



Questions and Answers for START RFP

Questions submitted prior to the bidder's conference

- 1. Eligibility – need to define “emergency” which is waived for eligibility; How quickly will OPWDD make a determination and how? (ie takes 9 months normally). Front door, responsive.**

During the initial linkage and coordination response, it is expected that the START provider will respond to individuals immediately if the individual appears to have an I/DD, even if the eligibility status is unknown. For additional START services (such as START therapeutic respite), the individual will need to go through OPWDD's regular eligibility and Front Door process.

- 2. How will OPWDD interface with treatment team to develop a sustainable model of care, ie to pay for 2:1 staff required after 30 days to 60 days, as example?**

This type of ongoing staffing resource is not part of the START service and using a 2:1 staffing ratio is not usually consistent with the START model's positive support approach. The goal of the START model is to assist the individual to gain stability; the use of a heightened staffing pattern as described would be evaluated and authorized by the DDRO only with clinical review and with justification and planning around reduction.

The DDRO will maintain an active partnership and communication with the START team to facilitate planning as needed particularly in complex circumstances.

- 3. Who and how is respite from a partner agency reimbursed?**

If an agency provides waiver respite (free-standing or hourly), that agency should document and bill respite as it does now.

START Therapeutic Respite must be delivered by the selected proposer and will be reimbursed under the contract.

- 4. What other possibilities are available for short term enhancement for existing services? Is CSS a tool? Is the “plan” submitted to OPWDD and will they provide resources?**

As the selected START proposer recommends other services and resources that may assist the individual, the individual will need to follow the same process for eligibility determination (if not already established) and authorization for those services and resources. Those services and resources will be reimbursed following the billing rules that they do now and will be outside of the contract.

The plan that is developed by the START provider does not need to be submitted to OPWDD but it does need to be realistic and able to be implemented. The START plan should recommend services and supports that can be authorized by the DDRO and delivered by providers in the region whenever possible in order to assure timely service delivery.

Consolidated Supports and Services could certainly be pursued to develop an individualized model of support in coordination with the individual, their MSC and other advocates. Accessing CSS services will occur through the appropriate DDRO request and service authorization processes.

The goal of DDRO front door practices is to align resources appropriate for individuals identified needs, many individuals who are in need of START services would likely be identified as having high needs for supports and services. Front Door practices are consistent with START team goals of utilizing linkages with community based supports and services to avoid the need for more restrictive and higher cost support options when appropriate to the person's clinical support needs.

- 5. Will Home and Community Based or other funding will be available to START participants who are not already linked with critical services such as respite and Intensive Behavior Supports or community habilitation in a timely fashion as there are waiting lists for some services already? Will they receive any priority?**

Other services should be coordinated with the individual, their MSC and other advocates. Accessing HCBS Waiver services will occur through the appropriate DDRO request and service authorization processes.

The goal of DDRO front door practices is to align resources appropriate for individuals identified needs. Many individuals who are in need of START support would likely be identified as having high needs for services and as such will be prioritized to the extent possible for needed services. Front Door practices are consistent with START team goals of utilizing linkages with community based supports and services to avoid the need for more restrictive and higher cost support options when appropriate to the person's clinical support needs.

- 6. Technology -\$\$ for it, what technology is available and what's working?**

Technology costs should be included in the budget as necessary for START staff providing training, consultation, assessing individuals and data collection purposes. It is up to the proposer to explore the technologies that would work for its proposed START program. It is expected that the proposer will explain how technology will be used in the START model.

If technology supports are recommended or thought to be appropriate in the service plan designed for an individual, START funds cannot be used. Technology supports should be requested via the DDRO through appropriate request and authorization processes.

- 7. Can we talk to the agencies involved in existing START programs to see what technology can be helpful/ working?**

At this time, OPWDD asks that an agency does not contact START providers as START providers do not have the resources to respond to requests in a timely manner. It is recommended that an agency research other similar programs to see what types of technology is being used to assist in behavioral and crisis services.

