

RE: DSS NURSING FACILITY DIVERSIFICATION RFP
OCTOBER 27, 2014

1 . . .Verbatim Proceeding of a Department
2 of Social Services Facility Diversification RFP Bidder's
3 Conference held October 27, 2014 at 10:18 a.m. at the
4 Connecticut Valley Hospital, 1000 Silver Street,
5 Middletown, Connecticut . . .

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8
9
10 MS. DAWN LAMBERT: Good morning. I'm not
11 sure if the microphones are on or not. Good morning and
12 welcome to the bidder's conference for the RFP on nursing
13 home diversification. There are a couple of us to help
14 answer questions this morning and to just basically give
15 you an overview. We also are waiting for Rich Wysocki,
16 who was coming from Rate Setting. So before I get
17 started let's just go through and quickly introduce
18 yourselves. My name is Dawn Lambert and I'm the Project
19 Director for rebalancing initiatives in this state, a
20 division of Health Services.

21 MS. MAIREAD PAINTER: I'm Mairead Painter,
22 I'm a social worker with the Department of Social
23 Services, Money Follows the Person.

24 MS. MARCIA McDONOUGH: I'm Marcia

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1 McDonough, I'm your official contact for the RFP.

2 MR. DIMPLE DESAI: I'm Dimple Desai from
3 the Department of Housing.

4 MS. LAMBERT: Okay. So the latest RFP was
5 posted a couple of days ago. We wanted to give you this
6 opportunity to get a little bit more background about the
7 vision about what options are under the RFP, how it
8 differs from the last RFP. One significant difference
9 that you probably noted is that there's a little bit more
10 money involved this time than the last time and other
11 than that the RFP is similar, but there are some
12 different aspects. So before getting any more into what
13 the differences are and what the vision is I'd like to
14 introduce Marcy, who is going to tell us a little bit
15 about what the actual rules are regarding the RFP.

16 MS. McDONOUGH: Thank you. Good morning
17 everyone. I'm going to be referring to the RFP. I'm
18 sorry, can you hear me? I'll be referring to the RFP if
19 you have a copy. On page 1 of our RFP states
20 eligibility. The owners of nursing facilities licensed
21 in the state of Connecticut, the Department of Mental
22 Health are eligible to submit proposals in response to
23 the request for proposals. So there is an eligibility
24 requirement.

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1 There is minimum qualifications of
2 respondents. These are the following minimum
3 qualifications you must meet. A Medicaid approved
4 nursing facility doing business in the state of
5 Connecticut, not under a consent order by the Connecticut
6 Department of Public Health, has not been identified as a
7 special focus facility as defined by the Centers for
8 Medicare and Medicaid services and is in compliance with
9 the requirements of the federal minimal data set.

10 I'll be turning to page 8 of the RFP. Of
11 course the RFP was released on October 16th. Our biggest
12 conference is today. Deadlines for questions is October
13 the 30th by two o'clock. Any questions received after
14 two o'clock will not be answered.

15 A FEMALE VOICE: Marcy -- can you all
16 hear?

17 VOICES: No.

18 MS. McDONOUGH: No?

19 A FEMALE VOICE: You have to get right up
20 against it. Or pick up the microphone and just like hold
21 onto it.

22 COURT REPORTER: You know, mine are only
23 for recording purposes. This is the amplification.

24 A FEMALE VOICE: Yes, and it is on.

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1 A FEMALE VOICE: Hold it right up to your
2 mouth.

3 MS. McDONOUGH: Can you hear me now?

4 VOICES: No.

5 MS. McDONOUGH: It's not working. I can
6 get more forward, more towards them.

7 A FEMALE VOICE: We were just talking
8 about --

9 (Discussion off the record)

10 MS. McDONOUGH: Does anyone need me to
11 repeat anything I said or did you catch it?

12 COURT REPORTER: But you'll have to speak
13 into it so I can hear you.

14 MS. McDONOUGH: Would you like me to start
15 all over?

16 VOICES: Yes.

17 (Discussion off the record.)

18 MS. McDONOUGH: Okay. Like I said,
19 deadlines for questions is October the 30th at two
20 o'clock eastern time. Please send in your questions by
21 two o'clock. Answers will be released tentatively on
22 November the 5th. There is a mandatory letter of intent
23 due November the 10th by two o'clock. If we don't
24 receive your letter of intent you cannot submit, so

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1 please don't miss that.

2 Proposals are due December the 4th at two
3 o'clock eastern time. Please don't be late. If you're
4 late I can't accept them, they will not be evaluated. So
5 think of it like they're due December the 3rd. it's
6 really hard to reject proposals after you've done such
7 hard work at them.

8 A letter of intent is required to the RFP.
9 When you submit we're requiring one original hard copy of
10 the RFP with one conforming electronic copy on disk in
11 the original proposal. And it must be delivered to the
12 official contact by December the 4th, two o'clock. We
13 also are requiring an e-mail submission, this must also
14 be e-mailed by 2:00 p.m., so both have to be received by
15 two o'clock, no later. If one is late, they're both
16 late. Like I said, please try your best to be on time.

17 Faxed proposals will not be evaluated.
18 When hand delivering the hard copy to 55 Farmington Ave.
19 there is visitor parking across the street. I'll be at
20 the desk to accept your hardcopy proposal. You can also
21 mail it, but please take note of the due date if it's
22 coming through regular mail.

23 Okay. Multiple proposals. The submission
24 of multiple proposals from one nursing facility site for

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1 Proposal A or Proposal B is not an option with this
2 procurement. Proposal A and B will be further discussed.
3 However, a respondent may submit proposals for more than
4 one nursing facility site. Each proposal must be self-
5 contained and packaged separately and demonstrate the
6 respondent's capacity to successfully complete multiple
7 projects.

8 Please note, our declaration of
9 confidential information. If you have anything that's
10 confidential in your proposal please make note of it.
11 That is found on page 11 of the RFP.

12 Conflict of interest. A disclosure
13 statement. Respondents must include a disclosure
14 statement concerning any current business relationship
15 that pose a conflict of interest. This is also on page
16 11 of the RFP. Please make note of these two
17 requirements I just mentioned.

18 The format. All proposals must follow the
19 outline section for proposal outline. The cover sheet is
20 page one of your proposal. It is hyperlinked in the RFP
21 for you to fill out. You must include a table of
22 contents and you must include an executive summary. That
23 is found on page 12. That executive summary kind of
24 wraps up your proposal and is part of our submission.

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1 Style requirements. The original
2 proposal, the hardcopy, which is inclusive of an
3 electronic disc to be in a loose-leaf binder with tabs, 8
4 1/2 x 11, one-sided, minimum of 11 point, Arial or Tahoma
5 font.

6 Packaging and labeling. The original
7 proposal inclusive of the disk must be submitted in a
8 sealed envelope or package and must be addressed to me
9 and also have on the package that it is the NFD RFP with
10 the date of 12/14 -- 12/4/14.

11 E-mail proposals. Please put the name of
12 the proposal and date in the subject line when you're e-
13 mailing your proposals to me by two o'clock December 4th.

14 Our evaluation process is always the
15 intent to conduct a competitive, fair and impartial
16 evaluation of all proposals. One or more teams will be
17 designated to evaluate proposals submitted in the
18 response of this RFP. And this is really important for
19 minimum submission, all proposals must comply with the
20 requirements specified in this RFP. To be eligible for
21 evaluation proposals must be received on or before the
22 due date, meet the proposal format requirements, follow
23 the outline, and be complete. Proposals that failed to
24 follow instructions or satisfy these minimum submission

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1 requirements will not be further reviewed. Any proposal
2 that deviates significantly from the requirements of this
3 RFP will be rejected.

4 I'd like to take note to page 19 of the
5 RFP. These are the requirements that must be uploaded
6 into BizNet. I think everyone should be familiar with
7 that. If you're having trouble uploading into BizNet
8 please put a hard copy in your original and that will be
9 acceptable.

10 A FEMALE VOICE: Excuse me. What do you
11 want in Biznet?

12 MS. McDONOUGH: I'm sorry?

13 A FEMALE VOICE: What items do you want in
14 Biznet?

15 MS. McDONOUGH: On page 19 of the RFP --

16 A FEMALE VOICE: Yes.

17 MS. McDONOUGH: -- there's a consulting
18 agreement, there's contract compliance. Okay?

19 A FEMALE VOICE: Thank you.

20 MS. McDONOUGH: And it goes on, gifting
21 campaign contributions. It's all explained in the RFP,
22 but try your very best to upload it into BizNet because
23 we'll be checking that through minimum submission and if
24 it's not there that causes a problem. Okay? But if

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1 you're having difficulties with your computer give us a
2 hard copy.

3 One more thing I'd like to mention is the
4 proposal outline and that's found on page 39 of the RFP.
5 Please follow this outline. We made it very organized
6 for everyone to submit the requirements here. And make
7 sure your requirements are in those sections, because if
8 the evaluators can't find it in that section and it's
9 found two pages away from that section they might miss it
10 and we just want to be as fair to you guys as possible.
11 Try to keep your responses in the area that they should
12 be responded to and follow this outline.

13 I do want to also mention that each
14 section has page limitations. Organization I believe has
15 10, scope has 15. They are written in the RFP. Please
16 do not go over that page limitation. Those pages will be
17 taken out and they will not be evaluated.

18 One last thing. If after minimum
19 submission we note that there are missing documents you
20 will be notified and you will have a 24-hour window to
21 respond back to me with the missing documents. Please
22 also, like I said, upload your documents into BizNet.
23 Your e-mail submission, electronic disc should also match
24 your original proposal. Again, if not you will have a

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1 24-hour window to make adjustments. That's all we can
2 give is 24 hours from the date I notify you. Okay?
3 You're 24-hour window will begin from the time I send you
4 the notice. Okay? And if there's any questions we'll go
5 over this a little bit later. Okay? So I'd like to
6 bring Dawn back to review the program.

7 MS. LAMBERT: Okay. Good morning again.
8 Welcome Rich. So Rich Wysocki from Rate Setting just
9 joined us just in case you have any questions about how
10 this process may coordinate with an increase in the rate
11 structure of your existing nursing home.

12 I wanted to just back up this morning and
13 talk a little bit about what happens, what the status is
14 so far of the last procurement, what happened, things
15 that we learned. I wanted to then talk a little bit
16 about the vision, the mission of the Department relative
17 to this. It is really, really important to get in tune
18 with -- just as within the RFP, get in tune with what the
19 Department is looking for, what leadership is looking for
20 in terms of systems change in the State because the way
21 you write your proposal will reflect your understanding
22 of that vision and mission. The last time through the
23 process it was clear that some of the proposals were not
24 as in sync, let's just say, with the vision and mission.

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1 You really need to do that. It's not a concrete
2 understanding. Try to get really in touch with what
3 we're talking about. It will be reflected in the writing
4 of every single page of your proposal and your proposal
5 will score well.

6 If you don't have an understanding, and we
7 can have some dialogue about that, because I think that's
8 the most critical component of what you can do with
9 respect to the submission. Okay? So hopefully we'll
10 have some dialogue about that.

11 And then I want to go through the scoring,
12 which is a little bit different than the last round, and
13 kind of highlight different areas of what we're really
14 talking about. So once again, you can get it in tune
15 with what's possible, what's not possible, and the vision
16 of the Department as we move forward.

