



Office for People With Developmental Disabilities

DIVISION OF PERSON-CENTERED SUPPORTS

REQUEST FOR APPLICATIONS

NY START – REGION 5 IMPLEMENTATION

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Attachments to the State of New York Master Contract for Grants:

- Attachment A A-1 Agency Specific Terms and Conditions
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- Attachment B B-1 Expenditure Based Budget
- Attachment C Work Plan
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- Attachment E – NY START LONG ISLAND Organizational Chart
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I. Introduction

By this Request for Applications (“RFA”), the New York State Office for People With Developmental Disabilities (“OPWDD”) is seeking applications from non-profit organizations authorized to do business in New York State to serve as the provider of NY START Long Island services in OPWDD’s Developmental Disabilities Regional Office 5 (“Region 5”). Organizations currently providing NY START services in other OPWDD regions may not apply to become the lead agency responsible for delivering NY START services in Region 5. The RFA process will result in one independent grant contract between the successful applicant and OPWDD for the performance of the services described in this RFA. This RFA provides information and instructions necessary for the submission of applications seeking award of this contract. Please read this RFA in its entirety and follow the instructions carefully; failure to do so could result in rejection of the application.

In addition to Grants Gateway registration, all non- governmental Not for Profit (NFP) applicants must be Prequalified at the time and date that the application is due. If you are not Prequalified at that time and date, your application will not be considered. For more information about Grants Gateway and Prequalification, please visit the Grants Gateway website <http://grantsreform.ny.gov/Grantees> or contact the Grants Reform Team at: grantsreform@its.ny.gov. The Grants Reform help desk/hotline can be reached at (518) 474-5595. In keeping with this requirement, any application from a non-governmental NFP which has a status other than one of the following at the time and date that the application is due shall not be considered for funding:

- Document Vault Prequalified;
- Document Vault Prequalified Open;
- Document Vault Prequalified/In review; or
- Document Vault Open for PQS Edits

See Section VIII. Instructions for Preparing the Application for additional information pertaining to pre-qualification.

II. Calendar of Events

Event	Date
Release of RFA	Friday, 10/21/2016
Letters of Intent Due	Thursday, 10/27/2016
Registration for Mandatory Applicant’s Conference	Thursday, 10/27/2016
Last Day for Submission of Written Questions	Thursday, 11/03/2016
Mandatory Applicant’s Conference	Tuesday, 11/17/2016
Posting of Responses to Written Questions and Questions from Applicant’s Conference	Monday, 11/28/2016, 4:00 PM EST

Application Due Date	Friday, 12/23/2016, 3:00 PM EST
Application Evaluations**	Monday, 12/26/2017 – Tuesday, 01/31/2017
OPWDD Resource Center Site Visits**	Thursday, 01/05/2017 and Friday, 01/06/2017
Oral Presentations/Interviews**	Monday, 01/23/2017 – Friday, 01/27/2017
Preliminary Contract Award Announcement**	Wednesday, 02/01/2017
Estimated Control Agency Approvals	Thursday, 03/30/2017
Contract Start Date	Monday, 04/01/2017

**** NOTE:** These dates are target dates and are subject to change at OPWDD’s sole discretion.

III. Background

A. OPWDD

The New York State Office for People With Developmental Disabilities (OPWDD) is a New York State executive agency responsible for the provision, regulation and oversight of services to individuals with developmental disabilities in New York State. OPWDD directly provides services, and also oversees services delivered by an extensive network of over 700 not for profit service providers who employ over 70,000 people. More than 130,000 individuals with developmental disabilities are served by the combined public/private service system. OPWDD has extensive investment in stakeholder groups comprised of self-advocates, families, advocates, state and local human service agencies, state and local government, and the business community. It is overseen by multiple federal and state oversight and control agencies.

Region 5 encompasses Nassau and Suffolk Counties on Long Island. Over 15,000 individuals with developmental disabilities living in Region 5 receive services from OPWDD directly or from voluntary providers funded and overseen by OPWDD. These services involve responding to challenging behavioral health presentations, and include family training and educational programs, behavioral and social skills training, respite, Intensive Behavioral Services, and crisis intervention services.

B. Background Information on START Program

This section contains background information on the START program, and is for information purposes only. The Scope of Work section of this RFA contains the requirements that will be in the grant contract awarded pursuant to this RFA.

1. Introduction

START (Systematic, Therapeutic, Assessment, Resources and Treatment) is an evidence-informed model for crisis prevention and intervention services. It has been operated by the Center for

START Services at the Institute on Disability at the University of New Hampshire since 2009 and has been implemented in Virginia, North Carolina, Ohio, New Hampshire and other states. The START program addresses the need for available community based crisis prevention and intervention services to individuals with intellectual/developmental disabilities (I/DD) and co-occurring behavioral/mental health needs.

START is also a linkage model that promotes a system of care in the provision of community services, natural supports and mental health treatment to individuals with I/DD and mental health needs.

This model, first developed in 1988, and cited by the Surgeon General's Report (U.S. Public Health Service; 2002), has been used as a basis for the development of services throughout the United States. The goal of START is to enhance the existing system of care, provide technical support and assistance, and identify service gaps. Emergency and planned therapeutic resource centers and mobile therapeutic in-home supports are included in the services provided to meet this important goal.

Fidelity to the model is essential for success. While START promotes the development of services in the context of the local system of care, essential mechanisms must be in place for effective service delivery.

2. Mission

The UNH/IOD Center for START (Systemic, Therapeutic, Assessment, Resources, and Treatment) Services aims to improve the lives of persons with IDD and behavioral health needs and their families through fidelity to the START model with exemplary services and supports that emphasize local, person-centered, positive, multidisciplinary, cost-effective and evidence-informed practices. In meeting this mission, START aims to:

- a. Promote the development of least-restrictive, life-enhancing services and supports to the people referred.
- b. Provide 24-hour-a-day, 7-days-a-week timely response to the system of care in support of individuals with I/DD and behavioral health care needs. In times of crisis this means immediate telephonic access, and in-person assessments within two hours of the request whenever possible.
- c. Provide clinical treatment, assessment, and stabilization services in the context of short-term therapeutic resource center based services and in-home therapeutic supports that are both emergency (hospital prevention, transition to community, and acute assessment and treatment) and planned (ongoing support for the individual and care provider for individuals who primarily live with family members or other natural/unpaid supports).
- d. Facilitate the development and implementation of individual, Cross-Systems Crisis Prevention and Intervention Plans.

- e. Provide support and technical assistance to partners in the community including but not limited to: Individuals and their families, mobile mental health crisis teams, residential and day providers, and outpatient and inpatient mental health providers.
- f. Provide state-of-the-art assistance through Certified START Coordinators along with a highly trained work force, access to experts in the field, linkages with local and national resources, and the commitment to ongoing consultation and training for both the START programs and their partners.
- g. Create and maintain affiliation and linkage agreements with community partners in order to clarify roles and responsibilities, overcome existing barriers in the system, and enhance the capacity of the system as a whole.
- h. Provide systemic consultation to work with teams to improve: opportunities for mutual engagement; understanding and a team approach that fosters clarity of roles and responsibilities; and cooperation and collaboration in the context of a comprehensive understanding of the people we serve.
- i. Assess the needs of the population locally, statewide, nationally, and internationally, and work with stakeholders to insure that effective service delivery takes place.
- j. Collect data, measure outcomes, and modify strategies to meet the aforementioned goals.

3. Service Effectiveness

A primary goal of all START programs is to promote effective supports and services for persons with I/DD and behavioral health needs. Service elements aim to accomplish goals to improve access, appropriateness and accountability – the three cornerstones of the START model.

Access to Care and Supports: Care must be inclusive, timely, and community-based. START provides a systemic approach to link systems and improve access to all services including those of affiliates and partners.

Appropriateness of Care: Appropriateness of care is reflected in the ability of service providers to meet the specific needs of an individual. This requires linkages to a number of services and service providers, as individual service needs range and change over time. It also requires expertise to serve the population.

Accountability: The third essential element for effective service provision is accountability. There must be specified outcome measures to care. Service systems must be accountable to everyone involved in the provision of care and this includes funding sources. Outcome measures must be clearly defined, and review of data must be frequent and ongoing. The service delivery system must be accountable first and foremost to the persons receiving care. Therefore, outcome measures need to account for whether an individual's service/treatment plan is effective over time. Service recipient satisfaction with services is an important outcome measure as well. Accountability measures should also pay attention to cost. Services must be cost effective, and when insuring

access and appropriateness, they can also be treatment effective. The three only conflict with each other when attention to appropriateness of care and the need for access are lacking.

Additionally, accountability is a measure of the ability of a system to adapt to changes in individual service needs. Systems must have a structure that can readily adapt to changes in the demands which are placed upon them. In order to provide an effective service delivery system and continue to assess progress in meeting our goals, the Center for START Services, the University of New Hampshire, and participating projects developed a START Information Reporting System (SIRS). Utilizing unique ID numbers, the SIRS database captures de-identified health information about individuals receiving START services and has the ability to provide reporting by case load, by region, and by state. Analysis of service outcomes will provide valuable information on service effectiveness over time and be used as a management tool for decision-makers. Analysis of data must be used as a barometer to determine where a service delivery system has succeeded and where it must now go. Data is multi-dimensional and includes both qualitative as well as quantitative measures.

The START model emphasizes that appropriate services are to be both readily accessible and provided in a timely fashion. Data collection and review determines the need for modification of resources to comply with this requirement. The program is designed to evolve over time to meet the needs of the population and the system of care.

See START's website for additional background information on START, <http://www.centerforstartservices.org/>.

C. NY START Program

This section contains background information on the NY START program and is for information purposes only. The Scope of Work section of this RFA contains the requirements that will be in the grant contract awarded pursuant to this RFA.

The NY START program is a statewide initiative that is currently being implemented in OPWDD Regions 1, 3 and 4. The primary goals of the NY START program are to develop linkage agreements between agencies and/or providers serving individuals with intellectual and developmental disabilities (IDD) and agencies and/or providers serving individuals with mental health needs for the provision of crisis prevention and response services, in-home support services, and to develop site-based short term therapeutic resource centers for planned and emergency use.

The Mission of NY START is to increase the community capacity to provide an integrated response to people with intellectual/developmental disabilities and behavioral health needs, as well as their families and those who provide support. This will occur through cross systems

relationships, training, education, and crisis prevention and response in order to enhance opportunities for healthy, successful and richer lives.

The NY START Program enhances relationships and partnerships with I/DD and mental health support and treatment settings and programs, such that individuals with I/DD and co-morbid psychiatric problems are able to receive appropriate and timely clinical support to meet their needs in the least restrictive setting possible. The NY START program consists of regionally-based START Clinical Teams, in-home supports, and therapeutic resource centers. The program is supported by multi-level linkage agreements between agencies and providers (local, statewide, national); ongoing clinical education and consultation; technical assistance; and data-driven, evidence-informed practices and analyses. The NY START model requires strict adherence and fidelity to the national START model and its requirements and protocols for training, clinical excellence, data collection and analysis.

D. Funding

OPWDD will be the payer of last resort, it is expected that the successful applicant will access all available funding mechanisms first and then access funding as outlined in the following RFA for funding of NY START LONG ISLAND. It is expected that the successful applicant will comply with all regulatory, policy, defined documentation and billing standards relevant to the funding source utilized as well as the documentation standards as outlined and required in the START model. Additionally, as additional funding mechanisms are made available they may also be utilized.

1. Balancing Incentive Program

New York State has received a federal grant under the Balancing Incentive Program (“BIP”). This program provides financial incentives to stimulate greater access to non-institutional services and supports. The START teams operating in Region 5 may be financed in part through the BIP grant.

2. Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)

It is expected that the successful applicant will employ at least five (5) employees of the clinical team as New York State licensed clinicians who meet the Independent Practitioner qualifications, or who otherwise meet the criteria to deliver services under the supervision of New York State licensed clinicians as specified in 14 NYCRR subpart 635-13 Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) and/or 14 NYCRR part 679. It is expected that supervision for “dependent” or “unlicensed” clinicians must be provided in accordance with NY State Education Department (NYSED) Office of the Professions.

