

*The State of Connecticut*  
*Department of Economic and Community Development*

## Request for Application/Proposal

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# Assisted Living Demonstration HUD 236 and 202 Projects

June 7, 2004

**REQUEST FOR PROPOSAL/APPLICATION**  
**for the**  
**ASSISTED LIVING in FEDERAL FACILITIES (ALFF) PROGRAM**  
**under the HOUSING ASSISTANCE AND COUNSELING PROGRAM**

**I. STATEMENT OF OBJECTIVES**

The State of Connecticut Department of Economic and Community Development (DECD) is seeking proposals/applications from owners of United States Department of Housing and Urban Development, Section 202 elderly housing developments and United States Department of Housing and Urban Development, Section 236 elderly housing developments wishing to provide assisted living services to their residents under DECD's ASSISTED LIVING in FEDERAL FACILITIES PROGRAM (ALFF). Under this Request for Proposal (RFP), one development that currently operates under the United States Department of Housing and Urban Development, Section 202 elderly housing program or which operates under the United States Department of Housing and Urban Development, Section 236 elderly housing program, may be selected to participate in the ALFF. For the purposes of this program, multiple properties with overlapping Board membership or ownership may be considered a single applicant.

The number of clients who will be able to receive assisted living services in the chosen development will be subject to available funds. Funding for this year and future years is subject to appropriation by the Connecticut General Assembly, and is not guaranteed. In addition, DECD reserves the right to not make any financial awards under this RFP if funds are not available.

**II. AWARD CRITERIA**

In accordance with Section 8-206e of the Connecticut General Statutes, applications will be solicited for participation in the ALFF, and will be evaluated using the following criteria:

1. Size of the development (Number of Units)
2. Location of the development (Both on a State and local level)
3. Anticipated social and health value
  - a. residents
  - b. state
4. Potential community development benefit to the town
5. % of Medicaid eligible non-institutionalized elderly (preference may be given to housing developments located in towns or cities with a high concentration of Medicaid eligible non-institutionalized elderly)
6. Funds leveraged (non-state) for assisted living activities
7. Greatest number served at least cost (i.e.: Cost per client per month)

### **III. CONNECTICUT HOME CARE PROGRAM**

The State Department of Social Services (DSS) through the Connecticut Home Care Program for Elders (CHCPE), will offer assisted living services to residents in the one HUD development selected through this RFP for participation in ALFF who are eligible for the CHCPE, including residents in the selected HUD project that are currently CHCPE clients. **Only residents of the HUD development selected through this RFP who are eligible for the CHCPE can participate in the ALFF.**

Details on this aspect of the program are provided in the enclosed manual, Manual for Service Providers For Assisted Living Services in the Approved For Participation in Managed Residential Communities (MRC) Facilities, **Exhibit A.**

### **IV. THRESHOLDS FOR APPLICATION**

Applications will not be accepted from HUD developments operating in a town or city that:

- A) has a State-funded congregate facility authorized under Section 8-119d of the Connecticut General Statutes;
- B) has a HUD development currently operating under ALFF; or
- C) has an approved project under the Assisted Living Demonstration Project authorized under Section 17b-347e of the Connecticut General Statutes.

In addition, the following thresholds must be met in order for the application to be considered:

1. MRC STATUS: Development must be a duly recognized Managed Residential Care facility, as designated by the Department of Public Health, or must apply for and receive such designation within 3 months of an award.
2. HUD STATUS: Applicant must be in good standing with the U.S. Department of Housing and Urban Development.
3. FINANCIAL STATEMENTS: Applicant must submit last 3 years' audited financial statements. There can be no existing material audit findings.
4. OPERATING BUDGET: Applicant must submit last 4 years operating budgets on HUD forms.

### **V. APPLICATION FORMAT**

Applications should be submitted as follows:

- A) One (1) complete original clearly marked "ORIGINAL", with all required exhibits having original signatures, where applicable.
- (B) Three (3) copies

All materials must be bound (3 ring binders, etc.) and tabbed by section and placed in the same order as they appear in the application. Each tabbed section must include all relevant materials for that section, including Application exhibits.

## **VI. LETTER OF INTENT**

Potential Applicants must file a Letter of Intent to apply with the Department by 4:00 p.m., local time, on Monday June 28, 2004. At a minimum, this Letter of Intent should identify the Applicant, the primary contact for the Applicant, including mailing address, telephone number and email address. This letter of intent will be used to gauge potential interest, and failure to submit a letter of intent may be considered grounds for disqualification.

Letters of Intent should be directed to Mr. Santoro in writing at the following address, by FAX at 860-270-8200, or by e-mail at <<michael.santoro@po.state.ct.us>>

Michael C. Santoro  
Community Development Specialist  
Housing and Program Support  
Connecticut Department of Economic and Community Development  
505 Hudson Street  
Hartford, CT 06106-7106

## **VII. INSTRUCTIONS TO APPLICANTS**

1. Completed applications and all materials should be delivered or mailed to: Michael Santoro, Community Development Specialist, DECD, 505 Hudson Street, Hartford, CT 06106. All proposals must be **received at DECD** on or before 4:30 p.m. on Friday July 9, 2004.
2. Applicants may be required to give one (1) presentation.
3. All responses to this **Request for Application/Proposal** must conform to these instructions. Failure to conform may be considered appropriate cause for rejection of the response.
4. The application/proposal must be submitted by the applicant or an individual authorized to act on behalf of the applicant. The application/proposal must also provide the name, title, address and telephone number for individuals authorized to negotiate and contractually bind the applicant, and for those who may be contacted for the purpose of clarifying the

information provided in the proposal. This information should also be included in the transmittal letter.

