



START Services Request for Proposals

New York State Office for People With Developmental Disabilities

September
2013

Content

START Services Request for Proposals

Attachment A – A-1 Agency Specific Terms and Conditions

Attachment B –START Organizational Chart

Attachment C – START Systems Linkage Program

Attachment D – Award letter for BIP Grant

Attachment E – New York State Information Security Breach and Notification Act

Attachment F – State of New York Master Contract for Grants

Attachment G – Budget Template

START Services Request for Proposals

I. Introduction

By this Request for Proposals (“RFP”), the New York State Office for People With Developmental Disabilities (“OPWDD”) is seeking proposals 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 1 (“Region 1”). The RFP process will result in a single grant contract between the successful Proposer and OPWDD for the performance of the services described in this RFP. This RFP provides information and instructions necessary for the submission of proposals seeking award of this contract. Please read this RFP in its entirety and follow the instructions carefully; failure to do so could result in rejection of the proposal.

II. Calendar of Events

Event	Date
Proposal Release Date	September 26, 2013
Final Date for Receipt of Questions for Proposers’ Teleconference	October 15, 2013
Proposers’ Teleconference	October 16, 2013
Proposal Due Date	October 31, 2013
Evaluation of Proposals and Interviews	November 1 – 30, 2013
Announcement of Award	December 7, 2013
End of work under the contract	June 30, 2015
End of Balancing Incentives Program Grant	September 30, 2015

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 1 encompasses the following 17 counties in Western New York: Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming and Yates. Over 23,000 individuals with developmental disabilities living in Region 1 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. 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 program operating in Region 1 will be financed through the BIP grant. A maximum of \$3 million of the BIP award is allocated to fund the START program in Region 1. The period of New York’s BIP award begins April 1, 2013 and ends September 30, 2015, and New York must disburse all grant funds by September 30, 2015. Attachment C is the award letter for the State’s BIP grant and contains the terms and conditions of the grant. All billing for the grant contract awarded as a result of this RFP must be submitted by June 30, 2015 to ensure payment to the contractor by September 30, 2015. OPWDD plans to investigate a sustainable funding source for the START program beyond June 30, 2015.

C. Background Information on START Program

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

1. Introduction

START (Systematic, Therapeutic, Assessment, Respite 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 a linkage model to promote a system of care in the provision of community services, natural supports and mental health treatment to individuals with intellectual and developmental disability and mental health issues (IDD/MH).

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

The NY START program is a statewide initiative that is 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 I/DD and mental health agencies and providers for the provision of crisis prevention and response services; and to develop site-based and in-home therapeutic respite services for planned and emergency use.

The NY START Program will enhance relationships and partnerships with intellectual and developmental disabilities (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 respite sites. 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.

It is OPWDD's long-term goal, subject to availability of funding, to implement START throughout New York State via an organized regional rollout encompassing the five OPWDD Regional Offices.

IV. SCOPE OF WORK

In the performance of the work under the contract to be awarded, the successful proposer must plan for, provide and participate in the NY START services as stated in this section IV and the requirements in section IX B 5 below. The successful proposer will be required to have the capacity to service individuals in all 17 counties in Region 1.

Proposer must demonstrate that it employs or has access to staff sufficient to form one START team with two regional sub teams as described in sections B 1 and B 2 of this section IV, that such staff meet the qualifications in the section B 2 of this section IV, and that such staff will 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 RFP, such arrangement is terminated, the successful proposer 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 A of this section IV. Notwithstanding the foregoing, in the event of such termination of the arrangement between OPWDD and the University of New Hampshire, the successful proposer will work with OWPDD 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 proposer 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 respite services. Pursuant to the contract, the successful proposer 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
- Crisis assessment and intervention
- Mobile crisis response and services
- Emergency and planned therapeutic respite services
- 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 START providers and states developing START numerous support services. As long as the Center for START Services continues its arrangement with OPWDD for the NY START program, the successful proposer 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 proposer will not be required to pay for the above support services.

B. Population to be Served

The successful proposer 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 1,
2. The individual must have a developmental disability as defined in New York State Mental Hygiene Law section 1.03;
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 therapeutic respite.

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 no confirmed OPWDD eligibility is 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.

OPWDD estimates that approximately 100 individuals will be eligible to be served each year under the contract to be awarded pursuant to this RFP. However, the successful proposer will be required to serve all individuals who meet the eligibility criteria, regardless of the number of such individuals.

C. START Services

The contents of this section of the RFP is 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 1 and guidelines for promoting fidelity to the START model.

1. START Clinical Staff

The successful proposer will be required to have one START clinical team, consisting of two sub-teams. The START clinical teams offer both the linkage/clinical and respite services that will be described in greater detail in the pages that follow.