It is expected that all claims for IPSIDD will be submitted to Medicaid, using the 837P

(professional claim) transaction format, by the grantee. All IPSIDD claims will be billed using CPT codes describing the services rendered. Service claims will be submitted to Medicaid under the personal National Provider Identification (NPI) number of the rendering/supervising licensed clinician. However, the applicant may have payments reassigned to a group practice (if the applicant establishes such a group practice as a separate Professional Corporation or a Professional Limited Liability Company) by inserting the group practice's NPI in the "Pay to" provider field of the claim. Additional information regarding IPSIDD clinician or group practice enrollment into Medicaid/Medicare and billing and payment requirements can be found on the OPWDD website. Claims for clinical services provided in a certified main or satellite Article 16 clinic are expected to follow all of the documentation and billing standards for Article 16 clinic services (14 NYCRR part 679).

3. Home and Community Based Waiver services funding

For START In-Home Services, the grantee is expected to bill for the provision of services at the Community Habilitation rate when applicable and is required to follow all standards as outlined in Administrative Memorandum #2015-01.

For START Therapeutic Resource Center Services, the grantee is expected to bill for the provision of services at the Free Standing Respite rate when applicable and is required to follow all standards as outlined in Administrative Memorandum #2005-02.

4. Additional Funding Steams

It is expected that the grantee will make every effort to partner with local New York State Performing Provider Systems (PPSs) as part of the Delivery System Reform Incentive Payments (DSRIP) program and will contract with PPSs to tie START services to DSRIP PPS groups to meet objectives and receive related DSRIP funds. Any related funds received by the grantee through these contracts with DSRIP are expected to be utilized where applicable as an offset to monthly START expenditures and will be reflected on the monthly expenditure reporting.

5. Pending Funding Streams

It is expected that if alternate funding streams become available at any time the grantee will comply with all regulatory, policy, defined documentation and billing standards relevant to the funding source.

IV. SCOPE OF WORK

In the performance of the work under the contract to be awarded, the successful applicant must

plan for, provide and participate in the NY START services as stated in this section, and the requirements in section VII B 5, Technical Proposal, Description of Services.

Due to the population density and geography of the Developmental Disabilities Regional Office 5, Long Island will have one comprehensive NY START team which will include two sub-teams located across both Nassau and Suffolk counties. The Region 5, NY START team (NY START Long Island) will be led by a Director and an Associate Director that will oversee program implementation in both Nassau and Suffolk Counties. They will support and guide two full time Clinical Director's (one in each county), three Team Leaders (1 in Nassau and 2 in Suffolk), twelve to fourteen Coordinators (8 in Suffolk and 4-6 in Nassau), two Resource Center Directors (one in each county), two Nurses (one in each county), two Resource Center Program Managers (one in each county), two In-Home Support Managers (one in each county), Resource Center Counselors (20 in each county for a total of 40), and In-Home Support Counselors (15 in each county for a total of 30) and a half time medical director that will work with the entire NY START Long Island team. The team will also include an Administrative Assistant to assist with day to day operations and support.

The applicant will demonstrate that it employs or has access to staff sufficient to form the comprehensive NY START Long Island team, and will outline an initial staffing plan as well as a plan for phased in staffing which corresponds to the information described in sections IV C 1 and IV C 2. While the delivery of NY START services would begin upon the establishment of the initial NY START Long Island team, it is recognized that the full staffing pattern would be phased in and achieved in collaboration with OPWDD within 6 months from contract start date. Staff must meet the qualifications in section IV C 2, and must be capable of providing NY START Services during the term of the contract. All professional clinical staff persons must have the appropriate credentials as stipulated by the NYS Department of Education.

OPWDD has an arrangement with the University of New Hampshire whereby the University provides OPWDD its expertise in crisis services, technical assistance, and training for the NY START program. If at any time during the term of the contract awarded pursuant to this RFA, such arrangement is terminated, the successful applicant will not be entitled to use any intellectual property of the University of New Hampshire related to the START program, will not be permitted to hold itself out as a provider of START services, and will not be entitled to the support services described in section IV A. Notwithstanding the foregoing, in the event of such termination of the arrangement between OPWDD and the University of New Hampshire, the successful applicant will work with OPWDD to continue to provide services of the same character, quality and quantity during the remainder of the term of the contract, and OPWDD will continue to fund such services at the amounts stated in the contract.

The successful applicant will be required to sign a Business Associate Agreement with the University of New Hampshire Center for START Services in order to participate in the START

Information Reporting System (SIRS) database.

NY START services consist of linkage agreements, clinical teams, in-home support services, and therapeutic resource centers, among other things. Pursuant to the contract, the successful applicant will be required to include the following elements in its program:

- A team approach
- Linkages, outreach, follow-up
- Systemic and clinical consultation and training
- Cross systems crisis prevention and intervention planning
- Comprehensive Service Evaluations (CSEs)
- Crisis/Emergency Assessment and Interventions
- In-Home Community Support Services
- Emergency and planned therapeutic Resource Center Services
- Advisory Council
- Ongoing assessment of service outcomes (data, documentation)
- Access to the Multi-Modal Evaluation Team
- Family/Self-Advocate Advisory Boards
- Interdisciplinary Professional learning Communities
- Cultural competency development

A. Support Services from the Center for START Services

The Center for START Services at the Institute on Disability at the University of New Hampshire offers numerous support services to START providers and states developing START. As long as the Center for START Services continues its arrangement with OPWDD for the NY START program, the successful applicant will be required to use the following support services from University of New Hampshire as part of the contract:

- Customized coaching
- Technical support
- Certification of START Coordinators and START Teams
- National Online Training Series
- SIRS National database for collection of required data

The successful applicant will not be required to pay for the above support services.

B. Population to be Served

The successful applicant will be required to provide NY START services to all individuals eligible

for such services. To be eligible for NY START services, an individual must meet each of the following four criteria:

1. The individual must live in Region 5;
2. The individual must have a developmental disability as defined in New York State Mental Hygiene Law section 1.03 (22) and be eligible for OPWDD services;
3. The individual must have significant behavioral or mental health needs that have not been adequately addressed with typically available supports; and
4. The individual must be at least six years of age for all services other than therapeutic resource center services, and at least 21 years of age for admission to therapeutic resource centers.

NY START Services are designed for individuals with intellectual and other developmental disabilities and co-occurring behavioral/mental health needs who are at imminent risk of placement into a more restrictive living environment, are at risk of self-harm, and/or are at risk of harming others. Although an OPWDD Eligibility Determination is required in order to receive the full array of START services, telephonic response and appropriate referrals to existing supports are available for those not yet enrolled in NY START to ensure provision of community education and capacity building to support the system in need.

C. START Services

The contents of this section of the RFA are approved by the Center for START Services, University of New Hampshire, Institute on Disability (UNH/IOD) for application of the START model. This section provides a detailed description of the required elements of the NY START Long Island program, and offers guidelines for promoting fidelity to the START model.

1. START Clinical Staff

The successful applicant will be required to establish a NY START Long Island clinical team comprised of the clinical staff outlined in this section. To cover such a large geographic area, members of the NY START Long Island clinical team will be located at a number of locations, or hubs, across both Nassau and Suffolk counties. These hubs will house the following personnel who are required to meet the qualifications set forth in section IV C 2 below.

- 1 FTE Director
- 1 FTE Associate Director
- 1 FTE Administrative Assistant
- 2 FTE Clinical Directors
- .50 FTE Medical Director (may be more than one person who will work with the entire Clinical Team and Therapeutic Resource Centers)
- 3 FTE START Team Leaders

- 12-14 FTE START Coordinators
- 2 FTE Resource Center Directors
- 2 FTE Resource Center Program Managers
- 2 FTE Nurses
- 2 FTE In-Home Supports Managers
- 40 FTE (TBD) Resource Center Counselors
- 30 FTE (TBD) In-Home Supports Counselors

The Director, Associate Director, Administrative Assistant and Medical Director will be available to support the entire team. Based on the size, population density and diversity of each county, the successful applicant will distribute all other clinical staff personnel across both NY START Long Island sub-teams (hubs) as follows:

Nassau County – One (1) Hub containing the following clinical personnel:

- 1 FTE Clinical Director
- 1 FTE Team Leader
- 4-6 FTE Coordinators
- 1 FTE In-Home Support Manager
- 15 FTE In-Home Support Counselors
- 1 FTE Resource Center Director
- 1 FTE Resource Center Program Manager
- 1 FTE Nurse
- 20 FTE Resource Center Counselors

Suffolk County – Two (2) Hubs, containing the following clinical personnel:

- 1 FTE Clinical Director
- 2 FTE Team Leaders
- 8 FTE Coordinators
- 1 FTE In-Home Support Manager
- 15 FTE In-Home Support Counselors
- 1 FTE Resource Center Director
- 1 FTE Resource Center Program Manager
- 1 FTE Nurse
- 20 FTE Resource Center Counselors

The NY START Long Island Organizational Chart - is included as Attachment E.

2. START Clinical Staff Qualifications and Responsibilities

The START Clinical Team Manual, Attachment B, includes descriptive information regarding START Staff Qualifications and Responsibilities.

3. START Services & Linkage Elements

1. The START Team Approach

Active communication and collaboration begin with the START team itself. There are various methods used that, in spite of the fact that START team members operate in the field independently, require that the entire team works together to support individuals and the system. To help ensure the successful delivery of START Services, the successful applicant will need to utilize technology that allows for timely data entry, proper case planning, networking and communications. The successful applicant should be prepared to meet the following protocols:

a. Morning Triage Calls

Members of the team participate in a Triage call every weekday morning. Triage calls provide a time for START Coordinators to review any calls they may have received since the previous day. The Resource Center Director(s) or designee provides updates on the guests at therapeutic resource center and reviews resource center admissions/discharges as necessary. This is also a time to discuss crisis/emergency needs of individuals referred or already part of the START program and receive direction/support from supervisory staff. Follow-up for crisis contacts is also determined at this meeting along with dissemination of intake assignments for emergency referrals.

b. START Clinical Team Meetings

Each START team conducts weekly staff meetings to review clinical and systems related issues, therapeutic resource center operations, and other service elements. START Clinical Team Meetings are intended to ensure all necessary information is communicated to the entire START team and to provide meaningful dialogue regarding the care and treatment of individuals supported by START through coordination and support of their respective systems. In doing this the following agenda items should be included in all recurring START clinical Team Meetings:

1. Review of any individuals on the active caseload who are experiencing difficulties, crises, significant events and/or are experiencing circumstances and situations that may lead to crisis events. This includes individuals whose early stage(s) of crisis intervention may have occurred.
2. Review of the needs of the current active cases in addition to strategies and planning for intervention based on the START Action Plans.

3. Review status of guests at the resource center including progress toward admission goals and any modifications that may be needed and upcoming plans for discharge.
4. Review the planned resource center schedule for the week and any openings.
5. Review any new administrative/operations procedures, policies, etc. and/or problems/issues with current processes that may warrant further discussion and/or changes to current operational processes.
6. Review all recent referrals.

c. Peer Reviews

Peer-review is an essential component of the program's internal process for quality assurance. In addition to external audits and reviews, START completes internal peer-reviews to improve the development of Cross-Systems Crisis Prevention and Intervention Plans, Comprehensive Service Evaluations, Therapeutic Resource Center discharge summaries, and maintenance of medical records. START Coordinators and the Director, Assistant Director, Clinical Director(s), Team Leaders, and/or Resource Center Director(s) participate in peer-reviews as deemed appropriate by the Director. At a minimum, peer-reviews should occur on a monthly basis as part of clinical group supervision.

d. Live Supervision

Live supervision techniques are part of the core training and supervision protocol for all START personnel and includes review of videotaped meetings and activities to improve the skills and effectiveness of the team. More information regarding supervision can be found in the START manuals.

2. Linkages, Outreach, and Follow-up

a. Linkages

START develops relationships with community partners in order to bridge service gaps and improve service outcomes. The successful applicant will be required to make all necessary good faith efforts to develop formal affiliation and linkage agreements with mental health and medical providers, inpatient mental health units, developmental disabilities providers, residential providers, vocational and day services providers, state agencies, dentists, neurologists and other experts in the field. Affiliates are partners with signed linkage agreements whom START maintains frequent and ongoing collaboration with as part of the infrastructure.

The successful applicant will be required to sign an affiliation agreement with the National Center for START Services at the UNH/IOD, which will allow the National Center for START Services to offer trainings and linkages with other START teams nationally.