17 The last procurement, I don't know how
18 many of you applied, it doesn't -- that's sort of
19 irrelevant, there were quite a few proposals that were
20 submitted late. Quite a few. They weren't accepted.
21 Don't let yourself be in that category of folks that
22 submit 10 minutes late. It was really very, very
23 difficult for the Department as well, because we really
24 look forward to reading all of the proposals and I can

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1 tell you right now we have some incredibly creative,
2 great work submitted last round. As you all know, there
3 were seven proposals that were awarded for a total of
4 \$9,000,000. The Department is in the final process right
5 now of executing those contracts, so those contracts are
6 not yet available. They should be very, very soon.
7 They're at the AG's Office. Well, three of them are at
8 the AG's Office. And we will let you know when they are.
9 We've had a lot of questions about that. Can we get the
10 last -- and I understand why you would want those, but
11 they're not yet available. The first kickoff is planned
12 for -- Southington Health Care is the first one that will
13 be kicking off on December 4th with a very large event.
14 So you all know about that, right? So in collaboration
15 with Hartford Health Care.

16 Last time we received 24 proposals, I
17 believe it was, between 24 and 27 that we scored. And
18 out of that, as I just said, we awarded seven. It is a
19 competitive process.

20 In terms of -- in terms of some of the
21 changes now we know about the Community First Choice
22 Rule, okay? If you're not familiar with that rule and
23 with where it is, as it was released very recently from
24 CMS, become familiar with it. If you're interested in

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1 doing anything other than just service expansion, so if
2 you're doing anything with housing, if you're doing
3 anything with a rest home renovation, if you're doing
4 anything having to do with where someone would live at
5 the same time as services you need to become familiar
6 with the Community First Choice Rule. And we can talk a
7 little bit and I will talk just very, very briefly about
8 what the essence of that rule is. It's 100 percent
9 consistent with the vision of the Department.

10 Also, what was just released is the latest
11 Mercer data projecting trends at a town level. It has
12 not even been put up on our website yet. It will be
13 very, very soon. When you see those town by town
14 projections, and they're referenced in the RFP, you are
15 not going to see a considerable difference in the last
16 time we did the projections. But they are the latest
17 projections. They may vary a little bit by town by town
18 and you should get access to that most recent data. That
19 should be up by the end of the week so please look for
20 it. Don't reference the 2012 data when we have 2014
21 data. Yes?

22 A FEMALE VOICE: Where exactly
23 (indiscernible, too far from mic.).

24 MS. LAMBERT: Is going to be under latest

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1 news on the website.

2 Let's talk then -- let me just put this
3 down, let's talk then about what the vision and the
4 mission is and what this opportunity really is and how
5 you may embrace it as a nursing home administrator or as
6 a consultant whose coaching an administrator or as a
7 grant writer who is working for a nonprofit. What is it
8 that we're really talking about? Why are we doing it?
9 Well, for one, and Rich will probably reference this, our
10 census just last month in nursing homes is just over 87
11 percent. We're at the lowest we've ever been. We are
12 tracking almost 100 percent on the Mercer data. The
13 Mercer data projected a surplus of about 7,000 beds by
14 2025, we're seeing that reflected in the information
15 right now. And why is that? It's not because you all
16 aren't doing a great job in terms of nursing facility
17 administration. In fact, some of you have nursing homes
18 where there are waiting lists, right? But the demand for
19 the institutional model as options on the community side
20 grow it's decreasing the demand on the institutional
21 model.

22 Now maybe some of you can relate to that.
23 If you yourself had a choice or if your mom had a choice
24 and you thought it was a quality choice, it represented a

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1 safe choice, which would you choose? And I'm not looking
2 for an answer, but that's it. Some people will always
3 choose the institutional model and this State wants to
4 have the absolute best nursing homes in the State. We're
5 not closing all nursing homes. That's not what this is
6 about and if anybody is trying to tell you that, that is
7 not true. We want to have the best nursing homes so that
8 nursing homes remain a viable option. But we do not want
9 to force people on Medicaid who are at level care into
10 nursing homes because there's no home and community-based
11 choice. That's illegal. And the federal government made
12 them very, very clear to us that if we're going to
13 operate Medicaid we're going to operate a program that
14 offers choices to people at nursing home level of care.

15 So let's back up a minute. We're not
16 talking about Ascend. The Ascend Utilization Review
17 Process is an important one, but it's one that determines
18 eligibility for the benefit for those at level of care.
19 So if you get a denial from Ascend, you're getting that
20 you're not level of care anymore for nursing home, that's
21 really not what this is. This is about offering -- and
22 that's what the federal government and that civil rights
23 and the lawsuit were about and we're in the middle of a
24 settlement right now in the State, as you may know. Bob

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1 knows. And that settlement says you in Medicaid will
2 offer a choice to people who are at level of care.
3 Ascend comes in and they say, you have a long-term
4 placement, you could stay here forever if you wanted to.
5 It's those people that we're talking about. It's
6 offering those individuals the choice of community or
7 nursing home.

8 So that's one thing that's important. As
9 we offer people a choice, it is true that more people are
10 choosing community, and that leaves us in this State, us
11 from a business perspective, us from a State policy
12 perspective, and us from a town/citizen perspective with
13 a problem. How do we go from where we are with respect
14 to institutional beds, growing in census, empty beds
15 every day, to a State with quality nursing homes that has
16 the right amount of beds? It isn't fair for anybody when
17 a nursing home closes just because they went bankrupt.
18 That is not fair. That's not a thoughtful process, that
19 doesn't speak to what happened at town level, it doesn't
20 speak to need, it just speaks to a business model that
21 for whatever reason something happened to. It's not a
22 planful process. We want to have a planful thoughtful
23 process in partnership with you we want to have that.

24 And that's why we're doing this. If we

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1 didn't have an interest in doing that in partnership with
2 you we would answer to literally the hundreds of folks
3 who have written since the last RFP to say, why are you
4 only partnering with nursing homes? And if you think we
5 didn't get that question every other day, we did. Can
6 you imagine why? The home health industry, why don't we
7 partner with them to build capacity? Well, we're
8 partnering with you because it's -- your particular
9 model, and some of you have continuums and it's not only
10 an institution, we're partnering with you because we want
11 to see if we can help diversify some of those options
12 that you have in your portfolio. We need more home and
13 community-based services. That's a fact. We need fewer
14 institutional beds. That's a fact.

15 How can we partner to go from where we are
16 to where we need to be in a thoughtful way? That's what
17 this is about. It's important to know that because you
18 will be scored based on, and this is relatively new, two
19 things, right? You're going to be scored based on your
20 needs. You're going to look at the Mercer data and
21 you're going to see that we're projecting 120 beds that
22 are unnecessary in Tolland, Connecticut. I'm totally
23 making that up because I'm not sure. But Town A. And
24 you're going to be writing a proposal to talk about how

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1 your proposal proposes to decrease, to help shift the
2 demand either by doing outreach, by doing information, by
3 either measurably -- two measurable outcomes. They will
4 be measurable and they'll be in your proposal. One,
5 number of beds that you personally will be reducing,
6 proposed to reduce from your nursing home, and I think
7 you need to be very careful here because if you only
8 propose to reduce beds that have been empty for three
9 years that will be scored accordingly. Right? So you
10 have 25 beds, they've been empty forever, and now those
11 are the ones that you're producing. That's not going to
12 -- that's not going to score as well as if you're
13 actually proposing to remove beds and decrease beds.

14 I'm not saying you can't do that.
15 Certainly in the other proposal, and there are proposals
16 when the contracts come out, you will see there are
17 proposals who did not remove any beds and still received
18 funding. So it's not just a single-minded kind of away
19 or approach to this. The second thing, and it's and/or,
20 obviously if you have both of these measurable outcomes
21 you will score better. The other one is hospital
22 discharges to the community. So if you're proposing to
23 reduce your census by 20 beds when our projections are
24 saying 120, so it's not a large percentage, but let's

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1 just say you're proposing 20 beds, you might also propose
2 about how you're going to increase the discharges from
3 hospitals to the community. Now, that might not be
4 something you're interested in doing, and I understand
5 that, but that would be an alternative. It's one or the
6 other.

7 Now what do we use as baseline data? We
8 have CHIME data as a baseline we've been tracking since
9 2007 for discharges to the community rather than to
10 institutions. Now why is this important? We talked
11 about choice. Because for people to know that they have
12 a choice from hospital discharge it's important. We want
13 to make sure that people have that informed choice. Once
14 again, it may be something that you're not comfortable
15 with. I understand your current business model for the
16 nursing home may have people in the hospital who are
17 marketing your nursing home beds. Okay? I understand
18 that. So if it's not something that you're comfortable
19 with because you feel like you can't wear both hats,
20 okay. But it's one or the other or both. Okay?

21 Those are measurable benchmarks that must
22 be in your proposal. If it's hospital discharge you must
23 submit how your strategies will be increasing the
24 existing trend that you have access to in the CHIME data.

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1 We've been -- once again, we tracked every single
2 hospital for the last six years, we have data on what the
3 trends are. You would have to propose that you're
4 changing that trend. If you need access to that data
5 we'd be helping -- we'd be more than happy to get it for
6 you.

7 Yep?

8 A MALE VOICE: How do you get access to
9 the CHIME data (indiscernible, too far from mic.).

10 COURT REPORTER: I'm sorry.

11 MS. LAMBERT: We can --

12 COURT REPORTER: Can you repeat the
13 question so I --

14 MS. LAMBERT: -- yeah, sorry. So the
15 question was, how do you get access to the CHIME data? I
16 think we should -- we can just go ahead and put it on our
17 website. That's probably -- under latest news, where is
18 the person who asked? Why don't we do that? Because we
19 have it and I could e-mail it, but if I e-mail it to you
20 all then that's probably not the best thing because I
21 might miss somebody. We can put that data on the website
22 if that makes it easy? Okay?

23 So it's one or the other or both. You'll
24 see a change in this RFP in the terms of the points.

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1 Most of the points are about the service, about what that
2 creative idea is that you have. It is imperative because
3 the philosophy of this is to build a continuum at a town
4 level that may well include your nursing home as the hub
5 for long-term care, it may well do that. We will be able
6 to tell by reading your proposal whether those
7 partnerships and that community was really part of what
8 you're designing. We want this to be a proposal from the
9 community. We do not want this to be your Board of
10 Directors just thinking about a great business idea that
11 they can submit to the Department. Do not be a nursing
12 home from whom a community person calls me and says, why
13 does this person want me to sign something? I have no
14 idea what they're talking about. Okay? And last time
15 that happened. I had community people calling me saying,
16 why is XY and Z Nursing Home calling me wanting me to
17 write a letter of support for something that I never saw?

18 That's not a community process. It's not
19 just about getting those letters and putting them in at
20 the back because we'll be able to tell. There's a
21 community process. You guys have had since last year and
22 you have time still, engage the community. What does the
23 community want? You will get the most amazing creative
24 ideas from that community if you sit down and talk about

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1 what does the community want? What does the community
2 need? And by the way, it's not a bad business idea.
3 This is Connecticut, 169 towns. You want to be part of
4 that community, not a separate nursing home not part of
5 the community. Be part of the community, reflect that in
6 your proposal.

7 MR. MICHAEL STARKOWSKI: Dawn, and
8 especially in the (indiscernible, too far from mic.).

9 A FEMALE VOICE: You have to state your
10 name.

11 MS. LAMBERT: Oh. This is Michael
12 Starkowski asking if you knew -- we're supposed to have
13 two mics., but pretend we do.

14 MR. STARKOWSKI: Three mics.
15 (Indiscernible, too far from mic.).

16 MS. LAMBERT: Three? Oh. Oh. Yes, so
17 give it to Mike.

18 MR. STARKOWSKI: Especially if you're new
19 to the process it takes time to make an arrangement with
20 the community --

21 COURT REPORTER: But I can't --

22 MS. LAMBERT: She won't hear. Do I have
23 to read it again here? We can have this. Come here --
24 no, no, this has to go up here.

