



801 East Men's Shelter RFA: Bidder's Conference Q&A

Grant Administration, Costing, Invoicing, and Data Collection

- 1. Is this an "all or nothing application" or can nonprofit agencies apply only for certain components of the RFA? For example, could an organization apply to operate the Day Program or Health Clinic component only?**

As outlined in the RFA, DHS will award a single grant under this RFA to provide services associated with all three programming components (Day Center Programming, Housing-Focused Case Management, and Health Clinic and Respite Program). One service provider must be identified as the Prime, and that entity will be responsible for management of and coordination among subgrantees to achieve the performance objectives outlined in this solicitation.

- 2. Does the Prime Applicant need to have the team in place at the time of the application submission? Further, if the team can be put in place after award, will DHS require the Prime Applicant to conduct a procurement activity to select team members?**

DHS understands the timeline for this solicitation is aggressive, and that applicants may not have all teaming partners in place at the time of application submission. DHS expects applicants to have identified minimally the lead entities for each of the three components (Day Center Programming, Housing-Focused Case Management, and Health Clinic & Respite Program). DHS would like to see draft MOAs outlining roles and responsibilities among these partners. Additional partners, subgrantees, or vendors (e.g., partners providing computer classes, financial literacy, workforce development training, specialized medical services, barbershop services) may be identified following grant award. However, the more partners an applicant has identified as part of their application (via letters of support/letters of commitment) - the more likely it is that the applicant will be able to move forward quickly with program implementation, and therefore the stronger that application will be rated per Evaluation Factor B, Organizational and Staff Capacity.

DHS does not require the Prime Grantee to conduct a competitive procurement process in order to select the service providers responsible for delivering elements of the scope of work. However, DHS anticipates that the Prime will complete fair market research to determine reasonable costs for variable service components, and will use a vetting process to select service providers who have a proven track record and relevant past experience in delivering the services they will be providing. If the Prime anticipates using a competitive process for selecting sub-grantees, they should provide details in their application on the anticipated timeline, ability to ramp up, and expectations around service readiness. The Prime will be asked to provide a subcontracting plan upon award.

- 3. Can agencies who didn't attend the August 25th Bidder's Conference apply as leads or subgrantees on the RFA?**



Yes, any qualified entity may apply. See Section 1.2 of the RFA for additional information.

4. Are there any requirements to subcontract to a small or disadvantage business?

The RFA is not subject to any requirement to subcontract to a small or disadvantage business.

5. During the Bidder's Conference, DHS emphasized the importance of leveraging other resources and thinking creatively. Is there a specific match requirement? In other words, what percentage of services will DHS fund?

There is no specific match requirement. Because need for assistance always exceeds available resources, DHS consistently looks for ways to stretch resources to serve as many clients as possible, while also maintaining service quality and fidelity to programmatic models. For this reason, DHS is asking applicants to consider any other funding sources that may be available to support services delivered onsite – including, for example, Medicaid resources, workforce development resources, and volunteer/pro bono services. In a situation where two applications are equal on all other factors, an applicant that is able to leverage a greater level of non-DHS resources would be rated higher.

6. How will this contract integrate the parameters outlined in The Nonprofit Compensation Fairness Act? Additionally, will DHS honor providers' federally negotiated Indirect Cost rates agreements?

The Nonprofit Fair Compensation Act of 2020 goes into effect October 1, 2021 for contracts and grants with nonprofits that have awards under \$1M. The legislation does not apply to contracts and/or grants with for profit organizations or to contracts and/or grants during the in DC Government Fiscal Year 2022, where the value of the award is over \$1M. Higher value grants and/or contracts are phased in over a five-year period, beginning with DC Government Fiscal Year 2023. DHS is committed to work with all service providers that are subject to the Nonprofit Fair Compensation Act of 2020 and follow the District's implementation plan for FY22 and beyond, including when possible, honoring an existing Negotiated Indirect Cost Rate Agreement (NICRA).

7. Will this new grant incorporate the new Non-Profit Fairness Act's de minimum rule for indirect rate in the District?

See response to Question 6.

8. Will DHS honor federally negotiated indirect G&A rates? For example, my organization has a Negotiated Indirect Cost Rate Agreement (NICRA) with the US Department of Labor. Can it be used?