The successful applicant will work with numerous partners providing services in the community; partners are defined as those agencies with which START does not have a formal affiliation agreement, but with whom they work in collaboration. In adhering to the goal of systems accountability, the approach is adaptable to the changing needs of the people and systems supported.

The successful applicant will develop critical linkage agreements with agencies that exist to provide support along the crisis support continuum. Affiliations with mobile crisis management, first responders and local law enforcement agencies will facilitate increased opportunities for diversion, collaboration with hospitals regarding admittance, discharge planning and transition, as well as crisis plan development and emergency Therapeutic Resource Center access and usage. Roles and responsibilities must be clearly established and defined as part of these linkage agreements to ensure effective crisis response among agencies.

b. Outreach

START Coordinators and other members of the clinical team provide outreach support through:

- Home visits
- Assistance in attending appointments with mental health providers
- Attendance at admission and discharge planning meetings for psychiatric inpatient stays and emergency and planned START Therapeutic Resource Center stays
- Visits to residential and day providers to provide consultation and training
- Other community-based contact and/or outreach as well as consultation and training as needed

Outreach, consultation and training serves to support the systems of care. NY START personnel are in frequent contact with service providers and individuals to insure that those in need continue to receive effective services. This includes home visits and phone contact to remain in touch so that needs are responded to in a timely fashion. All active cases are monitored and assessed to ensure that the continued success of the individual. More information on this can be found in the START Clinical Manual.

Outreach also includes becoming a visible part of the existing network of supports and services. One way this is accomplished is through attendance and active participation in established mental health and I/DD provider meetings, as well as at family advocacy group meetings, throughout Nassau and Suffolk counties. Such attendance and participation should occur for at least the first 18 months of NY START Long Island development and implementation. The purpose of NY START Long Island's participation in these established settings being to provide information

regarding NY START Long Island services, to identify connections for future linkage agreements, and to hear concerns from the field. The successful applicant will be required to provide a plan for such outreach, and should submit proposals to ensure this occurs.

c. Follow-Up

Follow-up is another important element of the START approach to service linkages. The successful applicant will be required to follow individuals referred to START for up to a year (or more as needed). Individuals placed on the inactive status will remain part of the system and be reactivated should the need arise.

In addition, START Coordinators maintain ongoing contact with family members and other caregivers. Follow-up meetings are scheduled to evaluate the effects of treatment strategies, update crisis prevention plans, and foster active communication among providers and with direct caregivers. One critical way the important information that is gathered at meetings is shared is through minutes from meetings. Minutes from all meetings are taken by START team members (usually the START Coordinator but may also be other team members as needed) as part of their contribution to the linkage approach to care. This includes goals and objectives of the meeting and the plan of action and follow-up. Notes from each meeting are disseminated by the START team within 24 hours or the next business day after the meeting occurred to all who attended the meeting.

3. Systemic and Clinical Consultation and Training

All START Coordinators will be required to be trained to provide a systems approach to team consultation. START staff members incorporate an understanding of the context/structure in which the system makes decisions and implements action to assist a team in problem solving and service planning. START Coordinators receive ongoing supervision in order to improve their own skills to provide a systemic approach that encourages engaging all members of the team, the use of functional analysis techniques, and fostering active communication and collaboration of all team members.

Clinical Consultations/service evaluations: Members of the START Clinical team include experts in the field of psychiatry and psychology working with individuals with I/DD and behavioral health needs. START-approved instruments are used to collect data. START Therapeutic Resource Center staff are trained and supervised in data collection methods. In addition, START Coordinators provide an analysis of individual records and service outcomes through the development of comprehensive service evaluations.

a. Clinical Education Team (CET) Meetings

This is a forum designed to improve the capacity of the local community to provide supports to individuals with I/DD and behavioral health needs through clinical teaching.

The team consists of START Coordinators and community service providers. Members from the local community of service providers are invited and included in the process. These partners include, but are not limited to, local mental health centers, emergency services and inpatient, residential, day program providers.

The goal of the CET is to help service system providers learn how to best support people while improving the capacity of the system as a whole through information sharing, learning and collaboration among team members.

Because this is an educational forum, each individual presented will have his or her identity hidden to protect confidentiality. The training is less about the person presented than it is the descriptions of the problems faced, strengths and resources, as well as diagnosis and treatment information so that the individual serves as an example for discussion and further examination. However, it is expected that the discussion will generate ideas about possible remedies to improving services and clinical outcomes to explore for the individual presented.

Coordinators will initially select individuals for review but later reviews can be suggested from community partners to Team Leaders who can help coordinate the CET's. After the CET, START Coordinators discuss recommendations from the CET with the team and guardians. In addition, they provide follow-up information to the team at subsequent meetings so that all can learn from the process.

b. Training for Providers/Families

Members of the NY START Long Island team will provide training to providers and/or families when requested or as needed. Trainings may be completed by the Director, Associate Director, Clinical Director, Medical Director, or Team Leader(s) depending on the request or topics involved. Training network providers helps build education and capacity within communities. Offering training is essential in the framework to support community capacity in working with individuals with I/DD.

c. First Responder and other Crisis Program Involvement

Members of NY START Long Island must work closely and collaboratively with all first responders and other crisis teams or programs already established in Nassau and Suffolk Counties in order to ensure effective crisis response. Roles and responsibilities must be clearly established and defined as part of this process, and joint trainings will be needed.

The successful applicant should be prepared to address the joint trainings that will be required to bridge the gaps in knowledge and practice that currently exist between agencies (i.e., EMS, Fire, Police, crisis teams/programs) in their proposal.

d. Education System Involvement

Members of NY START Long Island must work together with the educational system and local schools in Nassau and Suffolk Counties. Training, consultation and engagement with the educational system will help to address issues pertaining to appropriateness and continuity of care. The successful applicant should address their strategy for engaging the educational systems of Nassau and Suffolk counties in their proposal.

4. Cross-Systems Crisis Prevention and Intervention Planning

The successful applicant will be required to provide Cross-Systems Crisis Prevention and Intervention Planning (CSCPIP) for individuals eligible for NY START Long Island. CSCPIP is an individualized, person-specific written plan of response that provides a concise, clear, concrete, and realistic set of supportive interventions to prevent or de-escalate a crisis and assist an individual who may be experiencing a behavioral health crisis. The CSCPIP provides a coherent plan that outlines a clear strategy to react and assist effectively in a coordinated manner with the person's on-site circle of support. The CSCPIP can also identify additional resources when necessary to prevent or de-escalate the acute circumstance and to assure the safety of the individual and others.

The successful applicant will follow the guidance and procedures outlined for the CSCPIP process, including the use of sample forms and other supporting materials as outlined in the START Clinical Team Manual.

5. Comprehensive Service Evaluations

Comprehensive Service Evaluations (CSEs) provide an in-depth review of an individual's service history in order to identify opportunities to strengthen service outcomes for individuals with intellectual/developmental disabilities and their families in the community. START coordinators and clinical teams undergo training to learn how to complete effective CSEs. Trainings that provide expertise on how to conduct key elements of Comprehensive Service Evaluations include:

- Initial assessment meetings with service providers, guardians, and family members
- Meeting with the individual in his or her typical setting
- Observation of the individual in a typical setting
- Comprehensive record review

- In-person meeting to review the Comprehensive Service Evaluation report, findings, and resulting recommendations and action plans
- Follow-up sessions to implement action plan

Although CSE's can focus on individuals of any age/stage in life, NY START Long Island should ensure that focus is placed on high-risk transitional youth. These individuals should be reviewed through a CSE at least two years prior to their transition to the adult system to assist in the timely development and implementation of services and supports in the adult system. The successful applicant should include a plan for the development and implementation of CSE's. The successful applicant must follow the guidance and procedures for the CSE process and writing using sample tools, forms and other supporting materials as outlined in the START Clinical Team Manual.

6. Crisis/Emergency Assessment and Intervention

a. Emergency Meetings

It is often necessary to participate in emergency team meetings when someone is experiencing an acute psychiatric emergency or behavioral challenge. Emergency meetings are often facilitated by START Coordinators to ensure all team members are informed and involved in the issues surrounding the emergency in order to better support the individual.

Another important service provided by START is providing emergency assistance during times of difficulty. In order for our community partners to be able to reach START, there will always be at least one designated START Coordinator on-call for each team in Region 5 (i.e., 24 hours a day, 7 days a week). The Program Director, Assistant Director, or Clinical Director serves as the back-up for the on-call system. Typically, the on-call responsibilities rotate between START Coordinators. The Team Leader maintains the schedule for the on-call system for the hub that they oversee and ensures the region is always covered.

An OPWDD eligibility determination is required in order to receive the full array of NY START services. Crisis response services are available in emergency situations for individuals enrolled in START. For individuals not enrolled in START, the START team will provide appropriate contact information for available crisis/service options to directly support the individual and will also work directly with the system that is in need to provide education, training, appropriate referral and/or contact support if there is a reasonable basis to suspect the individual has a developmental disability. Upon confirmation of OPWDD eligibility, the START team will review and accept referrals for intake as appropriate.

If emergency assistance is requested from NY START Long Island, for individuals enrolled in the START program, there are several things that must occur. The START Coordinator will:

- Identify the problem or reason for the call.
- Consult with all parties involved if necessary to determine nature of the problem.

- Assist the caller with identifying a safety plan to ensure the safety of all involved.
- Determine what assistance can be provided (e.g., ongoing phone consultation, reviewing of crisis plans, alerting additional staff, initiation of mobile crisis management, scheduling of face-to-face consultation). The START Coordinator must *never* communicate the concept that there is nothing that can be done to help.
- Present information to START clinical team during triage calls.
- Follow up to determine if additional assistance is necessary.

Emergency calls come from a variety of sources. START may receive emergency calls for assistance from the following, but not limited to: hospital emergency departments, mobile crisis teams, clinical homes, community providers, families, law enforcement, and the individuals needing assistance or experiencing the emergent situation. In order to ensure an appropriate response to a crisis, the NY START Long Island team should be oriented to emergency, crisis and inpatient services across Long Island. It is imperative that NY START Long Island conducts a review of existing inpatient mental health services, including how to access and use them effectively, so that crisis response may include a clear understanding of what services and supports can be provided, and at what locations. The successful applicant will include a plan to ensure this occurs.

In most situations, a START representative will seek to complete a face-to-face assessment and/or consultation for those enrolled in START within two hours of the emergency call being received. However, there may be situations when this will not occur, such as when the person experiencing a crisis is placed in a different setting (i.e., another respite facility or hospital bed). In these situations, the next day follow-up should include a face-to-face meeting at the hospital or facility to discuss goals of the admission and discharge planning. NY START Long Island will assist in the engagement of all stakeholders, caregivers, and providers in the treatment and service planning process.

In all circumstances of crises for individuals eligible and/or currently supported by NY START Long Island, the information obtained from the response to the crisis should be included and/or considered when developing/revising the individual's CSCPIP. Each person enrolled in NY START Long Island will have a CSCPIP that should be reviewed with the service team and revised as needed, especially after an emergent situation has occurred.

For instances of crisis for individuals not enrolled in NY START or when the person is deemed to not be an appropriate recipient for NY START service, a response to support the system is expected within 24 hours or the next business day. It is our goal to assist all callers and provide a response and/or intervention when necessary. All calls and interventions will be documented.

b. Prescreening for Emergency Use of the Therapeutic Resource Center

NY START Coordinators prescreen for emergency resource center admission at NY START Therapeutic Resource Center locations in consultation with OPWDD Regional Office START Liaison, and co-evaluate for a full array of crisis and emergency services with first responders.

Should other potential individuals present with urgent needs for resource center admission without available beds in the respective region, the NY START Long Island Director will inquire and collaborate with other NY START Directors about emergency therapeutic resource center admission availability and potential out-of-region admission, if in-home supports are not adequate.

7. START In-Home Community Support Services

START in-home supports are part of the mobile crisis capacity of START that is available to individuals enrolled in the NY START Long Island program. START in-home supports are designed to assess and stabilize an individual in his or her natural setting. In most cases, the provision of in-home supports are planned with full knowledge of the individual and the setting, as it is the individual's START Coordinator who performs the assessment and determines the need and can offer the service to the individual and/or family. However, the provision of supports may also occur in response to an emergency or crisis seven days a week, and will depend on the person's crisis plan and his or her need for services at that time. The START Coordinator will work with the In-Home Support Manager and In-Home Support Counselor(s) to develop an appropriate plan.

