

**State of Connecticut Department of Social Services  
State of Connecticut Department of Housing**

**Nursing Facility Diversification Request for Proposals 10/16/14  
Addendum 5**

The State of Connecticut Department of Social Services is issuing **Addendum 5** to the **Nursing Facility Diversification Request for Proposals**.

**Addendum 5** contains:

Clarifying questions submitted by interested parties and the official responses.

These responses shall amend or clarify the requirements of the RFP. In the event of an inconsistency between information provided in the RFP and/or at the Bidder's Conference and information in these responses, the information in these responses shall control.

**Questions and Responses follow:**

1. **Question:** In the subsections of Main Proposal (pp 35-36 of the Procurement Notice) there is no identification of a page limit for the Work Plan (E.5.) as there is for the other sections until that point. Is there a page limit for the Work Plan, or in Section E.6. (Subcontractors)?

**Response:** No, there is no page limitation for Work Plan or Subcontractors.

2. **Question:** I am still trying to locate the contracts that were executed for the RFP-6-2013. I did not see anything in Addendum 3 or 4 of the current RFP. I thought that they were going to be posted to the DSS website as public info. Just checking to see if they have been executed and how I might go about seeing them.

**Response:** The contracts are not available as of yet, but they will be posted to the DSS website once they are available, under PARTNERS/VENDORS, Contracts.

3. **Question:** Would DSS consider, eligible for funding, a Pre-Development construction proposal for a Resource Connection Center in partnership with area hospitals that includes a service coordinator to identify at-risk dual eligibles (and other others in need) and connect them with long term services and supports in the greater community? For example providing office spaces for a home health agency, space for chore person/homemaker services, training/meeting space for caregiver support, training for personal care attendants, provider education/training space and space for other home and community based service providers....creating a community health care HUB with an on-site Service Coordinator for elderly and disabled individuals.

**Response:** DSS would consider funding a Pre-Development construction proposal for a Resource Connection Center in partnership with area hospitals that includes a service coordinator to identify at-risk dual eligibles (and other others in need) and connect them with long term services and supports in the greater community. The

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specifics would depend on the geographic area and level of need identified in the Mercer Report or through community assessment/engagement. The Respondent would have to demonstrate how they are providing an informed choice of providers.

4. **Question:** When considering CHIME data and the reduction of hospital discharges into a nursing facility, is the projected discharge reduction specific for our facility or for the catchment area we define in our RFP response? The RFP states the reduction applies to an "identified geographic area".

**Response:** Yes, the catchment area.

5. **Question:** If DSS/DOH has accepted a proposal as meeting the objectives of the RFP and enhancing LTSS in the community and a Pre-Development grant is awarded, once the Pre-Development activities are successfully completed will the respondent have the opportunity to apply for and access to DOH Construction Phase funding to commence construction? Can a response that requests Pre-Development funds include a requested reservation of DOH Construction Phase funding contingent on successfully completing Pre-Development activities? If not, will other financial assistance be available to support the construction?

**Response:** Pre-development phase applicants should identify the need for construction phase funding. They should include cost estimates and probable funding sources. An award of funding for the construction phase will be subject to the successful completion of all pre-development phase work, the continued viability of the project, the submission of all information required by DOH to close on such funding, the commitment of all other funding sources, and the availability of funds. All funding awards are at the discretion of the Commissioner of the Department of Housing.

6. **Question:** I'd like to confirm the due date for NFD-RFP 101614. The Procurement Notice I have states the due date is Dec 4th yet online I see Jan 15th. Which is the correct date?

**Response:** Per Addendum 2 to the RFP, **Proposals Due: 01/15/2015, 2:00 p.m. Eastern Time:**

7. **Question:** I am missing in the grant RFP the minimum and maximum amount that can be requested by a nursing home for each of the components. Will you guide me to the right section?

**Please see next page.**

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**Response:**

PROPOSAL	Funding type allowed for level	
Level - A	DSS FUNDING	DOH FUNDING
<b>Not developed business plan, based on viability of a concept. /Pre-Development Funding</b>	X	X
Maximum Total Funding:	\$200,000	To Be Determined
Maximum Funding Per State Fiscal Year:	\$100,000	Not Applicable
Number of Contracts:	To be Determined	To be Determined
Minimum Contract Cost:	\$50,000	\$50,000
Maximum Contract Cost:	\$200,000	\$300,000
Level - B		
Researched and developed a viable concept with a business plan for sustainability/Construction Phase Funding	X	X
Maximum Total Funding:	\$6,000,000	To Be Determined
Maximum Funding Per State Fiscal Year:	\$3,000,000	Not Applicable
Number of Contracts:	To be Determined	To be Determined
Minimum Contract Cost:	\$50,000	\$100,000
Maximum Contract Cost:	\$3,000,000	\$3,000,000*

\* Request for a greater amount must be accompanied with a narrative explaining why other funding options are not possible.

State of Connecticut Department of Social Services  
State of Connecticut Department of Housing

Nursing Facility Diversification Request for Proposals 10/16/14  
Addendum 5

Date Issued: November 25, 2014

Approved: \_\_\_\_\_  
**Marcia McDonough**

State of Connecticut Department of Social Services  
(Original signature on document in procurement file)

This Addendum must be signed and returned with your submission.

\_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Name of Company

State of Connecticut Department of Social Services  
State of Connecticut Department of Housing

Nursing Facility Diversification Request for Proposals 10/16/14  
Addendum 4

The State of Connecticut Department of Social Services is issuing **Addendum 4** to the **Nursing Facility Diversification Request for Proposals**.

**Addendum 4** contains the **State of Connecticut Medicaid Long Term Care Demand Projections Report**, **Narrative** and **Appendices** provided in the hyperlinks.

State of Connecticut Department of Social Services  
State of Connecticut Department of Housing

Nursing Facility Diversification Request for Proposals 10/16/14  
Addendum 4

Date Issued: November 10, 2014

Approved: \_\_\_\_\_  
**Marcia McDonough**

State of Connecticut Department of Social Services  
(Original signature on document in procurement file)

This Addendum must be signed and returned with your submission.

\_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Name of Company

State of Connecticut Department of Social Services  
State of Connecticut Department of Housing

Nursing Facility Diversification Request for Proposals 10/16/14  
Addendum 3

The State of Connecticut Department of Social Services is issuing **Addendum 3** to the **Nursing Facility Diversification Request for Proposals**.

**Addendum 3** contains:

- A. Amendment to the RFP;
- B. Attendees at the Bidder's Conference;
- C. Conference manuscript;
- D. CHIME DATA and
- E. Questions submitted by interested parties and the official responses.

These responses shall amend or clarify the requirements of the RFP. In the event of an inconsistency between information provided in the RFP and/or at the Bidder's Conference and information in these responses, the information in these responses shall control.

**A. Amendment to the RFP:**

**III. PROGRAM INFORMATION**

**6. Ineligible Activities**

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

- a. Institutional care including partial conversion or new construction of a short-term rehabilitation center;
- b. Conversion to a greenhouse model;
- c. Site acquisition;
- d. Relocation of any business or occupied housing units;
- e. Furniture and equipment costs that are not integral to services provided directly to clients.
- f. Development of a Home Health Agency or Services to Provide Home Care Services including PT, OT and ST.

~~g. Fees for becoming a certified adult day center, if the respondent is contemplating community housing other than Adult Family Living, see the DOH web site at <http://www.ct.gov/doh/site/default.asp>~~

**B. Attendees at Bidder's Conference** are provided in the following hyperlink:  
[Conference Attendance 10/27/2014](#)

**C. The conference manuscript** is provided in the following hyperlink:  
[Conference Manuscript 10/27/2014](#)

**D. CHIME DATA**, is provided as a hyperlink.

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Addendum 3**

**E. Questions and Responses follow:**

1. **Question:** Is funding available from the State of Connecticut under either Proposal A or Proposal B for the development of a Small House Nursing Home by a qualified Nursing Facility?

**Response:** No, there is no funding for any type of Nursing Home beds.

2. **Question:** In the context of this RFP, is an assisted living facility considered community housing? In other words if SNF propose turning their facility or another building into an assisted living facility would the modifications, renovations, etc be eligible activities?

**Response:** Any community housing must meet the standard of Community First Choice final rule from CMS and support LT support services at a community level.

**The following questions are from the Bidder's Conference.**

**Please note the page number where the question is located in the manuscript.**

3. **Question:** (page 9) What items do you want in Biznet?

**Response:** Per II. MANDATORY PROVISIONS E. STATUTORY AND REGULATORY COMPLIANCE, the following information shall be uploaded into Biznet:

- ✓ Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a- 68j-21 thru 43, inclusive.
- ✓ Consulting Agreements, C.G.S. § 4a-81.
- ✓ Limitation on Use of Appropriated Funds to Influence Certain Federal Contracting and Financial Transactions, 31 USC § 1352.

If the Respondent is having problems uploading into Biznet, a hard copy in the original submission will be permitted.

4. **Question:** (page 21) How do you get access to the CHIME data?

**Response:** CHIME data instructions will be posted as Addendum 4 to the DSS webpage, DAS portal and DOH webpage.

5. **Question:** (page 24) Is there potential to have the submission date extended?

**Response:** Yes, please refer to Addendum 2.

6. **Question:** (page 41) On page 26 of the RFP, eligible activities with DSS funding, the only thing you described with senior housing is the conversion of an RCH. It doesn't open it up to any other type of housing.



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**Response:** Please be advised that the following section contains examples of acceptable uses; but are not limited to:

**5. Eligible Activities**

- a. DSS Funding.** DSS has up to \$11.9 million in MFP funds available per State Fiscal Year. Funds may not be used for capital improvements, but may be used for accessibility modifications. Examples of acceptable uses include **but are not limited to:**
- 1) Technical assistance and consulting;
  - 2) Infrastructure costs associated with diversifying or establishing a new business model that supports individuals on Medicaid who need Long Term Services and Supports (LTSS) to live in the community;
  - 3) Infrastructure costs associated with information technology;
  - 4) Fees for becoming a certified adult day center
  - 5) Licensure costs;
  - 6) Training and professional development;
  - 7) Community market research;
  - 8) Outreach activities;
  - 9) Print materials for adult day center, adult family living home or homemaker companion agency;
  - 10) Expenses attributed to accessibility modifications for developing community housing including conversion of a RCH facility into community housing as long as it meets the CMS final rule standard
  - 11) Furniture and equipment costs integral to services provided directly to clients; and
  - 12) Financing costs.

