



*Delaware Health  
And Social Services*

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**DIVISION OF MANAGEMENT SERVICES**

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PROCUREMENT

DATE: September 24, 2010

HSS-10-090

ADRC Support Services

for

Division of Services for Aging and Adults with Physical Disabilities

Date Due: October 18, 2010

By: 11:00 AM

**ADDENDUM # 1 Updated Information**

**PLEASE NOTE:**

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE  
MENTIONED RFP.

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**AGING AND DISABILITY RESOURCE CENTER (ADRC) SUPPORT SERVICES (RFP HSS-10-090)**  
**Additional Funding Statement/ Questions and Answers**

The State of Delaware was successful in securing a grant to support the Money Follows the Person Program, which assists nursing home residents who want to transition to more independent, community-based settings. As part of this grant, the Aging and Disability Resource Center (ADRC) will assist in the nursing home transition process by providing supports to residents who request assistance. Specifically, the ADRC will serve as the Local Contact Agency (LCA) to provide options counseling to individuals who have been identified, through a federally-mandated questionnaire, as being interested in learning about community-based care. In addition, the ADRC will provide service system access (enrollment) supports to those who opt to make the transition. From the perspective of the ADRC Support Services vendor(s), the process for receiving referrals from the ADRC and delivering ADRC Support Services will be the same for all persons, regardless of the service location.

Because of the acquisition of this grant, as well as the reallocation of existing funds within the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), the budget for ADRC Support Service contracts for the first year of the program has increased from \$150,000 to \$279,000. DSAAPD continues to anticipate issuing contracts to two or more vendors.

Question Set #1

1. The budget section 5.3 in the RFP application requires a line item budget proposal... and in Attachment A: Service Specification, 3.0 Service Unit it requests a minimum billing unit for every 15 minutes of service. I am confused by this. Do you want a start-up budget with fee-for-service; fee-for-service only; or budget only?

*Bidders are asked to provide line item budgets so that the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) can evaluate the basis of unit costs. All operational costs should be folded into the line item amounts. Ultimately, services provided by ADRC Support Services vendors will be reimbursed at the agreed-upon unit cost rate.*

Question Set #2

1. Why were the three components of Options Counseling, Discharge Planning Support and Service Enrollment Support selected to be part of this RFP?

*These components were identified by DSAAPD as areas of ADRC operations in greatest need of additional support.*

2. What criteria would be used to determine referral for each of the three components of Support Services?

*The referral criteria have not yet been developed. However, it is reasonable to assume that referrals will be made for cases in which DSAAPD does not have in-house staff time available to provide the support needed.*

3. Please explain how and by whom the Discharge Planning Support component would be initiated and DSAAPD's vision for how this service will be carried out.

*DSAAPD is working in partnership with Christiana Care to provide discharge planning support. For individuals who need additional discharge planning support (beyond that which Christiana Care can provide), Christiana Care will contact the ADRC for assistance. ADRC staff members will process the request and, if appropriate, authorize ADRC Support Service hours and refer the case to an ADRC Support Services vendor. The ADRC Support Services provider will coordinate with Christiana Care staff to provide the needed assistance.*

4. Based on DSAAPD's current number of clients, what is the anticipated volume of referrals for Support Services to be made in terms of:

- a. Type of service (i.e., Options Counseling Support, Hospital Discharge Support, Service Enrollment Support)

*The number of persons who will request support and the number and type of service hours to be authorized are not known at this time. The ADRC is scheduled to begin operating on September 30, 2010, and marketing efforts are still underway. For that reason, it is difficult to project the volume of need. Given the anticipated high visibility of the ADRC and the historically high volume of persons in need of supports, it is expected that there will be a significant demand for the service. Our best estimate at this time is that 300 to 400 persons will be referred to ADRC Support vendors for assistance.*

- b. Target population (i.e., older adults, individuals ages 18 and older with physical disabilities)

*The availability of the ADRC will be marketed heavily to both population groups.*

- c. County

*The ADRC will be marketed throughout the state. At this time, the hospital discharge planning component is being piloted in coordination with Christiana Care. Although the discharge planning service will be available to all Delawareans in the targeted population groups who are inpatients in Christiana Care, it is anticipated that a greater proportion of persons receiving this component will be residents of New Castle County.*

5. What “critical issues” would provider address?

*In general, the provider will assist individuals and their families in identifying needs, understanding resources, making decisions about their care, and accessing appropriate services. A critical issue might include an aspect of an individual’s condition or situation which presents barriers or complications during any part of this process. Examples might include homelessness, language barriers, substance abuse problems, mental illnesses, or other concerns/conditions.*

6. What will the role of the Caregiver Resource Centers (CRC) be vis a vis the ADRC Support Services provider? What will determine referral to the CRC vs. Support Services? What will be different about the cases that would require Support Services instead of Caregiver Resource Center support?