The in-home supports team will be strategically located throughout the region so that they can provide timely support. The goal of in-home support is to assist the person's current support provider or family in implementing successful strategies to prevent the exacerbation of a problem, implement crisis intervention strategies, and provide observational assessment of the person and their circumstances. In-home support does not replace existing services or staff. The in-home supports will be overseen by the In-Home Supports Manager and provided by qualified, trained In-Home Support counselors. START Coordinators and on-call clinicians will provide assistance and support as needed. It is expected that services will be provided for up to 72 hours per intervention period. Prior to the end of this period the individual will be reassessed by a START Coordinator and the team will determine the follow-up services and supports needed, including the need for potential planned or emergency Therapeutic Resource Center admission. The successful applicant must follow the guidance and procedures for In-Home supports as outlined in the START Clinical Team Manual.

8. START Therapeutic Resource Center Services

a. Therapeutic Resource Center Facility

The successful applicant will be responsible for operating two Therapeutic Resource Center facilities; one in Nassau County and one in Suffolk County. Facility locations will be

determined by the successful applicant in conjunction with OPWDD and the Center for START Services. The successful applicant will *not* be required to purchase or lease such property with the funding provided under the contract awarded pursuant to this RFA. Capital thresholds and Capital Component Security and Lien Agreement will be required for acquisition and or renovation of property. Additionally, all OPWDD Regional Office processes for property acquisition and or leasing will need to be followed.

In the event an applicant currently has access (owns or leases) to a suitable property based on the requirements attached hereto as Attachment G, Best Practice Guidelines for NY START Resource Centers, a site visit by a qualified OPWDD professional will be required prior to the conclusion of the technical review phase to evaluate the proposed site to determine suitability for the program as well as cost of renovations necessary to prepare the property for the program.

Additionally, response to this RFA should include for review in accordance with section VIII, B, 8 how the proposed owned or leased property meets all of the requirements in Attachment G, as well as the anticipated costs and timeline for any renovations that may be needed. Up to an additional 10 points will be added to the applicant's technical score based on the facility meeting the START model's best practice recommendations for property suggested for resource center use, savings brought about by the inclusion of agency owned or leased property and the total cost making the property suitable for the program. Proposed costs should also include possible relocation costs if the proposed site includes relocating an existing program.

b. Resource Center Services

When determining clinical appropriateness for eligible potential guests of NY START Therapeutic Resource Centers, START Coordinators confer with the START Director, START Assistant Director, START Resource Center Director, START Clinical Director, and OPWDD Regional Office START Liaison regarding the current clinical presentation and needs of the potential guest(s).

In adherence to the expectation of effective service delivery, START Therapeutic Resource Center programs provide a proactive clinical service approach along with the opportunity for those in need to access services with regard to proximity of the facility and design of the program space. Therefore, START Resource Center programs should allow for enough space to provide a therapeutic environment for all guests. This requires enough community space for programming, meeting space for staff and community partners, sensory space, and individual bedrooms for guests. The surroundings should be home-like but clinically appropriate to support individuals who may need limited access to daily items (e.g., sharps) for safety. The staffing ratio allows for individualized programming and consists of highly trained staff to effectively work with Resource Center guests.

The START Resource Center is a community-based therapeutic program that provides assessment and supports in a highly structured setting. The START Resource Center program requires clear emergency back-up policies and procedures and a highly trained staff to provide the needed supports and service to guests. It is closely linked with the START Clinical team and includes evaluations by the START Medical and Clinical Directors in addition to ongoing collaboration with START Coordinators and is managed by the Resource Center Director and Resource Center Program Manager.

The START Therapeutic Resource Center program provides short-term therapeutic services exclusively for potential guests enrolled in the NY START program experiencing acute, chaotic and/or other needs that may also be identified as a “crisis.” The intent of this service with the NY START program is crisis prevention, stabilization, assessment, treatment and tracking via providing a change in environment and a structured, therapeutic community-based home-like setting.

1. Planned Therapeutic Resource Center Use

Half of the beds in each four bed Resource Center facility are designated for “planned use.” Planned admissions are intended to serve people who have not been able to use more traditional settings due to ongoing mental health or behavioral issues. Families and others participating in the program must be approved as eligible for these services. Once approved, visits may be scheduled as needed (and when available).

The goals of planned resource center use includes the following: provide a break from the daily life experiences of both the caregiver and guest, monitor the effects of treatment, conduct coping skills training, work on crisis prevention, provide positive experiences to look forward to, offer training to providers and caregivers, and increase recreational opportunities for individuals who often lack the ability to access these supports in the community.

The successful applicant will not be required to provide or fund transportation for potential guests scheduled for NY START planned resource center services. These guests are required to have confirmed transportation from their permanent residential setting to the resource center home prior to admission and at discharge. In limited circumstances the NY START team may provide transportation, although this shall not be a regular occurrence. The NY START Director, Assistant Director and/or Resource Center Director (as applicable) must approve any transportation provided by the NY START Team.

Length of Stay

NY START planned resource center services are designed to be very short-term and generally will not exceed five consecutive calendar days. As planned resource center services are limited, guests may receive no more than 36 days of planned access per calendar year with the recommendation of no more than one visit per month. The NY START Director may grant exceptions to these limits with the agreement of the Resource Center Director and Clinical Director. Length of stay is determined prior to admission.

Planned Resource Center Visits

Planned resource center visits are an additional option for individuals looking to access the NY START resource center. These planned visits are during daytime hours, and do not include an overnight stay. Planned resource center visits are provided to any NY START service recipient and are not restricted to people living with their family. An individual can visit the resource center for dinner, a recreational activity, or to just “check in” for a few hours. Some families visit with the guest to become familiar with the facility and the staff prior to scheduling an overnight visit.

Scheduling

The first planned resource center admission is facilitated by the START Coordinator in collaboration with the Resource Center Director or designee. Following the first planned admission to the resource center, all subsequent admissions are scheduled between the families and the START Director, Clinical Director, and/or Resource Center Director and is communicated to the START Coordinator.

Activities, services, assessments and data collection for guests in the START resource center are driven by information provided in the resource center admissions summary, Cross-Systems Crisis Prevention and Intervention Plan, and any and all other supporting documentation or dialogue provided prior to or at admission. All activities, services, assessments, and data collection are individualized and dictate much of the daily activities schedule.

Although there are certain activities that take place as part of regularly scheduled programming, the needs of the guests guide the specifics of these activities. All activities are based on an individual’s goals/objectives and tailored to the individual’s needs. The START program policy and procedures guide will also document assessments and the protocols for implementing them while at the resource center.

At the conclusion of a guest’s stay, staff will meet with the guest and their caregivers about the visit to discuss what was learned, and answer any questions the guest and/or caregiver

may have. Guests are also encouraged to complete an anonymous survey about their experience while at the resource center.

Planned resource center discharge summaries are written by the Resource Center Director or designee quarterly and will be sent to the START Coordinator for distribution to the guest's team within one week of their most recent stay.

2. Emergency Therapeutic Resource Center Access

Emergency resource center services are provided at the START resource center facility located in each region to those individuals enrolled in NY START services that are in need of short term therapeutic stabilization and supports. Half of the 4-bed resource center facility operated by NY START are designated for emergency purposes. Emergency use is designed to provide out-of-home services for people who, for a short period of time (30 days or less), cannot be managed at home or in their residential program.

The goals of emergency services at NY START resource centers include: clinical assessment, hospital diversion, stabilization, reunification with home and community settings, training caregivers and providers, initiating collaborative contacts/consultation with treatment teams, step down from mental health inpatient services, positive social experiences, behavioral support and planning, assessment and refinement of treatment approaches, coping skills development and enhancement, and family support and education.

Prescreening and Coordinating Potential Admissions

Crises occur at all hours of the day and all days of the year. As such, scheduling emergency admissions to the NY START resource center may necessitate a significant amount of planning and take place within a very limited timeframe. Planning and troubleshooting for emergency admissions occur within one hour of the request through direct contact between the START Coordinator and the Resource Center Director/designee and OPWDD Regional Office START Liaison. In many cases, potential guests for START emergency resource center access are new to the program and must have confirmed OPWDD eligibility. When coordinating emergency admissions, the assigned/on-call START Coordinator will contact the Resource Director to discuss the clinical needs of the potential guest, bed availability, and expected length of stay (not to exceed 30 consecutive days per admission).

It is the responsibility of the START Coordinator to collaborate with the Resource Director throughout the admissions process. The final decision about admissions occurs between the Resource Director/designee and START Coordinator under the supervision of the NY START Long Island Director and OPWDD Regional Office START Liaison. If needed,

consultation with the START Clinical Director or Medical Director will occur to make the final determination with regard to the appropriateness of the admission.

Potential guests scheduled for START emergency resource center services are required to have confirmed transportation from their permanent residential setting to the resource center prior to admission and at discharge. In limited circumstances the START team may provide transportation, although this shall not be a regular occurrence. The START Director or Resource Center Director (as applicable) must approve any transportation provided by the START team.

Admissions Meeting

Upon or prior to arrival at a START resource center, the guests' care provider and a START Coordinator participate in a brief meeting to review a brief history, issues or concerns, health and safety needs, and identify goals/objectives for resource center services, assessments and data to be collected during the guest's stay. The START resource center team facilitates this meeting. Other participants in the resource center admissions meeting may include the Resource Center Director, Resource Center Program Manager, Nurse, Resource Center Counselors, Clinical Home provider, Residential Provider, family, etc.

A designated START Coordinator participates in all START emergency admission meetings. The START Coordinator will also visit the individual while at the resource center to help evaluate progress and service needs. They will also maintain contact and exchange information with families or support providers as required.

Documentation

START Resource Center staff complete all relevant and appropriate documentation for all guests in care. Many of the forms selected are specifically designed to meet the needs of the program, while some more generalized forms are agency or state-required forms. Each form selected for documentation with START has been carefully reviewed and approved by the Resource Center Director and START Team.

It is imperative that all documentation identified be completed prior to the end of each Resource Center Counselor staff's assigned work shift.

Guests of a START Emergency Resource Center admission will have an approximate discharge date identified upon admission. This date will be determined by goals and objectives established with the team at intake. This date may require adjustment based on the individual's progress and generally will not exceed 30 calendar days.

All guests receiving START Emergency resource center access will have weekly discharge planning meetings facilitated by the resource center team and the respective START

Coordinator. These meetings will provide a forum for dialogue to assess significant events, progress toward goals as well as discuss the potential discharge date, transition to home environment, and any necessary follow-up care.

Weekly collaborative meetings are required and full team participation is needed in order to maximize the effectiveness of the resource center stay and prevent the need for future crisis services whenever possible. Meetings will include participation by the clinical home provider, the Medicaid Service Coordinator or care coordinator, residential provider (if applicable), family member/legal guardian, and any other applicable team member. Meetings may occur face-to-face, via teleconference, or a mixture of the two. The START Coordinator will attend all meetings. The START Coordinators must be present for face-to-face meetings whenever possible.

Guidelines for assessment of target behaviors: Because people are admitted to NY START after incidents have occurred, there may be an absence in the occurrence of target behavior while at the resource center. This should not preclude assessment of what may have resulted in difficulties. The provision of clinical and psychological supports, as well as dialogue and discussion with the guest's home setting should assist in preventing future difficulties once the person returns home. In order for this to occur it is essential that ongoing collaboration between resource center staff, START Coordinators, and home providers occur on an ongoing basis in order to get a better understanding of the conditions that precipitated the emergency resource center admission.

At the conclusion of a guest's stay at the START resource center, staff in conjunction with the assigned START Coordinator will meet in person with the guest, their caregiver, and clinical home provider during a discharge meeting about service delivery and process what occurred, what was learned, and answer any questions the guest, clinical home provider, and/or caregiver/transport may have. Guests are also encouraged to complete an anonymous survey about their experience at the resource center.

Following discharge, the Resource Center Director will collaborate with Resource Center Counselors, START Clinical Director, and the assigned START Coordinator to develop a Discharge Summary of the guest's stay to be completed and disseminated no later than one week after discharge. The Discharge Summary is then forwarded to the START Coordinator along with relevant data collected on behavior tracking, for distribution and dialogue with the individual's clinical home and relevant care providers.

