Questions and Answers for NY START Region 4 RFA
September 18, 2015

Questions Submitted Prior to the Applicant's Conference

1) **As a collaborative group of 9 agencies who are applying for Team 2, would a lead agency with other partnering agencies as subcontractors be the correct structure where the lead will pass the funds to the subcontractors (i.e., one taking the Queens sub-team, and another taking the Manhattan sub-teams)?**

   Yes, in a collaborative situation, a lead agency should be identified to facilitate distribution of funds on to subcontracting agencies.

2) **Will we need to submit signed memorandums of understand and signed contractual agreements with subcontractors with the application?**

   Yes, we do want Memorandums of Understanding (MOUs) to demonstrate the nature of their agreements. MOUs are unrelated to linkage agreements. For each application, please differentiate between the lead agency and the collaborative agencies & subcontracting agencies. Also, define what aspects of the START program each collaborative will be responsible for. These MOUs will describe the nature of their involvement and responsibility, as well as how they will interact with the lead agency to maintain integrity to the START model. Please utilize the work plan to clarify responsibilities.

3) **Do we need to supply letters of support/memorandums of understand with service providers/partners?**

   If an applicant is partnering with additional service providers and/or subcontractors, they may upload Letters of Support/MOUs to the Grantee Documents Folder at time of application.

4) **Do all of the partners in our collaborative group need to be eligible (including the requirement to be authorized by OPWDD to provide HCBS waiver services, or be eligible to become an authorized OPWDD waiver provider by 1/1? Or is it enough for only some of the partners to have this?**

As per the RFA Section VII, L: Subcontracting – Subcontractors must also meet the Minimum Qualifications for Selection set forth in section V. This Section V: Minimum Qualifications for Selection, states:

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.

5) The RFA noted the opportunity for use of sub-contractors. Can the successful bidder include in its sub-contracting the running of a Sub-team and or the Resource Center?

Sub-contracting for both teams and therapeutic resource center are permitted under the RFA as long as all sub-contractors meet the requirements outlined in the RFA. Applicants are required to notify OPWDD of intent to utilize subcontractors.

6) With other partners like first responders, law enforcement agencies, will signed linkage agreements be required?

Signed linkage agreements will NOT be required for the application. However, as per the RFA, Section IV, D, 3, 2: Linkages, Outreach, and Follow-Ups; "The successful application 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." – Although, these linkage agreements are not required as part of the initial application, an applicant's submission should focus on how the linkage agreements would be achieved if they were the selected vendor and any relevant history that could demonstrate an effectiveness in achieving these agreements.

7) **We have a potential space in the Bronx for the Resource Center but is rented, and needs renovation and furnishing to set up as a Resource Center. Page 32 of the RFA states renovation, utilities and furnishing are not allowable. Would renovation and furnishing be allowable in the budget request? If not, how would they be covered though the grant period?**

   OPWDD recognizes that properties that are suggested for possible use for the START Resource Center could require renovation. The resources for such renovation will be identified separate from the operational budget. Please submit projected cost for any property that may be appropriate for a START resource center.

8) **Is rent allowable in budget request?**

   Per revised RFA Section VIII, C: Cost Proposal – No. The RFA states "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."

9) **How would utilities of the Resource Center be covered though the grant period?**

   Utilities should be included as part of the operational budget.

10) **Can the Resource Center building be co-located with other programs, both OPWDD and non-OPWDD programs?**

    The nature of the START Resource Centers are short term and are focused on stabilization and planned therapeutic stays. OPWDD will consider properties that are co-located or which are part of a larger campus. CMS intends to permit states to use institutional settings for the provision of respite services that typically do not exceed 30 days in duration.

11) **How is payment given -- through advance installments or reimbursements of claims? If reimbursements, how long would they take to be given?**
    Advance installments will be made to cover the budgeted costs of the START team. The payment installments will be 25%, 25%, 25%, 15%, 10%; with 25% an advance and 10%

the hold back. Excluding the advance, payments will be made for demonstrated incurred expenses.

As described in the RFA the expectations related to the funding stream may change over time. It is anticipated that the successful applicant will work with the state to meet the billing expectations defined as the final payment and funding approaches are implemented.

12) Is there a required match for this project?

No, there is not a required match for this project.

13) Is there a billing component for the services provided to individuals served?

