

**New York State  
Office for People With Developmental Disabilities**

**Request for Applications**

***The New York State Balancing  
Incentive Program  
Transformation Fund***

**KEY DATES**

<b>RFA Release</b>	August 13, 2014
<b>Letters of Intent</b>	<del>August 27, 2014</del>
<b>Submission required no later than</b>	<b>5pm, September 12, 2014</b>
<b>Questions Due</b>	September 3, 2014
<b>RFA Updates and Responses to Applicant Questions Posted</b>	September 17, 2014
<b>Applications Due</b>	October 22, 2014
<b>Awards</b>	December 1, 2014

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## **I. Introduction**

### **A. Description of Program**

The New York State Balancing Incentive Program (BIP) provides an unprecedented opportunity to make strategic investments to transform non-institutional Long Term Services and Supports (LTSS) for individuals with developmental disabilities. BIP aligns with the guiding principles of New York's Health System Transformation for Individuals with Developmental Disabilities Agreement ("Transformation Agreement"; see Attachment 5), as defined in the Special Terms and Conditions of New York State's Partnership Plan Medicaid Section 1115 Demonstration, to:

- Develop new service options to better meet the needs of individuals and families in a truly person-centered way, including allowing for more self-direction of services;
- Create a specialized managed care system that recognizes the unique needs of individuals with developmental disabilities, and is focused on a habilitative model of services and supports;
- Ensure that individuals live in the most integrated community settings;
- Increase the number of individuals who are competitively employed;
- Focus on a quality system that values personal outcome goals for individuals, such as an improved life or access to meaningful activities; and
- Work to make funding in the system sustainable and transparent in both the Fee-For-Service system and as the transition to managed care occurs.

New York State's BIP plan has allocated funds to transform community-based care in all regions of the State for Medicaid beneficiaries with a developmental disability.

### **B. Background and Intent**

Authorized by Section 10202 of the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148), the Balancing Incentive Program (BIP) is an optional program which provides enhanced Federal Medical Assistance Percentages (FMAP) to qualifying states.

The New York State Department of Health collaborated with the New York State Office for People with Developmental Disabilities, the New York State Office for the Aging, and the New York State Office of Mental Health to submit a BIP application to the Centers for Medicare and Medicaid Services (CMS) in December 2012. The State's application was approved, and on March 15, 2013, New York State was awarded \$598.7 million.

As part of BIP, states must implement three structural changes in their systems of community-based LTSS:

- Establish a No Wrong Door/Single Entry Point (NWD/SEP) eligibility determination and enrollment system;
- Develop Core Standardized Assessment Instruments for determining eligibility for non-institutionally-based LTSS; and,
- Develop a Conflict-Free Case Management System.

In addition, states must implement an action plan designed to rebalance spending on LTSS from institutions to the community. Specifically, New York’s participation in BIP will require the State to increase the ratio of expenditures on community-based care versus institutional care. The State is committed to channeling this significant investment into enhancing community-based services and supports and will do so by leveraging its robust system of long term care.

As reports and research indicate, most people want to receive long term supports and services and assistance with their functional needs in their own homes and communities. Often it is more efficient and effective to provide such services in these settings. The establishment of the BIP Transformation Fund is intended to support programs offering service solutions that align with this preference and foster community inclusion.

### **C. Issue to be Addressed**

While New York’s LTSS for individuals with developmental disabilities have made significant progress in meeting the commitments of the Transformation Agreement there is still significant progress to be made in reaching the multi-year plan to achieve robust integrated employment and self-direction models, expand community based housing options and develop a responsive and accountable quality infrastructure. Therefore, the BIP Transformation Fund offers a unique opportunity to engage New York’s broad network of highly qualified Developmental Disabilities providers, advocates and local governments in developing systemic improvements that address barriers encountered when working to transform the system of care for individuals with developmental disabilities.

### **D. Use of Funds**

Transformation Grant projects must meet BIP requirements as follows:

- Service recipients **must be** Medicaid beneficiaries with a developmental disability.
- Funds **must be** spent on community-based care that increases offerings, choice or access to non-institutional LTSS which may include self directed options, employment and community housing options.
- Funds **must support** an allowable Medicaid expense

Transformation Grant Funds **may be** used for the following:

- To support salaries and stipends, fringe benefits, supplies, equipment, subcontractor and consultant costs, travel, and other expenses.
- Administrative costs are allowed, but **must be** limited to a maximum of 10 percent of modified total direct costs.
- Communication costs, meeting costs, publication expenses.

Funds **may not** be used for any of the following:

- Capital costs such as brick and mortar projects or to supplement existing General Funds.
- To duplicate existing LTSS or increase institutional capacity.
- To match any other Federal funds.
- To provide services, equipment, or supports that are the legal responsibility of another party under Federal or State law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- To supplant existing State, local, or private funding of infrastructure or services such as staff salaries for programs and purposes other than those disclosed in the application.

