



Office for People With Developmental Disabilities

DIVISION OF PERSON-CENTERED SUPPORTS

REQUEST FOR APPLICATIONS

NY START - Region 4 Implementation

September 24, 2015

TABLE OF CONTENTS

I. Introduction.....	1
II. Calendar of Events.....	1
III. Background.....	1
IV. Scope of Work.....	5
V. Minimum Qualifications for Selection.....	21
VI. Administrative Considerations.....	22
VII. Question and Answer Period.....	28
VIII. Instructions for Preparing the Application.....	28
IX. Letters of Intent and Mandatory Applicant’s Conference.....	33
X. Evaluation of Applications.....	34
XI. Notification of Award.....	36
XII. Contract.....	36

Attachments

Attachment A – START Organizational Chart

Attachment A1 – NY START Organizational Chart – Team 1

Attachment A2 – NY START Organizational Chart – Team 2

Attachment B – START Systems Linkage Program

Attachment C – START Clinical Teams Manual

Attachment D – Best Practice Guidelines for NY START Resource Centers

Attachment E – State of New York Master Contract for Grants

Attachment F – A-1 - Agency Specific Terms and Conditions

Attachment G – A-2 - Federal Specific Terms and Conditions

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” services in OPWDD’s Developmental Disabilities Regional Office 4 (“Region 4”). The RFA process will result in two independent grant contracts between the successful applicants 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.

II. Calendar of Events

Event	Date
Release of RFA	Monday, August 17, 2015
Letters of Intent Due	Friday, September 4, 2015
Registration for Mandatory Applicant’s Conference	Friday, September 4, 2015
Last Day for Submission of Written Questions	Friday, September 11, 2015
Mandatory Applicant’s Conference	Friday, September 18, 2015
Posting of Responses to Written Questions and Questions from Applicant’s Conference	Thursday, September 24, 2015
Application Due Date	Monday, October 5, 2015, 3:00 PM
Application Opening	Monday, October 5, 2015, 3:01 PM
Application Evaluations**	
Technical and Cost Evaluations**	Tuesday, October 6, 2015 – Friday, October 16, 2015
Oral Presentations/Interviews**	Monday, October 26, 2015 –Friday, November 6, 2015
Preliminary Contract Award Announcement**	Friday, November 13, 2015
Estimated Control Agency Approvals	Friday, January 1, 2016
Contract Start Date	Friday, January 1, 2016

** **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 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 125,000 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 4 encompasses Queens, Brooklyn, Manhattan, Bronx and Staten Island. Over 47,000 individuals with developmental disabilities living in Region 4 receive services from OPWDD directly or from voluntary

providers funded and overseen by OPWDD. Services focused on responding to challenging behavioral health presentation include family training and educational programs, behavioral and social skills training, respite, Intensive Behavioral Services, and crisis intervention services.

B. Funding

a. 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 4 may be financed in part through the BIP grant.

b. State Funding

Additional funding required to support the operation of Region 4 START teams and related services in excess of the BIP grant will be funded by the state.

c. Pending Funding Steams

Although initial funding for this initiative will involve funds from the BIP grant and the state, alternate funding streams may be utilized. It is the expectation that the vendor will comply with any regulatory, policy, defined documentation and billing standards relevant to the funding source utilized.

C. 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 fill in service gaps. Emergency and planned therapeutic resource centers and 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 Mission of START is to enhance local capacity and provide collaborative cost-effective support to individuals and their families through exemplary clinical services, education and training, with close attention to service outcomes. 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 respite – 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.

Finally, 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.com/default.aspx>

D. 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 piloted in OPWDD Regions 1 and 3 prior to full state implementation. 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 (I/DD) and agencies and/or providers serving individuals with mental health needs for the provision of crisis prevention and response services; and to develop site-based and in-home 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 will enhance 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 receive appropriate and timely clinical support to meet their needs in the least restrictive setting possible. The START program will consist of regionally-based START Clinical Teams, in-home supports, and free-standing therapeutic resource centers. The program will be 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 START model requires adherence to a strict level of fidelity to the national START model and its requirements and protocols for training, clinical excellence, data collection and analysis.