See response to Question 6.

9. Is this contract subject to any mandatory subcontracting requirements, e.g., from Department of Small and Local Business Development (DSLBD) if the dollar value of the response/offeror is in excess of \$250,000? Or is DHS and OCP pursuing a waiver?



DHS will be issuing a grant for these services. The RFA for the 801E Men's Shelter Services is not subject to mandatory subcontracting requirements.

10. Is this contract subject to any First Source Employment Agreement, e.g., requirement to hire 51% Residents of the District of Columbia? Or is DHS/OCP pursuing a waiver?

DHS will be issuing a grant for these services. The requirement does not apply for the 801 East Men's Shelter Services solicitation.

11. With regard to the Health Clinic and Medical Respite Program, how much of the contract amount is expected to be billable to Medicaid versus gap funding? Does the total contract amount include dollars sourced from Medicaid and those not covered?

As indicated in Section 2.3(C)(1)(b), DHS expects the Health Clinic and Medical Respite provider to bill the maximum amount allowable under Medicaid to cover services provided. DHS cannot articulate a specific amount, as it depends on the specific programming and coverage proposed by the applicant. DHS expects the Health Clinic and Medical Respite provider to use its knowledge of the client population, level of services needed, and resources required to inform its assumptions. Gap funding should only be sought for proposed services not eligible for Medicaid reimbursement. Providers should document their anticipated total costs, including the split between Medicaid reimbursable costs and DGS gap funding (see Attachment F). Assumptions used to build the budget should be articulated in the budget narrative. DHS will coordinate with the Department of Healthcare Finance (DHCF) to seek input on the feasibility of applicant budgets.

12. Can you provide more clarity about the payment structure of this grant? Will it align with current monthly invoicing practices of other management contracts for homeless service provision? Clarification is needed given the RFP's statements that "the grantee may submit a reimbursement request or an invoice at any time during the fiscal year for work performed within that same fiscal year" and "all payment requests shall be accompanied by a copy of the report covering the period for which reimbursement is being requested."

This is a cost-reimbursement grant in which grant funds will be made available to the Grantee after eligible expenses have been incurred. On a monthly basis, the Grantee shall submit to DHS invoices and documentation showing proof of expenditures. The DHS Grant Administrator will review and approve invoices and process the payment based on the approved budget.

Grantees can request an advance payment in their Application to alleviate spending pressure incurred during the ramp up period and during the program's period of performance. However, if seeking an advance payment, Applicants should provide a thorough justification on how they anticipate using the funds. Upon award, DHS will work closely with the Prime Grantee to finalize details around payment structure and support the Prime in meeting their payment obligations to subgrantees. See Section 3.5 in the RFA for additional details.

13. Is the budget narrative and budget included in the 50-page limit or are they regarded as attachments?



Applicants can submit the itemized budget and the budget narrative as a separate attachment. However, DHS is encouraging Applicants to incorporate in their Application a section where they discuss the proposed budget and their financial management systems and fiscal controls and processes. See Section 4 of the RFA for additional details. DHS is looking for details on cost to run a program, how providers would leverage additional source of funding to support the programming etc.

14. Are there opportunities to integrate HMIS with our Electronic Health Record to minimize double data entry wherever possible? At first glance, it appears that we will be entering data in HMIS, our own Electronic Health Record, and a variety of spreadsheets. To the extent possible, we are seeking integration of these data management activities since double entry takes time (therefore money), but we need guidance and a realistic check on the potential of that integration.

DHS and The Community Partnership for the Prevention of Homelessness (TCP) are both eager to enable bi-directional data sharing to and from HMIS and have been working with the District's HMIS vendor (WellSky) for several years on this issue. Unfortunately, WellSky's software currently does not have an Application Programming Interface (API), which is necessary to enable automatic data transfer. TCP will continue to share periodic updates on this issue through the ICH Executive Committee.

Facility Design & Facility Security

15. Are the hypothermia overflow beds included in low barrier bed number?

No – they are separate. The Low Barrier Shelter in Wing A contains 192 beds on four floors (twelve beds per room, four rooms per floor). In addition, the shelter has a large multi-purpose room on the first floor adjacent to the Day Center, which will accommodate 40 beds of hypothermia season overflow as needed.

