;

   ii. The number and types of clients who will be served in the community including an estimated timeline;

   iii. The number and percent of current nursing facility residents with long term Medicaid approval whom the respondent expects to assist with moving to the community including an estimated timeline;

   iv. The number of nursing facility beds that will be removed from the system including an estimated timeline;

   v. The respondent's current success providing LTSS in the nursing facility and how such success will be transferable to the facility's proposed business model;

   vi. An impact statement on the nursing facility's current workforce; and

   vii. The respondent's approach and capacity to successfully implement and sustain the proposed business model including but not limited to the methods that will be used to notify Medicaid recipients, people with disabilities, and elders to the maximum extent possible, about the availability of community LTSS.

f. *Informed Choice.* Demonstrate that the respondent has begun to undergo a culture change and has supported efforts by the MFP project to inform consumers of their choices (informed choice) regarding all LTSS that are available and will support informed choice for its current residents.

g. *Person-Centered Approach*. Describe the respondent's support of and competency at delivering a person-centered approach to providing LTSS. Include a one-page letter written by the respondent, from the perspective of a nursing facility resident, describing how a typical day reflects a person-centered approach to care options, self-care, and care planning, in Section IV.H. Appendices.

h. *Culturally Competent Services*. Describe **the respondent's and each proposed subcontractor's** ability to serve multicultural, multilingual populations in a culturally sensitive and linguistically competent way.

i. *Community Support.* Describe the method the respondent used to include community stakeholders in its planning process, for example, town governance, town residents, nonprofit entities, home and community-based services providers, people with disabilities, elders, and/or other stakeholders in the community. Demonstrate how the stakeholders' input was incorporated into the process and describe how the respondent will continue to include the stakeholders in the process for at least the anticipated contract period.

   Include letters of support from the community stakeholders in Section IV.H. Appendices. Letters must indicate the following information for each stakeholder: name, title; company name; mailing address; telephone number; e-mail address; the level of collaboration between the writer and the respondent specific to the

respondent's proposed business model; and the writer's intent to work with the respondent to implement the proposed business model.

j. *HCBS Linkages/Collaboration/Coordination.* Demonstrate how the proposed business model will be aligned with other HCBS providers and supports, and coordinated with other integrated care and home health initiatives. Include a draft Memorandum of Understanding (MOU) with existing HCBS providers in the proposed catchment area indicating their commitment to collaborate with the respondent, in Section IV.H. Appendices. Selected respondents shall be required to submit a copy of a final MOU prior to contract execution.

k. *Learning Collaborative.* The contractor shall be required to fully participate in quarterly learning collaborative meetings to be convened by DSS. Include a statement that the respondent agrees to fully participate in such meetings.

l. *Accreditation/Certification/Licensure*. Indicate all licenses, registrations, certifications, approvals, etc., that will be required by local, state, and federal governments to implement and sustain the proposed business model. Include documentation of such licenses, registrations, certifications, and approvals in Section IV.H. Appendices, and/or indicate a timeline for obtaining such documentation.

m. *DSS Responsibilities.* Identify specific support the respondent requires from DSS to perform the activities required by any resulting contract. If the respondent does not require any specific support from DSS, a responsive proposal must state such. DSS retains the ultimate decision-making authority required to ensure contract deliverables are completed. Specific DSS responsibilities shall include:

i. Project management -- A project manager will be assigned by DSS. This individual will be responsible for monitoring progress and will have final authority to approve or disapprove deliverables;
ii. Staff coordination -- The project manager will coordinate all necessary contacts between the contractor and DSS;
iii. Approval of deliverables -- The project manager will review, evaluate, and approve all deliverables prior to the contractor's being released from further responsibility;
iv. Technical assistance – DSS will provide technical assistance during the design, development, and implementation of the proposed business model; and
v. Programmatic guidance – DSS will issue additional programmatic guidance as necessary.

3. **Staffing Requirements** (*Page Limit: 10 pages total)*

A responsive proposal must include the following information about all staff that **the respondent and each proposed subcontractor** intend to employ to implement and sustain the proposed business model.

a. *Staffing Model*. Identify the number and type of all staff positions that will be responsible for implementing and sustaining the proposed business model, including but not limited to a Project Manager. The Project Manager's responsibilities shall include but not be limited to day-to-day oversight, attending all meetings at the request of DSS and/or DECD, and responding to DSS' and/or DECD's requests for status updates and ad hoc interim reports. Include the number of hours per week and percentage of time each position will be dedicated to implementing and sustaining the proposed business model. Indicate whether each position will be newly created or existing. If the staff that will be assigned to the proposed business model are currently employed by the organization, include their names and position titles.