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 4, the boroughs will be divided into two distinct teams. Team 1 will be NY START – Brooklyn/Staten Island. Team 2 will be NY START – Bronx/Manhattan/Queens. *While providers may submit applications for both teams, successful applicants will only be awarded a contract to operate one team; either Brooklyn/Staten Island or Bronx/Manhattan/Queens.*

The applicant will demonstrate that it employs or has access to staff sufficient to form the START team they are bidding for, and will outline an initial staffing plan as well as a plan for phased in staffing which corresponds to the regional sub teams as described in sections IV D 1 and IV D 2. While the delivery of START services would begin upon the establishment of the initial START teams, it is recognized that the full staffing pattern would be achieved in collaboration with OPWDD within 6-12 months from contract start date. Staff must meet the qualifications in section IV D 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 START-University of New Hampshire in order to participate in the START Information Reporting System (SIRS) database.

NY START services consist of linkage/clinical teams and therapeutic resource centers. 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
- Cultural competency development
- Crisis assessment and intervention
- Mobile crisis response and services
- Emergency and planned therapeutic resource centers
- Facilitation of interdisciplinary meetings
- Advisory Council
- Ongoing assessment of service outcomes (data, documentation)

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
- National database for collection of required data
 - (START Information Reporting System (SIRS))

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 4;
2. The individual must have a developmental disability as defined in New York State Mental Hygiene Law section 1.03 (22);
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 respite, 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. However, there is an exception to criterion 2 above in that confirmed OPWDD eligibility is not required for access to START linkage services during an emergent situation; rather, a reasonable basis to suspect developmental disability will be sufficient in these circumstances. An OPWDD Eligibility Determination (i.e., a determination by OPWDD that an individual has a developmental disability as defined in Mental Hygiene Law) is required in order to receive additional START services.

C. Cultural Competency

Given the level of cultural and linguistic diversity within the NYC area, there is recognition of the need to possess and display effective cultural competency skills in developing NY START Programs in this region. The successful applicant will be required to describe how their teams are trained in such matters in order to best support people with I/DD from diverse cultural backgrounds. By demonstrating a sensitivity to cultural differences and engaging in both inter- and intra-cultural communications, the successful applicant will effectively improve the capacity of the system as a whole in order to provide needed services and supports to children and adults with I/DD and behavioral health needs.

Applications should include:

1. A description of approaches utilized and plans for collaborative relationship building with providers who serve individuals in multicultural provider agencies;
2. A description of the cultural diversity/competency trainings the successful applicant's team will participate in;
3. A description of how the successful applicant's team will provide similar training to local stakeholders who receive NY START services;
4. A description of how the successful applicant's team will ensure that all necessary materials are translated as appropriate;
5. A description of how the successful applicant's team will ensure that interpreters are developed and engaged as appropriate; and
6. 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.

D. 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 intends to provide a detailed description of the elements of the NY START program for Region 4 and guidelines for promoting fidelity to the START model.

1. START Clinical Staff

The successful applicant will be required to establish one START clinical team within their identified area, with sub-teams as necessary. The START clinical teams offer both the linkage/clinical and resource centers that will be described in greater detail in the pages that follow.

The START clinical team for **Team 1 – Brooklyn/Staten Island (Team 1)** must consist of the following personnel, and such personnel must meet the qualifications set forth in section IV D 2 below:

- 1 FTE Director
- 1 FTE Assistant Director
- 1 FTE Administrative Assistant
- 1 FTE Clinical Director
- .50 FTE Medical Director (may be more than one person)
- 1 FTE Resource Center Director
- 1 FTE In-Home Supports Director

Brooklyn: Three sub-teams with locations recommended by the provider

- A. 1 FTE team lead, 4-6 FTE coordinators, 4 hours a week Psychology consultant
- B. 1 FTE team lead, 4-6 FTE coordinators, 4 hours a week Psychology consultant
- C. 1 FTE team lead, 4-6 FTE coordinators, 4 hours a week Psychology consultant

Staten Island: One team centrally located and recommended by the provider
1 FTE team lead, 4-6 FTE coordinators, 4 hours a week Psychology consultant

The NY START Organizational Chart - Team 1 is included as Attachment A1.