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1 COURT REPORTER: -- well, you can give him
2 that mic if you want.

3 MS. LAMBERT: Yeah. Just give him the
4 mic.

5 MR. STARKOWSKI: Can you hear me?

6 MS. LAMBERT: Say it again.

7 MR. STARKOWSKI: Okay. Especially if
8 people are new to the process, I understand that there's
9 people here that may have written or may have submitted a
10 proposal that didn't make it through, but especially if
11 you're new to the process to understand what you're
12 talking about when you say engaging the community,
13 getting their support, getting them involved. It takes a
14 lot of time. This isn't something that can be done in
15 the next two weeks in order to submit a letter of intent
16 because you don't even know what you're going to do yet.
17 You may have just started and don't understand that you
18 still have to wait for questions to be responded to.

19 Is there potential to have the submission
20 date extended?

21 MS. LAMBERT: Did you say, is it possible?

22 MR. STARKOWSKI: Would you consider it?

23 MS. McDONOUGH: The reason why we did have
24 a date of December 4th is we wanted to try to wrap this

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1 up before the Christmas holiday.

2 COURT REPORTER: You have to be on one of
3 the mics.

4 MS. McDONOUGH: When it comes to the
5 holidays no one is really into writing RFPs, proposals,
6 or whatever. Sorry. But we thought that we would wrap
7 it up by December the 4th. I think it's out there for
8 over seven weeks, eight weeks and --

9 MR. STARKOWSKI: But not from when -- we
10 knew the last time there were over 100 and some odd
11 questions submitted and it was difficult to start a
12 proposal without getting answers to those questions.

13 MS. McDONOUGH: -- right. And they're due
14 this week, October the 30th you should see the responses
15 to those questions.

16 MR. STARKOWSKI: No. Our opinions.

17 MS. McDONOUGH: Oh, I'm sorry. Yeah, your
18 due date is October -- we're the November 7th responses,
19 the 5th or the 7th.

20 MR. STARKOWSKI: And that's less than a
21 month after you get the questions, three weeks. Three
22 weeks because you have Thanksgiving week in between --

23 MS. McDONOUGH: Right.

24 MR. STARKOWSKI: -- in order to develop

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1 the quality response, gather the community support, get
2 them to understand what their proposal is, put a business
3 model together --

4 MS. McDONOUGH: It is.

5 MR. STARKOWSKI: -- I mean, we all know
6 that the holidays are in there, but I think we'd rather
7 have it extended and give us adequate time to put all
8 these submissions together.

9 MS. McDONOUGH: Well, Dawn, we could
10 further discuss that I guess.

11 MS. LAMBERT: Yeah. We'll discuss it.
12 I'd like to know --

13 MS. McDONOUGH: I mean to be fair.

14 MS. LAMBERT: -- yeah. You know, I
15 certainly -- as a person who writes a lot of proposals I
16 appreciate the fact that three weeks is not a long time
17 to write a proposal. So how do the rest of you feel
18 about that?

19 VOICE: Good. I agree.

20 MS. LAMBERT: That's about 100 percent.

21 A FEMALE VOICE: (Indiscernible, too far
22 from mic.). Seriously, I mean, to do it right even if it
23 goes through the holidays I think that we're willing to
24 give up to do it correctly and things have not

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1 (indiscernible, too far from mic.).

2 MS. LAMBERT: Wait. Knowing that the
3 holidays -- I'm sorry, I can't even hear.

4 A FEMALE VOICE: -- knowing that the
5 holidays are coming people would be more apt to want to
6 (indiscernible, too far from mic.).

7 MS. LAMBERT: Okay. So point taken. We
8 will definitely go back and talk about this and you'll
9 look for that answer -- I can't just like say, yes. I
10 can say that if 100 percent of you feel that -- I can
11 tell you what -- I hear what you're saying. The priority
12 of the Department is absolutely to have meaningful
13 proposals. And meaningful proposals come from the
14 members of the community and input. It's the linkages,
15 it's what exists, it's not building something in a silo
16 because if you do that at the end of the day it's not
17 going to be successful. It's not. I mean, it's not the
18 spirit of what we're talking about. We're talking about
19 building long-term care continuums at a town level. And
20 in order to do that you kind of have to -- we feel like
21 you kind of have to ask the people of the town what they
22 want.

23 It really doesn't matter that you're one
24 town over, this is Connecticut. You know, if you're in

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1 Bolton, which I know they don't have any nursing homes,
2 but it's a bad example I guess, but if you're in
3 Manchester, Manchester Town Council and Manchester social
4 workers and the people who live in Manchester have a very
5 definite idea about how they'd like to see things a
6 little bit different in their community. And they
7 certainly don't want it to look anything like Tolland or
8 anything like -- because what Connecticut's all about,
9 they want to have the best continuum in their town.

10 So let's talk a little bit about that.
11 What does that process look like? Can we talk about how
12 input? Some of you have been doing it from the beginning
13 and it's intuitive. Some of you haven't. So what does a
14 meaningful process look like? Well, how do you convene -
15 - how do you find those people that you should first
16 reach out to and invite to a forum or to a roundtable
17 discussion? How do you get that? I think it's probably
18 different for every single town, but there are certain
19 key places to look in your town.

20 So I'll talk about my town because in my
21 town I know who the people would be, but I say that
22 respectfully because if you are in Waterbury or
23 Manchester or Tolland it may be different. But I can
24 tell you in Connecticut there are people in every single

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1 town, and there are just a couple of them, who are the
2 folks who are making things happen like every single day.
3 In my town the United Way is an absolute dynamic
4 organization and everybody who's leading in anything is
5 associated in my town with the United Way. My town also
6 has a Community Council. I think they sit on each
7 other's boards, I'm not sure, but the Community Council
8 is a little bit different because it includes a few more
9 faith-based folks, so it brings in networks of the
10 church. And in my town that's important.

11 In my town the city social work system is
12 not as much of a driving force as I know as it is in some
13 other towns. So I'm not disregarding the community
14 social work and the town social work, it's just that in
15 my town it is very definitely a community-based
16 organizational driving force. And that's because of the
17 people who were in those organizations.

18 In the proposals that came the last time
19 there were organizations that -- oh, and let me just add,
20 in my town the hospital, my town has a hospital, the
21 hospital leadership is actively involved in every single
22 one of those organizations. In some areas you may have
23 more of a regional kind of a focus because maybe there
24 are a lot of small towns. So maybe it's regional where

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1 you've actually already gotten together, while in
2 Connecticut I think it's a little bit unusual, but it
3 does happen where a couple of small towns have gotten
4 together and they've created regional boards. That also
5 is happening. It's more likely to happen in small areas
6 where you don't have a large town right there because
7 they want to talk about things. If people want to stay
8 home how are you going to get to the grocery store? What
9 about transportation in the state of Connecticut? Local
10 transportation. Community transportation for the most
11 part doesn't go outside of your town, right? So it's
12 important to know those things.

13 So that's the way that it is in my town.
14 In your town you need to get connected enough so that you
15 can find out who those people are. Now, some of you
16 already are and you may have examples of where it is that
17 you would go. So now, sir, are you still -- you're still
18 on your Town Council or your board? Aren't you?
19 Branford?

20 MR. STARKOWSKI: Yes I am.

21 MS. LAMBERT: There you go. I bet you
22 know --

23 MR. STARKOWSKI: I am on the Board of
24 Finance.

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1 MS. LAMBERT: -- Board of Finance, okay.
2 And I bet in Branford you know all of the people that you
3 would need to talk to, or at least you know the people to
4 talk to who will know the people to talk to. And don't
5 forget after you do that try to find some just regular
6 people. And if you have networks invite the people that
7 we serve. If you've coordinated with some of those
8 organizations -- I should also mention, a lot of towns
9 the Rotary is the primary driver and when you connect
10 with the Rotary it's the physicians and the attorneys and
11 sometimes it's the Rotary. And those groups now are
12 already involved in workforce development and they're
13 having in some cases discussions about how to make sure
14 that people have a choice. I know that because I've been
15 to a couple of those meetings. So these discussions are
16 already taking place in your town.

17 Through your proposal we would be willing
18 to fund additional meetings moving forward. Large
19 stakeholder groups. Bring the community together, talk
20 about it, figure out how to solve the problems that face
21 the community together. And question what role can your
22 nursing home play in the community as people age. Talk
23 about what emergency backup systems look like. How can
24 you partner and fill that need of the community both from

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1 your existing nursing home model and also through
2 branching out and addressing the needs on the community
3 side? I believe you'll be a valued partner if you do
4 that.

5 What happens when the storm, how will that
6 community know that your doors are open if there's a
7 storm? What might that look like? I'm not trying to say
8 that's what you do, I'm just saying, what might that look
9 like? What are the concerns?

10 So when you talk about community you want
11 to have the opportunity to connect, figure out who those
12 people are. Some of you already know them. You're
13 already involved in their boards. This is not something
14 that you're hearing for the first time. Some that's not
15 your business model. Figure out who it is, engage the
16 people who are at the leadership level and also involve
17 the people that we serve. Not just the family members of
18 the people who are in your nursing home. How about the
19 baby boomers? I'm going to say, if I were writing a
20 proposal I would reach out to the baby boomers. Why?
21 First of all, their parents are right now facing the
22 issue. Two, someday they may be, sooner than they think
23 probably. And building a structure and long-term care
24 continuum that meets that projected need for 15 years

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1 from now of what people want is what I would think you
2 want to do.

3 How will your nursing home look different?
4 Now, we are not funding nursing home change, that's not
5 what this is, cultural change initiative, but there's
6 nothing that says that you won't learn additional
7 information that will help change the face of your
8 existing nursing home. Some of you have already done
9 that. Baby boomers will help inform, right? With the
10 way assistive technology in nursing homes could look a
11 lot different tomorrow than they do today, but those are
12 kinds of innovative kinds of things. Some of you are
13 ready to do it, right? Anybody involving a lot of IT? I
14 know I just was at a rehab lecture the other day with
15 some rehab health consultants, and I don't know if they
16 work for any of you guys, but they're doing the most
17 innovative things in nursing homes today, that help keep
18 people linked.

19 And if you don't have Wi-Fi in every room,
20 right? Imagine, would we want to go to -- what would be
21 the first thing we would say if there was no Wi-Fi in our
22 room?

23 A MALE VOICE: The State won't pay for.

24 MS. LAMBERT: The State won't pay for it?

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1 (Laughter)

2 A MALE VOICE: They won't.

3 MS. LAMBERT: So it'll have to be one of
4 those value added things that'll just make sure your beds
5 are filled and you do it because it's a good business
6 model. So anyway, so that's just an example. Okay.

7 So philosophically from the purpose it's
8 about decreasing, it's about addressing the census and
9 how do we do this thoughtfully, bringing people along?
10 From a process perspective you need to do it with the
11 community. Reach out to the community, have these
12 discussions. That will lead to the section on the RFP
13 that talks about linkages with home and community-based
14 services. Because if you're also pulling in existing
15 providers you're going to have a discussion about whether
16 or not these are actually needs of the community. You
17 can prioritize the needs, right? So that's where your
18 linkages come from. And those are additional point
19 sections.

20 There's also a requirement that the
21 proposal reflect person-centeredness. So you'll be asked
22 to write about what a day is like in your nursing home
23 from the time somebody gets up until they go to bed.
24 Now, why do we want to do that? Because we want to

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1 understand that you understand what a person-centered
2 environment looks like.