7. **Question:** (page 45) Could you discuss the seven contracts that were awarded and the results?

**Response:** At this time, no. It is the Department's intent that after the contracts have been fully executed, they will be posted to the DAS and DSS website as public information.

8. **Question:** (page 46) My question to the group is last year there was a discussion about potential rate relief for the reduction of beds at facilities. I'd like you to elaborate a little on that.

**Response:** Proposals awarded the right to negotiate a contract will not automatically receive a rate relief if requested as part of the proposal. Rate Relief will be reviewed and considered on an individual basis.

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9. **Question:** (page 47) What happened to the contracts that did not go to the AG's office?  
**Response:** Of the seven contracts, three remain at the AGs, and three have withdrawn and one is pending. Please refer to the response to Question #7.
10. **Question:** (page 49) So am I hearing you say that if a provider opted to reduce a significant number of beds then there would be funds available for rate relief?  
**Response:** Please refer to the response to Question #8.
11. **Question:** (page 52) Will consideration be given to an outlier score for this year to eliminate it?  
**Response:** No. It is the Department's intent to have a fair, open and competitive evaluation process. Evaluators must be consistent in their scoring process and an average score is computed for the final score for each section(s) being evaluated and scored.
12. **Question:** (page 55) Can you spend a couple of minutes talking about the adult day care concept?  
**Response:** Please refer to A. Amendment to the RFP in this Addendum 3.
13. **Question:** (page 57) I have a simple question and that's that I noticed in the 2013 RFP there was home health agency certification was included and now in 2014 it is excluded as an eligible activity.  
**Response:** Home health is not included in this RFP.
14. **Question:** (page 58-59) Would there be any consideration for rate relief for partner organizations that we work with through CCCI?  
**Response:** There is no rate relief for community providers.
15. **Question:** (page 60-61) If I wanted to replace existing vehicles in my fleet that are aging out that are expensive I can't get the funding through DOT quickly enough to replace it, is that something that will be considered?  
**Response:** That may be considered only if the proposal addresses a new initiative to meet community need.
16. **Question:** (page 61) One of my questions is you're looking for an electronic disk copy. Would you accept a flash drive?  
**Response:** No, please submit a DVD or CD. It is too easy with the flash drives to transmit viruses and other unwanted software.

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17. **Question:** (page 62) If the contracts are fully executed, can you post them by the time you're posting the answers to these questions?

**Response:** Once the contracts are fully executed, it is the Department's intent to post the contracts on the DSS website, under Partner and Vendors, Contracts.

18. **Question:** (page 63) The ones who are receiving the awards from the last round are they eligible to apply during this round?

**Response:** Planning grants, (Proposal A) yes. Execution grants, (Proposal B), no.

19. **Question:** (Page 66) If a skilled facility works with a hospital, they have all of the community support, you want to de-license beds and use those beds for some other arrangement with the hospital, so somebody may be coming in or going out of a hospital and be, let's say, observation days, so instead of the hospital using their beds for observation days are going to make an arrangement with a skilled nursing facility to reserve five or six or ten beds, is that something that would be a fundable activity?

**Response:** No, that is not a funded activity under this RFP, due to it being a medical model.

20. **Question:** (Page 68) Could you require it, that if somebody gets a zero from now on that there is an explanation?

**Response:** The evaluation tool has an area for score justification. The evaluator must justify all scores. This is a requirement of the evaluator.

21. **Question:** (Page 69) And Dawn, you were just talking about if you were a respondent on the first one that for the particular home, so you can use Chelsea again and say, if you did get an award you're not going to be able to ask for something?

**Response:** Yes, that is correct. But, if a parent company of multiple nursing homes received a grant at one nursing home last round, a proposal in response to this RFP is allowed for either Proposal A or Proposal B of funding if submitted by a different facility, (nursing home) than previously awarded.

22. **Question:** (page 71) And as much as home health is out the other ancillary services like chore person and homemaker and stuff like that, that's still in?

**Response:** Yes.

23. **Question:** (page 79) In the question I asked before about rehabbing something besides an RCH, in the DOH page on page 27 of the RFP, it specifically says the conversion of an RCH, it doesn't allow anything else to be converted at least in the way it's described in the construction phase funding. It does not say any other entities.

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**Response:** **The following is amended in the DOH page on page 27 of the RFP Construction Phase Funding** – These funds can be used for the following examples; but are not limited to:

- 1) Renovation, rehabilitation including additions, demolition, remediation or removal of hazardous materials, paving and other site improvements, and reasonable soft costs to support the rehabilitation of **buildings owned by a nursing facility** where such improvements are needed to diversify or establish a new business model;
- 2) **New construction and/or rehabilitation**, renovation including additions, demolition, remediation or removal of hazardous materials, paving and other site improvements and reasonable soft costs to support the construction/rehabilitation of an Adult Family Living Home
- 3) The conversion of a Residential Care home (RCH) to meet the standard of the Centers for Medicaid and Medicare Services (CMS) final rule and increase the capacity of Long Term Services and Supports (LTSS) in the states home and community-based services (HCBS).

24. **Question:** (page 79) And if you are going to rehab something for community living and one of your goals was to allow people that are in a skilled nursing facility to go on hospice but come into that community living center for their hospice period would that be acceptable?

**Response:** No, to it strictly being a medical model/hospice center, but hospice services can be provided as part of care in the proposal for community housing.

25. **Question:** (page 85-86) So I'm just curious about might there be a round three or other options like that?

**Response:** Round three (3) is undetermined at this time.

26. **Question:** (page 87) I think the contracts would begin March 2015, right?

**Response:** It is the intent of the Departments to have a contract start date of May 1, 2015.

27. **Question:** (page 89) No, but the question is, that you said before that if you applied in the first round and you got something you can't get anything in the second round. Well then, if somebody got a planning grant in the first round then--

**Response:** If somebody received a planning grant in the first round we would hope that they would be able to submit a full proposal, (Proposal B), this round.

28. **Question:** (*question submitted after conference*) My question is whether or not recipients for Proposal A Funding last year can apply in this current year for Proposal B, or Construction Phase funding?

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State of Connecticut Department of Housing**

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Addendum 3**

**Response:** Yes, if last round you proposed a Planning Proposal for 9 months, yes the next full proposal is hoped for and advised to submit. That was the intent of the RFP. Please see response to Question # 27.

29. **Question:** (*question submitted after conference*) I am missing in the grant RFP the minimum and maximum amount that can be requested by a nursing home for each of the components. Will you guide me to the right section?

**Response:** Please refer to III. PROGRAM INFORMATION Section D. STRATEGIC REBALANCING PLAN 4. Readiness to Proceed and 5. Eligible Activities.

State of Connecticut Department of Social Services  
State of Connecticut Department of Housing

Nursing Facility Diversification Request for Proposals 10/16/14  
Addendum 3

Date Issued: November 6, 2014

Approved: \_\_\_\_\_  
**Marcia McDonough**

State of Connecticut Department of Social Services  
(Original signature on document in procurement file)

This Addendum must be signed and returned with your submission.

\_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Name of Company

**Nursing Facility Diversification Request for Proposals 10/16/14**  
**Addendum 2**

**Addendum 2** contains a revised schedule to the Nursing Facility Diversification Request for Proposals.

In the event of an inconsistency between information provided in the RFP and information in Addendum 2; Addendum 2 shall control.

**I. General Information**

**C. Instructions**

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

- RFP Released: October 16, 2014
- RFP Conference: 10/27/2014
- Deadline for Questions: 10/30/2014, 2:00 p.m. Eastern Time
- Answers Released (tentative): 11/05/2014
- 
- **Clarifying Questions: 11/12/14**
  
- **Responses to Clarifying Questions: 11/19/14**
  
- **MANDATORY Letter of Intent Due: 12/01/2014, 2:00 p.m. Eastern Time**
  
- **Proposals Due: 01/15/2015, 2:00 p.m. Eastern Time**

**Nursing Facility Diversification Request for Proposals 10/16/14  
Addendum 2**

Date Issued: October 30, 2014

Approved: \_\_\_\_\_  
**Marcia McDonough**

State of Connecticut Department of Social Services  
(Original signature on document in procurement file)

This Addendum must be signed and returned with your submission.

\_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Name of Company



**Nursing Facility Diversification Request for Proposals 10/16/14  
Addendum 1**

**Addendum 1** contains the Bidder's Conference [link for registration and NEW location](#). In the event of an inconsistency between information provided in the RFP and information in Addendum 1; Addendum 1 shall control.

**I. General Information  
C. Instructions**

**5. RFP Bidder's Conference.** A bidder's conference (BC) will be held.

a. The BC will be held to answer procurement and programmatic questions from prospective respondents. Prospective respondents are strongly encouraged, but not required to attend. Attendees must register using the hyperlinks below. Only individuals that are on the registration list will be allowed access to the bidder's conference. Attendance is limited to the first 100 registrants per day due to space limitations. Only two registrations will be accepted per prospective respondent.

b. Conference Date: 10/27/2014 (attendees must register at <http://dssnursingfacilitybiddersconference.eventbrite.com/>)

<https://www.eventbrite.com/e/dss-nursing-facility-diversification-rfp-bidders-conference-tickets-13850871329>

c. Time: 10:00 a.m. to 1:00 p.m. Eastern Time

d. Location: ~~Rensselaer Polytechnic Institute, 275 Windsor Street, Hartford, CT 06120~~

**CONNECTICUT VALLEY HOSPITAL  
Lee Auditorium  
1000 Silver Street  
Middletown, CT 06457**

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

**Nursing Facility Diversification Request for Proposals 10/16/14  
Addendum 1**

Date Issued: October 21, 2014

Approved: \_\_\_\_\_  
**Marcia McDonough**

State of Connecticut Department of Social Services  
(Original signature on document in procurement file)

This Addendum must be signed and returned with your submission.

\_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Name of Company



**State of Connecticut Department of Social Services  
State of Connecticut Department of Housing  
Procurement Notice**

**Nursing Facility Diversification Request for Proposals 10/16/14  
NFD\_RFP\_10/16/14**

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

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

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

**Minimum Qualifications of Respondents.** The owners (or designees) of nursing facilities are required to meet the following minimum qualifications:

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

Proposals may be submitted for one or both of the following proposals.