The START clinical team for **Team 2 – Bronx/Manhattan/Queens (Team 2)** must consist of the following personnel, and such personnel must meet the qualifications set forth in section IV D 2 below:

- 1 FTE Director
- 1 FTE Assistant Director
- 1 FTE Administrative Assistant
- 1 FTE Clinical Director
- .50 FTE Medical Director (may be more than one person)
- 1 FTE Resource Center Director (per center; may need two)
- 1 FTE In-Home Supports Director

Manhattan: Two Sub-Teams

- A. Lower Manhattan (1 FTE team lead, 4-6 FTE coordinators, 4 hours a week Psychology consultant)
- B. Upper Manhattan (1 FTE team lead, 4-6 FTE coordinators, 4 hours a week Psychology consultant)

Bronx: One team centrally located, recommended by the provider
1 FTE team lead, 4-6 FTE coordinators, 4 hours a week Psychology consultant

Queens: Two Sub-Teams

- A. Astoria/LI City to Forrest Hills (West) (1 FTE team lead, 4-6 FTE coordinators, 4 hours a week Psychology consultant)
- B. Forrest Hills to LI (East) (1 FTE team lead, 4-6 FTE coordinators, 4 hours a week Psychology consultant)

The NY START Organizational Chart - Team 2 is included as Attachment A1.

These recommendations are based on the size, population density and diversity of each borough.

In addition, the successful applicant will be required to have the following START Resource Center personnel:

1. One Resource Center Director
2. One Nurse/Assistant Director
3. 25 Qualified Direct Support Professionals/Resource Center Counselors per Resource site

2. START Clinical Staff Qualifications and Responsibilities

The START Clinical Teams Manual, Attachment C, 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 Respite Director or designee provides updates on the guests at respite and reviews respite 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. Staff Meetings

Each START team conducts weekly staff meetings to review systems related issues, resource center operations, and other service elements. Recurring 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 START Recurring Team Meetings:

- 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.
- Review status of guests at resource centers and any upcoming plans for discharge.
- Review the planned resource center schedule for the week and any openings.
- Review any new administrative/operations procedures, policies and/or problems/issues with current processes that may warrant further discussion and/or changes to current operational processes.
- Review individuals on waitlist (if applicable) as well as recent referrals.
- Review any significant administrative or procedural problems or changes.

c. Peer Reviews

Peer-review is an essential component of the program's internal process for quality assurance. START completes internal peer-reviews to improve the development of Cross-Systems Crisis Prevention and Intervention Plans, respite discharge summaries, and maintenance of medical records. START Coordinators and the Team Leader, Regional Director, Clinical Director, and/or Respite Director participate in peer-reviews as deemed appropriate by the Regional Director. Peer-reviews should occur at least once every three months.

d. Live Supervision

Live supervision techniques are part of the core training and supervision protocol for all START respite personnel and includes review of videotaped meetings and activities to improve the skills and effectiveness of the respite team.

2. Linkages, Outreach, and Follow-up

The START systems linkage program is presented in the diagram in Attachment B.

START develops relationships with community partners in order to bridge service gaps and improve service outcomes. The success 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 respite. NY START programs must work closely and collaboratively with established first responders and local law enforcement agencies in NYC. Roles and responsibilities must be clearly established and defined as part of this process to ensure effective crisis response. Successful applicants should be prepared to address the joint trainings that will be required to bridge the gaps in knowledge and practice that exist between agencies.

The successful applicant will also develop a plan to address how they will interface with the education system and local schools serving individuals with I/DD.

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 advisory councils should be formed to assist with this process, and the proposed provider should have a plan to assure that this occurs.

Outreach serves to support the systems of care. START personnel are in frequent contact with service providers and individuals to insure that they 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. The successful applicant will be required to provide planned outreach. All active cases must receive at least monthly phone contact to check in and ensure that the individual continues to do well.

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.

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 respite stays
- Visits to residential and day providers to provide consultation and training
- Other community-based contact as needed and available

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.

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 respite 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.0020

a. Clinical Education Team Meetings

The START Clinical Education Teams (CETs) meet monthly. 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 providers of services in the community. 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.