Not initially but START will be transitioning into funding streams that will have billing standards that must be met. It will be expected that the successful bidder work with the state and implement the requirement for the various funding streams that will support START.

14) Do recipients of services have to be waiver eligible?

Neither DD eligibility or waiver eligibility is required for a crisis referral to START, If it appears that a person is developmentally disabled the team can respond and engage. Continued START services is only available to individuals who have been determined eligible.

15) Is transportation included from Queens to Bronx in emergency situations? On Page 32, RFA states transportation is not included in the budget, but for crisis situations, could transport be covered for clients?

No. As per the RFA, Section VIII, C: Cost Proposal - "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."

16) Planned respite: how many days can a client stay?

As per RFA Section IV, D, 8, b, 1: 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."

17) **Half of the respite beds must be maintained for Planned Respite Services; what happens if the respite beds aren't full? Is there an outcome requirement for the grant to reimburse to have respite beds full?**

Open beds may be utilized by additional START Teams requiring Respite Services. It will be expected that the successful bidder work with the state and implement the requirement for the various funding streams that will support START.

18) **Would the grantee have the ability to remove the client from where they live to stabilize the client if the current placement is unsafe?**

Individuals who receive services in certified settings will be able to access Resource Center supports if needed.

19) **What is the discharge criteria for clients?**

Discharge criteria will be specific to each individual. As per the RFA Section IV, D, 8, b, 1: Documentation "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."

20) **There is no inclusion of quality improvement (QI) staff, and no mention of involvement with the Justice Center – how is this handled? With individuals who are described as "volatile" we can anticipate frequent Justice Center involvement. Are we able to include other positions to the project including QI?**

Incident reporting requirements will need to be met pursuant to guiding regulations and policies. Your proposal can reflect the incorporation of a QI role as you think may be appropriate to meet the model integrity expectations and other reporting requirements. This should be accounted for within your existing administrative structure. Additional funds will not be provided.

21) **There seems to be no inclusion of Behavior Intervention Specialists or Behavior Support Plans. Who would develop these? Are we able to include Behavior Intervention Specialists in the budget request?**

The START model calls for a comprehensive assessment process and appropriate plan development. If a specialized behavior support plan is needed the START team would seek to link with an entity that can develop a plan for the person.

22) **What type of interventions are expected to be used? SCIP-R is standardly only used for older children and adults. The CSCPIP lays out the plan but not the specific strategies, etc.**

All START team staff will receive comprehensive training from the National Center for START Services.

23) **Given the level of staffing required in a short period of time, is it possible to include a recruiting consultant in the budget?**

Your proposal can reflect the incorporation of a recruiting consultant role as you think may be appropriate to meet the model integrity expectations.

24) **Therapeutic Resource Center Services: If possible, please clarify the expected timeframe for the Therapeutic Resource Center to become operational.**

OPWDD recognized that at a minimum, the resource center must be operational for 6 months within the contract term. Ideally, resource center operation would begin by the second year of the contract. OPWDD anticipates that a phasing in period would likely occur before the resource center becomes fully operational by year 3.

START Resource Centers may be opened as soon as the site and staff are ready under the contract. Cost Projections for both phased in and fully operational resource centers should be reflected in applications.

25) **Attachment B-1 Expenditure Based Budget form RFA Section VIII C (page 31) states: "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."**

Should a single B-1 Expenditure Based Budget Summary form be submitted for the entire 3 year contract period or one form for each year of the 3 years of the contract period?

It is expected that an expenditure based budget summary form be submitted for the entire 3 year contract period. In addition, it is expected that individual expenditure based budget summary forms be submitted for each of the 3 years of the contract period. The three additional annualized forms should be uploaded to the Grantee Documents Folder in Grants Gateway.

26) **Please explain the relationship between START service provision and 1st Responder Services.**

OPWDD will work with the selected vendor to clarify any potential changes to existing services as needed. However, it is important to remember that START does not replace existing services, including those provided by first responders, but rather augments and links pre-existing services to improve capacity of the system as a whole.

27) **Regarding the Resource center, what options are available for individuals in need of services when the respite vacancies are filled?**

As per the RFA Section VIII, B, 5, 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;" – Each applicant is expected to develop a plan to ensure that individuals are accommodated for when their own local resource centers are at capacity. The START model uses in-home supports as needed. In addition, through linkage agreements with other service providers, it may be possible to connect with traditional Respite services. Planning and coordination is a part of the model and should be addressed in the submitted proposal.