### **VIII. QUESTIONS**

All questions related to this RFP must be submitted to Mr. Santoro in writing at the above address, by FAX at 860-270-8200, or by e-mail at [michael.santoro@po.state.ct.us](mailto:michael.santoro@po.state.ct.us) no later than noon on Friday, June 25, 2004. Answers to all questions will be mailed directly by both regular mail and by email to those firms that have submitted either questions or a Letter of Intent (See Section VII.), on or before Wednesday June 30, 2004.

### **IX. CONDITIONS**

Any prospective applicants must be willing to adhere to the following conditions and must positively state them in the proposal:

1. The State reserves the right to reject any or all proposals submitted for consideration. In addition, the State reserves the right to not make any award under this RFP if funding is not available.
2. All proposals in response to this **Request for Application/Proposal** are to be the sole property of the State and subject to the provisions of Section 1-19 of the Connecticut General Statutes (i.e.: Freedom of Information).
3. The State will ultimately determine timing and sequence of events resulting from this **Request for Application/Proposal**.
4. Any alleged oral agreement or arrangement made by an applicant with the Department of Economic and Community Development or an employee of the Department will be superseded by the written contract.
5. The State reserves the right to amend or cancel this **Request for Application/Proposal**, prior to the due date and time, if it is in the best interests of the State.
6. The State reserves the right to reject the proposal of any applicant that is in default of any prior contract or for misrepresentation.
7. Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the **Request for Application/Proposal**.
8. An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities and financial standing necessary to satisfactorily meet the requirements set forth or implied in the proposal.

9. No additions or changes to the original proposal will be permitted after submittal. While changes are not permitted, clarification at the request of the agency may be required at the applicant's expense.
10. In responding, the applicant implicitly states that the proposal is not made in connection with any competing applicant submitting a separate response to the **Request for Application/Proposal** and is in all respects fair and without collusion or fraud. It is further implied that the applicant did not participate in the **Request for Application/Proposal** development process, had no knowledge of the specific contents of the **Request for Application/Proposal** prior to its issuance and that no employee of the Department of Economic and Community Development participated directly or indirectly in the applicant's proposal preparation.
11. The proposal shall include a summary of the applicant's experience with Affirmative Action. This information is to include a summary of the applicant's affirmative action plan, if any, the applicant's affirmative action policy statement, and the applicant's experience in hiring local neighborhood residents for the projects.

**X. Rights Reserved to the State**

The State reserves the right to award in part, to reject any and all applications/proposals in whole or in part, to waive technical defects, irregularities and omissions if, in its judgment, the best interests of the State will be served.

### Assisted Living Services Application

#### APPLICATION INFORMATION

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Contact Person/Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**FEIN No:** \_\_\_\_\_ **SSN (if individual)** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ **State Sales Tax No:** \_\_\_\_\_

If you are using a consultant to write this application, please provide the following:

Consultant Name \_\_\_\_\_ Phone # \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ Fax # \_\_\_\_\_

**Applicant Type:**

- For-Profit Corporation
- Nonprofit Corporation
- Partnership
- Partnership (with nonprofit co-general partner)
- Other (specify) \_\_\_\_\_

#### ASSISTANCE REQUEST

##### 1. Project Identification

**1.1. Project Name:** \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Type (Check One):  HUD 202 Project  HUD 236 Project

Indicate HUD Project Number: \_\_\_\_\_

**1.2. Number/type of rental units:**  
Total number of rental units \_\_\_\_\_

<i>Unit Capacities</i>	<i>Monthly Rent</i>	<i>Utility Allowance</i>
_____ SRO units	_____	_____
_____ Studio units	_____	_____
_____ 1-bedroom units	_____	_____
_____ 2-bedroom units	_____	_____
_____ Units for persons with other special needs	_____	_____

**1.3. Concise narrative description of activity. Attach as Exhibit 1.3.** – Provide a 2 page description of the proposed activity, including information on how the activity will benefit: the

population to be served (socially as well as health-related), the community in which it is located, and the State of Connecticut as a whole. If the facility is currently a Managed Residential Community (MRC) please be sure to indicate how long the facility has been a MRC and how long Assisted Living Services Agency (ALSA) services have been provided on site by the current ALSA.

**2. Project Need**

**2.1.** Describe and document the need for this project. Include all relevant data on the current residents. This information must include the following for each current resident: annual income, assets, services they are currently receiving (i.e.: assisted living services through “fee for service”, CHCPE program, etc). It should also document the % of Medicaid eligible non-institutionalized elderly and the degree and number of assistance with daily living (ADLs) per client. Attach data, and narrative as Exhibit 2.1.