*A referral to the ADRC Support Service provider will be made when the ADRC has identified the need for one-on-one intervention and a level of support beyond that which is normally provided in other settings.*

7. Would ADRC referrals be made for Service Enrollment Support only, or would Service Enrollment Support referrals be made only in tandem with referrals for Options Counseling?

*Referrals could be made for Service Enrollment Support only.*

8. Please define “long term care services” and list the types of services included in the definition. How would these long term care services be funded?

*Long term care services generally encompass a range of home and community based services as well as services available in nursing facilities which provide ongoing support to persons who need assistance in managing one or more aspects of daily living. Examples of long term care services include Adult Day Services; Adult Foster Care; Assisted Living; Day Habilitation; Home Delivered Meals; Home Modification; Medical Transportation; Personal Care; Personal Emergency Response Systems; and Respite Care. Long term care services are generally available in all parts of the State and are funded by a variety of funding sources, including Medicaid waivers, state funds, Social Services Block Grant, and the Older Americans Act. In addition, these services are available for persons who are able to pay privately.*

9. Section 6.3.1 of the Service Description states that transportation to long term care service locations is a requirement. Would the provider be responsible for transporting, arranging for transport, or both? What type of vehicle would be required and what liability would the provider bear?

*Vendors would be responsible for providing or arranging for transportation, as needed. Vendors*

*are encouraged to make the best possible use of available resources and include costs in their budgets, including the cost of any associated liability insurance.*

10. Section 7.3 states that the provider must deliver services “in an amount not to exceed the amount authorized by the ADRC Coordinator.” What does “amount” mean (Hours of service? Cost of service?)?

*The provider will be reimbursed only for the number of hours of service provided up to the amount authorized and at the agreed upon unit rate.*

11. Would provider payments be made through reimbursement for units of service or through cost reimbursement?

*Payment will be made for units of service provided.*

12. Would the contract pay providers for planning and start-up costs incurred before referrals can be accepted?

*A vendor cannot be paid for any work that takes place before a contract is signed and a purchase order issued, or for activities outside the scope of the service specifications. Applicable operational costs can be folded into a vendor’s unit cost rate.*

13. Would DSAAPD consider reducing the requirements for one or more of the service components if prospective providers don’t feel that quality support can be provided to consumers with complex issues for the available amount of funding?

*No. Each applicant should carefully consider its organizational capacity to deliver the services described in the RFP and provide a reasonable budget for carrying out those activities. The state has an obligation to provide support to individuals with complex issues and recognizes that these cases are often not only more time-intensive, but also more problematic from the perspective of locating available resources. DSAAPD encourages applicants to be creative and thoughtful in considering ways to meet these most difficult demands.*

14. The RFP states that DSAAPD expects to select two or more vendors as service providers. Does the Division anticipate that multiple vendors would be needed in order to provide all of the Support Services components or so that services can be provided statewide?

*The selection of more than one vendors is likely to make available a wider range of expertise.*

### Question Set #3

1. Page 9, Cost of Proposal Preparation:  
The proposal indicates that no costs for proposal prep. will be covered. Will DSAAPD allow costs

for start up of the program – e.g. time for set up of policies and procedures, database systems, etc. specific to this program?

*Please see response to question #12 above.*

2. p. 10, Visibility and Client Retention

Why would service providers be expected to publicize the service if services can only be provided to individuals through a referral from ADRC personnel?

*DSAAPD will have primary responsibility for publicizing the ADRC. It is expected that the vendor will be supportive of this process and assist in informing individuals about the services available through the ADRC. Importantly, that section of the RFP reminds vendors that all written materials used to publicize the program must acknowledge the Division as the funding source.*

3. p. 17, Evaluation – Mandatory Requirements, 6.3, #2

Please explain CD's. Not sure what is meant by 2 "originals", 6 "copies". All will be copies from an electronic file.

*That is correct: all files will be in electronic format. Nevertheless, please label CDs as described in the instructions.*

4. Appendix A, Service Specifications (no page numbers)

2.1 Define "long-term care service options." Is the intent to service people so that they stay in the community?

*Please refer to response in question #8 above. It is not necessarily the intent that people stay in the community, but rather that they get assistance in identifying and choosing services that best meet their individual needs.*

5. 3.0 Service Units

Why are service and billing units different amounts of time?