The START clinical team must consist of the following personnel, and such personnel must meet the qualifications set forth in section IV C 2:

1. A Director who supervises the Respite Director, Clinical Director, Medical Director, and the START Team Leaders, and oversees the operations of the program
2. Two START Team Leaders who oversee START Coordinator services and carry a halftime caseload.
3. Eight START Coordinators (four per sub-team) who provide 24-hour crisis support, linkages, outreach, and consultation services.
4. Consulting psychiatrist or psychiatric nurse practitioner who serves as the Medical Director.
5. Fulltime licensed psychologist who serves as the Clinical Director.

In addition, the successful proposer will be required to have the following START respite personnel during the last six months of the contract period:

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

The NY START Organizational Chart is attached as Attachment B.

2. START Clinical Staff Qualifications and Responsibilities

a. DIRECTOR of START Team (1 FTE total – 1 FTE per team)

The Director facilitates all linkage agreements, is the primary contact with stakeholders, and provides reports to the Advisory Council. The Director participates in all trainings required to become a Certified START Coordinator. The Director supervises the Clinical Director, Medical Director, Respite Director and the Coordinator Team leader.

Required Qualifications:

- A Master's or Ph.D. degree with extensive experience in Intellectual and Developmental Disabilities (I/DD), specifically with individuals that have challenging behavior and/or mental health needs.
- Four years of supervisory experience in the I/DD and/or mental health field is required.
- Knowledge of the New York State system of Mental Health/Developmental Disabilities/Substance Abuse Services.

Primary Responsibilities:

- Supervise/oversee Clinical Team and Respite facility
- Establish community linkages and serve as liaison to community partners
- Based on feedback of Clinical Teams, identify training/support needs of the community
- Coordinate trainings utilizing expertise of psychologists and psychiatrists, Team Leaders, and specialists within the community
- Identify and coordinate necessary trainings for team members
- Maintain communication with other regional START Directors, as other regional teams are implemented
- Ensure the collection of required data and documentation on consumer access and utilization of START services
- Provide support as needed to clinical team and respite 24/7/365

b. CLINICAL DIRECTOR (1 FTE total – 1 FTE per team)

The Clinical Director serves as senior clinician on the team. Half-time is spent at the respite facility and half-time is spent with the clinical team, supervising and training the START Coordinators and community partners.

Required Qualifications:

- Ph.D. degree in Psychology and currently licensed to practice psychology in New York State.
- Extensive experience in Intellectual and Developmental Disabilities (IDD), specifically with individuals who have challenging behavior and/or mental health needs.

Additional Preferred Qualifications:

- Experience developing and implementing behavior support plans

(Note: A fulltime masters' level clinician and a part time licensed psychologist may share the clinical director responsibilities.)

Primary Responsibilities:

- Provide oversight and consultation on behavioral supports
- Provide training and consultation to staff, families and providers
- Participate in recurring team meetings as necessary
- Develop behavior support plans as necessary for guests at respite that require more extensive safety measures
- Participate in discussion regarding potential respite admissions
- Provide on-site consultation as needed for guests receiving respite services, including assessments for guests at respite
- Assist with the development and implementation of all Cross-Systems Crisis Prevention and Intervention Plans and Comprehensive Service Evaluations as needed
- Provide ongoing clinical supervision to START Coordinators
- Coordinate and lead monthly Clinical Education Team meetings

c. MEDICAL DIRECTOR (.25 FTE total - .25 FTE per team)

The Medical Director is a psychiatrist or psychiatric nurse practitioner who has expertise in the mental health aspects of I/DD. The Medical Director serves on the Clinical Education Team, and provides expert consultation at START Respite and to the Clinical Teams as needed. The START Medical Director provides consultation and training to psychiatrists in the community.

Required Qualifications:

- M.D./D.O. or nurse practitioner with specialty in psychiatry or developmental pediatrics and currently licensed to practice medicine or nursing in New York State.
- Extensive experience treating individuals with Intellectual and Developmental Disabilities (I/DD) and challenging behavior or dual diagnosis (mental illness and I/DD).

Primary Responsibilities:

- Provide consultation and training to staff
- Provide consultation to primary treating physicians of individuals supported by START
- Provide consultation to psychiatric hospitals regarding treatment of individuals with IDD and/or dual diagnosis
- Participate in recurring team meetings as necessary
- Provide on-site consultation and treatment as needed for guests receiving respite services

d. RESPITE DIRECTOR (1FTE total – 1 FTE per team)

The Respite Director is responsible for supervising all respite activities, both facility-based and in-home services.

Required Qualifications:

- Master's degree in a human service related field and no less than one year of supervisory experience in a residential care setting.