16. What is the expected occupancy limit of the Day Services Center space?

The Day Services Center can accommodate up to 50 individuals at any given time.

17. Where are the security/surveillance cameras located in the facility?

The security cameras, as well as security guards, will be placed throughout the facility per DC Protective Services Division (PSD) direction.

18. Who will be providing security at the new facility?

DHS is responsible for procuring and delivering, separate from this grant solicitation, a set of functions collectively referred as Shelter Operations – security services being one of the functions included. Upon award, DHS will coordinate a series of meetings with the Shelter Operations provider and all selected sub-contractors, including the ones responsible for providing security services.



Policy, Programming, and Programmatic Staffing

19. Does the Housing-Focused Case Management services interact with the Low Barrier Shelter, Day Center, and Health Clinic/Respite Program?

The Grantee will be expected to offer Housing-Focused Case Management to clients in all three dorms, enrolling any client that is housing-motivated and who wishes to engage in shelter exit planning. While clients may refuse participation in case management and still receive a bed in the low-barrier shelter, clients entering the Employment Dorm or Senior and Medically Frail Dorm will be expected to engage in Housing-Focused Case Management to facilitate greater flow through the dorms. A single provider may provide case management across all three dorms, or the Grantee may elect to bring on partners with specialized skills to provide case management support in the Employment and Senior and Medically Frail Dorms.

Clients accessing the Day Center only (e.g., clients that are staying in unsheltered locations) must also be offered Housing-Focused Case Management, though of course are not required to participate to access the Day Center.

Finally, clients assigned to the Medical Respite Program will remain in respite only as long as needed to recover from their acute healthcare issue – such that they would be discharged to a different dorm, shelter, or living situation as soon as possible/appropriate. Accordingly, these individuals shall also be offered the opportunity to participate in case management via the facility's Case Management provider.

20. What is the Grantee's responsibility for emergency response (e.g., psychiatric emergency, substance use emergency, medical emergency) overnight in the shelter? Is the applicant for this RFP expected to provide emergency response overnight? Or is that simply referred to city services like the Community Response team and 911? Or does the Shelter Management contract provide those supports?

Overnight, in addition to contracted security, Shelter Monitors are available to call for emergency assistance as needed (ambulance, DBH Community Response Team, police). Shelter Monitors are trained in de-escalation and other relevant skills, but are not clinical staff. Applicants to this RFA are encouraged to consider different shifts for Case Managers and other supportive services staff to ensure appropriate clinical coverage during key hours.

21. What is the contracted level of milieu supports available overnight? We are trying to get a sense of the de-escalation and problem solving skills that will be employed at night. Supports available during the night will have a big impact on the clients we can serve and on the way we spend our time providing services during the day.

The Shelter Operations team is focused on general building management issues. In addition to contracted security, Shelter Monitors will monitor the dorm floors at night and are available to call for emergency assistance as needed (ambulance, DBH Community Response Team, police). Shelter Monitors are trained in de-escalation and other relevant skills, but are not clinical staff. Applicants to



this RFA are encouraged to consider different shifts for Case Managers and other supportive services staff to ensure appropriate clinical coverage during key hours.

22. There is reference in the RFA to 24 medical respite beds and 44 beds in the Senior/Medically Frail dorm. Could you clarify who will be eligible for the 24 beds vs the 44 beds?

The Senior and Medically Frail Dorm (44 beds) is considered Temporary Shelter for individuals who are Seniors and/or who meet the definition of Medically Frail, as defined in Attachment G to the RFA. The Senior and Medically Frail Dorm is located on the second floor of Wing C above the Health Clinic and Respite Program. This dorm was designed with the specific needs of this population in mind (e.g., bathroom placement and accessibility, wider aisles to accommodate wheelchairs, storage locker placement to accommodate mobility issues). The purpose of this dorm was to create a safer and more accommodating space for individuals that are physically more fragile while they work on obtaining permanent housing.