**DSS Funding:**

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

**Proposal B** is intended for nursing facilities that have already researched and developed a viable concept with a business plan for sustainability. Funding may be provided by one or both Departments. Nursing facilities responding to Proposal B must demonstrate:

1. A commitment to culture change and person-centered planning;
2. A fully-developed concept with a business plan for sustainability; and

3. The development of existing relationships with community stakeholders.

**DOH Funding:**

**Proposal A** is intended for nursing facilities that have not already developed plans and specifications or are not complete to begin the bidding process and have not completed other work necessary to begin construction (such as preparing environmental reports, site engineering, permitting, budgeting, etc.). Funding for Proposal A will be based on the viability of the project as determined by DSS and DOH. This is called Pre-Development funding.

**Proposal B** is intended for nursing facilities that have already prepared construction plans and specifications, received all the necessary permits/approvals (local P&Z, wetlands, state permits, if any), have obtained commitments for all other necessary funding and is ready to bid the project upon approval. Funding for Proposal B will be based on the viability of the project as determined by DSS and DOH. This is called Construction Phase funding.

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

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

Name: Marcia McDonough, Contract Administration and Procurement  
Address: State of Connecticut Department of Social Services  
55 Farmington Ave. 2nd Floor, Hartford, CT 06106  
Phone: 860-424-5214  
E-Mail: [Marcia.McDonough@ct.gov](mailto:Marcia.McDonough@ct.gov)

The RFP is also available on the DSS web site at [www.ct.gov/dss/cwp/view.asp?a=2345&q=304920&dssNav=](http://www.ct.gov/dss/cwp/view.asp?a=2345&q=304920&dssNav=) and

the DOH web site at <http://www.ct.gov/doh/site/default.asp>

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

**The deadline for submission of proposals is 12/04/14, 2:00 p.m. Eastern Time.**

Questions or requests for information in alternative formats must be directed to the Departments' Official Contact at 860-424-5214. Persons who are deaf or hearing impaired may use a TDD by calling 1-800-842-4524.

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## I. GENERAL INFORMATION

### A. INTRODUCTION

1. **RFP Name.** Nursing Facility Diversification 10/16/2014
2. **Commodity Codes.** The services that the Departments wish to procure through this RFP are as follows:

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

### B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

1. Adult Day Center (ADC) - A center that provides adult day services through a community-based program designed to meet the needs of cognitively and physically impaired adults through a structured, comprehensive program that provides a variety of health, social, and related support services including but not limited to socialization, supervision and monitoring, personal care, and nutrition in a protective setting during any part of a day.
2. Adult Family Living (AFL) Home - Adult foster care homes, approved by DSS, for elderly, blind or disabled individuals who would otherwise require institutionalization. Adult family living homes provide lodging, meals, assistance with activities of daily living and other activities including but not limited to shopping, laundry, housekeeping, and transportation.
3. Affordable Housing - Housing that is affordable to Medicaid recipients whose incomes do not exceed \$2,130.00, or people with disabilities and elders in the community whose incomes do not exceed 50% of the Area Monthly Income (AMI) adjusted for family size. More information about the Area Monthly Income (AMI) is available on the DOH web site at <http://www.ct.gov/doh/site/default.asp>
4. As determined by HUD, housing (including utilities) is considered affordable when a family pays no more than 30% of its adjusted monthly income for rent.
5. Assisted Living (AL) Residence - A residence with nursing services and assistance with activities of daily living provided to residents living within a managed residential community having supportive services that encourage residents primarily age 55 and older to maintain a maximum level of independence. Routine household services may be provided as assisted living services.
6. BFO - Best and Final Offer
7. C.G.S. - Connecticut General Statutes
8. CHRO - Commission on Human Rights and Opportunities (CT)
9. CMS - Centers for Medicaid and Medicare Services (U.S.)
10. Companion Services - Nonmedical, basic supervision services to ensure the well-being and safety of a person in such person's home

11. Congregate Housing - Congregate housing offers private apartments with kitchen and bath, along with moderate supportive services and common areas for dining. There may also be common areas for socialization and other activities. This arrangement offers a unique opportunity for private living within a communal setting for individuals age 62 and older.
12. Consent Order - A "Consent Order," also referred to as a "Consent Agreement," does not include a Pre-Licensure or Change of Ownership (CHOW) Consent Order. A "Consent Order" also does not include a "Directed Plan of Correction," which is signed only by the nursing facility. A "Consent Order" is signed by both the Connecticut Department of Public Health and the nursing facility. The owner (or designee) of a nursing facility that is under an active "Consent Order" as of the Letter of Intent due date established in the Procurement Schedule as amended is not eligible to submit a response to the RFP. However, if a "Consent Order" is set to expire on or before the Letter of Intent due date established in the Procurement Schedule as amended, the facility has completed all terms and conditions of the "Consent Order", and DPH has conducted an on-site visit and confirms compliance, then the owner (or designee) of the facility is eligible to submit a response to the RFP.
13. Contractor - The owner (or designee) of a nursing facility that enters into a contract with DSS and/or DOH as a result of this RFP CT Connecticut
14. DAS - Department of Administrative Services (CT)
15. DOH - Department of Housing (CT)
16. DPH - Department of Public Health (CT)
17. DSS- Department of Social Services (CT)
18. FOIA - Freedom of Information Act (CT)
19. Home and Community Based Services (HCBS) - A range of personal, support, and health services provided to an individual in such individual's home in the community to help the individual stay at home and live as independently as possible
20. Home Health Agency (HHA) - A public or private organization, or a subdivision thereof, engaged in providing professional nursing services and the following services, available 24 hours per day, in a person's home or a substantially equivalent environment: homemaker services, home health aide services, physical therapy, speech therapy, occupational therapy or medical social services.
21. Home Health Aide Services - Routine individualized healthcare such as changing bandages and dressing wounds, and applying topical medications to the elderly, convalescents, or persons with disabilities in the person's home or in a care facility.
22. Homemaker Companion Agency - A public or private organization employing one or more persons that is engaged in the business of providing companion services or homemaker services.
23. Homemaker Services - Nonmedical, supportive services that ensure a safe and healthy environment for a person in such person's home, such services to include assistance with personal hygiene, cooking, household cleaning, laundry and other household chores
24. HUD - Department of Housing and Urban Development (U.S.)
25. Informed Choice Process - A process to inform consumers of their choices regarding all long term services and supports that are available.
26. IRS - Internal Revenue Service (U.S.)
27. LOI - Letter of Intent
28. LTSS - Long Term Services and Supports

29. Medical Social Services - The identification, assessment, and management of social problems related to illness, the receipt of medical care, and the attainment and maintenance of health
30. MFP - Money Follows the Person
31. MOU - Memorandum of Understanding
32. OAG - Office of the Attorney General (CT)
33. Occupational Therapy (OT) - The use of treatments to develop, recover, or maintain the daily living and work skills of patients with a physical, mental or developmental condition
34. OPM - Office of Policy and Management (CT)
35. Organization - "organization" refers to the respondent and each proposed subcontractor.
36. OSC - Office of the State Comptroller (CT)
37. P.A. - Public Act (CT)
38. Person-Centered - An approach that:
  - a. Provides the consumer with needed information, education, and support required to make fully-informed decisions about his or her care options and to actively participate in his or her self-care and care planning;
  - b. Supports the consumer, and any representative(s) whom he or she has chosen, in working together with his or her non-medical, medical, and behavioral health providers and care manager(s) to obtain necessary services and supports; and
  - c. Reflects care coordination under the direction of and in partnership with the consumer and his/her representative(s) that is consistent with his or her personal preferences, choices, and strengths, and that is implemented in the most integrated setting. Personal Care Unskilled help with activities of daily living like bathing, dressing, eating, getting in and out of bed or chair, moving around, and using the bathroom. It may also include care that most people do themselves, like using eye drops.
39. Physical Therapy (PT) - A health care profession primarily concerned with the remediation of impairments and disabilities and the promotion of mobility, functional ability, quality of life and movement potential through examination, evaluation, diagnosis, and physical intervention
40. POS - Purchase of Service
41. Prospective Respondent - The owner (or designee) of a Nursing Facility that may submit a proposal to the Departments in response to this RFP, but has not yet done so
42. Respite - The provision of temporary care for a person who requires specialized or intensive care or supervision that is normally provided by an unpaid caregiver at home. Respite care provides the caregiver with relief from the demands of such person's care.
43. Residential Care Homes - Also known as homes for the aged, residential care homes provide a communal living environment. Residents live in a private or semi-private room, with either shared or private bathrooms or bathing areas. Many smaller homes provide services that help create a home-like atmosphere and family environment. Age requirements vary by residential care home.
44. Respondent - The owner (or designee) of a Nursing Facility that has submitted a proposal to the Departments in response to this RFP
45. RFP - Request for Proposals
46. SEEC - State Elections Enforcement Commission (CT)
47. Short-term Rehabilitation Facility - A facility that provides therapy for individuals recovering from a surgery, illness or accident. Generally, those needing short-term, inpatient rehabilitation may remain involved in their program at a facility for as little as a



couple of days to as many as several weeks. Short-term rehabilitation programs help individuals achieve their maximum functional capacity and get back to their homes and community in the shortest time possible. To achieve this goal, such individuals receive physical, occupational, and/or speech therapy from skilled therapists. Such therapists are part of a team that includes physicians, nurses, social workers, and nutritionists, who work with the individual and family members to develop and implement an individualized care plan.

48. Site - The physical location of the respondent's proposal.
49. Speech Therapy (ST) - Treatment of speech defects and disorders, especially through use of exercises and audio-visual aids that develop new speech habits
50. Subcontractor- An individual (other than an employee of the contractor) or business entity hired by the contractor to provide a specific health or human service as part of a contract with DSS as a result of this RFP
51. Transitional Program - A program developed for the primary purpose of providing independent living skills training to individuals who, but for the provision of home and community-based long-term care services and supports, would continue to require the level of care provided in an inpatient facility. A transitional program is intended for individuals who choose to transition from an institutional to a community setting. The services provided in a transitional program, including but not limited to cooking, eating, housekeeping, hygiene, safety, and money management, are designed to help the individual become more functionally independent and better equipped to live in the community. Transitional programs may be developed through a community entity and must be time-limited to no more than 180 days pre-transition, in accordance with Medicaid requirements.
52. U.S. - United States

## C. INSTRUCTIONS

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

Name: Marcia McDonough, Contract Administration and Procurement  
Address: State of Connecticut, Department of Social Services  
55 Farmington Ave. 2nd Floor, Hartford, CT 06106  
Phone: 860-424-5214  
E-Mail: [Marcia.McDonough@ct.gov](mailto:Marcia.McDonough@ct.gov)

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

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

Internet at the following locations:

**DSS RFP Web Page** [www.ct.gov/dss/cwp/view.asp?a=2345&q=304920&dssNav=](http://www.ct.gov/dss/cwp/view.asp?a=2345&q=304920&dssNav=)

**DOH Web Site** <http://www.ct.gov/doh/site/default.asp>

**State Contracting Portal** <http://das.ct.gov/cr1.aspx?page=12>

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

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

Contract Term: The resultant contract for Project A level funding will be a nine (9) month period, March 1, 2015 to December 31, 2015. The resultant contract for Project B level funding will be a two (2) year period, March 1, 2015 to February 28, 2017, with the option for two (2) one (1) year extensions at the discretion of the Department.