3 A person-centered environment isn't just
4 saying you have a choice of, you know, roast beef or
5 chicken for dinner. That's not what person-centered
6 means. Being person-centered really has to do with
7 taking that community first rule and embedding it in your
8 nursing home. So what does that translate into? Do
9 people have choice? Do they have a choice of when they
10 get up in the morning? Do they have a choice relative to
11 when they eat? You see, a lot of times and it is just
12 the way -- it's a creature of the environment itself.
13 And a lot of times nursing homes, and other institutions,
14 not just nursing homes, but that's where the
15 institutional model comes in, build their structures
16 around what's best from an institutional perspective,
17 scheduling, staff, time, things like that. They don't
18 build their process around the person. So I don't mean
19 that -- there's like two different ways to approach it.

20 So from an institutional model it's easier
21 to have meals from 7:00 a.m. to 9:00 o'clock, or from
22 7:00 to 8:00 and that's when we serve breakfast. Right?
23 Because you've got to clean up, it's staffing issues.
24 It's easier to schedule showers of people on a master

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1 schedule. It's harder if somebody says, I don't want to
2 take my shower at that time. It just makes it a little
3 bit harder to shuffle. But it's changing it and it's
4 making it more like the greenhouse -- and there are other
5 institutional models that are like this, that are trying
6 to make it more homelike like the greenhouse model, for
7 example, of where people have more flexibility, they come
8 and go. So a person-centered environment is about making
9 sure that even in the nursing home people have maximum
10 choice control and autonomy over their day. And how do
11 you achieve that? I actually believe that moving into
12 the next 15 years this will be really important in the
13 nursing home to help keep it competitive. I believe
14 that. I believe baby boomers are going to want choice
15 and control. And I don't mean that, you know -- I think
16 more of it is going to be tied to that person-centered
17 planning process than in the past. And that choice and
18 control will be documented in that person-centered
19 planning and we won't just be arbitrarily taking people's
20 choice away from them when they move into the nursing
21 home. Right? I took my aspirin yesterday and now I'm in
22 the nursing home and now I'm not taking my aspirin.
23 Black and white kinds of things. I think those things
24 will be changing.

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1 I think is not going to happen overnight,
2 but I believe those things will be changing. I believe
3 those are things that you're going to want to market in
4 your nursing home, how you achieve it.

5 So person-centered this is about that.
6 It's about understanding that and if you're not there yet
7 as an institution that's okay, but it's reflecting an
8 understanding of it and moving towards it. Does
9 everybody have an understanding of that then? How is the
10 day about the person, not about the scheduling of the
11 nursing home? How do you make it like that? How do they
12 actually have a homelike experience there?

13 Now, the Community First Choice Rule is
14 really clear, and I actually believe we can achieve this
15 in nursing homes, although I think it would be very
16 difficult. The Community First Choice Rule when you read
17 about it, it moved away from saying that if you were
18 going to build -- if you had a home on your campus, a
19 four bedroom house, or if you owned a rest home or if you
20 had an adjacent property that was a house, the last time
21 we met, this was probably almost 2 years ago, we said
22 that that was disallowed. That if you had a house on the
23 institutional property that by destination was going to
24 count as an institution and you couldn't renovate that

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1 into community housing. So organizations like
2 Masonicare, the Baptist home, organizations that had Elim
3 Park, right? There are lots of organizations that have a
4 continuum of housing gear -- right? Continuum housing
5 that's already there were going to be disqualified. And
6 so we even, when CMS came here we said, no, wait a
7 minute, it shouldn't be so black and white. We say that
8 about nursing homes today, it shouldn't be so black and
9 white.

10 It should be about the experience of the
11 person in the housing, person-centered. And so when the
12 rule came out the rule talks about how the experience of
13 the person in that housing is person-centered and they
14 applied some rules. Before I tell you the rules I'm
15 going to tell you that my house apparently according to
16 the rules is not person-centered. I'm just going to say
17 that is a preference and you'll see why in a minute.

18 It says that you have to be able to access
19 meals, eat whatever you want, okay? If the dining room
20 closes at 9:00 a.m. or if the dining room closes at 7:00
21 p.m. that's irrelevant to me because I have a
22 refrigerator in my room and I can, you know, or I can
23 cook and I can eat whatever I want to. That's
24 permissible where I'm at. I'm just going to say rule one

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1 is at my house my kids come home from college they are
2 not eating any time they want, it wakes me up in the
3 middle of the night. So some of these rules can't be
4 applied to my -- two, visitors anytime you want. Another
5 rule that my house doesn't pass. But literally,
6 visitation whenever you want. So you could I suppose in
7 my house, but your rules and your model can't prevent
8 people from having company. Do you see how the person-
9 centered -- so CMS put out all these rules. I can have
10 company whatever I want to. I can eat whatever I want
11 to. I get to choose my roommate. That's a tough one.
12 For a nursing home model I think that that's difficult
13 from a business perspective to be able to achieve that.
14 So I don't know how you would do that. But in the
15 community side you must, you must have the option to
16 choose.

17 So if you're going to create housing, why
18 am I talking about this? If you're going to create
19 housing and there are more opportunities housing in this
20 than there were in the last one, so if you are going to
21 renovate that additional home on your nursing home
22 property or if you're going to take a rest home that you
23 own or if you're going to partner in the community and
24 submit a proposal in partnership with a rest home that

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1 happens to be there, so it doesn't have to be -- and
2 that's going to be your proposal because it meets the
3 needs of the community, the nursing home wins, but they
4 don't necessarily get all the money, they share it to
5 build a continuum with another partner in the community
6 in order to achieve that. How cool would that be by the
7 way? That it's you partnering with another place to
8 build more affordable accessible housing and what it is
9 that you achieve through all of this, whether you're
10 doing learning -- well, you'd have to do a learning
11 collaborative, what might that look like? How might you
12 do that?

13 So there are more options. But if you're
14 going to do that you must get an understanding of the
15 Community First Choice Rule, which is what I was just
16 talking about. Roommate choice, meals whenever you want,
17 and visitation. Those are kind of the three main cores
18 and it's the quality of life of the individual is what is
19 really driven by.

20 I personally am really glad to see that
21 community first choice because I think there are a lot of
22 people who actually would choose to live in a continuum
23 if they wanted -- even more popular in other states than
24 today. But I came from Pennsylvania. I got to tell you,

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1 in Pennsylvania it is very popular to go to the
2 retirement community. They kind of have their separate
3 little spa things. And every single one of them is
4 associated with a nursing home. And you might be living
5 in community housing, but you're part of that continuum
6 and that's the nursing home because it's always there as
7 an option. And they provide transportation within their
8 continuum so if a spouse does end up in the nursing home
9 the question of, how do I get to the nursing home to
10 visit my spouse, isn't one that comes up because there's
11 a continuum that helps make sure people have groceries in
12 the community and help make sure that spouses can still
13 be together as much as possible if one chooses an
14 institutional environment because the other spouse just
15 can't do it anymore at home for whatever reason. That's
16 the kind of thing that were talking about. Yes?

17 MR. STARKOWSKI: Dawn, on page 26 eligible
18 activities with DSS funding, the only thing you described
19 with senior housing is the conversion of an RCH
20 (indiscernible, too far from mic.). It doesn't open it
21 up to any other type of housing.

22 MS. LAMBERT: Yeah, it does.

23 MR. STARKOWSKI: Pardon me?

24 COURT REPORTER: Can you repeat the

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1 question?

2 MS. LAMBERT: Oh, he said on page 26 it
3 only talks about rest home conversion.

4 MR. STARKOWSKI: 10 under eligible, A-10
5 under eligible activities, it says, conversion of an RCH
6 community housing, is it open to other --

7 A FEMALE VOICE: Is it open to others?

8 MR. STARKOWSKI: -- if you want to convert
9 it into community housing?

10 MS. LAMBERT: No, no, no. For developing
11 community housing including conversion of RCH. Do you
12 want us to clarify that?

13 MR. STARKOWSKI: Yes.

14 MS. LAMBERT: So we were just specifically
15 saying an RCH -- no, the reason we mentioned RCH in
16 particular is because right now there -- RCH's there's a
17 lot of -- there is real estate out there, maybe some of
18 you own one or two. There's some real estate out there
19 that doesn't comply with the Community First Choice Rule
20 and so we are looking to help make sure that that housing
21 is available as affordable and accessible housing. It
22 there, it would just be renovating it. Yeah, we can
23 clarify that.

24 MR. STARKOWSKI: So that's more like just

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1 an example?

2 MS. LAMBERT: It was an example.

3 MR. STARKOWSKI: So that the other type of
4 community --

5 MS. LAMBERT: Right. If you -- yeah, it
6 was just including RCH because a lot of times people
7 wouldn't think about that and last time that wasn't even
8 something we talked about at all. Once again, the
9 Community First Choice Rule wasn't out. Okay.

10 Are there any other questions on that?
11 I'm just going to -- I think that's pretty much what I
12 just wanted to make sure that you had an understanding of
13 the vision, the mission, the importance of working with
14 community and understanding that we have this most recent
15 data, which I will get onto the website in response. So
16 both the CHIME data that we ask about, as well as the
17 Mercer data, the latest Mercer data so you get a look at
18 -- can take a look at that.

19 We'll answer any questions about rate
20 setting as that may apply. Rich is here and he can jump
21 in on that so that you can understand how that may or may
22 not play a role in what you're doing. But I think first
23 and foremost it's understanding person-centeredness. If,
24 you know, read about it. If it's not something that you

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1 already know, I know a lot of you already do it, and I
2 know some of you fairly well and I know that that's the
3 way that you operate, if it's something that you're not
4 as comfortable with read about it before you write and
5 question how you can get a little bit closer to that
6 person-centeredness in your nursing home.

7 Once again, I've probably said it 10
8 times, but I'll say it again, work with the communities.
9 We will take a look at what you said, Mike, we want that
10 to happen. If it can't happen within three weeks, yeah,
11 that's pretty hard, I mean, it's going to take you three
12 weeks just to schedule a meeting. But we want to see
13 that. We want to see that town vision and we want to be
14 able to make sure that we're for filling the needs of the
15 community.

16 We need to do that. Like I said, last
17 time we had so many questions about why we were only
18 partnering with nursing homes. I had town governments
19 calling me, I had home health agencies calling me, I had
20 a lot of organizations calling me saying, why have you
21 only opted to address this problem by working with
22 nursing homes? And my answer was the same as we gave
23 here, because the particular model, the institutional
24 model that is being -- the demand is decreasing for the

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1 institutional model. We recognize that. And we want to
2 be a good partner and offer the opportunity to diversify
3 that, but it has to be aligned with the needs of the
4 community. Okay?

5 Are there any other questions for me then
6 right now? Yep? I just dropped everything.

7 MR. MATT BAVOLACK: Could you discuss the
8 seven contracts that were awarded and the results
9 (indiscernible, too far from mic.)?

10 MS. LAMBERT: Oh, you have to state your
11 name.

12 MR. BAVOLACK: Matthew --

13 COURT REPORTER: Well, I'm not going to be
14 able -- I can't hear him from here without a microphone.

15 A FEMALE VOICE: Is it okay if you talk to
16 this one and you can talk to that one?

17 MS. LAMBERT: Oh. He has to come up here?
18 He can't talk on the other one?

19 A FEMALE VOICE: No. It's for the
20 recording.

21 MS. LAMBERT: Oh. You have to come up
22 here.

23 (Discussion off the record.)

24 MS. PAINTER: If when you come up if you

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1 could just say your name and the building that you're
2 from just so that we have it for the recording because we
3 have to have it all spelled out.