In contrast, the Medical Respite Program (22 beds) is located on the first floor of Wing C, adjacent to the Health Clinic. The Respite Program is considered acute and post-acute medical care for individuals experiencing homelessness who are too ill to recover from an illness or injury on the streets or in a congregate shelter setting, but are not ill enough to remain in a hospital. Placement in the Medical Respite Program is not dependent on age or chronic health conditions, but rather an acute health condition. Once the patient no longer needs daily medical care to support their recovery, they would be discharged to a different dorm, shelter, or living situation.

23. Are respite beds available only to clients living at the shelter or any clients living in any congregate site or on the street?

Medical Respite beds in the District are in short supply, and accordingly, beds will be available to any eligible individual experiencing homelessness in accordance with the prioritization policy established by the Health Clinic/Medical Respite Provider and approved by DHS.

24. What are the qualifications/skills of staff in the Senior and Medically Frail Dorm from 5pm to 9am? For example, is nursing support funded by the Shelter Operations contract available overnight? What happens with people who are frail need meds administered at bedtime? Or need wound dressing? Or have an unexpected urgent, but not crisis-driven medical need? We need clarity on roles and responsibilities due to the impact on hiring and budgeting.

The Shelter Operations team is focused on general building management issues. In addition to contracted security, Shelter Monitors will monitor the dorm floors at night and are available to call for emergency assistance as needed (ambulance, DBH Community Response Team, police). Shelter Monitors are trained in de-escalation and other relevant skills, but are not clinical staff.

Generally speaking, an individual that needs around-the-clock medical care should be in the Medical Respite Program, and the Health Clinic/Medical Respite Program provider *should* consider what level of support is needed in the evening and overnight to appropriately support patients in the Respite Program. In cases where an individual staying in the Senior and Medically Frail Dorm (or other dorm)



requires evening or nighttime medical support (e.g., medication administration), it would be appropriate for applicants to consider how the Medical Respite Provider can support that need.

Applicants should use their expertise to advise on the level of staffing supports they anticipate will be needed, understanding that changes can be proposed to DHS over time as we continue refining roles and responsibilities between the Shelter Operations team and the Supportive Services team.

25. Given the focus on Housing-Focused Case Management, can DHS let applicants know what PSH and RRH resources will be matched to the new site?

Housing resources will continue to be allocated in accordance with the District's Coordinated Assessment and Housing Placement (CAHP) prioritization policies, which are reviewed and updated each year with community input through the Interagency Council on Homelessness (ICH) Single Adult System Work Group. Accordingly, DHS cannot provide a count of resources that will be allocated to 801 East, because housing resources are not earmarked by facility.

That said, it is important to emphasize that DHS wishes to use this new shelter as an opportunity to begin to shift the culture in our system from one that is very reliant on PSH as the only pathway out of homelessness to one that engages and supports clients in problem-solving and relationship building to explore possible housing options at every step along their journey towards regaining stability. Accordingly, DHS believes Case Management can and should be Housing-Focused even without having a housing subsidy available for every client enrolled in Case Management services.

26. DHS noted during the conference that “any client who was interested in housing would participate in case management.” We need clarification on whose responsibility it is to coordinate care? Day program staff, housing case management staff, staff associated with the medical services?

The Grantee's team should be working together as a single unit throughout the various programs in the building to develop rapport with clients and continuously engage clients around permanent housing, working to create a housing-focused culture in the building. Any client that is housing-motivated and desires to work with a Case Manager on a shelter exit strategy should formally be enrolled in case management, and it then becomes the Case Manager's job to work with that client on a Housing Plan. Grantees should keep in mind that a Housing Plan will not always center around attainment of a voucher, and should instead be prepared to work with clients to consider the range of options that may exist –e.g., support returning to family or friends, support with security-deposit and first months' rent, connection to RRH assistance and employment assistance, etc.

27. If Peer Specialist are used, what about those who may have criminal justice involvement in the past? Can they provide services? What would be the parameters if they can be used?

The background check clearance requirements detailed in Section 3.6 of the RFA are applicable to all staff, partners/contractors, and volunteers providing services to individuals under this solicitation. A number of programs funded by DHS are using peer specialists in their service delivery. In the event a prospective staff or volunteer has a record of past criminal justice involvement, the Grant Administrator



works closely with the Grantee to better understand the nature of the charges and to obtain additional information and a justification for the potential hire. The Grant Administrator uses the additional information to make a determination whether they can clear the individual for hiring.