*The service unit is one hour. Services may be authorized and/or invoiced in 15 minute increments.*

6. Volume of Service – is DSAAPD able to provide any detail about the expected volume of service by type (e.g. options counseling), by client type (18+ yrs with physical disabilities vs. aging) and by geographic area?

*Please refer to the response to question #4a on pages 1-2 above.*

7. 4.2 Service Area

Define "sub-areas." Could this be different geographic areas? Different service types (e.g.

options counseling)?

*Sub-areas refer to geographic areas within the State.*

8. 6.31 – 6.33

Would DSAAPD expect transportation to be provided in an agency vehicle?

*Vendors would be responsible for providing or arranging for transportation, as needed. It does not necessarily need to be provided in the agency's own vehicle.*

9. 7.1 Service Standards

Explain the referral process from ADRC. How will that be done? What information will be forwarded, etc.?

*The mechanics of the referral process are still under development. However, it is expected that the ADRC Support provider will be furnished with all demographic and personal/case history information needed to provide assistance to the individual being referred by the ADRC.*

10. 7.3 Explain how the authorized amount of services will be conveyed – amount of hours? How is that determined?

*Please see the response to question #9 above. The mechanics of the process are still being worked out. Hours of service will be determined by ADRC staff. If additional time is needed, the vendor will have the opportunity to communicate the need to the ADRC.*

11. 7.11 What is the expectation for content of written reports? Case notes, statistics re. outputs (number of people referred, served, hours, etc.), problems, etc.?

*The report will aggregate activities and outcomes and will not include detailed information at the individual case level. DSAAPD will provide a report format to the vendor(s) selected to furnish this service.*

12. 7.12 Is there a required or recommended format for case files?

*The case file must provide all of the information noted in section 7.12 of the service specifications. A specific format is not required, but vendors are encouraged to keep records in a manner which is consistent with generally accepted practice for this type of service. Selected vendors will be encouraged to contact the ADRC Technical Assistance Exchange (<http://www.adrc-tae.org>) for general support and information on program operations.*

Questions from Pre-Bid Meeting 9-15-10

1. Will the (initial) questions set be sent to everyone?

Yes.

2. Is the amount of the budget being increased?

*Yes, the anticipated amount to be made available for the services has increased from \$150,000 to \$279,000.*

3. Will the nursing home transition be a 4<sup>th</sup> component of the RFP?

*No. Options counseling and/or service enrollment support, as described in the RFP, will be provided regardless of an individual recipient's current residence (that is, regardless of whether the individual who needs help lives in a nursing home or a community-based residence).*

4. Will cost be based on # of clients or units? Is there a way to determine the volume of calls?

*The ADRC Support vendor(s) will be reimbursed for the number of service units provided.*

*With regard to volume, please see the response to question #4a on pages 1 - 2 above.*

5. Will the DSAAPD intake unit be rolled into the ADRC?

*The ADRC will include those staff members who provide services in what has been known as the Intake Unit. However, the ADRC involves a broader range of support and activities than those provided by that unit alone.*

6. What is the number of current participants with a breakdown by county, and is the projected number of persons who will be served written into the grants?

*With regard to service volume, please see the response to question #4 on pages 1 - 2 above.*

*With regard to grants, the ADRC grant does not specify service volume. The Money Follows the Person grant was written by the Division of Medicaid & Medical Assistance (DMMA) in coordination with the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD). In that grant, the following numbers are projected: Provide options counseling on supports available in the community to 200 nursing home residents identified by the MDS 3.0 Section Q; provide information to 75 nursing home residents on how to access home and community-based services. Transition 25 individuals from nursing homes to community-based residences. These figures cover the two-year grant period.*

7. Is reimbursement based on the line item budget or the unit cost?

*Vendor expenses will be reimbursed at the unit cost rate. The unit cost is based on budget line item costs. However the rate can be negotiated during contract negotiations.*

8. DSAAPD is working with Christiana Care for the hospital discharge component. How will referrals be made?

*Christiana Care will contact the ADRC to request assistance. The ADRC, in turn, may make a referral to a support vendor and will authorize service hours to provide the needed assistance.*

9. Are there other hospitals involved?

*No, other hospitals are not involved at this time. The hospital discharge component is being piloted with Christiana Care.*

10. How can start up costs be included in the budget?

*Please see the response to question #12 on page 3 above.*

11. Would you accept a proposal with a scale for costs depending on the number of units provided?

*No, only one unit cost can be provided.*

12. Do I predetermine the unit cost for budgeting?

*Yes. The budget spreadsheet will calculate the unit cost (cost for one hour of service) based on projected number of service units and the total cost of the budget.*