OPWDD also recommends that all proposers go to the START website, read the materials and watch the videos, especially the "START Model Overview" Video. The web address is www.centerforstartservices.com.

8. Travel budget, overnight stays etc need to be in the \$3million budget? Any estimates available from programs already in operation?

An agency may include the cost of staff working overnight and travel costs within the budget.

9. A SAFETY NET FUND would be helpful – a flex fund of last resort to be accessed, faster than e-mod process would be good. What do you suggest and how to include in grant budget?

Services that are able to be paid from waiver services such as environmental modifications should be pursued using the service request process through the DDRO. A "safety net fund" for such emods is not available through this RFP and should not be included in the budget.

A proposer should budget \$100,000 to support low cost expenses so that individuals can access START services. These are expenses that are not covered by the waiver or other typically funded services. Examples of expenses appropriate for such a fund include an individual's transportation costs, immediate clothing or food needs, or other miscellaneous goods. Prior to accessing and using these funds the selected proposer will have to get approval from the Regional office.

10. Regulatory – our guess is that respite houses will be an IRA, short term treatment, so those won't need separate behavioral approvals; as free standing respites are exempt. But for SCIP or SCIP-like interventions that would have to go to Jill or ____ in Albany for approval -- Can we get an expedient route for those?

The current regulations for behavioral interventions under 14 NYCRR Section 633.16 apply. It is expected that interventions incorporated into an individual's START plan should be generalizable to an individual's permanent living situation.

11. Medication administration – for the in-home services, how do we administer medications, especially for children under 6, ie if mom and dad went to hotel?

The requirements and limitations for medication administration that apply in certified or uncertified OPWDD services also apply to START services (i.e., refer to 14 NYCRR 633.17 and ADM #2003-01). Per NYS SED, unless a staff person is an appropriately licensed professional authorized to administer medications they cannot do so in non-certified settings. Non-licensed staff can only administer medications consistent with the requirements of ADM #2003-01.

12. Will the Start team have access to the person's benefits etc (food, rec activities, etc.) during their stay or respite?

As START is a temporary service, the START provider will not have access to the individual's benefits.

13. The RFP notes that "OPWDD is working on securing funding" for after the 18 month grant period. Tell us more about that – What happens after June 2015? How do we anticipate respite staff budget piece?

OPWDD will work toward securing funding for when the contract period ends to ensure continuity in delivery of this service. Funding sources being pursued are a new or amended waiver service and/or incorporating the START costs into the managed care payment methodology.

14. The START provider is expected to work with OPWDD to assist with exploring long-term funding options.

The respite staffing cost should be based on the FTEs described in the RFP.

15. Can we open one of the respite houses earlier on, so it could act as a pilot to demonstrate practically, what the costs etc will be? Even a staged delay of a month or two could help with implementation.

A START Therapeutic respite site may be opened as soon as the site and staff are ready under the contract. Operating a Therapeutic respite site prior to the contract will not be reimbursed by OPWDD. OPWDD will work with the START team to initiate the therapeutic respite service.

16. What is the status of sites for the 2 respites? What if any physical sites have already been identified by OPW? Is there one in West Seneca?

OPWDD has identified a few potential sites and will work with the selected START proposer to see if these sites are suitable.

17. What is the timeline you anticipate for opening the respite houses?

The proposer should review their staffing and current operations to decide the timeframe within which it could open a therapeutic respite site and specify this in their proposal.

18. Is START supposed to be available for State-operated residences as well as voluntary/community?

Yes, START services will be available to all individuals.

19. Budgeting: Make sure that all costs to accommodate the 50 hours of training for all the staff.... i.e. costs to bring trainers in vs travel. Is all the training provided by START having to come out of our budget, or is that off to the side?

The training cost is covered by OPWDD, but the cost of the staffing time spent in training is the selected START proposer's responsibility.

20. Salaries –do you have new guidance on salaries?

There is no new guidance on salaries. Salaries should be based on the proposer's current reimbursement of staff and the regional prevailing wages for the positions and the staffing qualifications listed in the RFP.