Primary Responsibilities:

- Provide clinical and administrative support/supervision of respite counselors
- Coordinate with START Clinical Teams on admissions to and discharges from respite
- Plan and implement structured day programming for all guests
- Develop discharge/transition plans for all guests utilizing emergency respite services
- Maintain contact with families and/or providers upon admission to respite services
- In collaboration with START Clinical Teams, identify ongoing support and training needs of families and providers who utilize START respite
- Maintain linkages and relationships with community partners
- Attend all required meetings with START Leadership, Clinical Team, etc.
- Convene and facilitate recurring START Respite staff meetings
- Identify and coordinate necessary training for respite staff
- Ensure the collection of required data and documentation on guest access and utilization of START respite services

e. NURSE (1 FTE per team- 1 FTE per team)

The Nurse works out of the respite program and serves as the Assistant Respite Director. The Nurse provides clinical consultation at the respite facility and in the community through the START clinical teams as needed.

Required Qualifications:

- Licensed as a registered professional nurse (RN) in New York State.
- Experience in working with individuals with I/DD for a minimum of five years.

Primary responsibilities:

- Provide medical oversight of START respite
- Operate as assistant respite director if assigned
- Provide consultation to START clinical teams
- Provide training to START team and community as needed

f. START Coordinator TEAM LEADERS (2 FTEs total, 1 FTE per sub-team)

Supervises all START Coordinators within a defined region and works in close collaboration with the Respite Director and Senior Clinicians, fulfills all duties of a START Coordinator. Must have all skills of a certified START Coordinator, and participate in the certification program.

Required Qualifications:

- Master's degree in human service field preferred and experience in programming for individuals with challenging behavior and/or mental health needs.
- Must be certified as a START Coordinator by the Center for START Services within one year of beginning work as START Coordinator Team Leader.

Primary Responsibilities:

- Supervise START Coordinators
- Maintain linkages and relationships with community partners
- Ensure the coordination of support meetings and crisis plans for individuals served through START
- Share on-call responsibilities to ensure 24/7 response to crisis situations within one hour of crisis call telephonically and within 2 hours of crisis call face-to-face whenever possible
- Participate in recurring meetings with START leadership, clinical team, and respite program
- Develop Cross-Systems Crisis Prevention and Intervention Plans, intake/assessments, intervention and outcomes, and any other applicable documentation of services provided
- Maintain active half-time caseload (variability may occur depending on activity level of cases)

g. **START COORDINATOR (Minimum of 8.0 FTEs total – 4.0 FTEs per sub-team)**

The START Coordinator is the first point of contact for clients and the community. Coordinators link service providers with those needing them and work to improve the functioning of existing service elements in the community.

Required Qualifications:

- I/DD and/or mental health experience and experience in programming for individuals with challenging behavior and/or mental health needs.
- START coordinator certification by the Center for START Services within one year of beginning work as a START Coordinator.

Additional Preferred Qualifications:

- Master's degree in social work or human service field preferred.

Primary Responsibilities:

- Maintain linkages and relationships with community partners
- Ensure the coordination of support meetings and crisis plans for individuals served through START
- Share on-call responsibilities to ensure 24/7 response to crisis situations within two hours of call
- Participate in recurring meetings with START leadership, clinical team, and respite program
- Develop cross systems crisis plans, intake/assessments, intervention and outcomes and any other applicable documentation of services provided
- Maintain active caseload of approximately 30 individuals (variability may occur depending on activity level of cases and project goals)

h. **DIRECT SUPPORT PROFESSIONAL/RESPITE COUNSELOR (minimum of 25 FTEs per respite site, sufficient to meet NY START Therapeutic Respite staffing requirement)**

Required Qualifications:

- Bachelor's degree in a human service related field and two years of experience working with individuals with I/DD and challenging behavior(s) and/or mental illness.
- OR a bachelor's degree in non-human service related field and four years of experience working with individuals with IDD and challenging behavior(s) and/or mental illness.
- OR equivalency based on years of experience and demonstrated ability to meet primary responsibilities.

Additional Preferred Qualifications:

- Experience in implementation of programming for individuals with challenging behaviors is highly preferred.

Primary Responsibilities:

- Provide guests at START Therapeutic Respite with a structured, accepting and safe environment focused on providing the highest quality of care and services
- Provide direct care to guests of the START Respite Program including assistance with ADL's as necessary
- Assist START Respite Director and other team members to help maintain effective, positive, and quality operations of START Therapeutic Respite
- Assist guests to achieve personal therapeutic goals focusing on independent living skills, social skills, improving self-esteem and increasing capacity to cope with stress
- Lead therapeutic daily groups in coordination with Respite Director and Clinical Director
- Work on behalf of guests to overcome barriers; respect guest's personal beliefs, choices, and interests
- Serve as role model and mentor, demonstrate desired behaviors, and coach guests using approved techniques and strategies
- Provide appropriate care and assistance to promote good health:
 - help guests receive medical care;
 - communicate with medical professionals;
 - administer medications according to physician instructions;
 - record information regarding health events, conditions, and status;
 - seek emergency medical care when needed
- Help guests with activities of daily living including eating, grooming, dressing, bathing and toileting; assist guests with mobility including lifting them from a seated or lying down position, helping them walk and maintain stability as needed
- Provide de-escalation and intervention services for guests displaying emergency behavioral health concerns. Use approved physical intervention techniques when necessary to protect guests and others
- Assist with admission and discharge processes for respite guests
- Communicate with respite guest's legal guardians and support system regarding their care at respite and any significant events