28) **How will NY START services be funded, and who will be responsible for their operation in the upcoming managed care environment?**

As per the RFA Section III, B: Funding - NY START will utilize a number of funding streams including BIP, State Funding, and Other Funding Streams as they become available.

29) **Short of a guarantee, what assurance will be given that funding will continue from one year to the next over the three year period and beyond?**

OPWDD is committed to the role out of the START model at the state wide level. The plan for START services is defined within the state BIP plan and OPWDDs Transformation Agenda.

30) **References in the RFA were made to "emergent situations." Often services continue after the emergent conditions end. When does an emergent situation end?**

Due to the dynamic nature of emergent situations, OPWDD recognizes that each situation is unique, as will be the course of action provided by the responding START team.

31) **Our experience has taught us that there are times where a single intervention either resolves the issue identified or results in an appropriate referral. In these cases, is the required level of documentation adjusted to reflect the limited involvement of the program?**

The Center for START Services operated out of the UNH University Center for Excellence in Developmental Disabilities (UCEDD) will provide appropriate guidance and training pertaining to documentation requirements for all START staff.

32) **Regarding START Mobile In-Home Community Support Services, the RFA notes such service "does not replace existing services or staff." It further says "The In-Home services 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." Does this mean the services will be delivered by a combination of NY START and 'local mobile crisis network' staff?**
START In-Home Community Support Services are made up of START Coordinators and on-call clinicians. The In-Home component of these supports are only provided as part of a planned response for individuals previously known to the START team. For emergent situations involving individuals previously unknown to the START team,

existing linkage agreements involving first responders or local mobile crisis networks may be employed, in conjunction with telephonic consultation services.

33) With regard to In-Home Community Supports, what is an intervention period?

An intervention period refers to the time in which START in-home services are utilized as a response to an emergency or crisis, and will depend on the person's crisis plan and his or her need for services.

34) With regard to In-Home Community Supports, is the 72 hours a hard limit?

START in-home services are utilized as a response to an emergency or crisis situation. 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. In the event that an emergency or crisis lasts for an exaggerated amount of time, START Coordinators would be trained to make an appropriate referral for a suggested course of action.

35) Regarding START Resource Center Services, is it expected that prior to admission, either for emergency or planned use of the Resource Center, that a return to regular (community) services commitment is part of the discharge plan?

Expectations for post-resource center functioning will be different for each individual. As per the RFA, Section IV, D, 8, b – Resource Center Services; Approximate discharge dates are identified for each guest upon admission. All guests receiving START emergency resource center access will have weekly discharge planning meetings – 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. A commitment for a return to the individual's home setting or another appropriate setting will be expected prior to Resource Center admission.

36) There were at least two places that referenced work done "outside the scope of the grant pursuant to the RFA shall be deemed by OPWDD to be gratuitous and not subject to charge by the contractor." This of course excludes same or similar work products to those described within the RFA that are under separate contract with OPWDD, correct?

Applicants awarded contract will be reimbursed for work done within the scope of work described within this RFA. Work awarded under separate contracts with OPWDD will remain in place as defined by their preexisting contract language.

37) In Grants Gateway, Where do we upload the Cover Letter and Cost Proposal?

Cover letters and cost proposals may be uploaded directly to the Grantee Document Folder.

38) If submitting two Technical Proposals, do we need separate Grants Gateway applications?

If you are submitting two Technical Proposals, you will need to submit two independent Grants Gateway applications. Each applicant is allowed for up to 10 applications per organization.

39) Is there a page limit (20-40 pages, as stated on page 32, "Description of Services")? or is there a character limit per question as shown in Grants Gateway?

In the RFA, Section VIII, B, 5: Description of Services – applicants are asked to provide a "clear description (approximately 20-40 pages) of the proposed NY START Services OPWDD Region 4 that addresses the items listed below." The items listed are divided into 18 sub-questions in the Gateway. Each sub-question allows for 4000 characters, which is around 2 pages. This works out to roughly 36 pages if an applicant were to use all of the characters available for each question. However, applicants may choose to provide uploads for each question. Applicant's may utilize character allotments or upload their answers to each question directly, or a combination of both methods. If you choose to upload your responses as attachments, please specify in the original text box provided "See attached document." Questions about this can be directed to: john.dion@its.ny.gov

40) Please explain the difference between Application Due Date and Application Opening: Application Due Date Monday, September 28, 2015, 3:00 PM Application Opening Monday, September 28, 2015, 3:01 PM.