Each month, up to two people are reviewed. START Coordinators will initially select individuals but later reviews may come from community partners. The meetings take two hours to complete each month. START Coordinators receive a summary of recommendations and provide follow-up information to the team at subsequent meetings so that all can learn from the process.

These education teams do not involve natural supports or the individual. This is training rather than consultation.

b. Training for Providers/Families

All members of START provide training to providers and/or families when requested. Training for the Cross-Systems Crisis Prevention and Intervention Plan (CSCPIP) or respite recommendations are common topics of trainings completed. However, other specialty trainings are completed by the Clinical or Medical Directors, or Program Director, 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.

4. Cross-Systems Crisis Prevention and Intervention Planning

The successful applicant will be required to provide Cross-Systems Crisis Prevention and Intervention Planning. The Cross System Crisis Prevention and Intervention Plan (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 goal of the CSCPIP is to identify problems that have or may arise and map out a strategy that offers the tools for the circle of support to assist the individual to address problems and prevent crises from occurring.

START Coordinators facilitate individual CSCPIP meetings. Whenever possible, the START Coordinator, the individual, members of the mental health service team (which could include an outpatient therapist, a representative from the clinical home provider, psychosocial rehabilitation provider), members of the developmental disabilities service team (which could include the targeted case manager, residential and day program providers), and the individual's natural supports (family members, friends, and other interested parties) meet to develop a plan to assist the individual and his or her caregivers during times of difficulty.

The successful applicant must attempt to write a full and comprehensive CSCPIP within 60 days of initiating the process. The CSCPIP should be modified as needed and be reviewed frequently, minimally at least twice a year.

The first and perhaps most important way to handle a crisis is to avoid its occurrence whenever possible. The use of crisis services most often follows severe maladaptive behaviors on the part of the individual, e.g., assault or property destruction. Crisis prevention planning can provide a strategy to assist an individual and the people who provide support to better cope in times of difficulty.

The CSCPIP process has five goals to accomplish this task:

1. Reaching an understanding regarding communication of needs through challenging behaviors: A primary goal of the collaborative planning process is for all concerned parties to reach consensus regarding what an individual may be communicating through their challenging behaviors. Family caregivers and other people providing support and assistance can better introduce alternative strategies to help an individual get his or her needs and wishes met when they understand the “meaning” of a given challenging behavior. When effective, this strategy helps to prevent a crisis from occurring.
2. Developing/improving upon coping strategies for the individual and caregiver: The CSCPIP outlines options for individuals and their caregivers to cope with feelings or difficulties that may increase the likelihood of challenging behavior(s) if not addressed. For example, the plan may delineate “early warning signs” that may indicate an individual is experiencing anxiety. The plan outlines relaxation techniques to assist in reducing the person’s anxiety, based on what is known about the individual.
3. Preventing the system from going into crisis: The roles and responsibilities for specific professionals and service providers are delineated in the plan. The CSCPIP helps service providers respond more effectively in times of crisis. It is helpful when the plan is as specific as possible in defining who should be contacted, when, and what they will do. The plan may also include important facts about the individual to help the service providers contacted better assist the caregivers. To ensure that the plan is taken seriously, each plan is signed and approved by all involved parties.
4. Identifying signs/ behaviors that may also indicate symptoms of acute mental health symptoms: These are carefully monitored with recommended interventions and often involves mental health providers in the planning process.
5. Simplifying access to services: It is important that access to emergency services be as easy as possible. Lists of services and important contacts are provided to families, caregivers and other direct support providers as part of the CSCPIP.

5. Comprehensive Service Evaluations

Comprehensive Service Evaluations (CSEs) provide an in-depth overview 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.

The CSE takes about 30 days to complete and is an important tool to assist teams in improving their understanding of the client and of his or her service needs.

CSE Guidelines

- It is important to review all available records, and to seek them out when not readily available (remember we do not want to “strain the system by assigning this to case

manager or others; our job is to assist in attaining records so that the team remains engaged in the process).

- Draft reports are reviewed with the START Clinical Director prior to sending them to the individual's team.
- Draft reports are sent to the team for review and discussion. Then, after meeting with the team's team, an action plan will be included in the final report.
- Summaries include "reported" information along with interpretation from the START team. Do not just copy what you find in records; explore their meaning.
- Test scores must be reviewed with the Clinical Director, and interpretation of implication of the scores should be included in the report.
- Recommendations often include other assessments that are needed. Please include who you would recommend conduct these assessments whenever possible.
- The START team assists the team in follow-up with recommendations from the CSE.