- Communicate with the START Clinical Team regarding guests responses to interventions at respite and what is learned about behaviors/signs/symptoms, setting events, triggers and effective interventions
- Maintain cleanliness of program; drive company vehicle to transport guests to their activities
- Complete all documentation as required by the START Therapeutic Respite program including daily notes, collection of data, and data entry
- Follow all policies and procedures
- Act in a professional manner and communicate effectively with others; complete training programs; attend required meetings

C. START Services & Linkage Elements

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

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 proposer will need to utilize technology that allows for timely data entry, proper case planning, networking and communications. Following are the protocols that the successful proposer will be required to meet:

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, respite, 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 respite and any upcoming plans for discharge.
- Review the planned respite 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-Review

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

START develops relationships with community partners in order to bridge service gaps and improve service outcomes. The success proposer 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 proposer will also 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 proposer 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.

One of the most critical affiliation/linkage agreements is to develop a crisis support continuum. This includes development of affiliation agreements and collaboration with Mobile Crisis Management and First Responders for increased diversion, collaboration with hospitals regarding admittance and discharge planning and transition, as well as Crisis Plan Development and Emergency Respite.

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 proposer 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 proposer will be required to follow individual 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 IDD 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.

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 proposer 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 proposer must attempt to write a full and comprehensive CSCPIP should 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.

There are five goals of the CSCPIP process 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 involve mental health treaters in the planning process.

5- Simplifying access to services: It is important that access to emergency services be as easy as possible. For example, we provide a list of services and important contacts to families and caregivers. Families and other direct support providers have ready access to this list 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 when records are not readily available to seek them out whenever possible (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 person's team.
- Draft reports are sent to the team for review and discussion, and a final report, written after meeting with person's team, must include an action plan.
- 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 of and involved in the issues surrounding the emergency in order to better support the individual. Another important service provided by START teams is to assist during times of difficulty. In order for our community partners to be able to reach START, there is always at least one designated START Coordinator on-call for Region 1, 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 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 and what assistance will be provided.
- Assist the caller with developing a safety plan to ensure the safety of all involved.
- Determine what assistance can be provided: i.e., face-to-face consultation, making phone calls to alert individuals of the situation, or to initiate other services such as Mobile crisis management, review crisis plan if involved in START services to determine if interventions can be effective, or continuing phone consultation throughout situation until resolved.
- Present information to START clinical team during triage calls.
- Follow up to determine if other assistance is necessary.
- The START Coordinator must *never* communicate the concept that there is nothing that can be done to help.

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 the individual who experienced the crisis to learn about the resolution of the crisis and, if not already known, the effective strategies for

stabilization and resolution. If the crisis outcome included placement in a higher level of care such as a mental health inpatient unit, the next business 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, when a crisis (emergency) call is received a START representative will seek to complete a face-to-face assessment/consultation within two hours of the request whenever possible. There will be situations when this will not occur, such as when the person experiencing an emergent situation is placed in a different setting such as another respite facility or hospital bed, or when the person is deemed to not be an appropriate START service recipient. All calls and interventions will be documented. It is our goal to assist all callers and provide response/intervention as necessary for each person.

b. Prescreening for Emergency Respite

START Coordinators prescreen for emergency respite 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 crisis respite 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 Respite Services

a. Facility

The START respite services will be provided in two facilities that will be provided or funded by OPWDD. One facility will be in southern Erie County and the other will be in Monroe County or northern Livingston County. OPWDD will make efforts to provide such a facility, but may not be able to do so within the term of the contract. The successful proposer will be required to cooperate with OPWDD and other State agencies in their efforts to secure a facility. The successful proposer will not be required to purchase or lease such property with the funding provided under the contract awarded pursuant to this RFP.

The respite facility that will be used by the successful proposer for the respite program will meet the following standards:

1. **Geographic Accessibility.** The mission of the program requires that the respite facility be geographically accessible to those in need so that the location should not exceed a two-hour travel time under ordinary travel conditions for most eligible guests. This may not be possible for all START service users, but should be a target for locating respite so that most of the time travel time and distance is not an obstacle to access. *Evaluation of the respite programs will include the adherence to these guidelines and remedies should be requested if not in place.*

2. **Safe Environment for Assessment and Stabilization.** All guests of the START Respite home are visiting the home because they were recently or are currently experiencing a crisis or have demonstrated a high propensity for crisis situations. Therefore the home is designed to create a safe environment for assessment and stabilization. Each START respite home has private bedrooms, space for programming and meeting, a fenced-in yard to allow for people to leave the home without injury, and a sensory room which can offer a quiet area when needed. The space must allow for both integrated programming and individual support as

needed. The program should be located in a neighborhood with access to ordinary community activities.

b. Respite Services

When determining clinical appropriateness for eligible potential guests for START Therapeutic Respite, START Coordinators confer with the START Director, START Respite 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 Respite programs provide a proactive clinical service approach along with the ability for those in need to access services with regard to proximity of the facility and design of the program space. Therefore, START Respite 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, such as sharps, for safety. The staffing pattern allows for individualized programming and personnel must be trained to support potentially volatile individuals.