4 MR. BAVOLACK: My name is Matt Bivolack.
5 I'm from the accounting firm of Marcum, LLP, in New
6 Haven. Last year Mike Starkowski, our firm, and HMS
7 joined forces together to help with some of the RFP
8 questions that came out at the State-level. My question
9 to the group is last year there was a discussion about
10 potential rate relief for the reduction of beds at
11 facilities. I'd like you to elaborate a little on that.
12 And if there was any given last year can you please
13 identify that? And I'll just leave it at that and then
14 I'll ask the next question.

15 MS. LAMBERT: I don't know -- I don't know
16 because the contracts aren't executed yet, can I talk
17 about that?

18 MS. McDONOUGH: They're not signed as yet,
19 so you cannot. Until they're signed we won't speak about
20 them.

21 MR. BAVOLACK: But there were seven
22 contracts awarded. Have all seven gone for signature?

23 MS. McDONOUGH: They all have.

24 COURT REPORTER: I'm sorry. Come up to

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1 the microphone.

2 MS. McDONOUGH: No.

3 COURT REPORTER: I'm sorry.

4 MS. LAMBERT: That's okay.

5 MS. McDONOUGH: No, they did not all go
6 for signature.

7 MS. LAMBERT: They did not all go?

8 MS. McDONOUGH: -- no. I know there are
9 some at the AG's Office right now waiting for signature,
10 but according to Don not all have gone.

11 MR. BAVOLACK: What happen to the ones
12 that didn't go?

13 MS. LAMBERT: So Miller -- I think I can -
14 - I don't think that that's --

15 A FEMALE VOICE: (Indiscernible, too far
16 from mic.).

17 MS. LAMBERT: -- yeah. So Miller
18 Memorial, as soon as the awards were made, literally the
19 day that the awards went out, Brandon Munson, you all
20 know Brandon? Okay, Brandon called me to say, hey, you
21 know, I didn't know we were going to be getting this and
22 by the way, I just took a new job. And Brandon had
23 written the proposal himself. So their organization was
24 under brand-new leadership where the administrator, it

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1 was his second day, the first day of negotiations, and we
2 did ask for his resume, which we will by the way. The
3 key staff will ask for resumes to review. And he
4 submitted his resume and we started to talk about the
5 proposal. He wrote a letter then like three days later
6 to say, hey, you know, I'm new. I'm in transition right
7 here and we'd like to think about this in the future, but
8 right now it's not a good time for us to be taking this
9 particular project on. So Miller Memorial decided to
10 kind of put off. Whether or not they resubmit their
11 proposal this time, that's a separate issue. But at that
12 point they didn't feel like they were ready because there
13 was a transition and he was a brand-new nursing home
14 administrator. I mean, brand-new to being a nursing home
15 administrator and I think was a little bit like, here I
16 am, I have this big nursing home and also, oh, by the
17 way, I have this like almost \$2,000,000 new project for
18 systems change. And so he decided to put that off.

19 Litchfield Woods had applied -- well, it
20 had applied and through negotiations they decided that it
21 wasn't a good time for them to do this. I don't know
22 whether those -- they decided not to do it. They had --
23 no, they hadn't requested a rate increase I don't think.
24 There's one more. Oh, Hughes. Thank you. Hughes had

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1 applied and had primarily outsourced the project to CCCI
2 and they did come in and they had asked for a rate
3 increase and the Department -- in order for us to look at
4 a rate increase, and I'll let Rich talk I think a little
5 bit more about this, the intent of the Department was to
6 see if you were -- and this applies to this time as well,
7 a rate increase would be -- we would look at if you were
8 making a significant change to your existing business
9 model. I mean, your existing nursing home business
10 model.

11 So let me just talk about what a
12 significant change is not. Reducing three beds from your
13 nursing home on a 180 bed facility, and that's all you
14 are doing, and then you are starting a community, that
15 would not in our minds -- and Rich, can you -- can you
16 talk a little bit more about what a significant
17 difference? So those are the three, Hughes, Litchfield
18 Woods and Miller Memorial for different reasons.

19 MR. BAVOLACK: So am I hearing you say
20 that if a provider opted to reduce a significant number
21 of beds then there would be funds available for rate
22 relief?

23 MS. LAMBERT: Rich, can I let you answer
24 that one? You have to say your name first. Rich?

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1 MR. RICHARD WYSOCKI: Hi, I'm Rich.

2 COURT REPORTER: Your last name please?

3 MR. WYSOCKI: Hi. I'm Rich Wysocki. I'm
4 at Rate Setting with DSS. When it comes to the rate
5 relief I have to echo Dawn. A reduction in empty beds is
6 not going to qualify for rate relief. If the proposal
7 came in and it appeared that there was a major
8 restructuring and re-shifting of the assets of the
9 facility, you know, really reconfiguring something and
10 you went and expanded or changed the business model,
11 reduced it in some way, expanded it in another way, we
12 could look at it as how it impacts the nursing home, how
13 the costs get distributed. Is there really a need for
14 rate relief? We can do that. But coming in, you know,
15 this has nothing to do with this current contract. There
16 have been some facilities that have come in and have
17 said, we want to reduce beds, we want to change our
18 business model. Some of them have asked for rate relief,
19 some have not. And I can tell you that we look at every
20 single proposal for rate relief seriously and within the
21 context of the budget and if this is something that can
22 really move a project forward then that's something that
23 we would give great consideration to.

24 MR. BAVOLACK: And a couple of more

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1 questions.

2 MS. LAMBERT: Yeah. So just so it's not
3 black and white, but I can just tell you a couple of
4 definite notes.

5 MR. BAVOLACK: Maybe.

6 MS. LAMBERT: Like if you're reducing --
7 well, if you're reducing -- if your proposal is to reduce
8 beds by three beds and start a home health agency we
9 wouldn't see any -- and no restructuring at all that's
10 not -- that meets -- you might -- you qualify under the
11 RFP because you're reducing bed so you might get an
12 award, but that doesn't necessarily mean that you get an
13 award plus an increased rate. Now, a lot of times last
14 time people did that, they submitted -- which is fine,
15 they submitted for an increased rate and also for a
16 restructuring award.

17 So just to be clear, if you could say, I'm
18 going to remove 10 beds, okay, that counts for
19 requirements of the RFP, right? We're going to remove 10
20 beds. But if you're going to say that, I want to remove
21 10 days, here's this new business model, I want
22 \$3,000,000 to do that, I want \$5,000,000 from DOH over
23 there, and I want \$20 a day on my beds but there's no
24 restructuring. The chances of you getting the \$20 on a

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1 bed or even \$10 on a bed with no restructuring, that
2 doesn't mean you wouldn't get an award, right? Do you
3 see how those are two different things? Yeah? It's
4 important because I don't want people to be confused
5 about that.

6 MR. BAVOLACK: On the grading, it's not on
7 the question on rates Rich. You can sit down.

8 (Laughter)

9 MS. LAMBERT: Sit right there.

10 MR. BAVOLACK: Last year you had a panel
11 that graded the various proposals that came in and in
12 some instances clients and providers went back to discuss
13 their scoring. And in some instances a grade would be
14 established by the panel and one person would give a
15 five, another person would give a five, and quite a few
16 times one individual would just give a zero. The way
17 that you scored was using an average. Will consideration
18 be given to an outlier score for this year to eliminate
19 it? It really kind of doesn't make sense if everybody is
20 scoring fives and one person consistently is grading a
21 zero. It skews the results of the --

22 MS. LAMBERT: I think I can answer that.

23 A FEMALE VOICE: Yeah.

24 MS. LAMBERT: If I answer wrong then tell

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1 me.

2 A FEMALE VOICE: Okay. Go ahead.

3 MS. LAMBERT: The way that that was --
4 that did happen last time. The way that we looked at it
5 though was for consistency with the scorer. So for
6 example, we did have some people -- we had some -- let's
7 talk about not the RFP process, let's talk about teachers
8 or let's talk about supervisors. Some of you in your
9 evaluations of your staff, if you have a scale of one to
10 five you score people -- you're doing a great job if you
11 get a three, okay? Because that's your scoring rubric.
12 Some of -- and maybe you give one person in the entire
13 nursing home a five. Some of you give everybody a five.
14 You know, it's affirmative leadership, and you've got to
15 find a five in everybody. But your scoring is
16 consistent. So what we saw in the scoring -- and the
17 first thing that happens to the process is, is the
18 scoring consistent? So if somebody is a low scorer, they
19 are just a low scorer, and maybe they have that one out
20 of twenty four that they thought was amazing, but they're
21 a lot scorer -- it's also true of the opposite. We had
22 some scorers where they assumed you were perfect until
23 otherwise proven and everybody got a five. So unless
24 there's this little minor thing maybe and maybe you got a

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1 4.5, maybe 4.8, they didn't want to give -- they didn't
2 want to give anybody less than a five.

3 So I think because of that if the scorer
4 is consistent versus us seeing some sort of a conflict,
5 which shouldn't be there anyway because there is conflict
6 free everything, so if we saw an inconsistency in the
7 scoring then we would do that. But we had some scorers
8 for example that would say, if this, this, and this, and
9 they had it right in their scoring, if this, this, and
10 this is present that's a zero, it's an automatic rule
11 out. There were some scores that said, if the proposal -
12 - and you have to do it according to the points
13 obviously, so we would have done that if it wasn't
14 outlier, but we did not see any -- matter of fact, I
15 think the process was -- was one of the best in terms of
16 consistency that the Department has ever had, in terms of
17 consistency with the raters.

18 MR. BAVOLACK: Last question. It's not
19 working.

20 MS. LAMBERT: Then the meeting is over.

21 MR. BAVOLACK: Nope.

22 A FEMALE VOICE: Is it off now?

23 A FEMALE VOICE: Yeah, this one died now.

24 A FEMALE VOICE: This one is working.

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1 This is the one that's most important so just talk loud.

2 MR. BAVOLACK: That's working?

3 A FEMALE VOICE: That one. That's the
4 most important one.

5 MR. BAVOLACK: Okay. Can you spend a
6 couple of minutes talking about the adult day care
7 concept? The RFP in some instances states that one point
8 it'll touch upon that you cannot receive funds or use
9 funds for Cap X, or that you can, and in one point it
10 suggests that you cannot use the funds for certification.
11 It kind of in some instances a little contradicts itself
12 throughout the RFP.

13 MS. LAMBERT: We'll check that. One
14 difference, and I didn't point this out, I think I did
15 not point this out, one difference between this
16 application and the last is the establishment of a home
17 health agency, the certification of that so that -- oh,
18 well, that that's not something that we're looking for in
19 this proposal. And so if the edits of the section that
20 you're talking about what may have happened is we may
21 have gone out and it may have unintentionally taken
22 something else out. So a home health agency and the
23 certification of that agency is not something that's
24 permissible under this particular RFP.

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1 Adult family and adult day is still
2 something and we'll go ahead -- I think I need to go over
3 here now. This is interesting. This is a game. So
4 adult family -- adult day is still something. But we'll
5 go back. And you're saying that wasn't clear?

6 MR. BAVOLACK: It contradicts itself.
7 (Indiscernible, too far from mic.) It's stated in three
8 separate sections --

9 COURT REPORTER: If you speak from the
10 audience I can't get the mic over.

11 MS. LAMBERT: So he's just saying -- can I
12 just summarize? If I don't say it right tell me. So
13 he's saying that the RFP contradicts itself. At times it
14 says that you can apply to create a new organization for
15 -- that would be certified? Is that right?

16 MR. BAVOLACK: It's a little unclear.

17 MS. LAMBERT: It's just unclear. So
18 clarification about whether or not adult -- so just help
19 me understand. So the question would be, may we receive
20 funding for the establishment of an adult day facility?

21 MR. BAVOLACK: And what those funds have
22 to be used for.

23 MS. LAMBERT: And what those funds have to
24 be used for. And is that --

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1 MR. BAVOLACK: That's it.

