Amendment 1 to the FY2016-2017 Community Developmental Disabilities Request for Proposals (RFP), issued 3/2/15, serves to summarize the pre-proposal teleconference held 2/23/2015, answers the questions received at the teleconference and by email in the interim, and extends the deadline for submission of proposals and deadline for written inquiries, as well as amending Sections 1.03, 1.05 and the criterion c. under Section 4.04.4. Some questions and answers have been combined or grouped for clarity.

Q1:   Why were agencies not given six weeks to respond? Can there be a more extended timeline to respond to the RFP?

A1*:*   Applicants were given 5 weeks and 2 days to respond to the RFP; however we will amend the deadline date to provide a few more days for response, as well as the corresponding deadline for receipt of written inquiries to the RFP.
The Request for Proposals is hereby amended to extend the deadline for submitting proposals to March 24, 2015.
The Request for Proposals is hereby amended to extend the deadline for written inquiries to March 13, 2015.

Q2:   CORE allowed program related purchases/activities "stuff" in the past not always services; dance classes, swimming lessons or other recreational activities, medical equipment, etc. Are those types of things not allowed anymore? Are previously allowed "CORE" costs just going to be rolled into the Grant?

A2:   Please refer to Section 1.03 Individualized Services, under the heading Program Services, in which it states: *"Individualized Services (formerly identified as CORE Services) have been phased out and are no longer recognized as a service option. All individuals formerly receiving individualized services under CORE must be transitioned to services described in this RFP to qualify for payment under a CDDG grant."* Individuals receiving services through CORE funds will be   limited to services as approved in the RFP. Lessons, classes, gym memberships, or other items which were previously allowed to be paid for with grant funds will be discontinued.

Agencies are responsible for notifying CORE recipients of the change in the grant program and working with individuals to amend their plans of care.   Agencies are responsible for managing their grant funds and distributing funds to best meet the needs of the communities they serve. Although the funding previously labeled as "CORE" is being discontinued, an individual who has been allocated individualized funding through CORE ($2500 per year) can still receive services with grant funds based on their need and available grant funds.

Q3:   When someone gets pulled from grant funded service to service under a Medicaid Waiver or moves out of our service area, should we be deducting the total of CORE from our budget when we reapply? Or does it become part of overall budget under the 600 Other budget category?

A3:   Grant funds are managed by the grantee agency and not the Division. If an individual moves from the grant to a Waiver or out of state, the agency can use those funds to support other individuals in their service area or provide additional services to existing recipients.

Q4:   Are we to treat Individual Assistant Program (IAP) individuals the same as CORE individuals?

A4:   An agency can provide services to an individual as designated previously in an IAP if they choose. Individual Assistant Program's haven't been developed or approved by the state for many years, so it is up to the agency to assess the needs of the individual and decide how to best allocate their own grant funds.

Q6:   Based on last RFP, IAPs were no longer being offered as a choice to individuals however if an individual chooses they could continue with their plan. Is this still the case? Our understanding was it would continue until that person no longer received funding. Correct?

A6:   All funds are grant funds. IAP indicates a bundled package of funds offered to individuals. An agency can itemize each individual's costs and call them whatever they want within their budget, however, the Planned Services and Expenditures must be identified as indicated in the RFP.

Q7:   Will the state be informing current core service recipients of the discontinuation of this service? Can IAP individuals/families be notified with CORE individuals?

A7:   The Division will not be contacting individuals about the change in the grant program. It is the grantee agencies' responsibility to notify their participants if their services will change as a result of the change in the policy. Some agencies may decide to use other funds to pay for items previously covered by CORE.

Q8:   For transportation service, can we contract a cab company as part of the grant reimbursement?

A8:   Please see Section 2.03 for certification requirements for all services. A grantee may contract with another entity that is a certified Medicaid Provider, and/or meets the Conditions of Participation of the service they are contracted to provide.

Q9:   Why was there a modified Grant Cycle this year?

A9:   There was some confusion about the current year, FY15, being the second year of a 3-year grant. The current year is the 3rd and final year of the previous grant cycle. FY16 is year one of a two year grant cycle. Refer to Section 3.05 Duration of Grant Cycle.

Q10:   We're only speaking to FY16 regarding service provision and budget in the proposal for this 2 year duration, correct?

A10:   Yes, that is correct. Please refer to Section 1.03, the final paragraph, which states: *"Proposals submitted in response to this RFP must contain a detailed plan for services in the first year of the grant. This includes a budget for year one of the grant only."*

Q11:   Can advanced notice be provided to agencies when to expect the posting of an RFP to ensure key staff are available to complete the response?

A11:   The Department posts competitive RFPs during the period from late January through March to allow for staggered responses to accommodate grantees that may be applying for multiple grants, and to allow sufficient time for the evaluation and award process. Development of each

solicitation is subject to a number of variables, and issue dates are not available prior to the dates they are posted.

Q12: The grant requires persons to be on the registry. What happens if they have already failed the CAT do they have to be put back on to just sit there?
Are you now requiring every individual deemed eligible to require a Registration & Review (R&R) form on file?

A12: Please feel free to address client eligibility questions to SDS Division program staff at any time, outside of this Pre-Proposal Teleconference.

Eligibility for CDD grant services does not require persons to be on the registry; and individuals are not required to have a current developmental disability registration and review form on file with the Division as previously stated.

Section 1.05 Target Population and Service Area, under the heading Target Population, the bulleted list following the phrase, "*In order to be eligible to receive services under the CDDG Program an individual must:***" is hereby corrected and amended to read:**

"--Have a current Developmental disability determination as defined in state law AS 47.80.900, prior to receiving services. If requested, the grantee agrees to furnish to DSDS, the documents and records needed to establish eligibility and appropriateness of placements.