START Respite is a community-based therapeutic program that provides assessment and supports in a highly structured setting. The START Respite 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 Respite 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 Respite

Half of the beds in the four to six bed respite 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 respite 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 proposer will not be required to provide or fund transportation for potential guests scheduled for START planned respite services. These guests are required to have confirmed transportation from their permanent residential setting to the respite 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 Respite Director (as applicable) must approve any transportation provided by the START Team.

Length of Stay

START planned respite services are designed to be very short-term and generally will not exceed five consecutive calendar days. As START planned respite services are limited, guests may receive no more than 36 days of planned respite 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 Respite Director and Clinical Director. Length of stay is determined prior to admission.

Planned Respite Visits

Planned respite visits do not include an overnight stay. Planned respite visits are provided to any START service recipient and are not restricted to people living with their family. An individual can visit respite for dinner, a recreational activity, or to just “check in” for a few hours. Some families visit respite with the guest to become familiar with the facility and the staff prior to scheduling an overnight visit.

Scheduling

The first planned respite admission is facilitated by the START Coordinator in collaboration with the Respite Director or designee. Following the first admission to planned respite, all subsequent admissions to respite 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 respite home are driven by information provided in the respite 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 respite.

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 respite.

Planned respite discharge summaries are written by the Respite 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 Respite

Emergency respite services are provided at the START respite facility located in each region. Half of the 4-6 -bed respite 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 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 respite 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 Respite Director/designee. In many cases, potential guests for START emergency respite are new to the program. When coordinating guests' emergency admissions the assigned/on-call START Coordinator will contact Respite 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 Respite Director throughout the admissions process. The final decision about admissions occurs between the Respite 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:

- Admissions for crisis respite generally occur between the hours of 8:00 AM and 7:00 PM Monday through Friday
- Previous guests of the START respite home 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 respite services are required to have confirmed transportation from their permanent residential setting to the respite 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 or Respite Director (as applicable) must approve any transportation provided by the START team.

Admissions Meeting

Upon or prior to arrival at START respite, 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 respite services, assessments and data to be collected during the guest's stay or in home supports. The START respite team facilitates this meeting. Other participants in the respite admissions meeting may include the Respite Director, Nurse, Respite Counselors, Clinical Home provider, Residential Provider, family, etc.

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

Documentation

START Respite staff members 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 Respite Director and START Team. **It is imperative that all documentation identified be completed prior to the end of each Respite Counselor staff's assigned work shift.

Guests of START Emergency Respite 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 respite will have weekly discharge planning meetings facilitated by the respite 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 respite 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 respite. 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 respite 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 respite admission.

At the conclusion of a guest's stay at the START respite home, respite 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 respite home.

Following discharge, the Respite Director will collaborate with Respite 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 respite 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 respite 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 Respite 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 proposer will be required to form the Advisory Council and to organize meetings of the Advisory Council. The successful proposer 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 proposer 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, respite services and outcomes, and administrative activities.

1. Quarterly Reports

The successful proposer 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.

2. Annual Reports

The success proposer 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. SUBCONTRACTING

The proposal must indicate if any part of the proposer's program will be provided by a subcontractor (including an organization or an individual who is 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.

VI. OPWDD'S RIGHTS AS TO ALL PROPOSALS

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

1. Reject any and all proposals received in response to this RFP;
2. Modify the RFP;
3. Withdraw the RFP at any time in OPWDD's sole discretion;
4. Make an award under the RFP, in whole or in part;
5. Require clarification or additional information from a proposer regarding its proposal;
6. Disqualify any proposer whose conduct and/or proposal fails to conform to the requirements of this RFP;

7. Direct proposers to submit proposal modifications addressing subsequent RFP amendments;
8. Eliminate any mandatory or non-mandatory RFP requirements that cannot be complied with by all the prospective bidders;
9. Waive any RFP requirements that are not mandatory;
10. Negotiate with the successful proposer within the scope of the RFP in the best interests of the State;
11. Utilize any and all ideas submitted in the proposals received without incurring any obligation to the proposer;
12. Require correction of arithmetical or other apparent errors for the purpose of assuring a full and complete understanding of a proposer's compliance with the requirements of this RFP;
13. Waive any immaterial deviation or defect in a proposal. A waiver of immaterial deviation or defect shall in no way modify the RFP documents or excuse the Proposer from full compliance with the RFP requirements;
14. Verify information provided in proposals; reject any proposal that contains false or misleading statements, or which provides references that do not support an attribute, condition, or qualification claimed by the proposer;
15. Rescind a preliminary contract award if a signed contract is not returned to OPWDD within ten (10) business days after it is sent to the successful proposer.

