STATE OF TENNESSEE
DEPARTMENT OF DISABILITY AND AGING

REQUEST FOR INFORMATION
FOR
INTELLECTUAL AND DEVELOPMENTAL DISABILITIES RESOURCE AND SUPPORT HOME SERVICES

RFI # 34401-99696
November 20, 2026

1. STATEMENT OF PURPOSE:

The State of Tennessee, Department of Disability and Aging ("DDA") issues this Request for Information ("RFI") for the purpose of gathering information and market research regarding the operation of an Intellectual and/or Developmental Disabilities Resource and Support Home, including short-term voluntary community-based respite services, structured programming, targeted skill development, clinical consultation, and individualized support models to facilitate successful community living and temporary guest/caregiver relief We appreciate your input and participation in this process.

2. BACKGROUND:

The State of Tennessee is seeking information regarding the operation of an Intellectual and/or Developmental Disabilities ("I/DD") Resource and Support Home ("RSH"). This initiative aims to establish up to two DDA owned short-term, voluntary, community-based homes that provide a setting designed to offer temporary relief to guests, families, caregivers, and community residential supports while promoting successful community living for participating guests.

The RSH will provide an active, engaging, and structured environment featuring targeted skill development, meaningful recreation, social interaction, and individualized support. Guests will participate in DDA- guided learning sessions, growth-oriented routines, enabling technology, education and practice, and specialized clinical consultations/classes provided by DDA and community subject matter experts. Programming will be tailored to each guest's specific needs and goals. Guests' community living supports will be offered the opportunity to engage and train alongside DDA clinicians and with community subject matter experts who can assist with increasing quality and meaningful community living once the guest returns home. Stays will generally range from two days to two weeks, with potential extensions up to thirty days under clinically appropriate circumstances.

Services will be driven by individualized DDA TN START Resource and Support Plans developed around each guest's biopsychosocial needs and utilizing strategies from existing Cross-Systems Crisis Prevention and Intervention Plans ("CSCPIPs"). The program model incorporates

multidisciplinary clinical oversight, DDA/Station MD nursing support, and DDA-provided psychiatric consultation to the circle of support in an effort to support stabilization and skill-building without replicating an inpatient psychiatric facility or longer-term outpatient treatment program.

The State is interested in gathering insights from qualified providers who may be providing the residential (non-clinical) support components of the program. Specific information is being requested regarding staffing structures, operational workflows, clinical integration, collaboration with DDA/outside clinicians, and best practices for delivering effective, short-term community resource and support services.

3. DEFINITIONS:

3.1. **TN START Team:** The START program is a statewide crisis prevention and intervention program made up of seven regions. Each START region has a team consisting of one Assessment and Stabilization ("A&S") Manager and five to seven A&S Facilitators. This team is supported statewide by two Clinical Directors, one Program director and one Medical Director.

3.2. **Assessment and Stabilization ("A&S") Facilitators:** A&S Facilitators are START team members who work directly with the people supported to complete an intake, including a biopsychosocial assessment, create a crisis plan, and provide ongoing support to the person supported's system to improve stability. These A&S Facilitators also provide 24/7 on call crisis support, both in person and virtually.

3.3. **DDA Resource and Support Home Clinical Team:** This is a clinical support team made up of clinicians within the Department of Disability and Aging ("DDA") who will be providing clinical support to the agency running the Resource and Support Homes ("RSH"). They will also provide scheduled programs, classes, and trainings with the staff and guests at the RSH at the direction of the DDA RSH Clinical Director.

3.4. **DDA Clinical Director:** This is a DDA employee who will provide clinical oversight of the RSH. They will provide in person and virtual oversight of programs, classes, and trainings provided by DDA RSH Clinical team members. They will also engage with the RSH agency to ensure that staff receive any necessary crisis plan and clinical training as well as the opportunity to benefit from additional trainings provided by DDA.

3.5. **Resource and Support Home ("RSH"):** The Resource and Support Home is a DDA-owned residential home designed for short-term stays that can be requested for several different purposes. The stays are designed to be therapeutic and focus on skill building. Through collaboration with TN START, successful intervention in the RSH will be generalized to their community home through information sharing and plan development.

3.6. **Cross-Systems Crisis Prevention and Intervention Plans ("CSCPIPs"):** This is a crisis plan based on the TN START model. The plan is developed with the team based on a biopsychosocial assessment and the input of supporters, family, agencies, and other members of the system. The plan is designed to focus on prevention of crisis first. The three-stage response plan instructs supporters on ways to deescalate the person supported and maintain them in their home.

4. COMMUNICATIONS:

4.1. Please submit your response to this RFI to:
Dr. Anna Settle, Director of Clinical Services
Department of Disability and Aging
anna.settle@tn.gov

4.2. Please feel free to contact the Department of Disability and Aging with any questions regarding this RFI. The main point of contact will be:
Dr. Anna Settle, Director of Clinical Services
Department of Disability and Aging
Davy Crockett Building 2nd Floor
500 James Robertson Parkway
Nashville, TN 37253
anna.settle@tn.gov

4.3. Please reference RFI # 34401-99696 with all communications to this RFI.

5. RFI SCHEDULE OF EVENTS:

EVENT		TIME (Central Time Zone)	Date (all dates are State business days)
1.	RFI Issued		November 20, 2026
2.	RFI Response Deadline		December 31, 2026

6. GENERAL INFORMATION:

6.1. Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will not create any contract rights. Responses to this RFI will become property of the State.