If additional funding becomes available to DSS in State Fiscal Year 2014-2015, the Departments reserve the right to offer the opportunity to negotiate a contract with DSS to the respondent(s) with the next highest ranking proposal(s). If additional funding becomes available to DOH in State Fiscal Year 2014-2015, the Departments reserve the right to recommend the next highest ranking proposal(s) to DOH for further consideration within budgetary constraints.

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

- RFP Released: October 16, 2014
- RFP Conference: 10/27/2014
- Deadline for Questions: 10/30/2014, 2:00 p.m. Eastern Time
- Answers Released (tentative): 11/05/2014
- **MANDATORY** Letter of Intent Due: 11/10/2014, 2:00 p.m. Eastern Time
- Proposals Due: 12/04/2014, 2:00 p.m. Eastern Time
- The RFP conference and transcripts will be available online after each event, at [www.gov/dss/cwp/view.asp?a=2345&q=304920&dssNav=](http://www.gov/dss/cwp/view.asp?a=2345&q=304920&dssNav=)

5. **RFP Bidder's Conference.** A bidder's conference (BC) will be held.

- a. The BC will be held to answer procurement and programmatic questions from prospective respondents. Prospective respondents are strongly encouraged, but not required to attend. Attendees must register using the hyperlinks below. Only individuals that are on the registration list will be allowed access to the bidder's

conference. Attendance is limited to the first 100 registrants per day due to space limitations. Only two registrations will be accepted per prospective respondent.

- b. Conference Date: 10/27/2014 (attendees must register at <http://dssnursingfacilitybiddersconference.eventbrite.com/>)
- c. Time: 10:00 a.m. to 1:00 p.m. Eastern Time
- d. Location: Rensselaer Polytechnic Institute, 275 Windsor Street, Hartford, CT 06120

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

- 6. **Letter of Intent.** A Letter of Intent (LOI) is **REQUIRED** by this RFP. Please include in your LOI a very brief description of your initiative to reduce the total number of nursing facility beds statewide or reduce the percentage of discharges from hospitals to skilled nursing facilities. The LOI is nonbinding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact by e-mail (preferred) or U.S. mail by the deadline established in the Procurement Schedule. Prospective respondents must complete and use the [Letter of Intent](#) form, which is embedded in this section as a hyperlink. It is the sender's responsibility to confirm the Official Contact's receipt of the LOI. **Failure to submit the required LOI in accordance with the requirements set forth here in shall result in disqualification from further consideration.**
- 7. **Inquiry Procedures.** All questions regarding this RFP or the procurement process must be submitted to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline will be answered. However, questions will not be answered when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At their discretion, the Departments may or may not respond to questions received after the deadline. The Departments may combine similar questions and give only one answer. All questions and answers will be compiled into a written addendum to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the addendum and duly noted as such. The answers to questions will be released on the date established in the Procurement Schedule. Any and all amendments or addenda to this RFP will be

published on the State Contracting Portal, on the DSS RFP Web Page, and on the DOH RFP Web Page. At their discretion, the Departments may distribute any amendments and addenda to this RFP to prospective respondents who submitted a Letter of Intent or attended the RFP conference. **Proposals must include a signed Addendum Acknowledgement, which will be placed at the end of any and all addenda to this RFP.**

8. **Proposal Due Date and Time.** The Official Contact or an appointed designee by the Official Contact is the **only authorized recipient** of proposals submitted in response to this RFP. **One (1) original hard copy of the proposal with one (1) conforming electronic copy on disk of the original proposal must be mailed or hand-delivered** to the Official Contact or an appointed designee by the due date and time. **Proposals must also be e-mailed** with **NFD\_RFP\_12.04.14** in the subject line and **both original and e-mailed proposals must be received on or before the due date and time:**

- Due Date: December 4, 2014
- Time: 2:00 p.m. Eastern Time

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

The hand-delivered original hard copy of the proposal must be delivered to the lobby at the Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105-3730. Proceed to the desk and the Official Contact or designee will be called to receive the proposal and provide the respondent or courier with a receipt upon request. Visitor parking is available across the street from 55 Farmington Ave.

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

An acceptable submission must include the following:

- a. One (1) original hard copy proposal with one (1) conforming electronic copy on disk of the original proposal (clearly labeled with the Legal Name of the respondent and **NFD\_RFP\_12.04.14**); and
- b. An e-mailed complete proposal with **NFD\_RFP\_12.04.14** in the subject line;

The original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated. The original proposal must be complete, properly formatted and outlined, and ready for evaluation by the Evaluation Team(s). **The electronic copies of the proposal must be compatible with Microsoft Office Word or Microsoft Office Excel.** If any of the required Appendices and Forms identified in Section IV, Proposal Outline, are not compatible with Microsoft

Office Word or Microsoft Office Excel, they must be scanned and submitted in Portable Document Format (PDF) or similar file format.

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

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

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

#### **D. PROPOSAL FORMAT**

- 1. Required Outline.** All proposals must follow the required outline presented in Section IV. Proposal Outline. Proposals that fail to follow the required outline will be deemed, at the discretion of the Departments, non-responsive and not evaluated.
- 2. Cover Sheet.** The Cover Sheet is Page 1 of the proposal. The Cover Sheet is embedded in the following hyperlink, [COVER SHEET](#).

3. **Table of Contents.** All proposals must include a Table of Contents that conforms to the required proposal outline. (See Section IV Proposal Outline)
4. **Executive Summary.** Proposals must include a high-level summary, not exceeding one (1) page of the main proposal. The Executive Summary shall include statements that the respondent:
  - a. Is a Medicaid-approved nursing facility doing business in the State of Connecticut;
  - b. Is not under a Consent order by the Connecticut Department of Public health;
  - c. Has not been identified as a "Special Focus Facility", as defined by the Centers for Medicare and Medicaid Services;
  - d. Is in compliance with the requirements of the federal Minimum Data Set (MDS) 3.0 Section Q, and
  - e. Is proposing an initiative to reduce the total number of nursing facility beds statewide or reduce the percentage of discharges from hospitals to skilled nursing facilities.
5. **Attachments.** Attachments other than the required Appendices and Forms identified in Section IV, Proposal Outline, are not permitted and will not be evaluated. Further, the required Appendices and Forms must not be altered or used to extend, enhance or replace any requirement of this RFP. Failure to abide by these instructions will result in disqualification.
6. **Style Requirements.** The original proposal, inclusive of a disk copy of the original proposal must conform to the following specifications:
 

Binding Type:	A loose leaf binder with the Legal Name of the respondent, and the RFP Name appearing on the outside front cover of the binder: <b>Nursing Facility Diversification RFP 12.04.14</b>
Dividers:	A tab sheet keyed to each subsection that appears in bold font style in Section IV, Proposal Outline, must separate each subsection of the proposal; the title of each such subsection must appear on the tab sheet
Paper Size:	8½" x 11", "portrait" orientation
Print Style:	1-sided
Font Size:	Minimum of 11-point
Font Type:	Arial or Tahoma
Margins:	The binding edge margin of all pages shall be a minimum of one and one half inches (1½"); all other margins shall be one inch (1")
Line Spacing:	Single-spaced
7. **Pagination.** The Legal Name of the respondent must be displayed in the header of each page. All pages, from the Cover Sheet through the required Appendices and Forms, must be numbered consecutively in the footer.
8. **Packaging and Labeling Requirements.** The original proposal, inclusive of the disk copy must be submitted in a sealed envelope(s) or package(s) and be addressed to the Official Contact. The Legal Name and Address of the respondent must appear in the upper left corner of the envelope(s) or package(s). The RFP Name must be clearly displayed on the envelope(s) or package(s): **NFD RFP 12.04.14.**

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

- 9. E-mailed Proposal.** An e-mailed, complete proposal, with **NFD RFP 12.04.14** in the subject line, is required.

## **E. EVALUATION OF PROPOSALS**

- 1. Evaluation Process.** It is the intent of the Departments to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful respondents, and offering the right to negotiate a contract, the Departments will conform to the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85) and DSS' written procedures for POS procurements (pursuant to C.G.S. § 4-217).
- 2. Evaluation Team.** One or more Evaluation Team(s) will be designated to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Evaluation Team(s). Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any respondent (or representative of any respondent) to contact or influence any member of the Evaluation Team(s) may result in disqualification of the respondent's proposal.
- 3. Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (a) be received on or before the due date and time; (b) meet the Proposal Format requirements; (c) follow the required Proposal Outline; and (d) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. Any proposal that deviates significantly from the requirements of this RFP will be rejected.
- 4. Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Evaluation Team will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance.
  - Organizational Requirements (10 points)
  - Service Requirements (30 points)
  - Staffing Requirements *see note* (15 Points)
  - Reporting Requirements (5 Points)
  - Work Plan (20 Points)
  - Financial Requirements (10 Points)
  - Budget Requirements (10 Points)

Note:

As part of its evaluation of the Staffing Requirements, the Evaluation Team(s) will

consider the respondent's demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10).