   Note: DSS and/or DECD must be notified in writing and in advance regarding the departure of any staff responsible for implementing and sustaining the proposed business model.

b. *Proposed Functional Organization.* Provide an organization chart showing the proposed hierarchical structure of functions and positions within the respondent's and each proposed subcontractor's organization, and the respondent's proposed hierarchical and programmatic relationships with each proposed subcontractor, in Section IV.H. Appendices.

c. *Resumes.* Provide resumes, not exceeding two pages per resume, for all staff identified in Section III.E.3.a above that are currently employed by the organization, in Section IV.H. Appendices. Resumes must reflect staff qualifications including credentials, licenses, education, training, experience with the respondent (or the respondent's proposed subcontractor), experience with government-funded projects, and other relevant experience.

d. *Job Descriptions*. Provide current job descriptions for all staff positions identified in Section III.E.3.a above, in Section IV.H. Appendices. The job descriptions must outline specific duties associated with the proposed business model, and minimum credential, license, education, training, and experience requirements. This should clearly show how the position supports the implementation of the proposed business model.

e. *Recruitment, Hiring, and Retention Plan*. Detail **the respondent's and each proposed subcontractor's** recruitment, hiring, and retention plan, including any efforts made to recruit and hire persons with disabilities.

f. *Staff Training/Education/Development*. Describe **the respondent's and each proposed subcontractor's** staff training, education, and development plan. Include a list of person-centered training programs currently provided for nursing facility staff.

g. *Workers Compensation*. Provide evidence that **the respondent and each proposed subcontractor** maintains workers compensation insurance for all employees in Section IV.H. Appendices.

h. *Affirmative Action*. Include a copy of **the respondent's and each proposed subcontractor's** affirmative action policy statement in Section IV.H. Appendices.

4. **Reporting Requirements** (*Page Limit: Five pages per the respondent and each proposed subcontractor)*

   A responsive proposal must include the following information about the information management and performance measurement systems of **the respondent and each proposed subcontractor**.

   a. Demonstrate the nursing facility's compliance with the federal Minimum Data Set (MDS) 3.0 Section Q and specify the number of referrals the nursing facility made to the Money Follows the Person Program during the past State Fiscal Year (July 1, 2012 through June 30, 2013).

   b. The contractor shall be required to submit the following reports.

      i. Client satisfaction assessments and program evaluations as requested by DSS.

      ii. Periodic status and financial reports in a format approved by DSS and/or DECD for the entire contract period.

      The proposal must describe **the respondent's and each proposed subcontractor's** ability to utilize technology to comply with these reporting requirements.

5. **Work Plan**

   A responsive proposal must include a comprehensive and realistic work plan **for each federal fiscal year** (October 1 to September 30). The work plan must demonstrate the flow of activities in a logical and sequential manner with each year building upon the previous year. The proposed work plan must include:

   a. Proposed start date;

   b. Steps the respondent intends to take including but not limited to obtaining all licenses, registrations, certifications, approvals, etc., that will be required by local, state, and federal governments to implement and sustain the proposed business model;

   c. Estimated timeline for each step;

   d. Estimated cost for each step;

   e. Itemized deliverables for each step;

   f. Measurable objectives for each step; and

   g. Proposed completion date.

6. Subcontractors

If the respondent is proposing the use of any subcontractors to provide a specific health or human service as part of a contract with DSS as a result of this RFP, each subcontractor must be identified in the proposal. All subcontractors are subject to DSS' prior approval.

A responsive proposal must include the following information about **each proposed subcontractor**.

a. A Subcontractor Profile, which is embedded in this section as a hyperlink, shall be included in Section IV.H. Appendices. The Subcontractor Profile must be signed by an authorized official of the proposed subcontractor.

b. A draft subcontract between the respondent and **each proposed subcontractor** shall be included in Section IV.H. Appendices. Selected respondents shall be required to submit a copy of a final written agreement with **each subcontractor** prior to contract execution.