13. Do I use 15 minutes or hours or months to determine the unit cost?

*The unit cost is based on the number of hours of service.*

14. What is a reasonable number of units?

*Please see the response to # 4a on pages 1 -2 above about the number of individuals that might require the services of the ADRC Support vendor(s). The average number of hours to be authorized per participant is not known at this time.*

15. Can numbers be used from other states ADRC's (nationally)?

*DSAAPD contacted the national ADRC Technical Assistance Exchange to determine if such figures are available. At this time, other states have not documented the amount of time spent in completing tasks such as options counseling and service enrollment supports. Anecdotally, it has been reported that an average options counseling session is longer in duration than an information and assistance session, and that typically an options counseling session will last 40 minutes at the minimum.*

*It has been recommended that potential bidders visit the ADRC Technical Assistance exchange website for more information. In particular, it was suggested that bidders review documents related to options counseling (<http://www.adrc-tae.org/tiki-index.php?page=OptionsBenefits>) to get a better understanding of the range of activities involved in the process.*

16. Is it appropriate to indicate service hours in the budget?

*The budget forms will be provided in Excel format. The Excel sheets are pre-formatted to calculate unit rates based on total budget amounts and projected units of service.*

17. Are there any plans to involve downstate hospitals in the discharge planning component of the project?

*For now DSAAPD is piloting this component of the project with Christiana Care. In the ADRC grant application, Christiana Care is identified for this purpose. It is hoped that as the ADRC grows in the coming years that the discharge planning component will be expanded as well.*

18. How will hospital discharge referrals be made?

*If Christiana Care discharge planning staff members need assistance with a case, they will contact the ADRC. The ADRC may refer a case to an ADRC Support Services vendor for assistance.*

19. What would happen if another hospital wanted help with discharge planning?

*If another hospital contacts the ADRC for assistance, it is conceivable that the ADRC would respond to the request and, if needed, make a referral to an ADRC support vendor.*

20. What type of hospital discharge cases do you anticipate?

*Some cases might be relatively simple while others might be more complex. For example, an individual could need help in retrieving documentation required to apply for a service, or an individual might need help in securing housing following discharge from the hospital.*

21. After this meeting, is there any restriction in talking with Christiana care directly about the pilot? Who is the contact person?

*No, there are no prohibitions against talking with Christiana Care. A bidder can communicate outside of the DSAAPD. Gathering information from outside resources is an acceptable method for developing a proposal. Linda Brittingham is the contact person.*

22. Would Christiana Care be an influence on who gets the bid?

*No. The bids will be reviewed by a panel and judged based on the quality of the proposed service.*

23. Is the \$279,000 budget going to be divided?

*Yes. It is anticipated that the total funds will be divided among two or more vendors.*

24. Is the proposal statewide or county?

*Vendors can be bid for a specific geographic area or for the entire state.*

25. What about transportation costs?

*A bidder can include the cost of transportation in its unit cost. Transportation costs should be reflected in the line item budget and explained in the narrative.*

26. Can there be a different unit cost for different counties?

*There should be a single unit cost for the entire proposal.*

27. Will it be a disadvantage for a bidder if transportation costs more in one area than another?

*No. Proposals will be evaluated first based on the quality of the service being proposed. There should be a single unit cost for the entire proposal.*

28. With regard to services enrollment support, will the provider assist in accessing state-provided services only?

*The vendor(s) will assist individuals in accessing needed services including state- provided services as well as other services.*

29. What will be the work hours for discharge planning support?

*The hours of service have not been defined. The bidder is asked to indicate the hours that it can provide the service.*

30. How many staff members are in the ADRC? What is the breakdown of staff?

*DSAAPD has not yet finalized its organizational chart as it relates to the ADRC. The ADRC is likely to encompass a wider range of activities as it develops and becomes more fully functional. An organizational chart for DSAAPD was included in the original ADRC grant application. It is available on DSAAPD's website along with other ADRC-related information at <http://www.dhss.delaware.gov/dhss/dsaapd/adrc.html>.*

31. Is the award going to two or more agencies?

*DSAAPD expects to award two or more contracts.*

32. Is it possible that only one agency will get an award?

*It is possible that only one project will be funded, depending on the proposals received.*

33. Is there a possibility of two vendors working in collaboration?

*Yes .*

34. Is it allowed for agencies to collaborate and submit one plan?

*Yes, however, there must be a lead agency. The State will work directly with one entity. The other agency(s) can be listed as sub-contractors. The lead agency would be responsible for the work of the sub-contractors.*