- 5. Respondent Selection.** Upon completing its evaluation of proposals, the Evaluation Team(s) will submit the rankings of all proposals to the Commissioner of the Department of Social Services and/or the Commissioner of the Department of Housing. The final selection of a successful respondent is at the discretion of the DSS and/or DOH Commissioner. Any respondent selected will be so notified. All unsuccessful respondents will be notified by e-mail or U.S. mail, at the Departments' discretion, about the outcome of the evaluation and respondent selection process.
- 6. Contracting Process.** Respondents selected will be offered the right to negotiate a contract with DSS and DOH if applicable. Such negotiations may, but will not automatically, result in a contract. DOH shall require the selected respondent(s) to submit documentation to assure the project feasibility including but not limited to a formal business plan, structural reports, a Phase 1 Environmental Assessment, hazardous materials testing if warranted, final plans and specifications, competitive procurement, contractor's insurance and bonding, and fair housing materials if applicable before a contract can be offered.
- 7. Debriefing.** After receiving notification from the Departments, any respondent may contact the Official Contact and request a Debriefing of the procurement process and its proposal. If respondents still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Departments to discuss the procurement process. The Departments shall schedule and conduct Debriefing meetings that have been properly requested, within fifteen (15) days of the Departments' receipt of a request. The Debriefing meeting must not include or allow any information concerning other proposals, nor should the identity of the evaluators be released. The Debriefing process shall not be used to change, alter, or modify the outcome of a competitive procurement. More detailed information about requesting a Debriefing may be obtained from the Official Contact.
- 8. Appeal Process.** Any time after the submission due date, but **not later than thirty (30) days** after the Departments notify respondents about the outcome of the competitive procurement, respondents may submit an Appeal. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. Respondents may appeal any aspect of the competitive procurement; however, such Appeal must be in writing and must set forth facts or evidence in sufficient and convincing detail for the Departments to determine whether during any aspect of the competitive procurement there was a failure to comply with the State's statutes, regulations or standards concerning competitive procurement or the provisions of the RFP. Any such Appeal must be submitted to the Commissioner of the Department of Social Services with a copy to the Official Contact. The respondent must include the basis for the Appeal and the remedy requested. The filing of an Appeal shall not be deemed sufficient reason to delay, suspend, cancel or terminate the procurement process or execution of a contract. More detailed information about filing an Appeal may be obtained from the Official Contact.
- 9. Contest of Solicitation or Award.** Pursuant to Section 4e-36 of the Connecticut General Statutes, "Any bidder or proposer on a state contract may contest the



solicitation or award of a contract to a subcommittee of the State Contracting Standards Board..." More detailed information is available on the State Contracting Standards Board web site at <http://www.ct.gov/scsb/site/default.asp>.

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

## II. MANDATORY PROVISIONS

### A. STANDARD CONTRACT, PARTS I AND II

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

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

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

Note:

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

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

### B. ASSURANCES

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

- 1. Collusion.** The respondent represents and warrants that it did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The respondent further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the respondent's proposal. The respondent also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
- 2. State Officials and Employees.** The respondent certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The State may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the respondent, contractor, or its agents or employees.
- 3. Competitors.** The respondent assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the respondent to induce any other organization or competitor to submit, or not submit, a

proposal for the purpose of restricting competition. The respondent further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the respondent knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

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

## C . TERMS AND CONDITIONS

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

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** The State shall not assume any liability for expenses incurred by a respondent in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
3. **Exclusion of Taxes.** The State is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Respondents are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Departments may request and authorize respondents to submit written clarification of their proposals, in a manner or format prescribed by the Departments, and at the respondent's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline for submission of proposals, unless specifically requested. A respondent may be asked to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Departments. At their sole discretion, the Departments may limit the number of respondents invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per respondent.
7. **Presentation of Supporting Evidence.** If requested, a respondent must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing,

or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. At their sole discretion, the Departments may also check or contact any reference provided by the respondent.

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

#### **D. RIGHTS RESERVED TO THE STATE**

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

1. **Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the State.
2. **Amending or Canceling RFP.** The State reserves the right to amend or cancel this RFP on any date and at any time, if the State deems it to be necessary, appropriate, or otherwise in its best interests.
3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Departments may reopen the procurement process, if it is determined to be in the best interests of the State.
4. **Offer and Rejection of Proposals.** The Departments reserve the right to offer in part, and/or to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Departments may waive minor technical defects, irregularities, or omissions, if in their judgment the best interests of the State will be served. The Departments reserve the right to reject the proposal of any respondent who submits a proposal after the submission due date and time.
5. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract offered as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
6. **Contract Negotiation.** The Departments reserve the right to negotiate or contract for all or any portion of the services contained in this RFP. The Departments further reserve the right to contract with one or more respondent(s) for such services. After reviewing the scored criteria, the Departments may seek Best and Final Offers (BFOs) on cost from respondents. The Departments may set parameters on any BFOs received.
7. **Clerical Errors in Offer.** The State reserves the right to correct inaccurate offers resulting from its clerical errors. This may include, in extreme circumstances, revoking the offering of the right to negotiate a contract already made to a respondent and subsequently offering the right to negotiate a contract to another respondent. Such

action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial respondent is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the respondent.

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

#### **E. STATUTORY AND REGULATORY COMPLIANCE**

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

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Respondents are generally advised not to include in their proposals any confidential information. If the respondent indicates that certain documentation, as required by this RFP in Section I. General Information, C. Instructions, 10. Declaration of Confidential Information, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The respondent has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a respondent may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** Connecticut statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons. Detailed information is available on CHRO's web site at [Contract Compliance](#)  
IMPORTANT NOTE: The respondent must upload the Workplace Analysis Affirmative Action Report into the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. More information about [uploading standard contract documents](#) is embedded in this section as a hyperlink.
3. **Consulting Agreements, C.G.S. § 4a-81.** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall require a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the

proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at [OPM: Ethics Forms](#)

IMPORTANT NOTE: The respondent must upload the Consulting Agreement Affidavit (OPM Ethics Form 5) into the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. More information about [uploading standard contract documents](#) is embedded in this section as a hyperlink.

- 4. Limitation on Use of Appropriated Funds to Influence Certain Federal Contracting and Financial Transactions, 31 USC § 1352.** A responsive proposal shall include a [Certification Regarding Lobbying form](#), which is embedded in this section as a hyperlink, attesting to the fact that none of the funds appropriated by any Act may be expended by the recipient of a Federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the: (A) awarding of any Federal contract; (B) making of any Federal grant; (C) making of any Federal loan; (D) entering into of any cooperative agreement; or (E) extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 5. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2).** If a respondent is offered an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the respondent must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and Connecticut State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at [OPM: Ethics Forms](#)  
IMPORTANT NOTE: The selected respondent must upload the Gift and Campaign Contributions Certification (OPM Ethics Form 1) into the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to contract execution. More information about [uploading standard contract documents](#) is embedded in this section as a hyperlink.
- 6. Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a respondent is offered an opportunity to negotiate a contract, the respondent must provide the State with *written representation* or *documentation* that certifies the respondent complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and Connecticut State agencies are exempt from this

requirement. The nondiscrimination certification forms are available on OPM's website at [OPM: Nondiscrimination Certification](#)

IMPORTANT NOTE: The selected respondent must upload the Nondiscrimination Certification into the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to contract execution. More information about [uploading standard contract documents](#) is embedded in this section as a hyperlink.

- 7. Certificate of Legal Existence.** At time of contract, successful respondents will be required to show evidence of incorporation in the State of Connecticut, having obtained a Certificate of Legal Existence from the Secretary of State, or other authorization to conduct business in the State of Connecticut in order to enter into a contract with DSS and/or DOH for these purposes.
  
- 8. Competitive Bidding Requirements.** ► *Applies to DOH Funding* ◀ All contractors must competitively procure construction, goods, and services in conformance with DOH procurement standards, which are available on the DOH web site at <http://www.ct.gov/doh/site/default.asp>

### III. PROGRAM INFORMATION

#### A. DEPARTMENT OF SOCIAL SERVICES OVERVIEW

The Department of Social Services (DSS) administers and delivers a wide variety of services to children, families, adults, people with disabilities and the elderly, including health care coverage, child care, child support, long-term care and supports, energy assistance, food and nutrition aid, and program grants. DSS administers myriad state and federal programs and one-third of the state budget, currently serving more than 848,000 individuals in nearly 540,000 households (April 2014 data).

By statute, DSS is the state agency responsible for administering a number of programs under federal legislation, including the Food Stamp Act, the Older Americans Act, and the Social Security Act.

The Department is headed by the Commissioner of Social Services, and there are deputy commissioners for programs and administration. The agency delivers most of its programs through 12 field offices (including three benefits centers available by phone) located throughout the state, with central administrative offices located in Hartford. In addition, many services funded by the agency are available through community-based agencies and partner contractors. The agency has out stationed employees at hospitals to expedite Medicaid/HUSKY applications, and also works with community service providers to facilitate program applications.

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

#### *Mission and Vision*

##### **DSS Mission**

*Guided by shared belief in human potential, we aim to increase the security and well-being of Connecticut individuals, families, and communities.*

##### **DSS Vision**

*To become a world-class service organization.*

#### B. DEPARTMENT OF HOUSING OVERVIEW

The Department of Housing strengthens and revitalizes communities by promoting affordable housing opportunities. The Department seeks to eliminate homelessness and to catalyze the creation and preservation of quality, affordable housing to meet the needs of all individuals and families statewide to ensure that Connecticut continues to be a great place to live and work.



The Department of Housing (DOH) works in concert with municipal leaders, public agencies, community groups, local housing authorities, and other housing developers in the planning and development of affordable homeownership and rental housing units, the preservation of existing multi-family housing developments, community revitalization and financial and other support for our most vulnerable residents through our funding and technical support programs. As the State's lead agency for all matters relating to housing, DOH provides leadership for all aspects of policy and planning relating to the development, redevelopment, preservation, maintenance and improvement of housing serving very low, low, and moderate income individuals and families. DOH is also responsible for overseeing compliance with applicable statutes, regulations and financial assistance agreements for funded activities through long-term program compliance monitoring.

### **C. MONEY FOLLOWS THE PERSON DEMONSTRATION PROJECT OVERVIEW**

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

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

### **D. STRATEGIC REBALANCING PLAN**

Connecticut Public Act 11-242, § 83 and 84 require the Commissioner of Social Services to develop a strategic plan, consistent with the long-term care plan established pursuant to Section 17b-337 of the Connecticut General Statutes (C.G.S.), to rebalance Medicaid long-term services and supports, including, but not limited to those services and supports provided in home, community-based, and institutional settings. The Commissioner must include providers from all three settings in the development of the plan. The act permits the Commissioner of Social Services to contract with nursing facilities, as defined in Section 17b-357 C.G.S., and home and community-based providers to carry out the strategic plan. It also permits the Commissioner to revise a rate paid to a nursing facility pursuant to Section

17b-340 C.G.S. to carry out the plan. The act authorizes the Commissioner to fund plan initiatives with federal grants available under the Money Follows the Person Demonstration project and the State Balancing Incentive Payment Program under the Patient Protection and Affordable Care Act (P.L. 111-148).