The application opening is the time at which applications submitted become available to OPWDD for evaluation.

41) In Grants Gateway, the Expenditure budget section, should we include costs for the first operating year? Or at full staff, potentially operating year 2?

Please include anticipated costs for a fully operational START Clinical Team and Resource Center (for a full year), as well as $25,000 per team for multi-modal consultation.

42) Is there an administration or agency overhead rate cap?

The proposed budget should include administrative costs. The maximum administration costs should be 15%.

43) Will there be allocated funds for start-up? Should start up funds, such as equipment like computers, be calculated in the Year 1 budget?

The proposed budget can include needed equipment.

44) In our proposed budgeting, should we be including HBCS, waiver funds?

The budget should not include the offset of HCBS waiver funding. The successful bidder will work with the state on requirements related to changing funding streams and the offset to the cost as budgeted will be addressed as appropriate.

45) After the funding period, what is OPWDD's plan for sustainability?

OPWDD is actively working toward a sustainability plan for the START model. This includes incorporation into the waiver and as a project within the DSRIP initiative. It will be expected that the successful bidder work with the state and implement the requirement for the various funding streams that will support START.

46) On page 7-8, the staffing is slightly different than the Attachment A1 and A2 organizational charts. For our cost proposal, which staffing plan should we follow?

Applicants should use staffing plans found in Attachments A1 and A2 when developing respective cost proposals.

47) Will family respite and in-home respite care be an acceptable method for providing respite services?

As appropriate, a person who receives START services may also receive respite. In some instances it may be desirable for the START team to establish a linkage agreement and/or provide education to the Respite provider.

<u>Questions Asked During the Applicant's Conference</u>

48) Can you be a subcontractor in two different teams if you're not a lead agency on either of those teams?

Yes, it would be acceptable for a subcontractor to provide services in accord with their defined subcontracting role for both START teams. This subcontracting role needs to be specifically defined and documented in the arrangement that is reached with the lead agency(s).

49) The START Information Reporting System (SIRS) seems like its main function is data collection and QI, but it does have some aspects of an electronic health record (EHR) in it. We're curious, what role does SIRS have in the management of this system for the successful applicant, or are you expecting that the successful applicant would develop its own data management program in addition to SIRS?

The SIRS data system is a specific requirement of the START model. It includes data developed by the center for START services, which can be adjusted as needed for states individual needs and purposes. The expectation is that the successful bidder will enter that data into that SIRS system to ensure that we have accurate NYS data in what is a national START data base. There may be opportunity to interface with electronic health systems over time to make that process as efficient and easy as possible, and to avoid duplication of data entry. SIRS is used for managing your start program, because the

nature of information is germane to the activities that are being conducted by the START staff every day. It does not comprise an overall health record system. The successful applicant is required to use SIRS by the national start model for internal management of their program.

50) **Can OPWDD share estimated caseloads for Team 1 or Team 2, based on projected staff configuration? What is the maximum number of individuals that each team could serve?**

We developed the team model, including the number of coordinators and team leaders and the overall specific staffing pattern, based on input provided as part of a systems analysis activity where we identified the needs of people based on population density. Applicants can presume that the estimates for an active caseload for START coordinators is approximately 30 individuals; this will include individuals at varying levels of involvement with START; some will have had ongoing involvement and will be more stable, whereas some will be new with more acute needs. Still, the estimates would be approximately 30 people per START coordinator that are actively being supported. Our intention is that this will be rolled out and increased in volume over time, not that there will be an immediate influx up to that level early in the development process.

51) **Regarding the space needing to be allotted for the resource center, does it need to be on a one story or two story building?**

We provided the ideal resource center characteristic that had been defined by the center for start services. If you have a property that you think could meet the needs of a resource center, even if it's not all on one level, but the layout of the setting may be appropriate for use as a resource center, you should certainly include as an option and it will be evaluated against the criteria. We're looking at all properties that are submitted related to potential use as a resource center.