21. Respite services in the RFP is minimum of age 21 – the earlier notes said the mean age was 20. Please explain.

Initially on-site therapeutic respite in New York state will only be for individuals who are 21 years of age and older, although some START programs in other states do offer on-site therapeutic respite to individuals younger than 21.

22. Do you have in mind a specific hospital in mind to partner with?

The selected START proposer is responsible for connecting with and developing MOUs with hospitals and other mental health provider agencies in the area. The agreements are not meant to be focused on one specific hospital.

The START proposer must demonstrate how they will meet the needs of individuals for such services within the entire region, not just in one locale.

23. Do we need formal agreements as part of the proposal? (already in place? very short timeframe)

The selected START proposer will need to develop formal MOUs with agencies and providers during the contract period. Example MOUs from the Center for START Service will be made available to the selected START proposer.

24. The RFP states that 50 hours of training are required for START coordinator certification. NH Start program notes it has taken 14-18 months for certification.

The 50 hours may take several months to complete. START coordinators complete the training at the same time as they are working as START team members. The training is coordinated with the Center for START Services and is well developed and consistently implemented.

25. What is assessment model?

The START model assesses individuals receiving START services with an assessment strategy/protocol that will be made available to the selected proposer.

26. What is the expected rampup from start to execution – what timeline? Visits with existing providers?

Proposers need to review the requirements in the RFP and determine a timeline that is realistic.

27. Do you have data re reduced ER/hospital stays/ MHA's? What are you going to be measuring as our success? (WNY doesn't have data on hospitalizations to begin with). How will you assess performance/outcomes?

During the contract period, the selected START proposer will be evaluated on its ability to meet the requirements in the RFP.

Data collection will be completed using the required SIRS system and over time there will be greater data available upon which to evaluate the success of the model. Based on this data collection, reports are generated that evaluate the program on a multitude of variables.

28. In the RFP on page 40, it refers to "Applicant Requirements found in the Overview." Where is the Overview?

Applicant requirements are now found on page 7, in Section IV (SCOPE OF WORK), C. (START Services)/1. (START Clinical Staff).

Questions asked during the Bidder's conference

29. Can you speak to the involvement and of the relationship with the Mental Hygiene directors?

Mental Hygiene Directors have attended the regional forums in Region 1 and Region 3. OPWDD has also presented information at two statewide Mental Hygiene Directors meetings.

30. What is the relationship between the sub-teams and the clinical team leadership roles?

There is one START team in Region 1 with one director and one clinical director. Because of the geographic size of the region, there are two team leads in the region who will supervise the clinical teams, according to geographic location. These two team leads will report to the START Director.

31. For the SIRS reporting system, is there any tie in with that system and with CHOICES?

There is no connection between SIRS and current OPWDD systems. They are unique and separate technology systems.

32. What does SIRS stand for?

SIRS is START Information Reporting System

33. Is there any opportunity to visit with current START providers?

Ability to visit a current START provider is very limited as their resources are limited because they are providing services. OPWDD suggests learning as much as possible through the current resources available, such as visiting the website: www.centerforstartservices.com.

34. How should START staffing be accounted for if certain elements will not be implemented until the last six months?

The budget should be based on the projected timeline that the proposer develops and the cost for staff should not be taken into account until needed based on the proposer's timeline.

35. What kind of confirmation should an agency expect when it submits information to the Grants Gateway?

Effective August 1, 2013, not-for-profit organizations must be prequalified in order to do business with New York State. In order to prequalify, not-for-profit organizations must submit an online Prequalification Application through the Grants Gateway. If agencies have questions about this process, they can contact OPWDD's Contract Management Unit, 518-473-1382.

36. Does Attachment F (Master Contract for Grants) or the MWBE form need to be completed and sent in with the proposal?

Attachment F and the MWBE forms do not need to be sent in with the proposal. Only the selected proposer will need to complete those documents.

37. In the RFP on pages 10-13, it reads that there is a director (1FTE). Is this per team or for the entire START program?

The one FTE referenced is for the director and clinical director respectively and is for the whole START program in Region 1.