### **1. Goal**

The overarching goal of this Request for Proposals is to assist the State of Connecticut to rebalance its Medicaid Long Term Support and Services. The federal and state governments are supporting LTSS in the community for Medicaid recipients. This RFP looks to increase long term supports and services received in the community to reflect the choice and desires of the individuals receiving them. More Medicaid recipients are choosing to receive their services in the community, resulting in an excess number of nursing facility beds statewide.

The goal is to allow facilities an opportunity to redesign their business models to reflect this change while reducing the number of beds in the state or reducing the percentage of discharges from hospitals to skilled nursing facilities. This RFP provides an opportunity for nursing facilities to incorporate community-based services while allowing the process of bed reduction to be less stressful to nursing facility residents, nursing facility staff, nursing facility owners, the State, and Medicaid recipients. This can be done by de-licensing beds and lowering an individual nursing home's capacity or developing a proposal that directly reduces the percentage of discharges from hospitals to skilled nursing facilities in an identified geographic area, as evidenced by CHIME data.

For example:

- a. A skilled nursing facility may decide to de-license the entire nursing home and renovate the building into affordable, accessible housing.
- b. A skilled nursing home could renovate a RCH into community housing that meets the CMS final rule.
- c. A skilled nursing home could own, purchase (with their own resources), or partner with a community housing space (RCH, home for the aged, Rest Home, or other dwelling) to develop and expand HCBS increasing the availability of LTSS in the geographic area that meets the CMS final rule.

### **2. Objectives**

The respondent must focus its proposal on the following objectives:

- a. Provide choice to Medicaid recipients in where they receive their LTSS;
- b. Build capacity for LTSS in the community based on projected need; and
- c. Decrease the number of nursing facility beds in an orderly fashion in locations that currently have or are projected to have a surplus of beds.
- d. Removal of licensed beds from the respondent's nursing facility or with the use of CHIME data, demonstrate how the proposal will directly decrease the number, as a percentage, of skilled nursing home admissions from hospitals in the Respondent's geographic area.

### **3. Purpose**

The purpose of this Request for Proposals is to seek proposals from nursing facilities licensed by the State of Connecticut, Department of Public Health who are interested in

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

#### 4. Readiness to Proceed

The Departments expect to award the right to negotiate a contract to respondents proposing Proposal A and Proposal B as described below:

##### a. DSS Funding:

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

**Proposal B** is intended for nursing facilities that have already researched and developed a viable concept with a business plan for sustainability. Nursing facilities that request Proposal B funding must demonstrate:

- 1) A commitment to culture change and person-centered planning;
- 2) A fully-developed concept with a business plan for sustainability; and
- 3) Existing relationships with community stakeholders.

##### b. DOH Funding:

**Proposal A** is intended for nursing facilities that have not already developed plans and specifications or are not complete to begin the bidding process and have not completed other work necessary to begin construction (such as preparing environmental reports, site engineering, permitting, budgeting, etc.). Funding for Proposal A will be based on the viability of the project as determined by DSS and DOH. This is called Pre-Development funding.

**Proposal B** is intended for nursing facilities that have already prepared construction plans and specifications, received all the necessary permits/approvals (local P&Z, wetlands, state permits, if any), have obtained commitments for all other necessary funding and is ready to bid the project upon approval. Funding for Proposal B will be based on the viability of the project as determined by DSS and DOH. This is called Construction Phase funding.

PROPOSAL	Funding type allowed for proposals	
	DSS FUNDING	DOH FUNDING
<b>A</b>		
Not developed business plan, based on viability of a concept. Pre-Development funding for DOH	<b>X</b>	<b>X</b>
<b>B</b>		
Researched and developed a viable concept with a business plan for sustainability. Construction Phase funding for DOH	<b>X</b>	<b>X</b>

## 5. Eligible Activities

- a. DSS Funding.** DSS has up to \$11.9 million in MFP funds available per State Fiscal Year. Funds may not be used for capital improvements, but may be used for accessibility modifications. Examples of acceptable uses include but are not limited to:
- 1) Technical assistance and consulting;
  - 2) Infrastructure costs associated with diversifying or establishing a new business model that supports individuals on Medicaid who need Long Term Services and Supports (LTSS) to live in the community;
  - 3) Infrastructure costs associated with information technology;
  - 4) Fees for becoming a certified adult day center
  - 5) Licensure costs;
  - 6) Training and professional development;
  - 7) Community market research;
  - 8) Outreach activities;
  - 9) Print materials for adult day center, adult family living home or homemaker companion agency;
  - 10) Expenses attributed to accessibility modifications for developing community housing including conversion of a RCH facility into community housing as long as it meets the CMS final rule standard
  - 11) Furniture and equipment costs integral to services provided directly to clients; and
  - 12) Financing costs.
- b. DOH Funding.** DOH has up to \$28.5 million of capital financing available for the following eligible projects (these projects must meet the goals and objectives of the Strategic Rebalancing Plan):

Pre-Development Funding – Eligible activities must be necessary for the commencement of the construction of a project. Administrative costs are not eligible activities. Examples of eligible activities include architect/engineering fees, environmental site assessments, legal services related to the project, costs of permits/fees, appraisals, market studies, and site engineering.

Construction Phase Funding – These funds can be used for:

- 1) Renovation, rehabilitation including additions, demolition, remediation or removal of hazardous materials, paving and other site improvements, and reasonable soft costs to support the rehabilitation of buildings owned by a nursing facility where such improvements are needed to diversify or establish a new business model;
- 2) New construction and/or rehabilitation, renovation including additions, demolition, remediation or removal of hazardous materials, paving and other site improvements and reasonable soft costs to support the construction/rehabilitation of an Adult Family Living Home
- 3) The conversion of a Residential Care home (RCH) to meet the standard of the Centers for Medicaid and Medicare Services (CMS) final rule and increase the capacity of Long Term Services and Supports (LTSS) in the states home and community-based services (HCBS).

State bond funds may be provided in the form of a grant or loan. It is anticipated that DOH will require the filing of a restrictive covenant on the land records to ensure that the property is used consistent with the purposes for which the funds are provided.

## **6. Ineligible Activities**

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

- a. Institutional care including partial conversion or new construction of a short-term rehabilitation center;
- b. Conversion to a greenhouse model;
- c. Site acquisition;
- d. Relocation of any business or occupied housing units;
- e. Furniture and equipment costs that are not integral to services provided directly to clients.
- f. Development of a Home Health Agency or Services to Provide Home Care Services including PT, OT and ST.
- g. Fees for becoming a certified adult day center, if the respondent is contemplating community housing other than Adult Family Living, see the DOH web site at <http://www.ct.gov/doh/site/default.asp>

## **E. MAIN PROPOSAL**

If the respondent is submitting a proposal for DSS funding (no capital improvements), the respondent must provide all the information requested in Section III. Program Information, E. Main Proposal and F. Cost Proposal of this RFP.

If the respondent is submitting a proposal for DOH funding, the respondent must provide all the information requested in Section III. Program Information, E. Main Proposal and F. Cost Proposal of this RFP as well as the DOH application and DOH budget provided as hyperlinks in F. Cost Proposal Information.

If the respondent is submitting a proposal for DSS funding and DOH funding, the respondent must provide all the information requested in Section III. Program Information, E. Main Proposal and F. Cost Proposal of this RFP, as well as the DOH application and DOH budget provided as hyperlinks in F. Cost Proposal Information.

If the respondent believes that information requested in the RFP does not apply to its proposal, please adhere to the following:

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

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

### **1. Organizational Requirements** (*Page Limit: Maximum total of 10 pages*)

The owners (or designees) of nursing facilities licensed by the State of Connecticut, Department of Public Health are eligible to submit proposals in response to this RFP. To be eligible to submit a response to this Request for Proposals, a respondent must be the owner (or designee) of a nursing facility that has the following minimum qualifications:

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

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

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

- a. *Mission/Goals/Years in Operation.* Provide a brief overview of **the respondent's and each proposed subcontractor's** organization including the mission, goals, and years in operation. Describe how the proposed project fits within **the respondent's and each proposed subcontractor's** mission and goals.
  - 1) Provide a new mission statement to reflect what your proposal identifies.
- b. *Current Functional Organization.* Provide an organization chart showing the **current** hierarchical structure of functions and positions within **the respondent's and each proposed subcontractor's** organization, in Section IV. Proposal Outline H. Appendices.
- c. *Qualifications/Relevant Experience.* Describe **the respondent's and each proposed subcontractor's** success with person-centered planning, community

- collaboration, and making changes to its business model. Explain any difficulties, problems or obstacles the organization has encountered and how it resolved them. Provide examples of the organization's current practices and achievements in person-centered planning and the steps taken to attain such achievements. Describe how the organization honors individual client preferences, choices, and abilities.
- d. *Governance – Disclosure.* Provide the following information about **the respondent's and each proposed subcontractor's** organization:
- 1) The name, business address, residence address, and percentage of time to be allocated to implementing the proposed business model by members of the Board of Directors;
  - 2) The role of the Board of Directors in the organization's governance and policymaking;
  - 3) A current organization chart defining the levels of ownership, governance, and management in Section IV. Proposal Outline H. Appendices;
  - 4) A complete description of any and all related party relationships and transactions including full disclosure of any anticipated payments to a related party (such payments are non-allowable unless the respondent provides sufficient data to satisfy the Departments that the payments are necessary and reasonable); and
  - 5) An overview of how organization policies and procedures are reviewed and updated whenever there are federal and State regulation changes and/or operational changes, or as requested by the Departments.
- e. *Ownership – Disclosure.* Provide the following information about **the respondent's and each proposed subcontractor's** organization:
- 1) The name, business address, residence address, and percentage of time to be allocated to implementing the proposed business model by members of the Board of Directors;
  - 2) A complete description of the percent of ownership by the principals of the organization, or any other individual or organization that retains a 5% or more interest including name, business address, and residence address;
  - 3) The name of any persons identified in subsection i above who are related to each other and the nature of the relationship, namely, spouse, child, brother, sister, or parent;
  - 4) The name of any person(s) with an ownership or controlling interest of 5% or more in the organization, who also has an ownership or controlling interest of 5% or more in any other related entity including subcontracting entity, parent entity or wholly owned entity including the name of the other entity;
  - 5) The name of any person with an ownership or controlling interest in the organization who has been convicted of a criminal offense related to that person's involvement in any federal or State program(s), since the inception of such program(s);
  - 6) The name, business address, and residence address of any agent or employee of the organization who has been convicted of a criminal offense related to that person's involvement in any federal or State program(s), since the inception of such program(s);