6.2. The information gathered during this RFI is part of an ongoing procurement. In order to prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid or other procurement method. In the event that the State chooses not to go further in the procurement process and responses are never evaluated, the responses to the procurement including the responses to the RFI, will be considered confidential by the State.

6.3. The State will not pay for any costs associated with responding to this RFI.

7. INFORMATIONAL FORMS:

The State is requesting the following information from all interested parties. Please fill out the following forms:

RFI #34401-99696 TECHNICAL INFORMATIONAL FORM
1. RESPONDENT LEGAL ENTITY NAME:
2. RESPONDENT CONTACT PERSON: Name, Title: Address: Phone Number: Email:
3. Briefly describe experience providing similar scope of services/products.
4. Describe the operational approach for providing a short-term, voluntary, community-based respite setting for guests with I/DD, detailing how the program will work with DDA to deliver temporary relief to families and caregivers, structured programming, targeted skill development, and individualized goals to support successful community living.
5. Detail the proposed staffing model, including the recruitment, qualifications, and oversight of the required: 1 RSH Residential Director, at least 5 RSH Shift Managers/Supervisors (minimum of 1 per shift), and a minimum of 5 Direct Support Professionals (minimum of 1 per shift).
6. Describe the administrative workflow and protocols for managing the referral, admission review, and approval process in coordination with the START team, A&S Facilitators, the DDA Resource and Support Home Clinical Team, and the DDA Clinical Director, including mechanisms for handling approvals, additional information requests, and consultative meetings.
7. Describe the proposed transportation, scheduling, and staffing plans.
8. Explain the methodology for implementing individualized Resource and Support Plans, ensuring that goals are tracked with measurable documentation, and detailing how existing Cross-Systems Crisis Prevention and Intervention Plans (“CSCPIPs”) and behavior support plans will be incorporated.
9. Describe the structured programming and daily activities offered to guests, explaining how the Home will ensure an active and engaging environment that includes recreation, community engagement, social interaction, wellness, and therapeutic activities tailored to individual interests and strengths.
10. Detail the integration and utilization of external clinical consultative services—including psychology, psychiatry, behavior analysis, nursing, occupational therapy, speech-language pathology, social work, and StationMD—to support guest needs, provide direct urgent care, maintain contact with outpatient providers, and run discipline-specific groups.
11. Describe the protocols for admitting and managing typical lengths of stay ranging from 2 days to 2 weeks, as well as the specialized review processes and documentation required for extended stays up to 30 days.
12. Outline the procedures for tracking and determining the need for continued stay requests, including specific data that will be provided to the DDA Resource and Support Home Clinical Team. The Team will review cases where expected progress has not occurred or where additional time is needed to achieve measurable goals. Include the method for tracking, measuring, and relaying this information to the DDA Clinical Team.
13. Detail the comprehensive discharge planning process, including how discharge readiness is evaluated by the team, the criteria for determining when a guest is appropriate for discharge or requires a higher level of care, and the execution of transition activities with the assigned TN START coordinator and community support team.
14. Describe the emergency response and crisis management procedures, including the utilization of the TN START crisis line, protocols for handling changes in medical, psychiatric, or behavioral

status, and procedures for coordinating with 911/988 and mobile crisis responders when guest needs exceed RSH capabilities.
15. Include how enabling/assistive technology will be incorporated into the program design.

COST INFORMATIONAL FORM
1. Describe what pricing units you typically utilize for similar services or goods (e.g., per hour, each, etc.:
2. Describe the typical price range for similar services or goods
3. Provide cost information detailing the staffing model required to operate the Resource and Support Home, including the fully burdened labor rates, hourly wages, and total projected costs for exactly one RSH Director, exactly five RSH Shift Managers/Supervisors, and a minimum of five RSH Direct Support Professionals.
4. Submit detailed cost estimates for providing comprehensive daily structured programming, targeted skill development, and clinical consultative services—such as psychology, behavior analysis, occupational therapy, and speech-language pathology—including any per-session or hourly fees for therapeutic and consultative group facilitation.
5. Detail the operational and administrative costs associated with managing the end-to-end referral, admission, review, and discharge planning processes, including staff participation in multi-disciplinary approval team reviews, intake coordination via designated facilitators, and convening systems meetings at discharge.
6. Provide a cost breakdown for RSH Direct Support Professionals (minimum of 5 with at least 1 per shift; dependent on census, transportation needs, and guest needs).
7. Estimate the costs associated with facility operations, resident support services, and maintaining an active, community-based respite setting for short-term stays ranging from 2 days up to 30 days, accounting for variable guest census, and transportation needs. Do not include estimated costs of clinical services (therapies, behavioral health treatment, physical health treatment, etc.) with the assumption that these will be provided by DDA and community outpatient clinicians, thus clinical services should not be included in the anticipated operations cost.

ADDITIONAL CONSIDERATIONS
1. Please provide input on alternative approaches or additional things to consider that might benefit the State:
2. Please provide input on measures for auditing compliance to program requirements, quality of services, and how to measure outcomes:
3. Please provide input regarding your organization’s preference and operational capacity to operate ONE or TWO Resource and Support Homes, including the rationale for your preference and any operational, staffing, or financial considerations. Include the overall operating cost for ONE versus TWO homes.