28. I understand this is a Low Barrier Shelter, but are there behaviors – for example, violence toward others, destruction of property, etc. – that will cause a person to be barred from the dorms overnight or from services during the day?

Yes. Section 4–754.36 of the [Homeless Services Reform Act](#) outlines conditions under which a client may be terminated from a program – including Low Barrier Shelter programs. Under such circumstances, the client has a right to seek shelter at a different facility.

29. What considerations go into “bed assignments”?

Bed assignments will be made in accordance with the HSRA requirements and Program Rules. As outlined in Section 2.3(B)(1)(a)(iv) of the RFA, Applicants should prepare a staffing plan that allows them to immediately enter bed assignments in an electronic system to facilitate real-time tracking of bed lists in the facility.

The Grantee should be prepared to have staff onsite to facilitate intake, orientation, and bed assignments until minimally 9pm. Any clients entering the facility after 9pm shall be placed in a bed by the Shelter Operations Team, with connection to the Case Management team occurring the following morning. DHS staff will work with the Shelter Operations Team and the Grantee selected under this solicitation to further refine roles and support coordination as the team takes occupancy of the building.

30. Is “dorm management” a programmatic/services responsibility or a shelter operations responsibility?

Dorm management will be the responsibility of the Shelter Operations team. It includes opening and closing doors/floors in accordance with Program Rules regarding client access, monitoring dorm floors at night (including calling for/coordination with emergency services if needed), and coordinating with janitorial and building maintenance vendors. DHS staff will work with the Shelter Operations Team and the Grantee selected under this solicitation to further refine roles and support coordination as the team takes occupancy of the building.

31. Will the new “Rapid Exit” staff be DHS staff or a contracted provider? Is this a choice point OR a statement of fact? If the latter, how will coordination be operationalized (is there a current model)?

DHS is expanding its Project Reconnect Team as part of the larger work to create a system of streamlined intake and expand prevention and diversion services for single adults. (See Goal 4 of [Homeward DC 2.0](#) for more information.) Some of the Project Reconnect staff will be located at a central hub – working with callers seeking shelter assistance, while others will be located throughout the shelter system, with the goal of engaging clients newly entering shelter on problem-solving and alternatives to shelter. Similar to the creation of this new housing-focused shelter model, the work to



establish enhanced diversion assistance is a work in progress, and DHS invites the Grantee selected under this RFA to be an active partner in helping shape that work.

32. If the Health Clinic is closed or reduced in its hours of operations, what is the transfer of services plan to ensure continuity of care? Is there an existing protocol since this change would be mandated by DHS?

While Health Clinic hours (i.e., the hours physicians are taking appointments/seeing patients) could change, the Medical Respite Program will remain a 24 hour program. Accordingly, a transfer of services is not anticipated to be needed.

33. Can you provide clarification on the hours of operations for each wing/service component? (That is, which components will require 24/7 services?)

- Shelter Case Management/intake and assessment services for example?
- Health Clinic and 24 bed respite program?
- Day Center (some or all of the elements will likely need to be accessed by shelter stayers after hours – such as laundry and computer labs)?

DHS has not established specific hours for case management services to be delivered. Applicants are invited to consider what shifts throughout the morning, afternoon, and evening they believe will be important to have Case Managers onsite as part of their staffing plan.

The Health Clinic hours are currently listed in the RFA as Monday through Friday, 9am to 5pm, though as noted in Section 2.3(C)(1)(a), these hours could change based on variables such as resource availability, client needs/utilization, or other factors. In contrast, the Medical Respite Program is a 24-hour program. Applicants should use their expertise operating similar programming to determine the type and level of early morning, evening, and overnight medical support needed to serve clients in this program.

Finally, general operating hours for the Day Center will be 7am to 7pm, 7 days per week. As explained in Section 1.1 of the RFA, the Shelter Operations team will be responsible for opening and closing the Day Center and monitoring self-service amenities such as showers, laundry, and the computer lab. In contrast, the Day Centers Programming lead will be responsible for developing a programming and services schedule. A full suite of programming and services is *not* expected to be available across general operating hours, though as articulated in Section 2.3(A)(1)(a), the Grantee under this solicitation should be prepared to keep a skeleton staff during the operating hours to provide concierge/information services, routine troubleshooting, and one-off client supports. DHS staff will work with the Shelter Operator and the Grantee under this solicitation to refine roles and support coordination as the team takes occupancy of the building.