VII. MINIMUM QUALIFICATIONS FOR SELECTION

The minimum qualifications to be awarded a contract under this RFP are as follows:

1. Must be a non-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 proposal is submitted;
3. Must be current on the submission of Consolidated Fiscal Reports (CFRs) at the time proposal is submitted;

4. Must be authorized by OPWDD to provide HCBS waiver services or be eligible to become an authorized OPWDD waiver provider;
5. Must be an enrolled Medicaid provider of waiver services or be eligible to become an enrolled Medicaid provider of waiver services;
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.

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

VIII. ADMINISTRATIVE CONSIDERATIONS.

The following administrative considerations apply to this RFP and the contract to be entered into with the successful proposer:

A. Foreign Businesses:

Proposers located in foreign countries are hereby notified that New York State may seek to obtain and assign or otherwise transfer offset credits created by this procurement contract to third parties located in New York State. The successful contractor(s) shall agree to cooperate with the State in efforts to get foreign countries to recognize offset credits created by the procurement contract.

B. 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.

C. 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.

D. Restriction on Contact with OPWDD Employees:

From the date of issuance of this RFP and until a contract award is made by OPWDD, (the “restricted period”) proposers and prospective proposers are restricted from making ANY contact with OPWDD personnel relating to this procurement other than contact with the following designated OPWDD staff:

Primary contact: Amy Anneling, amy.c.anneling@opwdd.ny.gov

Alternate Contact: Anne Swartwout, anne.swartwout@opwdd.ny.gov

Prospective proposers shall not approach OPWDD personnel with offers of employment during the restricted period.

E. Security of Proposal:

Prior to contract award, the content of each proposal will be held in confidence and no details of any proposal will be divulged to any other proposer. Information communicated to OPWDD by proposers 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 a proposal to any person for the purpose of assisting in evaluating the proposal or for any other lawful purpose.

Following final contract approval by all required state agencies, disclosure of the contents of all proposals 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 proposals, 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 proposal that a Proposer 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 proposal. If OPWDD agrees with the proprietary claim, the designated portion of the proposal 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.

F. Confidentiality of Information:

The successful proposer 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 proposer is responsible for informing its employees of the confidentiality requirements of this agreement.

G. Publication Rights:

Materials/documents produced by the successful proposer 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 proposer 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 proposer 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 OPWDD Contract Management Unit, 44 Holland Avenue, (3rd Floor), Albany, New York 12229..

H. Insurance Requirements:

The successful proposer 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 proposer that the insurance required by this section is in effect.

I. Workers' Compensation Insurance Requirements:

The successful proposer shall procure and maintain Workers' Compensation Insurance covering the obligations of the proposer in accordance with Workers' Compensation Law. If the organization/individual is exempt from enrolling in worker's compensation (e.g. one or two-person owned company or an independent professional (e.g. professional such as a speech therapist, physical therapist, etc.) successful proposer must file form WC/DB 100 for NYS organizations and WC/DB 101 for an out-of-state firm/individual. The appropriate insurance/exempt forms must be provided to OPWDD with the signed contract document.

J. Additional General Duties and Responsibilities:

The successful proposer 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 RFP will be contingent upon State personnel, or the availability of State resources, with the exception of all proposed actions of the successful proposer 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.

K. New York State Information Security Breach and Notification Act': {New York State Technology Law, Section 208}

Successful proposer must comply with the provisions of the New York State Information Security Breach and Notification Act. {General Business Law Section 899-aa; New York State Technology Law, Section 208}. See Attachment E.

L. Work Outside Contract

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

M. Limits on Administrative Expenses and Executive Compensation

If the successful proposer 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 RFP, then during the period when such proposer is such a “covered provider”:

- a. the proposer 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 proposer’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 proposer 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.

IX. INSTRUCTIONS FOR PREPARING THE PROPOSAL

A proposal that is incomplete in any material respect may be eliminated from consideration. The following outlines the required information to be provided, in the following order, by proposers. All proposals will be subject to verification.

While additional data may be presented, the following must be included. Provide the information in the prescribed format and in same order in which it is requested. Failure to follow these instructions may result in disqualification.

A proposer must submit one original technical proposal and one original cost proposal, accompanied by the signed original cover letter (described below) to OPWDD and two copies of the proposal and cover letter, to:

OPWDD, NY START Services
c/o Amy Anneling
4th Floor, 44 Holland Ave
Albany, NY 12229

Proposals must be received by OPWDD at the above address by 4:00 pm on October 31, 2013. Proposals postmarked on this date but received later will not be accepted. Email or fax submissions will not be accepted. Late submissions will be eliminated from consideration and returned unopened to the proposer.