NY START emergency resource center services are designed to be short-term and generally will not exceed 30 consecutive calendar days. However, a measure of success in improving service outcomes is the reduction of readmissions over time. As such, a guest's

length of stay for crisis admission may be extended to ensure adequate data and maximum therapeutic benefit. Any decision to exceed the above-identified maximum length of stay will be determined by the START Director and Resource Center Director and OPWDD Regional Office START Liaison.

9. START Advisory Council

Given the wide spectrum of individuals needing services, the changing landscape with regard to research and training, and the commitment to success across providers and systems, it is suggested that any applications take into account what has been learned from the data collection and analysis of the needs of this population over time. A NY START Long Island advisory council should be formed to assist with this process, and the successful applicant should have a plan to assure that this occurs.

The Advisory Council serves as a critical community champion of the NY START program. It consists of stakeholders, experts, OPWDD Regional Office START Liaison, and personnel from the NY START Long Island team. Members of the advisory council share their expertise by providing knowledge of constituent perspectives; connections to local, national or international resources, colleagues or peers; and philanthropic support or other forms of needed assistance. The advisory council has no governing function within the organization. Still, the Advisory Council serves as a critical resource to NY START, in that they perform the following:

- Link critical supporters to NY START and keep them connected through quarterly meetings;
- Create links to key community professional and technical expertise;
- Enlist assistance from others when needed;
- Review quarterly updates and annual reports, providing vital guidance and feedback;
- Attend events such as annual meetings and special gatherings;
- Keep NY START activities top-of-mind among key stakeholders.

The successful applicant will be required to form an NY START Long Island Advisory Council and to organize meetings of the Advisory Council. The Advisory Council meets quarterly to provide support and review progress and discuss future directions. The Advisory Council enhances our capacity to remain accountable to everyone involved. The successful applicant will also be a member of the statewide Advisory Council once established.

10. Data Collection and Reporting

It is essential that all START programs continue to evaluate service needs and outcomes through the ongoing process of data collection and evaluation, both for reporting purposes and to improve service effectiveness over time. This is a core element of the START philosophy – you must continuously measure what you are doing and for whom you are doing it.

The successful applicant will be required to report de-identified health information about individuals receiving NY START Long Island services using the START Information Reporting System (SIRS). The successful applicant is required to ensure that all data in SIRS is reported regularly and timely. The SIRS has the ability to provide reporting by case load, by region, and by state. START collects data at a variety of levels including, but not limited to, individual demographics, service event/encounters, resource center services and outcomes, and administrative activities.

a. Monthly Reports

The successful applicant will ensure that data is entered into SIRS on a timely basis in order to report requested data on a monthly basis to OPWDD and the University of New Hampshire. The NY START Long Island Director or designee is responsible for reviewing the aggregated data and submitting the reports.

b. Quarterly Reports

The successful applicant will ensure all data is entered into SIRS on a timely basis in order to report requested data on a quarterly basis to OPWDD and the University of New Hampshire. The NY START Long Island Director is responsible for reviewing the aggregated data and submitting the reports.

c. Annual Reports

The success applicant will ensure all data is entered into SIRS on a timely basis and be required to compile an annual report to review with the Advisory Council. From analysis and discussion of the outcomes documented in the report, the team should develop goals and objectives for the project in the coming year.

11. Multi-Modal Team Access

The goal of the START Multimodal Team is to provide high-quality interdisciplinary consultations to adults and children with intellectual/developmental disabilities and comorbid behavioral health challenges. Each consultation will yield comprehensive recommendations that can be utilized by NY START coordinators, local area agencies, and medical providers to provide the best quality of care. The reports provide an integrated understanding of the client with focuses on biological, psychological, and social/environmental factors, as well as their interactions, as they contribute to the person's unique pattern of strengths and challenges.

Multimodal consultations will be scheduled and coordinated through the Region 4 NY START multimodal committee, which will be comprised of staff from both the NY START Richmond-

Kings and NY START Tri-Borough teams. The successful applicant for NY START Long Island will establish a linkage agreement with the Region 4 NY START multimodal committee so that START recipients that are in need of a multimodal consultation will have access to the evaluation team for a pre-specified number (to be determined) of evaluations per year.

12. Family Advisory Council

It will be necessary for the NY START Long Island team to engage with families and service users as NY START is implemented across Region 5. To accomplish this, a family advisory council should be established with the purpose of ensuring program effectiveness by giving a voice to those that utilize NY START Long Island services. This family advisory council should meet quarterly to discuss service effectiveness, as it relates to access to care, appropriateness of care and accountability. Attendance at these meetings should be open to families and service users enrolled in NY START Long Island, as well as OPWDD service recipients interested in learning more about what NY START Long Island offers.

Ultimately, family advisory councils will be developed in each region to assist with the implementation and improvement of NY START services across the state. The NY START Long Island family advisory board will not replace the stakeholder advisory board. The successful applicant will submit a plan for establishing and maintaining a family advisory board in Region 5.

13. Interdisciplinary Professional Learning Communities (PLCs)

A START Professional Learning Community (PLC), previously called the START Network, is a method to help unify and enhance the service system that provides supports to those with I/DD and behavioral health needs. It is an evidence-based, cost-effective method to provide training across disciplines. Through the sharing and development of both techniques and knowledge within the PLC, service providers are able to:

- a. Build capacity through systems level training;
- b. Improve access to essential services and supports;
- c. Ensure services are appropriate and match service needs;
- d. Ensure accountability in the system as a whole; and
- e. Grow together as a community.

The successful applicant will be responsible for developing an interdisciplinary PLC on Long Island that will link with other NY START programs and the University of New Hampshire's Center for Start Services. The NY START Long Island PLC must include technological support (such as Webinar, Zoom, videoconferencing, etc.) to foster access to training and consultation opportunities. The learning community should include family and direct support providers, education and mentoring. The national START team will provide the needed training and consultation resources, including CME and CEU eligible study groups. The successful applicant

should submit a plan to ensure that PLC's are accessible to as many stakeholders as possible across Region 5.

14. Cultural Competency Development

Given the level of cultural and linguistic diversity within Nassau and Suffolk Counties, there is recognition of the need to possess and display effective cultural competency skills in developing the NY START Long Island Program. The successful applicant will be required to describe how their team is trained in such matters in order to best support people with I/DD from diverse cultural backgrounds. In addition, they will be required to provide a description of the cultural diversity/competency trainings the successful applicant's team will participate in, as well as how they will provide similar training to local stakeholders who receive NY START services. The successful applicant should also outline how they will ensure that all necessary materials are translated as appropriate, as well as how they will ensure that interpreters are developed and engaged as appropriate. Finally, as development of cultural competence skills are an ongoing activity, the successful applications should include a description of how cultural diversity and competency trainings will continue to be integrated into daily practice.

V. MINIMUM QUALIFICATIONS FOR SELECTION

The minimum qualifications that must be met for an applicant to be awarded a contract under this RFA are as follows:

1. Must be a not-for-profit organization authorized to do business in New York (including not-for-profit corporations formed under New York State Law, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities);
2. Must not be on OPWDD's Early Alert list at the time the application is submitted;
3. Must be current on the submission of Consolidated Fiscal Reports (CFRs) at the time the application is submitted;
4. Must be authorized by OPWDD to provide HCBS waiver services or be eligible to become an authorized OPWDD waiver provider by the contract start period;
5. Must be an enrolled Medicaid provider of waiver services or be eligible to become an enrolled Medicaid provider of waiver services by the contract start period;
6. Must be pre-qualified in the NYS Grants Gateway. Additional information on prequalification and the Grants Gateway can be found on the NYS Grants Reform

website at: <http://grantsreform.ny.gov/>;

7. Be in compliance with the charities registration requirements of the New York State Attorney General.

Applications which do not meet the above minimum qualifications will be disqualified from receipt of award.

VI. ADMINISTRATIVE CONSIDERATIONS

The following administrative considerations apply to this RFA and the contract(s) to be entered into with the successful applicant(s):

A. Health Information Portability and Accountability Act (HIPAA)/ Mental Hygiene Law Section 33.13:

Health Information Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information (The Privacy Rule) was established by the Federal Department of Health and Human Services (HHS). The Privacy Rule (45 CFR Part 160 and Subparts A and E of Part 164) provides comprehensive federal protection for the privacy of health information. The Privacy Rule is carefully balanced to provide strong privacy protections that do not interfere with patient access to, or the quality of, health care delivery. HIPAA has an impact upon how OPWDD and contractors will deal with protected health information of our individuals with intellectual/developmental disabilities. New York State Mental Hygiene Law Section 33.13 also requires disclosure of clinical records to be limited to that information necessary in light of the reason for disclosure.

B. Public Officers' Law:

New York State Public Officers Law Section 73 (8) bars former state officers and employees from appearing or practicing or rendering any services for compensation in relation to any matter before their former state agency for a period of two years from the date of their termination. Additionally, there is a permanent bar against any such activity before any state agency in relation to any case, application, proceeding or transaction with which such officer or employee was directly concerned and personally participated or which was under his or her active consideration.

C. Restriction on Contact with OPWDD Employees

From the date of issuance of this RFA until contracts are awarded and approved by the NYS OSC (the "restricted period"), applicants and prospective applicants are prohibited from making ANY contact with OWPDD personnel relating to this procurement other than written contact *only* (e-mail) with the OPWDD staff member named below.

The Designated Contacts for this procurement is:

Alan Galgana, PsyD
NYS Office for People With Developmental Disabilities
Bureau of Behavioral and Clinical Solutions
44 Holland Avenue
Albany, New York 12229
Email Address: Alan.M.Galgana@opwdd.ny.gov

D. Security of Application:

Prior to contract award, the content of each application will be held in confidence and no details of any application will be divulged to any other applicant. Information communicated to OPWDD by applicants prior to completion of contract award and any other required New York State contract approvals shall be maintained as confidential, except as required by Federal or State law, including but not limited to the Freedom of Information Law. Notwithstanding the foregoing, OPWDD may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose.

Following final contract approval by all required state agencies, disclosure of the contents of all applications and pre-award communications shall be available to the public to the extent required by Federal or State law, including but not limited to the Freedom of Information Law.

All applications, the contract, and related documentation will become OPWDD records, which, in accordance with the Freedom of Information Law, will be available to the public after the contract award. Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application. If OPWDD agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure unless legally required to be released. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material will be deemed a waiver of any right to confidential handling of such material.

E. Confidentiality of Information:

The successful applicant shall treat all information, in particular information relating to OPWDD service recipients and providers, obtained by it through its performance under contract, as confidential information, to the extent that confidential treatment is provided under New York State and Federal law, and shall not use any information so obtained in any manner except as necessary to the proper discharge of its obligations under the contract. The successful applicant is responsible for informing its employees of the confidentiality requirements of this agreement.

F. Publication Rights:

Materials/documents produced by the successful applicant in the fulfillment of its obligations under contract with the OPWDD become the property of OPWDD unless prior arrangements have been made with respect to specific documents. The successful applicant may not utilize any information obtained via interaction with OPWDD in any public medium (media - radio, television), (electronic - internet), (print - newspaper, policy paper, journal/periodical, book, etc.) or public speaking engagement without the official prior approval of OPWDD Senior Management. The successful applicant bears the responsibility to uphold these standards rigidly and to require compliance by their employees and subcontractors. Requests for exemption to this policy shall be made in writing, at least 14 days in advance, to:

Angie Francis
NYS Office for People With Developmental Disabilities
Division of Person-Centered Supports
44 Holland Avenue
Albany, New York 12229
Email Address: Angie.x.Francis@opwdd.ny.gov

G. Insurance Requirements:

The successful applicant shall agree to procure and keep in force during the entire term of this agreement, at its sole cost and expense, policies of insurance written with companies acceptable to the OPWDD in the following minimum amounts:

Premises Bodily Injury & Property Damage Liability Insurance: Limits of not less than \$1,000,000 each person, \$1,000,000 each accident or occurrence for bodily injury liability and \$300,000 each accident or occurrence for property damage liability.

Automobile Bodily Injury & Property Damage Liability Insurance with minimum limits of \$1,000,000 for injury to or death of any person, \$1,000,000 for each accident or occurrence for property damage liability.

Certificates of insurance naming the State of New York and OPWDD as additional insured shall be submitted with signed contracts. Each policy shall be issued by an insurance company or insurance companies rated B+ or better by A.M. Best & Co. and shall provide that no policy cancellation, non-renewal or material modification shall be effective except upon thirty (30) days prior written notice to OPWDD. OPWDD shall each be furnished a Certificate of Insurance prior to or simultaneously with execution of the contract and the Certificate of Insurance shall constitute a warranty by the successful applicant that the insurance required by this section is in effect.