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 4 (i.e., 24 hours a day, 7 days a week). The Program 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 and ensures the region is always covered.

If emergency assistance is requested from START 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 developing 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.

START is expected to respond to a crisis call in a timely fashion, and to assess emergency service needs through face-to-face evaluations whenever possible. The START contractor must provide immediate telephonic response and perform onsite evaluations as appropriate. Review of outcomes helps determine if there are obstacles to this important goal being met.

All instances of crises for individuals supported by START should include next-day follow-up by the START coordinator assigned to that individual. The START coordinator will become aware of the resolution, as well as what strategies were necessary for stabilization. If the crisis outcome included placement in a higher level of care such as a mental health inpatient unit, 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. START 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 START, the information obtained from the response to the crisis should be included and/or considered when developing/revising the individual's CSCPIP. Each person involved with START will have a CSCPIP that should be reviewed with the service team and revised as needed, especially after an emergent situation has occurred.

In most situations, a START representative will seek to complete a face-to-face assessment and/or consultation 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) or when the person is deemed to not be an appropriate recipient for START service. Still, 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 Resource Center

START Coordinators prescreen for emergency resource center admission at START and co-evaluate for a full array of crisis and emergency services with first responders.

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

7. START Mobile In-Home Community Support Services

START in-home supports are designed to assess and stabilize an individual in his or her natural setting. This service is part of the mobile crisis capacity of START, and the START Coordinator determines the need for supports. In most cases the provision of in-home supports is planned with the full knowledge about the individual and the setting. However, the provision of supports may 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.

Once contacted, the team will be expected to have in-home supports in place within two hours of the plan to provide services. This means that the mobile in-home supports team will be located throughout the region so that they can provide timely support. The goal of the 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 provided by qualified, trained personnel who will be part of the local mobile crisis network which is made up of START Coordinators and on-call clinicians who 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 planned or emergency respite at the START Therapeutic Respite facility.

8. START Resource Center Services

a. Facility

The START services will be provided in a resource center located within each team's area of operation. 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. In the event an applicant currently has access to a suitable property based on the requirements attached hereto as Attachment D, Best Practice Guidelines for NY START Resource Centers, this should be included in your response for review in accordance with section VI, B, 8. Up to an additional 5 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.

b. Resource Center Services

When determining clinical appropriateness for eligible potential guests for START Therapeutic Resource Center, START Coordinators confer with the START Director, START Assistant Director, START Resource Center Director, and START Clinical Director (as appropriate) 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, 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. Personnel must be trained to support potentially volatile individuals.

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 at respite. 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.

The START Resource Center program provides community-based, short-term respite exclusively for potential guests eligible for and enrolled in the START program experiencing acute, chaotic and/or other needs that may also be identified as a "crisis." The intent of this respite with the 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.

The individuals served at the program are considered to be guests, and do not have unsupervised access to sharps, flammable materials, cleaning supplies, medications, hygiene products, or food to insure safety. Unless approved, they do not have unsupervised community access. This is a therapeutic setting and is not intended to replicate a home environment.

1. Planned Resource Center Use

Half of the beds in the four bed resource Center facility are designated as “planned respite beds.” Planned respite beds at START are intended to serve people who have not been able to use respite in 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, but once approved they schedule visits as needed (and when available).

The goals of planned use of resource centers are to: 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 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 START team may provide transportation, although this shall not be a regular occurrence. The START Director and/or Resource Center Director (as applicable) must approve any transportation provided by the START Team.

Length of Stay

START planned resource center services are designed to be very short-term and generally will not exceed five consecutive calendar days. As START 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 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 do not include an overnight stay. Planned resource center visits are provided to any 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 a resource center, all subsequent admissions are scheduled between the families and the START Director and 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 Resource Center Access

Emergency resource center services are provided at the START resource center facility located in each region. Half of the 4-bed resource center facility operated by START are designated for emergency respite purposes. Unlike planned respite, which is offered primarily to families, all START service recipients can access emergency respite as needed. Emergency respite is designed to provide out-of-home housing and 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 respite 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 START resource center home may necessitate a significant amount of planning 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. In many cases, potential guests for START emergency resource center access are new to the program. When coordinating guests' 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 Director of START Services. If needed, consultation with the START Clinical or Medical Directors will occur to make the final determination with regard to the appropriateness of the admission.