- 7) Whether any person identified in subsections (i) through (v) above has been terminated, suspended, barred or otherwise excluded from participation, or has voluntarily withdrawn as the result of a settlement agreement, from any federal or State program(s), or has within the past five years been reinstated to participation in any federal or State program(s), and prior to said reinstatement had been terminated, suspended, barred or otherwise excluded from participation, or has voluntarily withdrawn as the result of a settlement agreement, in such program(s); and
  - 8) A description of the organization's relationship with other entities including whether the organization is an independent entity or a subsidiary or division of another entity (if the organization is not an independent entity, the proposal shall describe the organization linkages and the degree of integration/collaboration between the organizations including the roles of the organizations' principals) and a description of the relationship with any parent company when the organization is an affiliate of another entity.
- f. *Audit Compliance.* Describe **the respondents' and each proposed subcontractors'** success with contract compliance requirements during the past three (3) years. Identify any deficiencies in program audits and, if applicable, detail what steps the organization has taken to address any recommendations. List all sanctions, fines, penalties or letters of noncompliance issued against the organization by any funding source (public and/or private). Describe the circumstances eliciting the sanction, fine, penalty or letter of noncompliance and the corrective action or resolution to the sanction, fine, penalty or letter of noncompliance. If no sanctions, fines, penalties or letters of noncompliance were issued, a statement that attests that no sanction, fine, penalty or compliance action has been imposed on the organization within the past three (3) years must be submitted.
- 1) It is the responsibility of the respondent to inform the Department of any alleged failure to comply with State or federal law, statute or regulation of the respondent or subcontractor(s) during the procurement process of the Nursing Facility Diversification Request for Proposals.
- g. *Evidence of Qualified Entity.* Provide written assurance to the Departments from the respondent's legal counsel that **the respondent and each proposed subcontractor** is qualified to conduct business in the State of Connecticut and is not prohibited by its articles of incorporation, bylaws, or the laws under which it is incorporated from performing the services required under any resulting contract, in Section IV. Proposal Outline H. Appendices.
- h. *Quality Assurance Protocols.* Describe the **respondents' and each proposed subcontractors'** internal process to ensure the quality and appropriateness of the care provided in the nursing facility. If an external quality assurance process is used, describe the process. Provide evidence that the care currently provided in the nursing facility is high quality care, including four letters from residents and residents' families in Section IV. Proposal Outline H. Appendices.



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

## 2. Service Requirements *(Page Limit: Maximum total of 15 pages)*

The Departments will consider any proposed business model that will contribute both to reducing the total number of nursing facility beds statewide and/or reducing the percentage of discharges from hospitals to skilled nursing facilities. Respondents are encouraged and expected to develop relationships and partnerships with stakeholders in the community, including but not limited to town governance, town residents, nonprofit entities, home and community-based services (HCBS) providers, people with disabilities, and elders.

**Respondents are encouraged to be innovative and creative in their proposals.**

The State acknowledges that the vision of local LTSS compendiums includes new models of institutional care. These institutional settings will reflect a stronger culture of person-centered care than is customary in Connecticut. While different nursing facility models of care are an important consideration, the strategic priority for this RFP is the development of community-based LTSS. Examples of acceptable projects include, but are not limited to the following:

- a. Converting a portion of a nursing facility into an adult day center.
- b. Making building code modifications, accessibility modifications, and other necessary and reasonable upgrades to a house purchased by a nursing facility to be used as an Adult Family Living Home. The funding available through this RFP may not be used to purchase the house. Adult Family Living Homes must provide housing for Medicaid recipients whose incomes do not exceed \$2,130.00, or people with disabilities and elders in the community whose incomes do not exceed 50% of the Area Median Income (AMI) adjusted for family size. More information about the Area Median Income (AMI) is available on the DOH web site at: <http://www.ct.gov/doh/site/default.asp>
- c. As determined by HUD, housing (including utilities) is considered affordable when a family pays no more than 30% of its adjusted monthly income for rent.
- d. Supporting a nursing facility working in collaboration with community stakeholders to build a town-based compendium consistent with the State's strategic plan.
- e. Using the nursing facility as part of the town's emergency back-up and/or expanded respite system.
- f. Developing capacity to provide community-based services through diversification of nursing facility services including, but not limited to personal care; home-delivered meals; respite; transportation; adult day; etc.

- g. Developing a transitional program that supports the movement of individuals from a variety of institutional settings into the community. Transitional programs may be developed through a community entity and must be time-limited to no more than 180 days pre-transition, in accordance with Medicaid requirements.
- h. Developing a training program within a nursing facility including training and support or caregivers, and medication management and self-administration.
- i. Developing an emergency back-up staff support service, which could be integrated into an individual's community care plan;
- j. Developing a substance abuse and addiction transition program.
- k. Developing an independent living skills program with employment as the end goal if appropriate.
- l. Partnering with the U.S. and/or Connecticut Department of Veterans Affairs to provide LTSS commonly needed by veterans who are Medicaid recipients.

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

- 1) *Target Population.* The population to be served is Medicaid recipients who need LTSS to live in the community. Any new business entity established by the respondent as a result of this RFP must enroll as a Medicaid provider.
- 2) *Catchment Area.* Identify the cities and towns to be served.
- 3) *Documentation of Community Need.* The State utilized [Medicaid Long Term Care Demand Projections](#), embedded in this section as a hyperlink, to identify high need areas of the State and to guide decision making. Criteria defining high need areas included current nursing facility census compared to current and projected demand for institutional care at a local level, and current and projected demand for community-based LTSS compared to supply. Provide documentation to explain how the Medicaid long term care demand projections support the need for the proposed business model changes within the proposed catchment area. Cite sources used to obtain data such as a federal governmental agency data set or other recognized authoritative source.
- 4) *Location of Offices/Facilities/Hours of Operation.* Specify the location of all proposed direct client service sites, hours of operation, and services to be provided at each site.
- 5) *Business Model.* Provide a clear and concise description of the proposed business model and how it will achieve the goal, objectives, and purpose stated in Section III. Program Information D. Strategic Rebalancing Plan, 1. Goal, 2. Objectives, and 3. Purpose. The description shall include but not be limited to:
  - a) How the proposed business model will enhance community-based LTSS and meet the need in the proposed catchment area;
  - b) The number and types of clients who will be served in the community including an estimated timeline;
  - c) The number and percent of current nursing facility residents with long term Medicaid approval whom the respondent expects to assist with moving to the community including an estimated timeline;

- d) The number of nursing facility beds that will be removed from the system including an estimated timeline and/or the increased percentage of hospital discharges to community rather than to nursing homes from existing baseline trends;
  - e) The respondent's current success providing LTSS in the nursing facility and how such success will be transferable to the facility's proposed business model;
  - f) An impact statement on the nursing facility's current workforce; and
  - g) The respondent's approach and capacity to successfully implement and sustain the proposed business model including but not limited to the methods that will be used to notify Medicaid recipients, people with disabilities, and elders to the maximum extent possible, about the availability of community LTSS.
- 6) *Informed Choice*. Demonstrate that the respondent has begun to undergo a culture change and has supported efforts by the MFP project to inform consumers of their choices (informed choice) regarding all LTSS that are available and will support informed choice for its current residents.
- 7) *Person-Centered Approach*. Describe the respondent's support of and competency at delivering a person-centered approach to providing LTSS. Include a one-page letter written by the respondent, from the perspective of a nursing facility resident, describing how a typical day reflects a person-centered approach to care options, self-care, and care planning, in Section IV. Proposal Outline H. Appendices.
- 8) *Culturally Competent Services*. Describe **the respondent's and each proposed subcontractor's** ability to serve multicultural, multilingual populations in a culturally sensitive and linguistically competent way.
- 9) *Community Support*. Describe the method the respondent used to include community stakeholders in its planning process, for example, town governance, town residents, nonprofit entities, home and community-based services providers, people with disabilities, elders, and/or other stakeholders in the community. Demonstrate how the stakeholders' input was incorporated into the process and describe how the respondent will continue to include the stakeholders in the process for at least the anticipated contract period. Include letters of support from the community stakeholders in Section IV. Proposal Outline, H. Appendices. Letters must indicate the following information for each stakeholder:
- a) The name, title; company name; mailing address; telephone number; e-mail address; the level of collaboration between the stakeholder and the respondent specific to the respondent's proposed business model; and
  - b) The stakeholders' intent to work with the respondent to implement the proposed business model.
- 10) *HCBS Linkages/Collaboration/Coordination*. Demonstrate how the proposed business model will be aligned with other HCBS providers and supports, and coordinated with other integrated care and home health initiatives. Include a draft Memorandum of Understanding (MOU) with existing HCBS providers in the proposed catchment area indicating their commitment to collaborate with the respondent, in Section IV. Proposal Outline H. Appendices. Selected respondents shall be required to submit a copy of a final MOU prior to contract execution.
- 11) *Learning Collaborative*. The contractor shall be required to fully participate in quarterly learning collaborative meetings to be convened by DSS. Include a

statement that the respondent agrees to fully participate in such meetings.

- 12) *Accreditation/Certification/Licensure*. Indicate all licenses, registrations, certifications, approvals, etc., that will be required by local, state, and federal governments to implement and sustain the proposed business model. Include documentation of such licenses, registrations, certifications, and approvals in Section IV. Proposal Outline, H. Appendices, and/or indicate a timeline for obtaining such documentation.
- 13) *DSS Responsibilities*. Identify specific support the respondent requires from DSS to perform the activities required by any resulting contract. If the respondent does not require any specific support from DSS, a responsive proposal must state such. DSS retains the ultimate decision-making authority required to ensure contract deliverables are completed. Specific DSS responsibilities shall include:
  - a) Project management - A project manager will be assigned by DSS. This individual will be responsible for monitoring progress and will have final authority to approve or disapprove deliverables;
  - b) Staff coordination - The project manager will coordinate all necessary contacts between the contractor and DSS;
  - c) Approval of deliverables - The project manager will review, evaluate, and approve all deliverables prior to the contractor's being released from further responsibility;
  - d) Technical assistance - DSS will provide technical assistance during the design, development, and implementation of the proposed business model; and
  - e) Programmatic guidance - DSS will issue additional programmatic guidance as necessary.