Workers' Compensation and Disability Benefits Insurance Coverage Requirements

Successful applicants shall provide OPWDD proof of coverage from Workers' Compensation Insurance and/or Disability Benefits covering the obligations of the applicant in accordance with Workers' Compensation Law. If successful applicants are exempt from requirements otherwise requiring one or both of these insurances, proof of such will be required in a form acceptable to OPWDD with the signed contract.

H. Additional General Duties and Responsibilities:

The successful applicant must also:

- Maintain a level of liaison and cooperation with the OPWDD necessary for the proper performance of all contractual responsibilities.
- Agree that no aspect of its performance under the contract to be entered into as a result of this RFA will be contingent upon State personnel, or the availability of State resources, with the exception of all proposed actions of the successful applicant specifically identified in the contract as requiring OPWDD's approval, policy decisions, policy approvals, exceptions stated in the contract to be entered into can be expected in such a contractual relationship or the equipment agreed to by the OPWDD as available for the project completion, if any.
- Meet with OPWDD or START representatives to resolve issues and problems as reasonably requested by OWPDD.

I. Information Security Breach and Notification Act.

The New York State "Information Security Breach and Notification Act" also known as the "Internet Security and Privacy Act" took effect December 9, 2005. The Legislature and Governor have enacted the Law in response to past and continuing identity theft and security breaches affecting thousands of people. The Law requires any person or business that conducts business in New York State and that owns or licenses computerized data that includes private information (including but not necessarily limited to social security numbers, credit and debit card numbers, driver's license numbers, etc.) must disclose any breach of that private information to all individuals affected or potentially affected in an expeditious manner. Contractors shall comply with the provisions of the New York State Information Breach and Notification Act. Contractors shall be liable for the costs associated with such breach if caused by the Contractor's negligent or willful acts or omissions, or the negligent or willful acts or omissions of the applicant's agents, officers, employees or subcontractors. You may view a copy of the Law at <http://public.leginfo.state.ny.us/MENUGETF.cgi?COMMONQUERY=LAWS> by searching for "INTERNET SECURITY AND PRIVACY." The law is found at Article 2 of the State Technology Law and at Article 39-F of the General Business Law.

J. Work Outside Contract

Any and all work performed outside the scope of the grant contract awarded pursuant to the RFA, with or without consent of OPWDD, shall be deemed by OPWDD to be gratuitous and not subject to charge by the Contractor.

K. Limits on Administrative Expenses and Executive Compensation

If the successful applicant is a “covered provider” within the meaning of 14 NYCRR § 645.1(d) at any time during the term of the contract to be awarded pursuant to this RFA, then during the period when such applicant is such a “covered provider”:

- a. The applicant will be required to comply with the requirements set forth in 14 NYCRR Part 645, and any amendments to such Part 645 that are effective during the term of the contract;
- b. The applicant’s failure to comply with any applicable requirement of 14 NYCRR Part 645, including but not limited to the restrictions on allowable administrative expenses, the limits on executive compensation, and the reporting requirements, may be deemed a material breach of the contract and constitute a sufficient basis for, in the discretion of OPWDD, termination for cause, suspension for cause, or the reduction of funding provided pursuant to the contract; and
- c. The applicant will be required to include the following provision in any agreement with a subcontractor or agent to provide services under the contract:

[Name of subcontractor/agent] acknowledges that it is receiving “State funds” or “State-authorized payments” originating with or passed through the New York State Office for People with Developmental Disabilities in order to provide program or administrative services on behalf of [Name of CONTRACTOR]. If at any time during the life of this Agreement [Name of subcontractor/agency] is a “covered provider” within the meaning of Section 645.1(d) of OPWDD regulations, [Name of subcontractor/agent] shall comply with the terms of 14 NYCRR Part 645, and any amendments to such Part 645 that are effective during the term of the contract. A failure to comply with 14 NYCRR Part 645, where applicable, may be deemed a material breach of this Agreement constituting a sufficient basis for suspension or termination for cause. The terms of 14 NYCRR Part 645, as amended, are incorporated herein by reference.

L. Contractor Requirements and Procedures for Participation by New York State-Certified Minority and Women-Owned Business Enterprises and Equal Employment Opportunities for Minority Group Members and Women

New York State Law

Pursuant to New York State Executive Law Article 15-A and Parts 140-145 of Title 5 of the New York Codes, Rules and Regulations OPWDD is required to promote opportunities for the maximum feasible participation of New York State-certified Minority and Women-owned Business Enterprises (“MWBEs”) and the employment of minority group members and women in the performance of OPWDD contracts.

Business Participation Opportunities for MWBEs

The Office for People With Developmental Disabilities (OPWDD) has an overall goal of 30 percent for MWBE participation, 17 percent for New York State-certified Minority-owned Business Enterprise (“MBE”) participation and 13 percent for New York State-certified Women-owned Business Enterprise (“WBE”) participation (based on the current availability of MBEs and WBEs). A contractor (“Contractor”) on any contract resulting from this procurement (“Contract”) must document its good faith efforts to provide meaningful participation by MWBEs as subcontractors and suppliers in the performance of the Contract. To that end, by submitting a response to this solicitation, the respondent agrees that OPWDD may withhold payment pursuant to any Contract awarded as a result of this solicitation pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at: <https://ny.newnycontracts.com>. For guidance on how OPWDD will evaluate a Contractor’s “good faith efforts,” refer to 5 NYCRR § 142.8.

The respondent understands that only sums paid to MWBEs for the performance of a commercially useful function, as that term is defined in 5 NYCRR § 140.1, may be applied towards the achievement of the applicable MWBE participation goal. [FOR CONSTRUCTION CONTRACTS – The portion of a contract with an MWBE serving as a supplier that shall be deemed to represent the commercially useful function performed by the MWBE shall be 60 percent of the total value of the contract. The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be the monetary value for fees, or the markup percentage, charged by the MWBE]. [FOR ALL OTHER CONTRACTS - The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be 25 percent of the total value of the contract]

In accordance with 5 NYCRR § 142.13, the respondent further acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in a Contract resulting from this solicitation, such finding constitutes a breach of contract and OPWDD may withhold payment as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

By submitting a bid or proposal, a respondent agrees to demonstrate its good faith efforts to achieve the applicable MWBE participation goals by submitting evidence thereof through the New York State Contract System (“NYSCS”), which can be viewed at <https://ny.newnycontracts.com>, provided, however, that a respondent may arrange to provide such evidence via a non-electronic method by contacting the MWBE Compliance Unit at OPWDD.SM.Minority.women.business.enterprise@opwdd.ny.gov.

Additionally, a respondent will be required to submit the following documents and information as evidence of compliance with the foregoing:

- A. An MWBE Utilization Plan with their bid or proposal. Any modifications or changes to an accepted MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to OPWDD for review and approval.

OPWDD will review the submitted MWBE Utilization Plan and advise the respondent of OPWDD acceptance or issue a notice of deficiency within 30 days of receipt.

- B. If a notice of deficiency is issued, the respondent will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to the OPWDD.SM.Minority.women.business.enterprise@opwdd.ny.gov, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OPWDD to be inadequate, OPWDD shall notify the respondent and direct the respondent to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

OPWDD may disqualify a respondent as being non-responsive under the following circumstances:

- a) If a respondent fails to submit an MWBE Utilization Plan;
- b) If a respondent fails to submit a written remedy to a notice of deficiency;
- c) If a respondent fails to submit a request for waiver; or
- d) If OPWDD determines that the respondent has failed to document good faith efforts.

The successful respondent will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to OPWDD, but must be made no later than prior to the submission of a request for final payment on the Contract.

The successful respondent will be required to submit a quarterly M/WBE Contractor Compliance & Payment Report to OPWDD, by the 10th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

Equal Employment Opportunity Requirements

By submission of a bid or proposal in response to this solicitation, the respondent agrees with all

of the terms and conditions of [Appendix A – Standard Clauses for All New York State Contracts including Clause 12 - Equal Employment Opportunities for Minorities and Women OR Authority equivalent to Appendix A]. The respondent is required to ensure that it and any subcontractors awarded a subcontract for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the respondent, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The respondent will be required to submit a Minority and Women-owned Business Enterprise and Equal Employment Opportunity Policy Statement, Form # 4, to OPWDD with its bid or proposal.

If awarded a Contract, respondent shall submit a Workforce Utilization Report and shall require each of its Subcontractors to submit a Workforce Utilization Report, in such format as shall be required by OPWDD on a QUARTERLY basis during the term of the Contract.

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

M. Subcontracting

The application must indicate if any part of the applicant's program will be provided by a subcontractor (including an organization or an individual who is an independent contractor). To the extent subcontractors have been identified, please name the individual or organization that would be the subcontractor, describe the qualifications and scope of services to be provided by the contractor, and provide a statement of the percentage of the work to be performed by each subcontractor. Subcontractors must also meet the Minimum Qualifications for Selection set forth in section V, above.

N. OPWDD's Rights as to All Applications

OPWDD reserves all rights with respect to applications, including, but not limited to:

1. Change any of the scheduled dates as provided in section II, Calendar of Events;
2. Modify the RFA;
3. Prior to the Application Due Date, direct applicants to submit application modifications addressing subsequent RFA amendments;
4. Prior to the Application Due Date, amend the RFA to correct errors or oversights, or to supply additional information, as it becomes available;
5. Seek clarifications and revision of applications;
6. Withdraw the RFA at any time in OPWDD's sole discretion;
7. Disqualify any applicant whose conduct and/or application fails to conform to the requirements of this RFA;
8. Make an award under the RFA, in whole or in part;
9. Eliminate any mandatory, non-material RFA requirements that cannot be complied with by all the prospective applicants;
10. Waive any requirements that are not material;
11. Reject any or all applications received in response to this RFA;
12. Negotiate with the successful applicant within the scope of the RFA in the best interests of the State;
13. Utilize any and all ideas submitted in the applications received;
14. Unless otherwise specified in the solicitation, every offer is firm and not revocable for a period of 180 days from the Application Due Date;
15. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an application and/or to determine an applicant's compliance with the requirements of the solicitation;
16. Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder; and
17. Verify information provided in applications; reject any application that contains false or

misleading statements, or which provides references that do not support an attribute, condition, or qualification claimed by the applicant.

O. Debriefing

Once an award has been made, applicants may request a debriefing of their application. Please note that debriefings will be limited solely to the strengths and weaknesses of the applicant's own application and will not include discussion of other proposers' applications. Requests for debriefing must be submitted no later than ten (10) business days following the date of award or non-award announcement.

P. Bid Protests

Applicants wishing to file a protest of award must notify the OPWDD, in writing, of its intent to protest within ten (10) working days of its receipt of notice of non-award. The protest should:

- Identify the name of the RFA and the award date; and
- Indicate the applicant's understanding of the reason(s) they were denied the award (i.e. summarize the deficiencies identified during the debriefing) and state the justification for the bid protest.

Bid protests must be mailed to:

Lisa F. Davis
NYS Office for People With Developmental Disabilities
Contract Management Unit, 3rd Fl.
44 Holland Avenue
Albany, New York 12229
Email: Lisa.f.davis@opedd.ny.gov

VII. QUESTION AND ANSWER PERIOD

Substantive questions related to this RFA must be submitted via e-mail to the following designated contact by Thursday, November 03, 2016, the Last Day for Submission of Written Questions, in section II, Calendar of Events. Each question must, to the degree possible, cite the specific RFA section to which it refers.

Alan Galgana, PsyD
NYS Office for People With Developmental Disabilities
Bureau of Behavioral and Clinical Solutions
44 Holland Avenue
Albany, New York 12229

Email Address: Alan.M.Galgana@opwdd.ny.gov

OPWDD will post official answers to the questions from all prospective applicants on OPWDD's website (http://www.opwdd.ny.gov/opwdd_resources/procurement_opportunities) by Monday, November 28, 2016. Responses posted on this date will address questions submitted in writing prior to the Mandatory Applicant's Conference, as well as responses to questions offered at the Conference. See section IX for more information on the Mandatory Applicant's Conference.