■ F. COST PROPOSAL

If the respondent is submitting a proposal for Component 1 only (no capital improvements), the respondent must provide all the information requested in Sections III.E and III.F of this RFP. If the respondent is submitting a proposal for Component 2 only (capital improvements), the respondent must provide all the information requested in Sections III.E.1 through III.E.5 and Section III.F of this RFP, as well as the application materials on the DECD web site at http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1. If the respondent is submitting a proposal for both Component 1 and Component 2, the respondent must provide all the information requested in Sections III.E and III.F of this RFP, as well as the application materials on the DECD web site at http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1.

1. Financial Requirements (*Page Limit: Four pages per the respondent and each proposed subcontractor*)

A responsive proposal must include the following information about **the respondent's and each proposed subcontractor's** fiscal stability, accounting and financial reporting systems, and relevant business practices.

a. Audited Financial Statements. Submit one copy each of the organization's three most recent annual financial statements prepared by an independent Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (GAAP) (USA). The copies shall include all applicable financial statements, auditor's reports, management letters, and any corresponding reissued components. Audited financial statements do not count toward the total page limit of the proposal. One copy only shall be included with the original proposal in Section IV.H. Appendices.

b. Accounting/Financial Reporting. Provide assurance that the organization will comply with all DSS and/or DECD accounting and financial reporting requirements.

c. Financial Controls. Demonstrate the organization's ability to establish financial controls for tracking funds provided under any contract resulting from this RFP.

d. *Financing*. Provide the amount and type of any outstanding financing and mortgages on both the nursing facility business and real estate. If there is no outstanding financing or mortgages on either the nursing facility business or real estate, a responsive proposal must state such.

If the nursing facility has an outstanding obligation insured by the federal Department of Housing and Urban Development (HUD) under Section 232 of the National Housing Act, provide assurance that the respondent will notify both the lender and HUD if the respondent is selected for funding. The respondent is responsible for contacting HUD to determine whether the proposed business model changes will qualify for a renegotiation of a HUD-insured loan. If the nursing facility has no outstanding obligation insured by HUD under Section 232 of the National Housing Act, a responsive proposal must state such.

e. *Leveraged Funds*. Describe how the organization will leverage other resources to develop and implement the proposed business model. Other resources may include but are not limited to: owner equity; grants of cash, real property and other assets; in-kind services, state or federal resources (other than those available through this RFP); local government; and private for-profit and nonprofit entities.

2. Budget Requirements

a. *Cost Standards*. All proposed costs are subject to federal cost policy guidance and the standards developed by the State Office of Policy and Management for determining the cost of contracts, grants, and other agreements with organizations that receive funding from the State. In the event of any inconsistency, the federal cost policy guidance shall supersede the OPM cost standards. Be advised that the cost proposal is subject to revision prior to contract execution in order to ensure compliance with the OPM cost standards and federal cost policy guidance.

The applicable federal cost policy guidance is available at OMB Circular A-133 and OMB Circular A-122. More information about the cost standards is available on OPM's web site: Cost Standards.

All proposed costs for Component 2 are subject to DECD's Underwriting Standards, which are available on the DECD web site at http://www.ct.gov/ecd/cwp/view.asp?a=1098&Q=524158&PM=1.

b. *Budget*. **A responsive proposal must include** a separate Budget form, which is embedded in this section as a hyperlink, **for each federal fiscal year** (October 1 to September 30).

c. *Budget Justification*. **A responsive proposal shall detail** how costs included in the budget were calculated. Identify all other funding sources for the proposed business model, in addition to the funding requested under this RFP. Either Microsoft Office Word or Excel format is acceptable.

d. *Plan of Stability Operations.* A responsive proposal must include a Ten-Year Cash Flow Projection for the proposed business model with a business plan if available, in Section IV.H. Appendices.

Consideration will be given to proposals that have more efficient and economical development costs, as well as those that have more efficient and economical costs per client. The size and scope of the project is to be determined by the respondent and must meet the need in the community.

DSS and DECD reserve the right to fund portions of a proposed budget and/or require adjustments.

DSS and DECD reserve the right to consider all factors including cost in the final selection of a successful respondent. The opportunity to negotiate a contract with DSS and/or DECD will not be offered based on cost alone.