52) **If a START team is ready to implement multimodal evaluation processes earlier than years 2 or 3, would there be a method to provide payment for that assessment process?**

If the teams were ready to provide multimodal evaluations earlier than the time frames specified in the RFA, OPWDD would work with them to provide the necessary funding, up to the specified amount of $25,000.

53) **Under cost proposal section, could you provide clarity as for what you want attached beyond the expenditure based cost proposal? What details does OPWDD want to see in the cost proposal section for each of the elements of the RFA and the expectations of maintaining integrity to the START model?**

OPWDD would like to see a specific breakdown of the costs associated with each of the operational elements. It is understood that a great deal of the budget will involve staffing and other fringe related costs. However, if there are other related costs that an applicant feels will be necessary in order to maintain integrity to the START model, these estimates should be included as part of their cost proposal.

54) **Regarding the cost proposal, would OPWDD like proposals for a fully operational budget for all three years, or a budget that includes each year?**

OPWDD will require applicants to submit in Grants Gateway an Expenditure Based Budget Summary form that reflects their total estimated budget for the 3 year contract. In addition, OPWDD will also require applicants to submit Expenditure Based Budget Summary forms for each annualized year of the contract. These three additional forms (one for each year) should be uploaded to the Grantee Documents Folder in Grants Gateway.

55) **Clarification of the interplay between agencies that are considered 1st responders that are providing services that are the same as services provided in start. What is the interplay of first responders providing crisis intervention services and the START team?**

START team members, the START team itself, is not intended to replace first responders. The START team is intended to augment the system and work in coordination with first responders to create and develop appropriate support options and interventions for people with developmental disabilities. Each organization or collaborative will have different, already existing services and supports. In each instance, we would need to work in conjunction with the Center for START services and with the state, to make determinations and to define the most appropriate relationship and interactions with the various components of that system such that it might result in linkage agreements. For active start clients you may be the responder as part of a crisis plan already developed. In that example you would get the first call. In other examples, if you are unfamiliar with an individual, 911 or other emergency responders may be the first to respond. It depends on the existing knowledge of the individual by the START team at the time of the call.

56) **Page 32 of RFA, while the RFP states first year funding is at 60% of anticipated yearly cost, $1.3 million is only 46% of $4.5million in year 2. Is this an error? Please explain the $1.6million figure.**

Applicants are asked to refer to the table titled Available Funding, found within the RFA, Section VIII, C. Within this table, anticipated yearly costs are established for each team across each of the three years of the contract.

Anticipated costs are based on percentages of partially operational START clinical teams (Year 1), as well as fully operational START clinical teams and partially operational resource centers (Year 2), and finally, fully operational START clinical teams and fully operational resource centers (Year 3). Years 2 and 3 also include the estimated costs of multi-modal consultations.

When the RFA indicates that "The funding for the first year is 60% of total anticipated costs for the START Clinical teams," it is referring to the anticipated cost for clinical teams that was calculated internally based on estimated salaries and other projections. This overall figure was not included in the RFA for review, as Year 1 focused on a phased in staffing pattern.

To clarify further, the 60% is **not** related to year two funding costs, **nor** to the total contract costs. The anticipated costs provided for each year of the contract were developed by OPWDD as projections based on estimated costs of rolling out the START program in an incremental manner. We are relying on the applicants to provide a budget that will illustrate their anticipated costs of implementing and operating the START program for each year, based on the funding available.

57) How will clients be referred? How will OPWDD help if there is a lack of referrals? If clients are wait-listed for eligibility, can they still receive follow-up services?

Clients will be referred to START services through a variety of ways; individuals themselves, families, service coordinators, hospitals or other providers, mental health programs, etc. OPWDD doesn't envision there being a lack of referrals based on the interest in NYC. We expect there will be a high volume. If there were concerns regarding referrals, our regional and central offices would work collaboratively with the successful applicant to ensure publicity and active participation with the service. Regarding eligibility, we will be working with the successful applicant on this process. We've begun discussions w/ DDROs regarding how to ensure those needing START services in various states of eligibility determination, are able to in fact access START services.

58) Can we include family respite as an option for respite care in our proposal?

For the provision of respite care that is not related to the START resource center, or START in home supports and service, there would be an expectation that there would be a linkage agreement with a provider of that respite service, and that may be a good utilization of existing resources to help people who are accessing START services.

59) When will the questions actually be up now?

We will do our best to post them sooner. Definitely by Thursday, September 24, 2015.