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

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

- a. *Staffing Model*. Identify the number and type of staff positions that will be responsible for implementing and sustaining the proposed business model, including but not limited to a Project Manager. The Project Manager's responsibilities shall include but not be limited to day-to-day oversight, attending all meetings at the request of DSS and/or DOH and responding to DSS' and/or DOH's requests for status updates and ad hoc interim reports. Include the number of hours per week and percentage of time each position will be dedicated to implementing and sustaining the proposed business model. Indicate whether each position will be newly created or existing. If the staff that will be assigned to the proposed business model are currently employed by the organization, include their names and position titles.  
Note: DSS and/or DOH must be notified in writing and in advance regarding the of any staff responsible for implementing and sustaining the proposed business model.
- b. *Proposed Functional Organization*. Provide an organization chart showing the proposed hierarchical structure of functions and positions within the respondent's and each proposed subcontractor's organization, and the respondent's proposed hierarchical and programmatic relationships with each proposed subcontractor, in

Section IV. Proposal Outline H. Appendices.

- c. *Resumes*. Provide resumes, not exceeding two pages per resume, for all staff identified in Section III. Program Information, E. Main Proposal, 3. Staffing Requirements, a. Staffing Model, that are currently employed by the organization, in Section IV. Proposal Outline H. Appendices. Resumes must reflect staff qualifications including credentials, licenses, education, training, experience with the respondent (or the respondent's proposed subcontractor), experience with government-funded projects, and other relevant experience.
- d. *Job Descriptions*. Provide current job descriptions for all staff positions identified in Section III. Program Information, E. Main Proposal, 3. Staffing Requirements, a. Staffing Model, in Section IV. Proposal Outline H. Appendices. The job descriptions must outline specific duties associated with the proposed business model, and minimum credential, license, education, training and experience requirements. This should clearly show how the position supports the implementation of the proposed business model.
- e. *Recruitment, Hiring, and Retention Plan*. Detail the respondent's and each proposed subcontractor's recruitment, hiring, and retention plan, including any efforts made to recruit and hire persons with disabilities.
- f. *Staff Training/Education/Development*. Describe the respondent's and each proposed subcontractor's staff training, education and development plan. Include a list of person-centered training programs currently provided for nursing facility staff.
- g. *Workers Compensation*. Provide evidence that the respondent and each proposed subcontractor maintains workers compensation insurance for all employees in Section IV. Proposal Outline H. Appendices.
- h. *Affirmative Action*. Include a copy of the respondent's and each proposed subcontractor's affirmative action policy statement in Section IV. Proposal Outline H. Appendices.

#### 4. Reporting Requirements (*Page Limit: Maximum total of five pages*)

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

- a. Demonstrate the nursing facility's compliance with the federal Minimum Data Set (MDS) 3.0 Section Q and specify the number of referrals the nursing facility made to the Money Follows the Person Program during the past State Fiscal Year (July 1, 2013 through June 30, 2014).
- b. Describe the respondent's and each proposed subcontractor's ability to utilize technology to comply with the following reporting requirements:
  - 1) Client satisfaction assessments and program evaluations as requested by DSS.
  - 2) Periodic status and financial reports in a format approved by DSS and/or DOH for the entire contract period.

#### 5. Work Plan

**A responsive proposal** must include a comprehensive and realistic work plan for each federal fiscal year (October 1 to September 30). The work plan must

demonstrate the flow of activities in a logical and sequential manner with each year building upon the previous year. The proposed work plan must include:

- a. Proposed start date;
- b. Steps the respondent intends to take including but not limited to obtaining all licenses, registrations, certifications, approvals, etc., that will be required by local, state and federal governments to implement and sustain the proposed business model;
- c. Estimated timeline for each activity on the work plan;
- d. Estimated cost for each activity on the work plan;
- e. Itemized deliverables for each activity on the work plan;
- f. Measurable objectives for each activity on the work plan; and
- g. Proposed completion date.

## 6. Subcontractors

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

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

- a. A [Subcontractor Profile](#), which is embedded in this section as a hyperlink, shall be included in Section IV. Proposal Outline, H. Appendices. The Subcontractor Profile must be signed by an authorized official of the proposed subcontractor.
- b. A draft subcontract between the respondent and each proposed subcontractor shall be included in Section IV. Proposal Outline H. Appendices. Selected respondents shall be required to submit a copy of a final written agreement with each subcontractor prior to contract execution.

## F. COST PROPOSAL INFORMATION

**DSS FUNDING** - If the respondent is submitting a proposal for DSS Funding only (no capital improvements), the respondent must provide all the information requested in Section III. Program Information, E. Main Proposal and F. Cost Proposal of this RFP. This is a requirement for Proposal A and Proposal B.

**DOH FUNDING** - If the respondent is submitting a proposal for DOH Funding the respondent must provide all the information requested in Sections III.E. Main Proposal 1 through 5 and F. Cost Proposal of this RFP, as well as a DOH Pre-Development Application and Budget for Proposal A and a DOH Construction Phase Application and Budget for Proposal B.

**DSS FUNDING AND DOH FUNDING** If the respondent is submitting a proposal for both DSS Funding and DOH Funding, the respondent must provide all the information requested in Sections III. Program Information, E. Main Proposal and F. Cost Proposal of this RFP, as well as well as a DOH Pre-Development Application and Budget for Proposal A and a DOH Construction Phase Application and Budget for Proposal B.

### 1. Financial Requirements *(Page Limit: Maximum total of four pages)*

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

- a. *Audited Financial Statements.* Submit one copy each of the organization's three most recent annual financial statements prepared by an independent Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (GAAP) (USA). The copies shall include all applicable financial statements, auditor's reports, management letters, and any corresponding reissued components. Audited financial statements do not count toward the total page limit of the proposal. One copy only shall be included with the original proposal in Section IV. Proposal Outline H. Appendices.
- b. *Accounting/Financial Reporting.* Provide assurance that the organization will comply with all DSS and/or DOH accounting and financial reporting requirements.
- c. *Financial Controls.* Demonstrate the organization's ability to establish financial controls for tracking funds provided under any contract resulting from this RFP.
- d. *Financing.* Provide the amount and type of any outstanding financing and mortgages on both the nursing facility business and real estate. If there is no outstanding financing or mortgages on either the nursing facility business or real estate, a responsive proposal must state such. If the nursing facility has an outstanding obligation insured by the federal Department of Housing and Urban Development (HUD) under Section 232 of the National Housing Act, provide assurance that the respondent will notify both the lender and HUD if the respondent is selected for funding. The respondent is responsible for contacting HUD to determine whether the proposed business model changes will qualify for a renegotiation of a HUD-insured loan. If the nursing facility has no outstanding obligation insured by HUD under Section 232 of the National Housing Act, a responsive proposal must state such.
- e. *Leveraged Funds.* Describe how the organization will leverage other resources to develop and implement the proposed business model. Other resources may include but are not limited to: owner equity; grants of cash, real property and other assets; in-kind services, state or federal resources (other than those available through this RFP); local government and private for-profit and nonprofit entities.

## **2. Budget Requirements**

- a. *Cost Standards.* All proposed costs are subject to federal cost policy guidance and the standards developed by the State Office of Policy and Management for determining the cost of contracts, grants, and other agreements with organizations that receive funding from the State. In the event of any inconsistency, the federal cost policy guidance shall supersede the OPM cost standards. Be advised that the cost proposal is subject to revision prior to contract execution in order to ensure compliance with the OPM cost standards and federal cost policy guidance. The applicable federal cost policy guidance is available at [OMB Circular A-133](#) and [OMB Circular A-122](#). More information about the cost standards is available on OPM's web site: [Cost Standards](#). All proposed costs for DOH FUNDING are subject to DOH's Underwriting Standards, which are available on the DOH web site at <http://www.ct.gov/doh/site/default.asp>

- b. *Budget.* **A responsive proposal** must include a separate [Budget Form](#), for Proposal A, (9 month budget) and/or Proposal B which is embedded in this section as a hyperlink, for each federal fiscal year (October 1 to September 30). **A responsive proposal** must also include the following information for DOH funding, if applicable:
- 1) Pre-Development (Proposal A)  
[DOH Pre-Development Application Budget](#) for a 9 month budget
  - 2) Construction Phase (Proposal B)  
[DOH Construction Phase Application Budget](#) for each federal fiscal year (October 1 to September 30)
- c. *Budget Justification.* **A responsive proposal** shall detail how costs included in the budget were calculated. Identify all other funding sources for the proposed business model, in addition to the funding requested under this RFP. Either Microsoft Office Word or Excel format is acceptable.
- d. *Plan of Stability Operations.* **A responsive proposal** must include a Ten-Year Cash Flow Projection for the proposed business model with a business plan if available, in Section IV. Proposal Outline, H. Appendices. Consideration will be given to proposals that have more efficient and economical development costs, as well as those that have more efficient and economical costs per client. The size and scope of the project is to be determined by the respondent and must meet the need in the community. DSS and DOH reserve the right to fund portions of a proposed budget and/or require adjustments. DSS and DOH reserve the right to consider all factors including cost in the final selection of a successful respondent. The opportunity to negotiate a contract with DSS and/or DOH will not be offered based on cost alone.

### 3. Payment Information

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



#### **IV. PROPOSAL OUTLINE**

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

Page

<b>A. Cover Sheet</b> . . . . .	<b>1</b>
<b>B. Table of Contents</b> . . . . .	<b>2</b>
<b>C. Declaration of Confidential Information</b> . . . . .	<b>Etc.</b>
<b>D. Conflict of Interest - Disclosure Statement</b>	
<b>E. Executive Summary</b>	
<b>F. Main Proposal</b>	

##### **1. Organizational Requirements**

- a. Mission/Goals/Years in Operation
- b. Current Functional Organization
- c. Qualifications/Relevant Experience
- d. Governance -- Disclosure
- e. Ownership -- Disclosure
- f. Audit Compliance
- g. Evidence of Qualified Entity
- h. Quality Assurance Protocols
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##### **2. Service Requirements**

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

##### **3. Staffing Requirements**

- a. Staffing Model
- b. Proposed Functional Organization
- c. Resumes
- d. Job Descriptions
- e. Recruitment, Hiring, and Retention Plan
- f. Staff Training/Education/Development
- g. Workers Compensation

h. Affirmative Action

#### **4. Reporting Requirements**

#### **5. Work Plan**

#### **6. Subcontractors**

#### **G. Cost Proposal**

1. Financial Requirements
  - a. Audited Financial Statements
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2. Budget Requirements
  - a. Budget
  - b. Budget Justification
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#### **H. Appendices**

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

#### **I. Forms**

##### **1. Departments**

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

**2. Other**

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