General Rules for times/dates on admissions:

- Emergency admission to resource centers generally occur between the hours of 8:00 AM and 7:00 PM Monday through Friday
- Previous guests of the START resource center in need of emergency respite services may be admitted outside of the designated admissions hours
- Admissions after hours and on weekends will be considered on a case-by-case basis

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

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

Documentation

START Resource Center staff complete 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.

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 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 and dialogue and discussion with the guest's home setting 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, etc., for distribution and dialogue with the individual's clinical home and relevant care providers. 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.

9. START Advisory Council

The Advisory Council is critical to ensure effective service delivery in the context of the START program. It consists of stakeholders, experts, and personnel from START. The successful applicant will be required to form the Advisory Council and to organize meetings of the Advisory Council. The successful applicant will be a member 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.

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 START services to the START Information Reporting System (SIRS). 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. Quarterly Reports

The successful applicant will report requested data on a quarterly basis to OPWDD and the University of New Hampshire. The START Program Director is responsible for reviewing the aggregated data and submitting the reports.

b. Annual Reports

The success applicant will 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.

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 OPWDD personnel relating to this procurement other than contact with the following designated OPWDD staff:

The Designated Contacts for this procurement are:

1. For technical assistance with the Grants Gateway, please email grantsreform@ITS.ny.gov.
2. For program or service delivery related questions:

Wendy Colonno
NYS Office for People With Developmental Disabilities
Bureau of Health and Community Support
44 Holland Avenue
Albany, New York 12229
Email Address: Wendy.R.Colonno@opwdd.ny.gov

OR

Alan Galgana
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

3. For contract related questions:

Amanda Mitchell
NYS Office for People With Developmental Disabilities
Contract Management Unit
44 Holland Avenue
Albany, New York 12229
(518) 474-5513
Email Address: amanda.s.mitchell@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:

Wendy Colonno
NYS Office for People With Developmental Disabilities
Bureau of Health and Community Support
44 Holland Avenue
Albany, New York 12229
Email Address: Wendy.R.Colonno@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, drivers 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. 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 VII, below.

M. 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.

N. Debriefing

Once an award has been made, applicants may request a debriefing of their application(s). Please note that debriefings will be limited solely to the strengths and weaknesses of the applicant's own application(s) 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.

O. Bid Protests

Applicants wishing to file a protest of award(s) 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 one of the following designated contacts by Friday, September 11, 2015, 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.

Wendy Colonno
NYS Office for People With Developmental Disabilities
Bureau of Health and Community Support
44 Holland Avenue
Albany, New York 12229
Email Address: Wendy.R.Colonno@opwdd.ny.gov

OR

Alan Galgana
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 Thursday, September 24, 2015. Responses posted on this date will address questions submitted in writing prior to the Conference, as well as responses to questions offered at the Conference. See section IX for more information on the 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 Monday, October 5, 2015, 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 by that date and time for further consideration.* Mailed, Emailed or facsimiled submissions will not be accepted.

An applicant must submit an application for each team of which an application is submitted. While additional data may be presented, the following must be included with each application. Provide the information 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 seven (7) items, in the following order provided, and under each of the provided headings. REMINDER: If applying for both teams, please provide two (2) technical proposals, labeled "Team 1" and "Team 2".

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 START services in relation to this RFA.
3. **Proposed Staff.**
 - a. A description of the staff currently employed by the applicant and who meet the qualifications described in Section IV, D, 1 and 2, and their availability and willingness to provide NY START Services. Provide this description for both the staff who will provide direct services and the staff who will provide clinical supervision. Provide their educational and experiential qualifications and their current titles.

- b. For any staff that is not already employed by the applicant, a description of the strategies and steps the applicant will take to have qualified staff working by the beginning of the contract term, which shall be no later than January 1, 2016.
- c. A description of how the applicant will ensure that any staff that leave employment before the end of the contract will be replaced by staff that meets the qualifications for the position.