2 MS. LAMBERT: -- that's it? Okay. Thank
3 you.

4 MR. ROBERT BURKE: I guess I can stand up
5 since the mic isn't working?

6 MS. LAMBERT: I have no idea what we're
7 doing.

8 (Discussion off the record.)

9 MS. LAMBERT: Speak loudly Bob. You can
10 speak loudly.

11 MR. BURKE: I can speak loudly.

12 A FEMALE VOICE: No, no.

13 (Discussion off the record.)

14 MR. BURKE: My name is Robert Burke, I'm
15 with iCare Management. I have a simple question and
16 that's that I noticed in the 2013 RFP there was home
17 health agency certification was included, and now in 2014
18 it is excluded as an eligible activity. Is that a result
19 of what happened with the Litchfield Woods contracting
20 problem? I see that that was what the model was that
21 they had proposed at a very high potential award. Could
22 that have factored into the reason as to why it's not
23 eligible for 2014 or is it lack of -- was it lack of
24 need?

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1 MS. LAMBERT: No. It was lack of need.
2 Had nothing to do -- it had nothing to do with any
3 particular proposal at all.

4 MR. BURKE: Okay.

5 MS. LAMBERT: Yeah. It didn't.

6 MR. BURKE: I told you it was simple. So
7 thanks.

8 MS. LAMBERT: Yeah.

9 A FEMALE VOICE: If you have a question
10 come on up.

11 MS. LAMBERT: I'm sorry. I don't even
12 think it's working, but you still have to --

13 A FEMALE VOICE: The little one's
14 recording for her.

15 MS. LAMBERT: -- so you can hear if I talk
16 -- oh.

17 A FEMALE VOICE: She can hear.

18 MS. LAMBERT: Oh, it's just talking right
19 to her?

20 A FEMALE VOICE: Yes.

21 MR. KEVIN O'CONNELL: Kevin O'Connell with
22 the Geer Corporation in Canaan. We have great community
23 support for a proposal this year and a part of that is
24 aligning ourselves with partners that are already

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1 providing the services that are needed such as basic
2 chore services, maintenance services, those types of
3 things to keep Medicaid recipients in their homes. Part
4 of the problem though is that the rates that are provided
5 for those organizations aren't adequate enough to be able
6 to expand the program or meet the needs that are there
7 already. So would there be any consideration for rate
8 relief for partner organizations that we work with
9 through CCCI?

10 MS. LAMBERT: So you're talking about rate
11 increases on the community site versus rate increases on
12 the institutional side?

13 MR. O'CONNELL: It's much easier for me to
14 partner with folks that are already doing the work, you
15 know, in the community and partnering with them as a part
16 of my continuum than trying to re-create the wheel.

17 MS. LAMBERT: So I'm not going to give a
18 black and white answer because the rate structure, that's
19 a whole other -- for the entire state because it wouldn't
20 be just a rate for, you know, Sharon, Connecticut or
21 whatever, it would be a bigger issue.

22 One thing that you -- you could certainly
23 talk about the need for that in the proposal in the hope
24 that that will push things forward. I suspect that the

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1 process will be separate. But one thing that you could
2 do if it's helpful is you could, and this is just a
3 creative way of approaching it, I know that there are
4 organizations and nonprofits who do a lot of fundraising
5 to help supplement the rate, which is not -- I understand
6 it shouldn't be that way, but there are organizations
7 that do that.

8 One thing that you could ask for is
9 support for those nonprofits to help in the fundraising
10 and pay for those kinds of initiatives to build up the
11 fund that might be able to take them through at least
12 five years or so while you work on advocacy to increase
13 the rate. So in the proposal you could embed a mechanism
14 that would help increase the fund to supplement the rate
15 where your long-term strategy would be an increase in the
16 rate. So it's a short-term strategy. It would increase
17 the rates and let's just say you project five years or
18 whatever, I mean, I would probably project at least five
19 years, figure out a way and draft something to that
20 extent where you'd be addressing that and then the long-
21 term solution would be rate increase.

22 MR. O'CONNELL: All right. And one other
23 quick question. Transportation. If I wanted to replace
24 existing vehicles in my fleet that are aging out that are

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1 expensive I can't get the funding through DOT quickly
2 enough to replace it, is that something that will be
3 considered?

4 MS. LAMBERT: That may be considered.

5 MR. O'CONNELL: Alright. Thank you.

6 MS. DARIA KEYES: Hi. Daria Keyes from
7 CMHA, Community Mental Health Affiliates. One of my
8 questions is you're looking for an electronic disk copy.
9 Would you accept a flash drive? Because we don't use
10 disks anymore, we use flash drives.

11 MS. McDONOUGH: I'll accept a flash drive,
12 yes.

13 MS. KEYES: You will? Okay. And dropping
14 it off, so the address in there is 55 Farmington Avenue
15 in Hartford?

16 MS. McDONOUGH: Yes.

17 MS. KEYES: Okay.

18 MS. McDONOUGH: And there's parking right
19 across the street.

20 COURT REPORTER: I'm sorry.

21 MS. McDONOUGH: I'm sorry. Yes, you can
22 use a flash drive instead of the disk, that's acceptable.
23 Parking is right across the street from 55 Farmington
24 Ave. And we will have receipts for you at the security

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1 desk when you do drop off.

2 MS. KEYES: Okay. Could you publish the
3 names of all of the entities --

4 MS. McDONOUGH: We're definitely going to
5 do that.

6 MS. KEYES: -- at the Bidder's Conference
7 today?

8 MS. McDONOUGH: Yes. Yes.

9 MS. KEYES: Thank you. And you mentioned
10 that the awardees are -- it's currently at the AG's
11 Office, so the contracts are not completely executed?

12 MS. McDONOUGH: Some are. Some are not
13 fully executed, correct.

14 MS. KEYES: So if they are completely
15 executed before you post the answers could you post the
16 seven of them on the answers? By the time that -- by the
17 time you're posting the answers to these questions?

18 MS. McDONOUGH: Yeah. Yeah.

19 MS. LAMBERT: We'll let people know. It's
20 been requested incredibly frequently.

21 MS. KEYES: Okay.

22 MS. LAMBERT: So there are three right now
23 that are pending execution, there's still one in
24 negotiation. So the three that are pending execution

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1 we'll figure out how to -- how to do that.

2 MS. McDONOUGH: Yeah. And that request
3 actually, if you're looking for FOI request that should
4 go through David Dearborn at DSS. So if you're looking
5 to check those contracts or proposals that request has to
6 go through David Dearborn actually.

7 MS. KEYES: What's her first name?

8 MS. McDONOUGH: David Dearborn.

9 MS. KEYES: Oh, David?

10 MS. McDONOUGH: Yeah.

11 MS. KEYES: His name, sorry. And then my
12 last question is, the ones who are receiving the awards
13 from the last round are they eligible to apply during
14 this round?

15 MS. LAMBERT: If they are -- in some cases
16 some of the organizations have broader affiliations. And
17 if that affiliation partnered with a different nursing
18 home in a different area then yes. So it has to do with
19 the nursing home. So the same nursing home wouldn't be
20 able to apply again, but if the larger -- like a larger
21 parent organization has a different nursing home they
22 would be able to apply under that different nursing home.
23 Do you see the difference?

24 MS. KEYES: Yes I do.

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1 MS. LAMBERT: Well, if iCare, sorry, but
2 I'll use you guys, so if iCare submitted a proposal for
3 Chelsea and received the award and then next year
4 submitted a proposal for -- it's not Touch Points anymore
5 --

6 A MALE VOICE: Bidwell.

7 MS. LAMBERT: -- yeah, it used to be
8 Bidwell -- for Bidwell for example, then they wouldn't be
9 disqualified just because iCare, you know, owns both of
10 them. So there's some organizations that have broader
11 affiliations and so as long as it's a different nursing
12 home that would be fine. Once again, it's going to be a
13 very different proposal because it's reflecting that
14 community and, you know, so it's not like one size fits
15 all, right?

16 MS. KEYES: Okay. And then the FOI
17 request, you would consider those on the ones that have
18 been executed? That's what you're saying?

19 MS. LAMBERT: Correct.

20 MS. KEYES: And how long does that take to
21 be granted?

22 MS. LAMBERT: Oh, I have no idea.

23 MS. KEYES: You don't know. Okay. Thank
24 you.

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1 MS. LAMBERT: We have, I mean, it's been -
2 - they've been requested several times. The problem is
3 we can't release the proposals until they're executed.
4 And at that point we can release the proposals as well.
5 So hopefully within another week or so they will be.

6 MS. KEYES: Alright.

7 MS. LAMBERT: They're not available until
8 they're executed and then as soon as they're executed --
9 so they've been at the AG's Office for how long? Two
10 weeks?

11 A FEMALE VOICE: Yeah. A couple of weeks.

12 MS. LAMBERT: Two or three weeks, they
13 should be back -- they should be executed pretty soon.

14 A FEMALE VOICE: And then they can go to
15 David Dearborn.

16 MS. LAMBERT: Yeah. Yeah. Because it's
17 not final until the AG's Office says it's final. Did you
18 want to talk about housing and just -- I think that would
19 be -- if it's okay? Okay. One last question. And I
20 just want to -- I just want the folks -- I just want to
21 be able to talk a little bit about the housing component
22 because there's quite a bit of money in the housing
23 component, is \$29,000,000 and I want you to understand
24 what that process looks like.

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1 MR. STARKOWSKI: A couple of quick
2 questions on --

3 A FEMALE VOICE: Mike, you've got to talk
4 into a mic.

5 (Discussion off the record.)

6 MR. STARKOWSKI: -- just a couple of quick
7 questions. One, what if a skilled facility works with a
8 hospital, they have all of the community support, you
9 want to delicense beds and use those beds for some other
10 arrangement with the hospital, so somebody may be coming
11 in or going out of a hospital and be, let's say,
12 observation days, so instead of the hospital using their
13 beds for observation days are going to make an
14 arrangement with a skilled nursing facility to reserve
15 five or six or ten beds, is that something that would be
16 a fundable activity?

17 MS. LAMBERT: That would not be. So they
18 can partner it, but the purpose has to be home and
19 community-based and that would still be medical. I mean,
20 the purpose of the beds would be medical or rehab or
21 whatever. It's not strictly the home and community-based
22 model. So that --

23 MR. STARKOWSKI: But if that's going to
24 stop an admission or readmission into a hospital because

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1 they want to have the individual there because they were
2 getting stuck on the observation days by CMS and
3 everybody else now, isn't that like should be an honored
4 activity?

5 MS. LAMBERT: So the way that that -- so
6 the operating money from CMS is really clear that it
7 can't be -- they would see that as medical. It's very,
8 very clear is even more restrictive than the CMS rule.
9 So the only thing we've said is if you want to have a
10 transitional wing, which is nursing home still by the
11 way, it's not delicensing, it still a nursing home, it's
12 just a different model, that you can use the wing for
13 that. And other than that, adult day, and I guess we
14 could be open to other things, but I can't imagine what
15 they would be. But for the purpose of using it for
16 hospital days for observation we would see that more as,
17 well, I mean, why would they be admitted to the nursing
18 home? What care would they be receiving?

19 MR. STARKOWSKI: Again, they'd be
20 observation days just like they were in a hospital, but
21 the hospital is trying to save their beds for admissions
22 and readmissions.

23 MS. LAMBERT: Yeah. Observation though,
24 it's medical. That's on the medical side. So it's

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1 observation for the purpose of determining or diagnosing
2 to determine whether or not medical intervention is
3 appropriate? That's different than home and community,
4 so because it's medical it would not be.