The answers to all questions will be in the form of a formal addendum, which will be annexed to and become part of this RFA and any ensuing contract(s). All answers to questions of a substantive nature, as well as copies of the questions, shall be posted to OPWDD's internet site at http://www.opwdd.ny.gov/opwdd_resources/procurement_opportunities.

VIII. INSTRUCTIONS FOR PREPARING THE APPLICATION

Applications are due Friday, December 23, 2016, 3:00 PM as stated in section II, Calendar of Events of this RFA. Applications received after the Application Due Date will not be accepted. *All required components of applications must be entered into the Grants Gateway at <https://grantsgateway.ny.gov> by that date and time for further consideration.* Mailed, Emailed or facsimiled submissions will not be accepted.

While additional data may be included, applicants must provide all information in the prescribed format in which it is requested. The following components must be included with each application and must be provided in the prescribed format in which it is requested. Failure to follow these instructions may result in disqualification. The following three components will comprise a complete application:

- A. Cover Letter**
- B. Technical Proposal**
- C. Cost Proposal**

An application that is incomplete in any material respect may be eliminated from consideration. The following outlines the required information to be provided by applicants for each component of an application submission to constitute a complete application. All applications will be subject to verification by OPWDD.

A. Cover letter

A cover letter is an integral part of the proposal package. The cover letter must be on the applicant's official letterhead and be signed by an individual who is authorized to contractually bind the successful applicant. The content of the letter must include the following:

1. Acknowledge that the applicant has read the application, understands it, and agrees to be bound by all of the conditions therein.
2. Include the applicant's name, address, telephone and fax numbers, and the name(s), address(es), telephone number(s) and e-mail address(es) of the applicant's contact(s) concerning the application;
3. Acknowledge that the costs set forth in the Cost Proposal are firm costs that are binding and irrevocable for a period of not less than 180 days from the date of application submission;
4. Acknowledge that the applicant understands and accepts the provisions of this RFA, and all Attachments thereto;
5. State that by submitting a response to the RFA, the applicant accepts the provisions of the aforesaid documents and agrees to execute a contract in accord with the terms of the State of New York Master Contract for Grants.
6. Contain a specific statement addressing each of the numbered requirements contained in Section V, Minimum Qualifications for Selection. Applicants must state specifically whether they are in compliance with *each* of the minimum requirements.

B. Technical Proposal

The Technical Proposal must address all of the following eight (8) items, in the following order provided, and under each of the provided headings.

- 1. Philosophy and Mission.** A statement of the philosophy and mission of the agency or organization submitting the application.
- 2. Vision and Goal.** A description of the applicant's vision and specific goals and objectives for NY START Long Island services in relation to this RFA.
- 3. Proposed Staff.**
 - a. Provide a description of the staff currently employed, that meet qualifications outlined in Section IV, C, 1 and 2, that will be considered for positions within the NY START Long Island team. Provide this description for both the staff who will provide direct services and the staff who will provide clinical supervision - include educational and experiential qualifications, as well as current titles.
 - b. For any staff that is not already employed by the applicant, provide a description of

- the steps the applicant will take to obtain qualified staff by the contract start date, including a timeline for hiring of all staff that are identified in Section IV, C, 1.
- c. Provide a description of how the applicant will ensure that any staff turnover is addressed.
 - d. The successful applicant will be required to build in performance evaluations of NY START Long Island team members to ensure certification is timely. This is necessary to maintain fidelity to the national START model. Provide a description of performance evaluations or staff assessment measures that your agency has used or developed which may lend to your agency being successful in this area.
- 4. Experience** A description of your agency’s approach to and experience in providing psychiatric interventions and behavioral support services to individuals with intellectual and other developmental disabilities. Describe any similar programs the applicant has operated in the last five years and how you will adapt these experiences to implement the START model with fidelity. Also, please provide up to three letters of support from service providers capable of speaking to your ability to implement services similar to this opportunity.
- 5. Description of Services.** A clear description (approximately 20-40 pages) of how the applicant will implement each of the proposed NY START Services for NY START Long Island that addresses each of the items listed below. Reference the letter for each item in your response (e.g., 5a, 5b).

Describe in detail how your program will meet and implement the following requirements, as described in detail in section IV, Scope of Work, of this RFA:

- a. An ongoing team approach. Describe how your agency will implement daily weekday triage calls, staff meetings, peer-review, and live supervision;
- b. Linkages, outreach and follow-ups. Describe how your agency will:
 - i. Develop formal linkages with local providers in the field;
 - ii. Utilize various methods of outreach to become a visible part of the existing network of supports and services; and
 - iii. Implement follow-up methods to evaluate effects of treatment strategies.
- c. Systemic and Clinical Consultation and Training. Describe how your agency will
 - i. Utilize existing expertise to deliver CETs;
 - ii. Involve members of the first responder community in ongoing joint trainings; and
 - iii. Involve local education systems to facilitate positive outcomes.
- d. Cross-Systems Crisis Prevention and Intervention Planning (CSCPIP). Describe how your agency’s experience will allow you to develop effective CSCPIPs.
- e. Comprehensive Service Evaluations. Describe how your agency will:

- i. Utilize its' experience to create and deliver CSE's; and
 - ii. Impact the system with a positive focus on high-risk transitional youth.
- f. Crisis/Emergency Assessment and Intervention. Describe how your agency will:
 - i. Provide emergency assistance during times of difficulty;
 - ii. Obtain an understanding of existing emergency services within the region;
 - iii. Respond to crisis calls and emergent situations in a timely fashion (i.e., within two hours or less); and
 - iv. Accommodate a crisis/need for crisis admission when resource centers are at capacity.
- g. START In-Home Community Support Services. Describe how your agency will provide in-home supports, giving consideration to the following:
 - i. 2-hour window period for in-home supports implementation;
 - ii. Team location throughout the region; and
 - iii. Provision of in-home support services for up to 72 hours per intervention period;
 - iv. Proposed number of in-home counselors to be hired and approximate timeline of hiring.
- h. START Resource Center Services. Describe how your agency will:
 - i. Identify two separate therapeutic resource center facilities based on the START model's recommendations for property suggested for resource center use;
 - ii. Determine clinical appropriateness for eligible potential guests for resource center stay;
 - iii. Meet all elements in therapeutic resource center protocol including
 - 1. Planned Resource Center Admission: Length of Stay, Planned Resource Center Visits, & Scheduling
 - 2. Emergency Resource Center Access: Prescreening and Coordinating Potential Admissions, Admissions Meeting, Documentation
- i. START Advisory Council. Describe how your agency will
 - i. Create the START Advisory Council; and
 - ii. Utilize the recommendations provided by the START Advisory Council.
- j. Data Collection and Reporting. Provide descriptions of the following:
 - i. Your agency's experience with large scale data collection and reporting; and
 - ii. Your agency's experience with data driven approaches to service delivery.
- k. Multi-modal Consultation Team. Describe how your agency will utilize the Region 4 multi-modal consultation team, as well as how your agency will collaboratively decide which individuals to refer.
- l. Family Advisory Council. Describe how your agency will accomplish the following:
 - i. Attract membership for the Family Advisory Council;
 - ii. Utilize family voice to impact service effectiveness; and
 - iii. Grow and maintain this council.

- m. Interdisciplinary Professional Learning Communities (PLCs).
 - i. Describe existing mechanism that will assist your agency in developing a PLC that will link together existing supports on Long Island;
 - ii. Describe how your agency will expand your network of existing supports; and
 - iii. Describe the technological supports your agency has that will foster access to trainings and consultation opportunities offered through the PLC.
 - n. Description of how cultural competencies will be developed and maintained.
- 6. Technology.** Provide a description of how your agency will utilize technology for office-based, field-based, and site-based communication, documentation, data collection, and data entry in adherence to START program fidelity requirements. Make note of your agency’s ability to comply with each of the Technology Requirements for START Projects, as outlined in Attachment H. Also describe how your agency will comply with HIPAA and HITECH requirements.
- 7. Development Plan for Services.** Using the Work Plan template within The State of New York Master Contract for Grants (Attachment E), provide the estimated timeframes required for full implementation of the NY START Long Island program as described in this RFA. Include specific time estimates for each item identified in the Description of Services VIII, B, 5, of this RFA.
- 8. Property for Resource Center Use.** A response to this proposal item is required in the event an applicant intends to provide property for use as the START Therapeutic Resource Centers in relation to performance of the Scope of Work detailed in Section IV of this RFA.
- a. Identify the property by physical address;
 - b. Describe in detail how the property fits with the best practice guidelines in Attachment G;
 - c. Describe, in detail, any renovations that would be necessary to bring the property into compliance with the best practice guidelines in Attachment G. This description should include all costs associated with proposed renovations and should include information pertaining to how the anticipated scope of work and cost estimates were developed, as well as by whom; and
 - d. Describe any activities, potential costs as well as a potential timeline that may be necessary to transition individuals who may be currently residing or receiving services at the proposed site. Provide supporting documents that demonstrate the feasibility of such plans.
- 9. Diversity Practices.** Diversity practices are the efforts of contractors to include New York State-certified Minority and Women-owned Business Enterprises (“MWBEs”) in their business practices. Diversity practices may include past, present, or future actions and

policies, and include activities of contractors on contracts with private entities and governmental units other than the State of New York. Assessing the diversity practices of contractors enables contractors to engage in meaningful, capacity-building collaborations with MWBEs. OPWDD has determined, pursuant to New York State Executive Law Article 15-A, that the assessment of the diversity practices of applicants to this procurement is practical, feasible, and appropriate. Accordingly, applicants are required to provide responses to the following eight (8) questions as part of their technical proposal:

- a. Does your organization have a Chief Diversity Officer or other individual who is tasked with supplier diversity initiatives? If yes, provide the name, title, description of duties, and evidence of initiatives performed by this individual or individuals.
- b. What percentage of your organization's gross revenues (from your prior fiscal year) was paid to New York State certified minority and/or women-owned business enterprises as subcontractors, suppliers, joint-ventures, partners or other similar arrangement for the provision of goods or services to your organization's clients or customers?
- c. What percentage of your organization's overhead (i.e. those expenditures that are not directly related to the provision of goods or services to your organization's clients or customers) or non-contract-related expenses (from your prior fiscal year) was paid to New York State certified minority- and women-owned business enterprises as suppliers/contractors?¹
- d. Does your organization provide technical training² to minority- and women-owned business enterprises? If yes, provide a description of such training which should include, but not be limited to, the date the program was initiated, the names and the number of minority- and women-owned business enterprises participating in such training, the number of years such training has been offered and the number of hours per year for which such training occurs.
- e. Is your organization participating in a government approved minority- and women-owned business enterprise mentor-protégé program? If yes, identify the governmental mentoring program in which your organization participates and provide evidence demonstrating the extent of your organization's commitment to the governmental mentoring program.

¹ Do not include onsite project overhead.

² Technical training is the process of teaching employees how to more accurately and thoroughly perform the technical components of their jobs. Training can include technology applications, products, sales and service tactics, and more. Technical skills are job-specific as opposed to soft skills, which are transferable.

- f. Does your organization include specific quantitative goals for the utilization of minority- and women-owned business enterprises in its non-government procurements? If yes, provide a description of such non-government procurements (including time period, goal, scope and dollar amount) and indicate the percentage of the goals that were attained.
- g. Does your organization have a formal minority- and women-owned business enterprise supplier diversity program? If yes, provide documentation of program activities and a copy of policy or program materials.
- h. Does your organization plan to enter into partnering or subcontracting agreements with New York State certified minority- and women-owned business enterprises if selected as the successful respondent? If yes, complete the “MWBE Utilization Plan” included in Grants Gateway Application Forms Menu, Pre-Submission Upload.

C. Cost Proposal.

Applicants must complete the Expenditure Based Budget form, identified as Attachment B-1, found within the State of New York Master Contracts for Grants, Attachment E, of this RFA. OPWDD’s review will include an assessment of the cost categories for reasonableness. Applicants should be as specific as possible when describing the anticipated costs associated with each operational element of their budget.

OPWDD will require applicants to submit in Grants Gateway an Expenditure Based Budget Summary form that reflects their total estimated budget for the five (5) year contract. In addition, OPWDD also requires applicants to submit Expenditure Based Budget Summary forms for each annualized year of the contract. These five additional forms (one for each year of the contract) should be uploaded to the Grantee Documents Folder in the Grants Gateway.