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.

5. Description of Services. A clear description (approximately 20-40 pages) of the proposed NY START Services OPWDD Region 4 that addresses 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 the following requirements, as described in detail in section IV, Scope of Work, of this RFA:

- a. An ongoing team approach, which includes: daily weekday triage calls, staff meetings, peer-review, and live supervision;
- b. Affiliations/linkages/outreach and follow-up, including the development of a crisis support continuum (expected First Quarter 2016);
- c. Formation of START clinical teams that are located strategically within the region, such that response time to an emergent situation is two hours or less;
- d. Description of how cultural competencies will be developed and maintained;
- e. Assessment, intervention, and prevention, in accordance with NY START model;
- f. Systemic and Clinical consultation and training, including: expertise in systems approach to team consultation; functional analysis techniques; and, data collection methods;
- g. Clinical Education Teams, which include: monthly case review meetings with community service providers; and, additional need- or request-based training to providers and families;
- h. Cross-systems crisis prevention and intervention planning, including: development of Cross System Crisis Intervention Plan (CSCPIP); and, facilitation of CSCPIP meetings;
- i. Crisis/Emergency assessment and intervention, including 365/24/7/within 2 hours whenever possible on-call response capacity; pre-screening for emergency resource center access; and, strategy to accommodate a crisis/need for crisis admission when resource centers are at capacity;
- j. Immediate telephonic response and on-site assessment within two hours whenever possible;
- k. Mobile In-Home Community Support Services, including assessment and stabilization in natural setting; 2-hour window period for in-home supports implementation; team located throughout the region; provision of in-home support services for up to 72 hours per intervention period;
- l. Provide emergency and planned Therapeutic Resource Center Services (expected First Quarter 2017), including
 - i. ability to operate one therapeutic resource center facility
 - ii. ability to sufficiently staff the resource center at the ratio of 3 staff to 4 individuals during awake hours and 2 staff to 4 individuals during the overnight
 - iii. proximity of program space and adherence to two hour travel timeframe
 - iv. design of program space in accordance with specifications
 - v. meeting all elements in therapeutic resource center protocol (Planned Resource Center Admission: Length of Stay, Planned Resource Center Visits,

Scheduling)(Emergency Resource Center Admission: Prescreening and Coordinating Potential Admissions, Admissions Meeting, Documentation)

- vi. Additionally, please identify the approach you would utilize to implement the model and the projected time needed to initiate the program (not including property acquisition).
 - m. Adherence to all START Team personnel descriptions (see section IV of this RFA);
 - n. Adherence to staffing levels, training requirements and clinical supervision;
 - o. Ensure staff participation in ongoing START training and clinical supervision to include use of video-recording;
 - p. Provide staff attendance at Advisory Council meetings;
 - q. Utilize computer equipment/technology for field-based data entry and case planning, networking, and emailing via internet; and
 - r. Data Collection/Reporting, timely submission of data, participation in evaluations based on the data entered into SIRS.
- 6. Technology.** 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. Also describe how your agency will comply with HIPAA and HITECH requirements.
- 7. Development Plan for Services.** Provide the estimated timeframes required for full implementation of the START program as describe in this RFA, using the Workplan template within The State of New York Master Contract for Grants. The State of New York Master Contract for Grants is annexed as Attachment E to this RFA. Specifically include time estimates for each item in Step 5 above, and specifically include benchmark dates for the following elements of the NY START program:
- a. Crisis communication system;
 - b. Establishment of linkages with providers in the region;
 - c. Achievement of full staffing; and
 - d. Establishment of in-home supports.
- 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 resource center 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 D;
 - c. Describe any renovations necessary to bring the property into compliance with the best practice guidelines in Attachment D; and
 - d. Describe any activities that may be necessary to transition individuals who may be receiving services in the location.

C. Cost Proposal.

Submit a Cost Proposal for each team you are applying for, if applicable. REMINDER: If applying for both teams, please provide two cost proposals, labeled "Team 1" and "Team 2".

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.