--Have a need that cannot be met through other programs or natural supports."

The remainder of Section 1.05 is unchanged.

Q13: Where is the Logic Model/RBA form in GEMS? Has it changed from the version currently being used?

A13: Yes there have been changes to the form, now referred to as the Logic Model/Performance Measure Framework form and described in Section 1.04. The template can be found under Section 4.04 Item #3 of the criteria, where it can be downloaded, completed and uploaded as an attachment to your response.

Q14: Is there a new Match requirement? Is the Match a Must? What is the calculation of the match?

A14: Yes, there is a new match requirement. The Division is charged with responsible management of CDDG among other programs for seniors and the disabled. In light of the reduction of state grant funds to maintain services through the grant programs, the Division is requiring grantees to contribute a 10% match from other funding sources. The calculation is the Total Grant Award Requested multiplied by 10%. Please refer to Section 1.06 Match Funds under Program Funding for additional information concerning match.

Q15: How does the Division propose agencies meet the significant 10% match requirement?

A15: Please refer to Section 1.06 for a list of allowable match sources to be used, such as: In-kind for volunteers and donated space and equipment, Medicaid, local cash, etc.

Q16: Do you want Plans of Care for each grant individual with the proposal?

A16: No, please do not submit Plans of Care with the Proposal.
Section 1.03, under the heading Program Activities, 5th paragraph, the last sentence is hereby amended to read: *"The applicant shall make the Plan of Care available upon request to DSDS, the applicant, and the recipient or when appropriate, the recipient's parent or guardian."*

Q17: Can an agency provide only Case management to an individual?

A17: An individual may receive services from multiple agencies and may request Case Management to be provided by one agency to help create their plan of care and coordinate direct services provided by the different agencies.

Q18: SDS is requiring Conflict Free Case Management? How will it impact the grant services for Case Management/Care Coordination? Will it be required in year two of this solicitation?

A18: Conflict Free Case Management is <u>not</u> a requirement of this RFP.

Q19: Scoresheet (Page 23 4 c) Target Population. If an agency is not proposing to service multiple regions, will points be deducted?

A19: No, points will not be deducted for proposing to serve a single region.
Section 4.04.4 criterion c. is hereby amended to read: *"The attached Planned Services and Expenditures correctly reflect the amount proposed in the applicant's budget; and if an applicant proposes to serve multiple regions, a separate Planned Services form has been completed for each region proposed."*

Questions received following the PreProposal Teleconference:

Q20: I wonder if you could advise if the documents to be uploaded to GEMS for the DD Community Services grant have a maximum capacity. I understand that for some sections only one document is permitted. One PFD document that may be prohibited due to size could be FRA job descriptions but it could also be resumes and other documentation. Should there be limitations on the capacity? What is the procedure for submitting required documentation?

A20: The following statement is displayed to applicants when they upload documents. It contains the file size limitations for applications in GEMS:

*"Agency Document
Attached files must be in one of the following formats: MS Word 2003/2007 (doc/docx), MS Excel 2003/2007 (xls/xlsx), Adobe Acrobat (pdf), or plain text files (txt). The maximum allowable size for each file is 4 MB. You can upload a file for each criterion up to a combined limit of 15 MB for your entire solicitation response. You have used 0% of your storage for this record so far."*
Please note that the combined limit of 15 MBs applies to the entire application, rather than a single question. Applicants may only attach one document per question.

Q21: On the questions on GEMS that asks for information if an agency is a tribal organization or government entity (which we are not), I believe I have to check them as complete, in order to complete the application. Is that the case, and since there are attachments, do I need to say anything in the attachments that it is not applicable to our agency?

A21: The applicant must mark each task "complete" to indicate the item was addressed to successfully submit a proposal. Uploading a document is not necessary if the task does not apply to the agency.

Q22: On GEMS, it asks if the agency will be providing Medicaid Reimbursable services, and to submit our certification forms if we are. For the DD Grant population, and the services provided under the grant, we don't bill Medicaid, as there is no service to bill, thus the need for the grant. These are not waiver eligible clients, and when they do get approved for a waiver, they are no longer on the grant census. For some of the clients, we bill Medicaid for mental health services, but it's a separate set of services, totally unrelated to the types of services on the grant (i.e. respite, case management, day hab), and in the case of our agency, provided by a different set of staff.

A22: Please see Section 2.03 for Medicaid certification and Conditions of participation requirements.

Q23: I am working on our 2016 CDDG Grant proposal and I would like more information on what region we serve. I am not sure what information is needed besides just "we serve Eagle River/Anchorage and Chugiak"? I know there is information on part 1.05 of the Grants and Contracts, is that what we are supposed to write about in the narrative?

A23: Yes, please refer to Section 1.05 Target Population and Service Area, which states in part: "Proposals must clearly describe the population targeted by the project, including the area or communities that will be served." Please also refer to the DHSS Map provided as an attachment to the RFP for regional clarification.

Q24: I know we have Conditions of Participation for Waiver services; is there a similar document for grant services? I guess this would be more a SDS question, as there is a question that asks to address the COP and how we plan to adhere to them.

A24: The RFP requires grantees to meet the Conditions of Participation as well. See Section 2.03 Administrative, Management and Facility Requirements, Quality Assurance and Conditions of Participation (COP), as well as Section 4.02.8, criterion a.

Q25: On # 4.05.2, it asks to provide a staff recruitment, orientation, and training plan and describe how we do these things. Is the expectation that those plans are an attachment, or just part of the narrative in that section?

A25: It's the agency's decision how they wish to answer the question.

Q26: Are there IAT providers in Fairbanks?

A26: Contact SDS for discussion, this question does not relate to the RFP.