**3. Applicant Capacity**

**3.1.a. Identify the Assisted Living Service Provider that will be involved in the project.**

Provider Name: \_\_\_\_\_ Type of Entity \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Contact/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

FEIN No: \_\_\_\_\_ SSN (if individual) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State Tax No: \_\_\_\_\_

**3.1.b.** Indicate the date that the ALSA provider was first licensed in Connecticut. \_\_\_\_\_

**3.1.c.** Please provide a list of facilities, including location, where the ALSA has provided services over the last 5 years. **Attach as Exhibit 3.1.c.**

**3.2. Fair Housing Plan/Policy Statement**

Attach as Exhibit 3.2, a copy of the applicant’s Fair Housing Plan or Fair Housing Policy Statement, as applicable.

**3.3. Litigation**

Is either the sponsor or co-sponsor the defendant in any litigation?

YES  NO

If yes, indicate the nature of the litigation and the status of that litigation as Exhibit 3.6.

**3.4. Financial Stability**

Please attach the last three years’ audited corporate financial statements (include notes and projections). Attach as Exhibit 3.4.

**3.4.a.** Please attach the last four years’ operating budgets on the HUD forms. **Attach as Exhibit 3.4.a.**

**4. Project Feasibility**

**4.1. Sources and Uses**

Identify all potential sources and uses of funding for this project. Attach commitment letter(s) if available. If applicable, attach letters of commitment as Exhibit 4.1.

## **5. Community Impact**

### **5.1. Community Support**

Indicate the extent to which the project demonstrates support by local/state government, community organizations, or individuals, other than as project sponsors. Attach letters of support as Exhibit 5.1.

## **6. Proposed Fees - Assisted Living Service Packages**

The maximum per diem reimbursements represent the all-inclusive payment rate for the allowable personal assisted living services and a defined level of services. Please refer to the Maximum Rates (W-1346 – Rev. 9/03) for Assisted Living Service Personal Package Levels and Core Services for the DSS/CHCPE program, **Exhibit B**.

Your service provider may elect to offer to provide these services at rates below these maximums, and this should be so noted after each Level of Care identified below. In no case will proposals be accepted where the Maximum Rates are exceeded.

### **Services Covered**

The following defines the various Assisted Living per diem service packages for the ALFF:

#### **Core Assisted Living Services covered:**

1. Additional Basic Core Services - housekeeping, laundry and meal preparation is allowed if a client is determined to require these services beyond the level of core services normally provided by the MRC. These additional core services can be provided by MRC or ALSA.  
**A \$4.00 dollar per diem rate per client will be paid by for these services.**

2. Personal Assisted Living Services (Licensed Assisted Living Services) covered

**A. Assisted Living Services Packages**

The ALSA will determine the service package appropriate for each client based on the initial assessment, whether conducted by the ALSA or by the DSS contracted Access Agency.

SP-1 Occasional Personal Service—1 hour per week, up to 3.75 hours per week of personal services plus nursing visits as needed

SP-2 Limited Personal Services—4 hours per week, up to 8.75 hours per week of personal services plus nursing visits as needed

SP-3 Moderate Personal Services—9 hours per week, up to 14.75 hours per week of personal services plus nursing visits as needed

SP-4 Extensive Personal Services-15 hours per week, up to 25 hours per week of personal services plus nursing visits as needed

Personal Services include hands-on assistance with daily activities including, but not limited to, dressing, grooming, bathing, using the toilet, transferring, walking, and eating. Personal Services can include changing bed linens in conjunction with incontinence care or other needs which necessitate such assistance more than once per week.

Some or all of the Personal Services may be offered through an adult day health center, but since the components of adult day health services are included in the payments for the ALSA, the adult day health center must receive reimbursement from the ALSA through a sub contract. Additional charges are authorized for mental health counseling services and personal emergency response system services. No additional billing or payment is permitted.

**6. Applicant Certification**

It is hereby represented by the applicant (undersigned) as an inducement to the Department of Economic and Community Development to consider the financial assistance requested herein, that to the best of my knowledge and belief, no information or data contained in the application or in the attachments are in any way false or incorrect, and that no material information has been omitted, including the financial statements. It is also hereby stated that the applicant (undersigned) will comply with all program requirements for any approved activity and that the organization and its principals are not suspended or debarred as defined in 24 CFR part 5 Subpart A of the Code of Federal Regulations. The applicant (undersigned) agrees that banks, credit agencies, the Connecticut Department of Labor, the Connecticut Department of Revenue Services, the Connecticut Department of Environmental Protection, and other references are hereby authorized now, or any time in the future, to give the Department of Economic and Community Development any and all information in connection with matters referred to in this application. In addition, the applicant (undersigned) agrees that any funds that may be provided pursuant to this application will be utilized exclusively for the purposes represented in the application, as may be amended.

Certifying Representative:

- 1. Type Name and Title: \_\_\_\_\_
- 2. Signature: \_\_\_\_\_
- 3. Date: \_\_\_\_\_