The resource center component of the Cost Proposal must include a budget for six months of operational costs for the therapeutic resource center program. 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	Team 1 Brooklyn/Staten Island	Team 2 Bronx/Manhattan/Queens
1	\$1.3 million	\$1.6 million
2	\$4.0 million	\$4.5 million
3	\$4.7 million	\$5.2 million
Total	\$10.0 million	\$11.3 million

Year 1 - The funding for the first year is 60% of total anticipated yearly costs for the START Clinical teams. The START program will phase in staff during the first year, so it is expected that full staffing will be achieved closer to the end of the first year.

Year 2 – The funding for year two funding includes the full cost of staffing, both START clinical teams, \$25,000 per team for multi-modal consultations, and resource center operational costs for 75% of a year.

Year 3 – The funding for year three includes the anticipated costs for fully operational START Clinical teams and resource centers, as well as \$25,000 per team for 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(s) that move onto the interview process will be required to provide additional information regarding the use of community habilitation revenue for in-home stabilization supports. More information will be provided to the successful applicant(s) prior to their interview date.

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 by Friday, September 4, 2015, as specified in section II, Calendar of Events, to one of the following designated contacts:

Alan Galgana
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 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 vendor 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. All questions and answers will be made available to all attendees of the Conference by Thursday September 24, 2015.

Each applicant will be required to send an e-mail to Wendy Colonno (Wendy.R.Colonno@opwdd.ny.gov) confirming their intention to attend the Mandatory Applicant's Conference by Friday, September 11, 2015. Confirmation must include the agency's name and the name(s) of the person(s) who will be attending. 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, and 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 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 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 selection process may also include OPWDD verification of information provided and interviews, if deemed necessary or desirable by 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 85 points for the Technical Proposal component of each application (for each team proposed, when multiple teams are proposed by one applicant). The Technical Proposal evaluation criteria numbers 1 through 7 are set forth in section VIII B, Instructions for Preparing the Application, of this RFA. Number 8 will provide up to 5 bonus points beyond the maximum 80 points for responses to numbers 1 through 7, for applicants electing to propose use of a preexisting viable property for use as a START resource center. The number of points that may be earned for each of the 8 scoring criteria are:

- Item #1 – 5 points
- Item #2 – 5 points

- Item #3 – 10 points
- Item #4 – 10 points
- Item #5 – 30 points
- Item #6 – 10 points
- Item #7 – 10 points
- Item #8 – 5 bonus points

For applications to be advanced to the next phase of the evaluation process, the Cost Proposal Evaluation, a minimum score of 55, or the top 3 scores, for each team’s Technical Proposal must be achieved.

Cost Proposal Evaluation

Applicants may achieve a maximum of 20 points for the Cost Proposal component of each application (for each team proposed, when multiple teams are proposed by one applicant). Application(s) providing the *lowest* cost in response to section VIII C, Instructions for Preparing the Application, of this RFA will receive the total available 20 points. Scores for the remaining higher cost applications will be calculated according to the following formula:

Cost Proposal Score = P/Q times 20 points, where P = Price of lowest priced application and Q = Price for application being scored.

The maximum total score for this RFA may be 105 points if an applicant received full points for all components- technical and cost- and all 5 bonus points when a resource center is proposed.

C. Interviews by OPWDD

Mandatory interviews of the top three applicants will be conducted for each team 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 in its discretion.

D. Tie Scores

Agencies may engage in discrete bidding for either one or both teams (Team 1: Brooklyn/Staten Island or Team 2: Manhattan/Bronx/Queens) located in Region 4. However, successful applicants will only be awarded a contract for one team. If one applicant applies for both teams and scores highest for both teams during the interview process, or if two applicants receive equal scores during the interview process for the same Team, the contract(s) 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;

If tie bids cannot be determined by the above methods, the award will be made by random selection.

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(s). The successful applicant(s) will be notified through tentative award letter(s) issued by OPWDD on approximately Friday November 13, 2015, 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 January 1, 2016 and end on December 31, 2018. One two-year optional renewal may be negotiated at the end of the three-year term.

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, each attached hereto as Attachment E.

Following completion of the contract documents and required support by the applicant(s) 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(s) will not be final and binding until approved by the Attorney General and State Comptroller. Upon these approvals, all terms of the contract(s) 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.