5 MR. STARKOWSKI: Okay. When Matt asked
6 about the scoring and some people would have aberrations
7 so there would be four fives or three fives and a zero,
8 one of the problems was that when those scores were
9 reviewed, because I sat in on the exit conferences, when
10 those scores were reviewed there were a number of times
11 where the zero had no explanation at all. So either
12 there would be a nice explanation when somebody had a
13 four or a five, but when you came to a zero it was hard
14 for the respondent to determine why they got a zero
15 because they go into the zero and Linda Burns would go
16 in, open up the folder and say, well, there are no notes,
17 no discussion on why a person was given a zero. Could
18 you require it, that if somebody gets a zero from now on
19 that there is an explanation?

20 MS. McDONOUGH: Most definitely. Most
21 definitely. We're definitely going to have explanations
22 for every score.

23 A FEMALE VOICE: Oh, she's going to want
24 you to --

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1 MS. McDONOUGH: -- sorry. Because this is
2 really important. When I go into the evaluation every
3 response will have an explanation why that respondent was
4 giving a six, why that respondent is given a zero, there
5 will be -- there is an explanation block underneath that
6 that the evaluator will write why they had a zero or a
7 six. So we will not have that this go-round.

8 MR. STARKOWSKI: Okay.

9 MS. McDONOUGH: Okay?

10 MR. STARKOWSKI: And Dawn, you were just
11 talking about if you were a respondent on the first one
12 that for the particular home, so you can use Chelsea
13 again and say, if you did get an award you're not going
14 to be able to ask for something?

15 MS. LAMBERT: Right.

16 MR. STARKOWSKI: What if they are in
17 negotiations and during your discussion, your continuing
18 discussions with the community you found out that there
19 was another potential service that's a community service
20 that you could be doing in order to enhance your
21 visibility in the community and your services to the
22 community? So you're not coming in for a replication of
23 the first one, but you're coming in for another adjunct
24 service that would actually help you in the community,

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1 would you be able to do that or no? You're just
2 excluded?

3 MS. LAMBERT: So you're saying what if
4 Chelsea was awarded last time and then had something
5 different that they wanted to add on, build additional
6 capacity?

7 MR. STARKOWSKI: That's right.

8 MS. LAMBERT: So our decision internally
9 because we had 24 proposals and we knew that we literally
10 had -- and we know we had 14 proposals that showed up
11 late, that's a lot of proposals. Because of that we
12 really want to try to give the maximum funding to the
13 most number of towns in the state of Connecticut.
14 Because otherwise it could feel really unfair that we're
15 only building the capacity of Hartford while, you know,
16 Greenwich or Branford would really like to work with
17 their people. So no.

18 MR. STARKOWSKI: Okay. But if you weren't
19 accepted in the first round you could definitely come
20 back with another proposal?

21 MS. LAMBERT: Oh sure.

22 MR. STARKOWSKI: Okay.

23 MS. LAMBERT: Well we, and we hope, I
24 think, for people -- that's the whole key of coming back

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1 and finding out where you scored well and where you
2 didn't score well. I mean, once again, we write lots and
3 lots of proposals to the federal government. We always
4 if we don't get it ask for a debriefing so we can
5 understand where we didn't score well. I mean, we always
6 do that.

7 MR. STARKOWSKI: Right. And as much as
8 home health is out the other ancillary services like
9 chore person and homemaker and stuff like that, that's
10 still in?

11 MS. LAMBERT: Um-hmm.

12 MR. STARKOWSKI: Okay. I'm done.

13 MS. LAMBERT: Did you want to talk a
14 little bit?

15 MR. DESAI: Alright. Now that you know
16 all about the qualifications and once you are qualified
17 by DSS then it comes to DOH for funding that relates to
18 DOH activities. That is the proposal A and B. Now what
19 we found in the last go round was when we received the
20 proposals, you know, somebody would say give me
21 \$3,000,000 for construction. And then we found that, you
22 know, things were -- they didn't have the plans, they
23 didn't have specs, you know nothing was ready. When we
24 looked at it we don't know what 3,000,000 is about. So

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1 what we did this time around is we phased it out into two
2 proposals. So Proposal A would be -- bring you to the
3 bids and specs, you know, status. So you have
4 architects, engineers, you know, they will work on your
5 specific things that you want to do in terms of
6 renovations or whatever that might be and they will
7 prepare the specs and bids and they'll also give you an
8 estimate based on, you know, their professional judgment
9 as to what it may cost.

10 So that is Proposal A. Proposal B would
11 be, you know, once you are ready with those cost
12 estimates and things say at this point you are ready with
13 that proposal or the cost estimates then you can come for
14 Proposal B, which is, you know, I know I want \$2,000,000,
15 this is what it is, and you know, then we can look at it
16 and make a decision on that. So it is a predevelopment
17 type, before construction, and then you know, after
18 predevelopment there's a construction phase. So there
19 are two separate phases for funding.

20 Now, in terms of the requirements, you can
21 look at page 25 and under section 4, readiness to
22 proceed, B, DOH funding, and that's what it explains.
23 What Proposal A and Proposal B is, what I just said.
24 Under page 26, 5B, it lists what the eligible activities

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1 are for predevelopment and construction phase funding so
2 you'll know what you can apply for.

3 Under page 27, E, the main proposal, it
4 tells you what you are supposed to submit when you are
5 requesting DOH funding and, you know, which section you
6 have to supply and all of that. So it is self-
7 explanatory. On page 36 you will see under F, cost
8 proposal information. We have financial requirements, we
9 have -- section 2 has budget requirements. And under
10 budget requirements we have information about the
11 application.

12 So rather than putting applications
13 separately in a separate section what we did is identify
14 the application, the budget, and all of the requirements,
15 you know, in there. So there are links, you know, for
16 predev. You will have a DOH predevelopment application
17 so once you click that the whole application comes up and
18 what we want to make sure is you answer all the questions
19 in the application. For example, for predev we are
20 asking for property description. So what we want to see
21 is the site conditions, conditions of the building,
22 information about the building such as like square
23 footage, number of floors, building age, etcetera.

24 Current zoning. This is important because

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1 sometimes you may have to change the zoning. So -- and
2 we want to find out whether there's a process and what
3 the process is. If you don't have appropriate zoning and
4 it's going to take you a year to get the zoning approved
5 well, you know, you may be at the bottom of the, you
6 know, the criteria. You may be at the bottom.

7 The other thing is site control. Like,
8 who owns the site, you know, do you have the control and
9 the ownership. Relocation plans if you are planning to
10 rehab a facility would there be, you know, would there be
11 any relocation of people living in there, you know,
12 things like that. So those things are very important.
13 So you know, if you describe the whole process it helps
14 us in evaluating the proposal. So you know, we'll be
15 looking at the, you know, detailed information on that.

16 Your proposed project, what other type of
17 activities to be conducted, the purpose of the project,
18 development challenges, clearly identify the entire
19 project and specific activities that will be funded by
20 State. So if you're coming to us for \$1,000,000, you
21 know, identify what the \$1,000,000 is and what you are
22 looking for because, you know, your total project cost
23 may be 3,000,000 and if you just identify 3,000,000 and
24 say, give me 1,000,000, then we don't know which

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1 activities you're asking for. So specifically identify
2 your total project cost and then specifically like what
3 you're asking for the State to fund.

4 Scope of work, again, this has to be very
5 clear as to, you know, which activities will be
6 conducted. Also, list of deliverables. For the predev
7 it would be, for example, plans and specs, you know, we
8 are going to have plans and specs at the end when we are
9 done with, you know, spending this \$100,000. That would
10 be like environmental Phase I reports or Phase II reports
11 or whatever those might be. Secure permit, you know, you
12 say, you know, our attorneys are providing the
13 (indiscernible) and we have the permits in hand.

14 So that is the example of what we're
15 looking for in terms of predev. In terms of the
16 construction phase, same thing, you know, you will see
17 when you click that there are specific requirements just
18 like, you know, I described in the predevelopment phase.

19 And I think in terms of criteria what we
20 are going to look at is, you know, how specific you
21 provide your information. So if your information is
22 clear and concise, you know, what we are asking for, you
23 know, you will be graded higher. But if there are gray
24 areas, you fail to determine something, you know, we are

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1 not going to make determination on your behalf, we'll
2 just say, you know, zero because we don't know.

3 So those -- some of the things we will be
4 looking at is, is adequate property description provided,
5 you know, proposed project, is it clear, and scope of
6 work, is it clear, you know, what are the deliverables,
7 are they listed. Project schedule and budget, same
8 thing. Like if you were coming in the predevelopment you
9 will identify well, we haven't done anything yet. We are
10 going to go for RFQ for architect, engineers, and you
11 know, that is going to take us three months and once we
12 hire it's going to take six more months for them to
13 prepare, you know, plans and specs and all that kind of
14 stuff. So that's what you will identify and schedule so
15 very specific information.

16 And then we look at the site plan, you
17 know, information about, you know, the project and the
18 location of the site and all of that. For example, for
19 the development phase we will be looking at -- and again,
20 for all -- there is another section that we'll be looking
21 at the qualification of your architects and engineers and
22 whoever you're going to hire. So you'll be graded on
23 that as well.

24 For construction phase we'll be looking at

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1 status of construction documents. So, you know, are the
2 building documents completed, are construction documents
3 prepared, you know, design development drawings, you
4 know, whether they are 30 percent, 40 percent, 70 percent
5 complete, things like that.

6 Commitment for financing. So for
7 development phase we will be looking at if the project is
8 \$3,000,000 and you're coming to us for \$1,000,000 and,
9 you know, we're looking at where the 2,000,000 is coming
10 from and what kind of commitments do you have, are they
11 firm commitments or, you know, are they soft commitments,
12 you know, is there equity. So we'll be looking at that
13 and saying, yes, you are ready for the project. But if
14 you say, give us \$1,000,000 and for the second \$1,000,000
15 we don't know, you know, we are doing fundraising. We
16 can't do it, you know, we don't know when it will be and
17 when we'll secure the \$1,000,000. The other \$1,000,000
18 is our equity. So now we see it as a gap, you know,
19 there'll be a \$1,000,000 gap that we don't know when you
20 will achieve. So you know, that may put you down in
21 terms of criteria.

22 Leverage, again, same thing. So if you're
23 putting your equity in that's like leveraging the funds
24 say for \$3,000,000 if you are putting \$2,000,000 that's

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1 like leveraging. So you'll get points for that.

2 Construction reasonableness. Do the
3 proposed construction costs meets, you know, our
4 requirements. That is with, you know, DOH requirements.
5 We look at, you know, say you are putting in a 1,000
6 square foot building and if you come up with \$1,000,000
7 for that, you know, we'll say, well, that's, you know,
8 not the standard. Because you know, \$1,000 -- if we said
9 1,000 square feet and our standard, you know, based on
10 what you're proposing we say may cost you \$100,000, you
11 know, or \$100 per square foot now we know what cost the
12 overall cost it would be. But you know, so this is --
13 we're looking at the reasonableness of the cost, you
14 know, are they absurd or are they, you know, reasonable.

15 And then overall readiness to proceed.
16 You know, what is the development's overall readiness to
17 proceed. So that will -- your project will tell us where
18 you are based on your schedule, based on your funding
19 commitment and all of the above. It will give us an
20 indication as to are you ready to construct as soon as we
21 approve the project or, you know, you'll be ready in six
22 months, nine months, because that will impact your
23 criteria, you know, the points.

24 So I think that's in a nutshell that's

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1 what we are looking at in terms of DOH funding and
2 applications. Any -- do you want to come up? That's why
3 we all wanted you guys to sit in the front, you all sat
4 in the back.