A. Cover letter

A cover letter signed by the chief executive or chief operating officer of the proposer (or his or her designee). The letter must:

1. acknowledge that the proposer has read the proposal, understands it, and agrees to be bound by all of the conditions therein.
2. include the proposer's name, address, telephone and fax numbers, and the name(s), address(es), telephone number(s) and e-mail address(es) of the proposer's contact(s) concerning the proposal;
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 proposal submission;
4. acknowledge that the proposer understands and accepts the provisions of this RFP, the Master Grant Contract, and all Attachments thereto, Appendix A –SUPPLEMENT and Addendum thereto). State that by submitting a response to the RFP, the Proposer accepts the provisions of the aforesaid documents and agrees to execute a contract in accord with the terms of the Master Grant Contract form annexed with all Attachments.
5. contain a specific statement addressing each of the numbered requirements contained in Section X, Minimum Qualifications for Selection. Proposers must state specifically whether they are in compliance with EACH of the Minimum Requirements.

B. Technical Proposal

The technical proposal must address all of the following eight items, in order, under each of the numbered headings.

- 1. Philosophy and Mission.** A statement of the philosophy and mission of the agency or organization submitting the proposal.
- 2. Vision and Goal.** A description of the proposer's agency's vision and specific goals and objectives for START services.
- 3. Proposed Staff.**
 - a. A description of the staff who are currently employed by the proposer and who meet the qualifications described in "Applicant Requirements" in the Overview, 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 proposer, a description of the strategies and steps the proposer will take to have qualified staff working by the beginning of the contract term, which shall be no later than January 1, 2014.
 - c. A description of how the proposer will ensure that any staff that leave employment before the end of the contract will be replaced by with 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 proposer 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 1 that addresses the items listed below. Include the title of each item on your application:

Describe in detail how your program will meet the following requirements (described in detail in section IV of this RFP):

- 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 2014)
- c. Formation of two START linkage/clinical teams that are located strategically within Region, such that response time to an emergent situation is two hours or less
- d. Assessment, intervention, and prevention, in accordance with NY START model.

- e. Systemic and Clinical consultation and training, including: expertise in systems approach to team consultation; functional analysis techniques; and, data collection methods
- f. Clinical Education Teams, which include: monthly case review meetings with community service providers; and, additional need- or request-based training to providers and families
- g. Cross-systems crisis prevention and intervention planning, including: development of Cross System Crisis Intervention Plan (CSCPIP); and, facilitation of CSCPIP meetings
- h. Crisis/Emergency assessment and intervention, including 365/24/7/within 2 hours whenever possible on-call response capacity; pre-screening for emergency respite; and, strategy to accommodate a crisis/need for crisis respite bed when respite facility is at capacity
- i. Immediate telephonic response and on-site assessment within two hours whenever possible
- j. 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.
- k. Provide emergency and planned Therapeutic Respite Services (expected First Quarter 2015), including
 - i. ability to operate two therapeutic respite facilities
 - ii. ability to sufficiently staff the respite facilities at the ratio of 3 staff to 4 individuals during awake hours and 1 staff to 2 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 respite protocol (Planned Respite: Length of Stay, Planned Respite Visits, Scheduling)(Emergency Respite: 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).
- l. Adherence to all START Team personnel descriptions (see section IV of this RFP)
- m. Adherence to staffing levels, training requirements and clinical supervision
- n. Ensure staff participation in ongoing START training and clinical supervision to include use of video-recording
- o. Provide staff attendance at Advisory Council meetings
- p. Utilize computer equipment/technology for field-based data entry and case planning, networking, and emailing via internet

q. 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.

7. Development Plan for Services. Provide the estimated timeframes required for full implementation of the START program as describe in this RFP, using the Workplan template within the Master Grants Contract. The Master Grants Contract is annexed as Attachment F to this RFP. Specifically include time estimates for each step in #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
- d. Establishment of in-home supports
- e. Availability of site-based therapeutic respite

C. Cost Proposal.

Submit the Cost Proposal in a separately sealed envelope. Mark the outside of the envelope “RFP # (insert name) – Cost Proposal”.

Complete the attached operating and personnel budgets in the form set forth as Attachment G, Expenditure Based Budget, in Attachment B-1 of the Master Grants Contract (Attachment F). OPWDD’s review will include an assessment of the cost categories for reasonableness.

The cost proposal must include a budget for six months of operational costs for the therapeutic respite program. This budget must include staffing costs and the following non-personnel costs: Food, household products, OTC medications, vehicles and repairs, and activities (outings and supplies). The budget should not include costs of real estate acquisition, renovation, construction, alteration or renewal; lease costs; heat, electricity, water and sewer; property maintenance (including lawn maintenance, snow plowing, repairs) and sprinkler and fire alarms

The total amount of the Cost Proposal cannot exceed \$3 million. Any Cost Proposal that exceeds \$3 million in total will be rejected as non-responsive.