Annualized Expenditure Based Budget Summary forms should include operational costs for the therapeutic resource center program during years it is expected to be staffed and operational (see yearly description below). This budget must include staffing costs and the following non-personnel costs: Food, household products, OTC medications, vehicles and repairs, utilities (heat, electricity, water and sewer) and activities (outings and supplies). The budget should not include costs of real estate acquisition, renovation, construction, alteration or renewal; lease costs; property maintenance (including lawn maintenance, snow plowing, repairs) and sprinkler and fire alarms.

Cost Proposals may not exceed the amounts in the following table, **Available Funding**. Amounts proposed must be on an annualized basis and may not exceed the annual amounts noted in the table. Cost Proposals must be delineated in this annualized manner. Cost proposals exceeding these amounts will be rejected as non-responsive.

The following table outlines the funding available for each Team, each year of the contracts that may result from this RFA:

Available Funding

Year of Contract	NY START LONG ISLAND Team
1	\$2,522,588
2	\$4,873,502
3	\$5,418,544
4	\$5,418,544
5	\$5,418,544
Total	\$23,651,722

Year 1: The funding for the first year is calculated based on 100% of total anticipated yearly costs for the START Clinical teams which includes 18% Non-Personal Costs, and 50% of the total anticipated yearly cost for In-Home Supports which includes 18% Non-Personal Costs. Also included in the first year’s budget is \$25,000 for access to NY START Multi-Modal consultations.

Year 2: The funding for year two is calculated and based on the inclusion of the anticipated full cost for full staffing of the START Clinical team and In-Home Supports which includes 18% Non-Personal Costs, as well as therapeutic resource center operational costs for 75% of the year which includes 18% Non-Personal Costs. Also included in funding for year two is \$25,000 for access to NY START Multi-Modal consultations.

Years 3-5: Annual funding for years three through five is calculated and based on the inclusion of the anticipated costs for fully operational START Clinical teams, In-Home Supports and therapeutic resource centers which includes 18% Non-Personal Costs, as well as \$25,000 for access to NY START Multi-Modal consultations.

Applicants will not be allocated separate compensation for travel expenses, including transportation, meal and lodging costs, if any, under the contract. Such costs should be factored into the rates entered on the operating and personnel budgets.

OPWDD will not be responsible for expenses incurred in preparing and submitting the Technical or Cost Proposals. Such costs should not be included in the Cost Proposal.

The successful applicant that moves onto the interview process will be required to provide additional information regarding IPSIDD certification for at least five employees of the clinical team, community habilitation revenue for in-home stabilization supports, free standing respite revenue for the therapeutic resource center, and approaches and efforts that will be taken to partner with local New York State Performing Provider Systems as part of the Delivery System Reform Incentive Payments program. See section III, D for more information related to funding.

IX. LETTERS OF INTENT AND MANDATORY APPLICANT'S CONFERENCE

Letters of Intent

Vendors intending to submit applications in response to this RFA must submit a Letter of Intent, via e-mail, by Thursday, October 27, 2016, as specified in section II, Calendar of Events, to the following designated contact:

Alan Galgana, PsyD
NYS Office for People With Developmental Disabilities
Bureau of Behavioral and Clinical Solutions
44 Holland Avenue
Albany, New York 12229
Email Address: Alan.M.Galgana@opwdd.ny.gov

The letter of intent must:

- Reference the title of this RFA;
- Provide the current mailing address, email address, and telephone number(s) for the person who will be the applicant's designated point of contact throughout the duration of this RFA; and
- Be printed on the applicant's official letterhead and signed by an authorized official.

Subsequent to the date for submission of Letters of Intent, prospective applicants who do not submit Letters of Intent will not be considered for award of contracts and will not be advised of subsequent changes in the scope of this RFA. Submitting a Letter of Intent is required in order for a prospective vendor to submit an application and attend the Mandatory Applicant's Conference.

Applicants must notify Dr. Alan Galgana (Alan.M.Galgana@opwdd.ny.gov) of any and all changes related to the point of contact provided in the Letter of Intent. OPWDD is not responsible for any miscommunications that occur throughout this RFA as a result of an applicant's failure to provide notification of changes in the point of contact information.

Letters of Intent will also serve to register the applicant for the Mandatory Applicant's Conference.

The Conference is described in detail below.

Mandatory Applicant's Conference

Applicants will be required to participate in the Mandatory Applicant's Conference via telephone conference call. Conference call details will only be provided to vendors who submit a Letter of Intent by the due date. Non-attendance of any vendors will result in disqualification from the application process and therefore, from receipt of prospective award. Attendance will be taken.

The goal of the Conference will be to provide an overview of the current project, to respond to applicants' previously submitted questions about the RFA, and to answer additional questions articulated during the teleconference. Questions and answers reviewed and discussed at the conference will be made available to all attendees of the conference by Monday, November 28, 2016 at 4:00 PM.

As previously stated, Letters of Intent will serve to register each applicant for the Mandatory Applicant's Conference. However, each applicant will also be required to send an e-mail to Dr. Alan Galgana (Alan.M.Galgana@opwdd.ny.gov) confirming their intention to attend the Mandatory Applicant's Conference by Thursday, October 27, 2016. Confirmation must include the agency's name and the name(s) of the person(s) who will be attending the conference. Conference call information will be distributed upon receipt of applicant's confirmation e-mail.

X. EVALUATION OF APPLICATIONS

A. General

An Evaluation Team comprised of OPWDD staff from the Divisions of Service Delivery and Person Centered Services, as well as other relevant units, will conduct an initial review of the applications to determine whether the Minimum Qualifications for Selection set forth in section V have been met. Applications not meeting the Minimum Qualifications will be disqualified and only applications meeting the Minimum Qualifications will be scored.

Applications will also be reviewed by OPWDD to determine if they contain all of the submittals specified in this RFA. Applications that are incomplete in any material respect may be disqualified as non-responsive.

The selection process may also include OPWDD's verification of information provided as well as interviews, if deemed necessary or desirable by OPWDD. OPWDD will also conduct in-person visits to all sites that have been proposed as possible therapeutic resource center properties. Congruence between site visits and applicant's written proposals will directly influence bonus

points awarded during the technical review phase.

The applications will be evaluated for the purposes of (1) examining the responses for compliance with this RFA and (2) selecting the applicant whose combination of technical merit and cost would most benefit OPWDD. The evaluation process will be conducted in a fair and impartial manner by a multidisciplinary Evaluation Team comprised of OPWDD staff. Representatives of the University of New Hampshire START Program may provide technical assistance to the Evaluation Team.

During the evaluation process, the content of the applications will be held in confidence and will not be revealed except as may be required under the Freedom of Information Law (FOIL) or as otherwise required by law. FOIL provides for an exemption from disclosure for trade secrets or information the disclosure of which would cause injury to the competitive position of commercial enterprises. If the application contains any such trade secret or other confidential or proprietary information, it must be accompanied by a written request to OPWDD in the application not to disclose such information, stating with particularity the reasons why the information should not be available for disclosure. OPWDD reserves the right to determine upon written notice to the applicant whether such information qualifies for the exemption from disclosure under the law.

B. Scoring

Technical Proposal Evaluation

Applicants may achieve a maximum of 100 points for the Technical Proposal component of their application. The Technical Proposal evaluation criteria numbers 1 through 7 are set forth in section VIII B, Instructions for Preparing the Application, of this RFA. For applicants electing to propose use of a preexisting viable property for use as a START resource center, number 8 will provide up to 10 bonus points beyond the maximum 80 points for responses to numbers 1 through 7. Up to an additional 10 points may be awarded based on diversity practices and efforts of applicants to include New York State Certified Minority and Women-owned Business Enterprises (MWBES) in their business practices. The number of points that may be earned for each of the 9 scoring criteria are:

- Item #1 Philosophy and Mission – 4 points
- Item #2 Vision and Goal – 4 points
- Item #3 Proposed Staff – 4 points
- Item #4 Experience – 4 points
- Item #5 Description of Services – 56 points
- Item #6 Technology – 4 points
- Item #7 Development Plan for Services – 4 points
- Item #8 Property for Resource Center Use – 10 bonus points

- Item #9 Diversity Practices – 10 points (rounded to the nearest whole number)

Cost Proposal Evaluation

Applicants may achieve a maximum of 20 points for the Cost Proposal component of each application. The number of points that may be earned during this component of the evaluation is based upon the following 4 scoring criteria are:

- Criteria 1 (5 points): The applicant provided the lowest cost in response to section VIII C, Cost Proposal, of this RFA;
- Criteria 2 (5 points): The applicant utilized correct and reasonable NPS/Admin fees;
- Criteria 3 (5 points): The applicant's budget reflected an adherence to a phased in staffing pattern;
- Criteria 4 (5 points): The applicant's budget reflected an adherence to a phased in program implementation.

The maximum total score for this RFA may be 120 points if an applicant received full points for all components- technical and cost- and all 10 bonus points when a resource center is proposed.

C. Interviews by OPWDD

Mandatory interviews of the top three applicants will be conducted at 44 Holland Avenue, Albany, NY 12229. The interview will seek to clarify and/or differentiate the level of qualifications of the top three applicants. The interview will focus on each applicant's descriptions of required technical content and strategies for the application of technical components. The interview questions will be based on a 5-point Likert scale, with 1 as the lowest score and 5 as the highest score on each question. The winning applicant will have earned the highest score on interview questions. *The interview outcome is noncumulative and separate from the score obtained via Evaluation of Applications.* Candidates will be notified of the date, time and place of the interview. Senior staff of the applicant who would be responsible for providing the requested services should be present and participate in the interview. OPWDD may allow participation at an interview by telephone or video conference at its discretion.

D. Tie Scores

If two applicants receive equal scores during the interview process, the contract shall be awarded based upon the following considerations, in the order provided:

1. Number of years an applicant has delivered crisis/mental health services to the I/DD population, with preference given to a greater number of years;

2. Demonstrated history of collaborative approaches to program operations involving mental health/IDD service providers;
3. The highest score for Item #5 Description of Services

If tie bids cannot be determined by the above methods, the award will be made by flipping a coin.

XI. NOTIFICATION OF AWARD

Upon completion of the evaluation process outlined in section X, the Evaluation Team will make a recommendation to the Commissioner of OPWDD for award. The successful applicant will be notified through a tentative award letter issued by OPWDD on approximately Wednesday, February 1, 2017, consistent with the Preliminary Contract Award Announcement date in section II, Calendar of Events.

XII. CONTRACT

Unless modified as provided herein, this contract shall begin on April 1, 2017 and end on March 31, 2022.

The successful applicant(s) will be required to sign and comply with the terms and conditions delineated within the State of New York Master Contract for Grants, Attachment A-1 located in Forms Menu/Contract Document Properties of Grants Gateway.

Following completion of the contract documents and required support by the applicant and OPWDD, the contract will be submitted for approval to the New York State Office of the Attorney General and the New York State Office of the State Comptroller for final State approval.

Validity of contracts resulting from this RFA are pending approval of the New York State Office of the State Comptroller (OSC). The contract will not be final and binding until approved by the Attorney General and State Comptroller. Upon these approvals, all terms of the contract become available to the public.

Contract Termination

The OPWDD retains the right to cancel this contract without reason, provided that the Contractor is given at least thirty (30) days' notice of OPWDD's intent to cancel. This provision should not be understood as waiving the OPWDD's right to terminate the contract for cause or stop work immediately for unsatisfactory work, but is supplementary to that provision.

The OPWDD reserves the right to stop the work covered by this RFA and the ensuing contracts at any time that it is deemed the successful applicant is unable or incapable of performing the work to their satisfaction. In the event of such stopping, the OPWDD shall have the right to arrange for the completion of the work in such a manner as it may deem advisable and if the cost thereof

exceeds the amount of the offer, the successful applicant and its surety shall be liable to the State of New York for any such cost on account thereof. In the event that the OPWDD stops the work as provided thereof, together with the reason thereof, and the Contractor shall have ten (10) working days to respond thereto before any such stop order shall become effective.

Contract Amendment Process

During the term of the contracts, the contracts may be amended as new laws or regulatory mandates are issued affecting the services and provisions under the Contract resulting from this RFA. OPWDD reserves the right to consider amendments which are not specifically covered by the terms of the contracts but are judged to be in the best interest of the OPWDD. Contract amendments are subject to pre-audit by the OSC and shall take effect upon written notification by OPWDD.