5 MR. STARKOWSKI: In the question I asked
6 before about rehabbing something besides an RCH, in the
7 DOH page on page 27, it specifically says the conversion
8 of an RCH, it doesn't allow anything else to be converted
9 at least in the way it's described in the construction
10 phase funding. It does not say any other entities.

11 MR. DESAI: This is -- this is from the
12 last proposal.

13 MS. LAMBERT: We just added it.

14 MR. DESAI: Okay.

15 MS. LAMBERT: Yeah. We'll look at that.
16 That's not the intent.

17 MR. STARKOWSKI: Okay. And if you are
18 going to rehab something for community living and one of
19 your goals was to allow people that are in a skilled
20 nursing facility to go on hospice but come into that
21 community living center for their hospice period would
22 that be acceptable? So you're going to provide community
23 hospice instead of providing hospice in the facility for
24 an individual that's in a skilled nursing facility and

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1 you'd offer them the opportunity to go into a community
2 setting for their hospice, would that be acceptable as a
3 community service?

4 MS. LAMBERT: So are you saying --

5 COURT REPORTER: Mic please.

6 MS. LAMBERT: -- so are you asking me -- I
7 feel like there are two questions. So are you asking me
8 whether or not we'll pay to develop hospice services?

9 MR. STARKOWSKI: In the community though.
10 I mean, so presently there's a number of people, like
11 Vitas House and all that provide hospice in the community
12 or in a skilled nursing facility, so they are providing
13 the services in a skilled nursing facility now. If that
14 individual or their families said, you know, the
15 individual would like to be in a different setting
16 besides here for hospice, but I don't know if I can have
17 them in my house for a whole bunch of different reasons,
18 so can we move them to another community setting that
19 we've rehabbed to take an individual out of the
20 institutional care in a skilled nursing facility for
21 hospice and put them into a community setting that we've
22 rehabbed, would that be acceptable?

23 MS. LAMBERT: Well, if it's actually --
24 first of all, if the community setting meets the

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1 community first choice rule, so we're not just talking
2 about -- we're not talking about emptying a wing of a
3 nursing home and making it all hospice, that's not what
4 we're talking about.

5 MR. STARKOWSKI: Right. I'm not talking
6 about --

7 MS. LAMBERT: We're talking about buying a
8 two-family home in town and we're going to renovate it
9 and could people there be receiving hospice services? So
10 they could be receiving hospice services, that would be
11 fine.

12 MR. STARKOWSKI: -- that would be okay?

13 MS. LAMBERT: Yeah.

14 MR. STARKOWSKI: Okay.

15 MS. LAMBERT: I don't know that I -- I
16 mean, it would be interesting to see what the town
17 response would be to that because I don't know that the
18 town -- any time -- you run the risk, and I'm just going
19 to have to make this statement, any time you run the risk
20 of this being the statement that somebody might make then
21 it's probably not going to score well. So bear with me.

22 If by doing that people in the community
23 will drive by to 11 Main Street or wherever it is, and
24 say, that's where those people on hospice live, that's

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1 not what we're looking for. If someone on hospice
2 happens to live there, and other people live there too,
3 that's fine. But try to get away from that, do you see
4 that difference that whole feeling associated with that?
5 We don't want that. We don't want people driving by, I
6 mean, just like we don't want people driving by saying,
7 well, that's where all those people with Alzheimer's
8 live. You know? We want to --

9 MR. STARKOWSKI: But understand, even if
10 you developed four apartments in an apartment building
11 and you move four people out of a skilled nursing
12 facility there's still going to be people that drive by
13 and say, that's where those people that used to live in a
14 nursing home now live.

15 MS. LAMBERT: -- yeah. As long as -- you
16 know what it has to do with? It has to do with the HUD
17 rules about how desegregated it is. So if it's Main
18 Street --

19 MR. STARKOWSKI: Yeah.

20 MS. LAMBERT: -- now if on Main Street,
21 you know, there are 100 houses and in three houses people
22 with disabilities or elders who receive services happen
23 to live that's different than buying a block. That's
24 just different, you see? Do you see how the difference

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1 of those two things is? Yeah? No? Bob?

2 MR. STARKOWSKI: Kind of. Yeah. Okay.

3 Okay.

4 MS. LAMBERT: Okay.

5 MR. STARKOWSKI: No more questions. I'm

6 done.

7 MS. LAMBERT: Okay. Are there other

8 questions?

9 MR. DESAI: All right. That was easy.

10 MS. LAMBERT: Okay. So are there other
11 questions in general or is everybody questioned out? Or
12 doesn't want to have to walk up to the microphone? Okay.
13 So then in closing -- we can end early, right?

14 A FEMALE VOICE: Sure.

15 MS. LAMBERT: There's no reason why we
16 can't? So I just encourage you to kind of think outside
17 the box with your communities and think about what your
18 community -- what that continuum of care would look like
19 in your community. I mean, what if the nursing home did
20 buy 10 different homes in town? Not necessarily next to
21 each other, but what if through community input you find
22 out that a need is affordable accessible housing? You're
23 probably going to find that out. And what if you did?
24 And what if your continuum talked about how the nursing

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1 home was going to be the hub for those people who live in
2 those 10 homes? And what if it would be possible for
3 either nursing -- for transportation either from your
4 nursing home or maybe in coordination with the town to
5 run transportation so that the people living in the
6 community receiving services and supports can go
7 shopping? So you're addressing that transportation need.

8 And you're also building a continuum that
9 today is really only found on a campus and that through
10 discussions with your community you may find out that
11 your community would actually love that. What if people
12 could actually stay in their home and have you as part of
13 the continuum? A lot of times people go to campuses
14 because the continuum is there, right? They know that
15 the nursing home is there and someday and they're
16 familiar with it, what if you turned your local town into
17 that continuum by looking at housing, by looking at how
18 to coordinate supports and services across the continuum
19 and also, yes, as being there as the nursing home that
20 valued provider in town so that when the time comes or if
21 the time come that somebody chooses that it's already
22 part of that continuum in which they live? It planful.

23 I believe that's possible. I believe that
24 you need to talk more with your town members. Maybe

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1 that's not what people in your town want. So then
2 disregard it. But I'm just trying to open up the
3 possibilities a little bit to things that we don't
4 currently have here and are maybe things that you haven't
5 -- that you haven't considered.

6 So -- um-hmm?

7 MS. JULIE NORKO: I'll use my outside
8 voice.

9 A FEMALE VOICE: No, you need to come up
10 front.

11 (Discussion off the record.)

12 MS. NORKO: Julie Norko from --

13 A FEMALE VOICE: You need to go up to the
14 microphone. It's being recorded.

15 MS. LAMBERT: It isn't -- she's
16 recording and so that microphone doesn't amplify, but it
17 goes into her recording machine.

18 COURT REPORTER: And your name again is?

19 MS. NORKO: My name is Julie Norko. I'm
20 from Southington Care Centers. So the question I have
21 is, that sounds great. And if we can't do that by
22 December 4th is there a possibility of future funding
23 aligned with that sort of a model that you're talking
24 about? So this is round two, this idea of creating the

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1 nursing home as a hub in a community like New Britain,
2 and that would involve I think many more conversations.
3 So I'm just curious about might there be a round three or
4 other options like that?

5 MS. LAMBERT: So if there's -- I can tell
6 you this. So I don't know for sure, the bond funding
7 that we have which is 29,000,000, so we have 29,000,000
8 in bond funding, you know, if it's obligated through this
9 particular award then unless there's more than, you know,
10 I don't know if somebody -- if OPM or someone is going to
11 make a decision to obligate more bond funds, but if we
12 award it all through this process then there wouldn't be
13 another round. With respect to the CMS money, so this
14 round has I think 11,000,000, is that correct?
15 11,000,000 and so we've already awarded -- I think that
16 we have about after this award that we'll have at least
17 \$6,000,000 that we haven't even talked about yet and the
18 potential for more. So probably on the operating side my
19 concern though is in order to achieve that vision you
20 probably really need the capital funds from DOH and
21 that's what I'm not sure about. So I guess a long way to
22 say I'm not sure.

23 MS. NORKO: Okay.

24 MS. LAMBERT: So sorry. I mean, if we

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1 don't obligate the 29,000,000 then you'll know, I mean,
2 for sure after this award goes out if the 29,000,000
3 isn't obligated.

4 MS. NORKO: I think my question is related
5 to the fact that they're achieving this vision that you
6 talk about, which totally makes sense, is it would
7 involve a little more planning. And I understand that
8 the -- I think the contracts would begin March 2015,
9 right?

10 MS. LAMBERT: 2015 unless we push back
11 everything, which we've heard here --

12 MS. NORKO: Yeah. Yeah.

13 MS. LAMBERT: -- the other thing to keep
14 in mind is the proposals you both have -- for both the
15 operating money and the capital money you have the
16 planning, the vision money there that you could ask for a
17 planning grant for the purposes of achieving that vision.
18 You could and you'd convene stakeholders and you'd say,
19 is this consistent? Because yeah, you know, maybe we all
20 think it's a great idea, but you know, if the townspeople
21 where you live think it's a terrible idea then you
22 probably need to know that sooner rather than later. So
23 you could just apply for a planning grant that would
24 actually take that vision at a local level and really

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1 thoughtfully plan out what would it look like if our town
2 actually became a continuum? Where are the weaknesses in
3 the infrastructure? Which things need to be
4 strengthened? Where's that affordable housing that maybe
5 the nursing home could take on to say, hey, we're going
6 to purchase this housing. It scattered housing, it's
7 across -- and you know, you purchase the housing, is
8 already on the bus routes for the community. That's a
9 thoughtful process where you're actually making it
10 possible for people to remain in the community and you
11 are that system so if someday -- and you're building that
12 relationship with the people in the meantime, right?

13 So you could get a planning grant.

14 MS. NORKO: Okay. Thank you.

15 MR. STARKOWSKI: One more question. And
16 then I really am done. Handing out the three planning
17 grants that we're negotiating now that are at the AG's
18 Office?

19 MS. LAMBERT: Yes.

20 MR. STARKOWSKI: Okay. Was it Southington
21 Care?

22 MS. LAMBERT: Yes. No. Sorry. So yes,
23 somebody got a planning grant. No, it's not -- am I
24 supposed to say that?

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1 A FEMALE VOICE: No.

2 MS. LAMBERT: No?

3 A FEMALE VOICE: No.

4 MS. LAMBERT: No, I'm not?

5 MR. STARKOWSKI: No, but the question is,
6 is that you said before that if you applied in the first
7 round and you got something you can't get anything in the
8 second round. Well then, if somebody got a planning
9 grant in the first round then --

10 MS. LAMBERT: Oh, you know what? That
11 would not -- thank you for asking that question. If
12 somebody received a planning grant in the first round we
13 would hope that they would be able to submit a full
14 proposal.

15 MR. STARKOWSKI: -- okay.

16 MS. LAMBERT: So thank you for clarifying
17 that. Absolutely. If you receive a planning grant we
18 would hope that you were able to use that money for the
19 purposes of fully developing a proposal and coming back.

20 MR. STARKOWSKI: So if there was only one
21 planning grant out of the three then the other two were
22 just -- the only two that are excluded from applying for
23 the second round for their specific facility that they
24 represented the first time. Okay. Done. Okay. Thank

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1 you.

2 MS. LAMBERT: Anything else? No? Any
3 ideas you want to bounce? Okay. So look forward then to
4 us getting together in the next couple of days and
5 talking about whether or not to extend the deadline.
6 Okay? Thank you very much.

7 (Whereupon, the conference adjourned at
8 12:08 p.m.)