Proposers 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.

X. MANDATORY BIDDER'S TELECONFERENCE FOR ALL PROPOSERS

There will be a mandatory bidder's teleconference for all proposers on October 16, 2013 from 1:00pm to 3:00pm. Each proposer will need to send an email to amy.c.anneling@opwdd.ny.gov with the name of their agency, the name of the person(s) who will be on the call. This email needs to be sent by 4:00pm, October 15, 2013. An email will be sent back with the call in number and other information necessary to participate in the teleconference.

Proposers who do not participate in the mandatory bidders' teleconference will be disqualified from receipt of award. The goal of the bidder's teleconference will be to answer proposers' presubmitted questions about the RFP and to answer additional questions articulated during the teleconference. Presubmitted questions will be made available to all attendees of the bidder's teleconference.

XI. EVALUATION OF PROPOSALS.

A. General

An Evaluation Team of comprised of OWPDD staff from the Division of Service Delivery, the Division of Person Centered Services and other relevant units will conduct an initial review of the proposals to determine whether the Minimum Qualifications for Selection set forth in Section VII have been met, Proposals which do not meet the Minimum Qualifications will be eliminated. Only those proposals which meet the Minimum Qualifications will be scored.

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

The proposals will be evaluated for the purposes of (1) examining the responses for compliance with this RFP and (2) selecting the proposer 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 an Evaluation Committee comprised of at least 7 members of OPWDD staff. Representatives of the University of New Hampshire START Program may provide technical assistance to the evaluation team.

Because of the clinical nature of the service, OPWDD will carefully evaluate the qualifications of each proposer, including the availability to the proposer of clinical staffing resources and the proposer's ability to develop, implement, and operate a free-standing therapeutic respite program.

During the evaluation process, the content of the proposals 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 proposal contains any such trade secret or other confidential or proprietary information, it must be accompanied by a written request to OPWDD in the proposal 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 bidder whether such information qualifies for the exemption from disclosure under the law.

B. Scoring

A proposal may receive a maximum of 80 points for the Technical Proposal evaluation criteria numbers 1 through 7 set forth in Section IX (B) (1 -8) above. The number of points which may be earned for each of the scoring criteria are:

- Item #1 – 1 to 5 points.
- Item #2 – 1 to 5 points
- Item #3 – 1 to 10 points
- Item #4 – 1 to 10 points
- Item #5 – 1 to 30 points
- Item #6 – 1 to 10 points
- Item #7 – 1 to 10 points

For proposals to be considered, a minimum score of 55 for the Technical Proposal must be met.

A proposal may receive a maximum of 20 points for the Cost Proposal. In scoring the Cost Proposal, the lowest priced proposal will receive the total available points (i.e., 20). The score for the remaining proposals will be calculated according to the following formula: Cost Proposal Score = P/Q times 20 points. Where: P = Price of lowest priced proposal and Q = Price for bidder being scored.

C. Interviews by OPWDD

Mandatory interviews of the top three proposers will be conducted at 44 Holland Avenue, Albany, NY 12229. The interview will seek to clarify and/or differentiate the level of qualifications of the top three proposers who score within 10% of the top score. The interview will focus on each proposer'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 proposer will have earned the highest score on interview questions. The interview outcome is noncumulative and separate from the score obtained via Evaluation of Proposals. Candidates will be notified of the date, time and place of the interview. Senior staff of the proposer 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.

In the event of a tie bid, the contract shall be awarded in order by the following means:

1. If the tie involves a New York State firm and one whose principal place of business is outside the State of New York, preference shall be given to the New York State firm.
2. If the tie bid involves a certified Minority or Woman owned business enterprise (MWBE), the award shall be made to the certified MWBE.
3. If tie bids cannot be determined by the above methods, the award will be made by random selection.

XII. NOTIFICATION OF AWARD

Upon completion of the evaluation process, the Evaluation Committee will make a recommendation to the Commissioner for award. The successful proposer will be notified through a "Letter of Intent" issued by OPWDD.

XIII. DEBRIEFING.

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

XIV. BID PROTESTS

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

- Identify the name and number of the RFP and the award date.

- Indicate the proposer’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:

John Smith
OPWDD Contract Management Unit
N.Y. State Office for People With Developmental Disabilities
Developmental Disabilities (OPWDD)
44 Holland Avenue, 3rd Floor
Albany, New York 12229-0001

XV. CONTRACT REQUIREMENTS

The successful proposer will be required to execute a fully-completed State of New York Master Contract for Grants with Attachments A through D, a copy of which is attached.

Following execution of the contract by proposer and OPWDD, the contract will be submitted for approval to the Attorney General of the State of New York, then to the Office of State Comptroller of the State of New York for final State approval. The contract will not be final and binding until the approvals of the Attorney General and State Comptroller have been obtained. Upon approval of the contract by the Office of the State Comptroller (OSC), all terms of the contract become available to the public.