34. Is the Day Center open to the community, or just shelter residents?

As indicated in Section 2.3(A) of the RFA, the Day Center will serve individuals staying in the shelter as well as other individuals in the community (both men and women) experiencing or at risk of homelessness.



35. How will DHS measure success? Who is setting the targets for each of the performance metrics noted in the RFA?

Performance measures that will be used to measure success for each component are outlined in Section 2.3 of the solicitation. A DHS Program Manager will work with the Grantee and its team to identify targets, using existing systemwide performance targets where applicable, and benchmarking data to inform other targets.

36. Would you like agencies to speak to service procedures during and post pandemic operations in this application?

Grantees are expected to partner closely with DHS and follow all COVID-19 guidelines and protocols impacting their service delivery. Applicants are welcome to share information on their standard and modified service procedures (i.e., in the context of a public health emergency), but are not expected to go into detail in their responses. If available, Applicants can include as attachments their existing protocols for responding to the COVID-19 public health emergency or other emergencies.

37. Will the Prime Applicant or any of their subgrantees be required to provide evidence of COVID precaution protocols and infrastructure to maintain case management, day program and health services during the remainder of this pandemic? Would you like agencies to provide details on COVID restrictions and precautions within their service procedures during and post pandemic operations in this application?

The grantee will be required to follow all applicable DHS and DC Health guidance on COVID precautions and protocols. DHS expects Applicants to provide details in their application on their Continuity of Operations Plan (COOP) – see Section 3.18 page 27 of the revised RFA for more information on COOP plan requirements. Applicants are expected to share high level information on their policies and protocols available to ensure essential functions of the program continues in the event of emergencies, including the current public health emergency. If available, Applicants can include as attachments their existing protocols for responding to the COVID-19 public health emergency and other emergencies.

Timeline/Miscellaneous

38. You have indicated a November start date. What does this mean for the current 801 East site and provider?

DHS will work closely with all current partners to define, scope, and implement a seamless and effective transfer strategy, including but not limited to transitioning operations from the old 801 East building, moving clients to the new location, and maintaining core client services.

DHS' goal is to select a grantee and execute a grant agreement as early in November as possible to provide the selected provider an opportunity to begin hiring, onboarding, and developing policy and



protocols before program launch. The existing 801 East will continue operating throughout December, and into the new year – until the new facility is ready for occupancy.

39. Who is the current service provider at 801 East Shelter?

The District contracts with TCP to provide services at the 801E Men's shelter. Catholic Charities, operating through a subcontract with TCP, is the current services provider at the shelter.

40. Does DHS have any ideas for responding to the expressed concerns about challenging turnaround time for coordinating partnership between providers (by September 27) and the 2-month turnaround for hiring staff?

DHS understand the timeline for this solicitation is aggressive, and that applicants may not have all partners in place at the time of application submission. DHS expects applicants to have identified minimally the lead entities for each of the three components (Day Center Programming, Housing-Focused Case Management, and Health Clinic & Respite Program). DHS realizes that additional partners, subgrantees, or vendors (e.g., partners providing computer classes, financial literacy, workforce development training, specialized medical services, barbershop services) may have to be identified following grant award.

As indicated in Section 2.5A (Staffing Plan), the Grantee is expected to make every effort possible to be fully staffed within 60 days of grant award. However, DHS understands hiring can be challenging, and accordingly, has asked applicants to identify priority positions in their proposed Staffing Plan that will be in place prior to program launch -- whether new hires, existing staff that will be transferred into a new role, existing staff on loan from another program, or existing staff that will be dedicating some portion of their time to the 801 E programming. Grantees should also discuss any other strategies they will use to support program ramp-up. This information should be included in Section 5 of the applicant's proposal, Organizational Capacity and Staffing Plan.

41. Will DHS provide a list of the agencies that participated in the Bidder's Conference (names, organizations, and contact information)?

DHS can provide upon request a list of the individuals who participated in the Pre-Application conference.