3. Payment Information

Payment shall be made periodically by DSS and/or DECD upon receipt of satisfactorily completed services and deliverables. Requests for payment shall be submitted by the contractor in a format provided by DSS and/or DECD. Specific terms and conditions pertaining to the payment process shall be set forth in the terms of the resulting contract.

IV. PROPOSAL OUTLINE

*This section presents the **required** outline that must be followed when submitting a proposal in response to this RFP. Proposals must include a Table of Contents that exactly conforms with the required proposal outline (below). Proposals must include all the sections listed below, in the order specified, using the prescribed lettering and numbering scheme. Incomplete proposals will not be evaluated.*

Page

A. Cover Sheet **1**

B. Table of Contents **2**

C. Declaration of Confidential Information . . . . . **Etc.**

D. Conflict of Interest - Disclosure Statement . . . . . .

E. Executive Summary . . . . . .

F. Main Proposal . . . . . .

1. Organizational Requirements . . . . . .

a. Mission/Goals/Years in Operation . . . . . .
b. Qualifications/Relevant Experience . . . . . .
c. Governance -- Disclosure . . . . . .
d. Ownership -- Disclosure . . . . . .
e. Audit Compliance . . . . . .
f. Quality Assurance Protocols . . . . . .
g. References . . . . . .

2. Service Requirements . . . . . .

a. Catchment Area . . . . . .
b. Documentation of Community Need . . . . . .
c. Location of Offices/Facilities/Hours of Operation . . . . . .
d. Business Model . . . . . .
e. Informed Choice . . . . . .
f. Person-Centered Approach . . . . . .
g. Culturally Competent Services . . . . . .
h. Community Support . . . . . .
i. HCBS Linkages/Collaboration/Coordination . . . . . .
j. Learning Collaborative . . . . . .
k. Accreditation/Certification/Licensure . . . . . .
l. DSS Responsibilities . . . . . .

3. Staffing Requirements . . . . . .

a. Staffing Model . . . . . .

b. Recruitment, Hiring, and Retention Plan . . . . . .
c. Staff Training/Education/Development . . . . . .

4. Reporting Requirements . . . . . .

5. Work Plan . . . . . .

G. Cost Proposal . . . . . .

1. Accounting/Financial Reporting . . . . . .
2. Financial Controls . . . . . .
3. Financing . . . . . .
4. Leveraged Funds . . . . . .
5. Budget . . . . . .
6. Budget Justification . . . . . .

H. Appendices . . . . . .

1. Current Functional Organization Chart(s) . . . . . .
2. Ownership, Governance, Management Organization Chart(s) . . . . . .
3. Evidence of Qualified Entity . . . . . .
4. Quality Assurance Letters . . . . . .
5. Person-Centered Approach Letter . . . . . .
6. Community Support Letters . . . . . .
7. Draft MOU with HCBS Providers . . . . . .
8. Licenses, Registrations, Certifications, and Approvals . . . . . .
9. Proposed Functional Organization Chart(s) . . . . . .
10. Resumes . . . . . .
11. Job Descriptions . . . . . .
12. Evidence of Workers Compensation Insurance . . . . . .
13. Affirmative Action Policy Statement(s) . . . . . .
14. Subcontractor Profile(s) . . . . . .
15. Draft Subcontract(s) . . . . . .
16. Audited Financial Statements . . . . . .
17. Ten-Year Cash Flow Projection . . . . . .
18. Business Plan . . . . . .

I. Forms . . . . . .

1. Departments . . . . . .

a. Certification Regarding Lobbying . . . . . .
b. Addendum Acknowledgement(s) . . . . . .

2. Other . . . . . .

a. Commission on Human Rights and Opportunities, Workplace Analysis Affirmative Action Report [1] . . . . . .
b. Consulting Agreement Affidavit (OPM Ethics Form 5) [2] . . . . . .

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[1] **The respondent and each proposed subcontractor/partner** must upload this report into the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. More information is embedded in Section II.E.2 of this RFP as a hyperlink.

[2] Required when the contract resulting from this RFP has an anticipated value of $50,000 or more in a calendar or fiscal year. The respondent must upload this certification into the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. More information is embedded in Section II.E.3 of this RFP as a hyperlink.