Applications in response to this RFA should address any topic or issue within the above-mentioned parameters.

#### **E. Grant Period**

Transformation Fund grants will be awarded on a competitive basis. All proposals must be submitted by October 22, at 5:00 p.m. All funding decisions will be made following the completion of application review and appropriate approvals.

The 10-month contract period for BIP Transformation Fund demonstration projects is expected to begin on December 1, 2014 and end on September 30, 2015.

#### **F. Available Funds**

All awards will be financed by the New York State BIP Transformation Fund. Awards will be selected contingent upon the quality of the applications received as well as the size and scope of the proposed projects. A range of funding amounts will be considered. Awards will be made until funds are exhausted.

## **II. Who May Apply / Eligibility Requirements**

Entities eligible to apply for the New York State BIP Innovation Fund are non-profit organizations, local governments and advocacy groups for individuals with developmental disabilities. It is preferable, but not mandatory, that an applicant have experience providing health, education, or advocacy services for people with developmental disabilities, or delivering services to people with developmental disabilities that are certified, authorized or overseen by OPWDD. By the time of submission, the applicant must be registered as a qualified Vendor and have a confirmed NYS Vendor Identification Number (see Section IV, J).

For-profit entities are not eligible for this funding opportunity.

Attachment 1, Applicant Attestation, must be signed and submitted with the application to attest to meeting this requirement.

The provider(s) will be required to be in compliance with all applicable State and federal licensing, certification, and other requirements. For providers under the jurisdiction of OPWDD, competence will be demonstrated with acceptable OPWDD survey and fiscal reviews.

Collaborations will require Letters of Agreement specifying services, fees and responsibilities which comprise of the partnership(s) to be formed in completing the project. Subcontracting and collaborating organizations may include not-for-profit entities within New York State. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts.

Entities that submit applications must be able to show they will have the ability to verify an individual's Medicaid status in New York State.

## **III. Project Narrative/Outcomes**

### **A. General Expectations**

BIP proposals must meet the following three-part test:

- Does the proposal increase offerings of or access to non-institutional LTSS?
- Does the proposed expansion/enhancement of offerings/access reach Medicaid beneficiaries?
- Is the proposal something that Medicaid funds can typically be spent on (i.e. the proposal does not involve a prohibited use of Medicaid funding)?

A successful application will:

- Define the scope of the project and the specific issue(s) to be addressed;
- Specify the significance and impact of the change to the provider's service delivery system;
- Provide a proposed budget; and,
- Provide a work plan that corresponds with the Grant Disbursement Agreement period, including all costs between December 1, 2014 and September 30, 2015.
- Explain how the project will be sustained in the future (post award) if desired.
- Include an explanation of how the applicant will identify, track and maintain a record of Medicaid beneficiaries served through the project.

Applicants must demonstrate how the proposed initiative will impact the delivery of long-term supports and services in the current Fee-For-Service system and in the transition to Managed Care through one or more of the following BIP/DD Transformation-related goals:

- Increase in the number of services and/or improvement in access to community-based services supporting the goals of the Transformation Agreement;
- Identify barriers in achieving transformation in the areas of competitive employment, self direction, and in the expansion of community based housing options, and effectively mitigate the identified barriers to meet the needs of the individuals served;
- Increase capacity and/or service utilization of existing programs; and
- Increase opportunities that make it possible for individuals to remain in their homes and communities, transition out of institutional settings, self direct services, transition into competitive employment, and access supportive housing options.

## **B. Deliverables**

The Applicant will:

- Specify the measurable desired outcome(s) for the project;
- Submit a project work plan that specifies the timeframe for each milestone of the project from design phase through the project funding end date;
- Specify the methodology for how the project will be evaluated;
- Define how the project will be managed and funded post award;
- Provide an organizational overview or schematic of the key project team members;
- Submit required financial and progress outcome reports within required timeframes as defined by DOH; and
- Submit a final project evaluation report three months post project.

Anticipated Time Frame:

- The anticipated start date for the 10-month grant contracts awarded through this project is December 1, 2014.
- The funding end date for the BIP project is September 30, 2015.

- Final project evaluations will be due to the OPWDD on December 30, 2015.

Examples of qualified proposals could include initiatives to support increased efficiency and effectiveness efforts related the following goals:

- Housing – Increasing availability of housing options and the number of housing units available to individuals being transitioned from institutional settings.
  - Identifying housing needs and preferences as well as available housing resources.
  - Improving access to existing housing resources.
  - Coordinating systems to locate/create needed housing and track progress.
  - Addressing the need to redesign the Family Care program to enlist additional providers for this low cost residential service and offer a model that better supports the community integration activities in all aspects of an individual’s life.
- Employment - Increasing the number of individuals engaged in competitive employment including supporting the transition of individuals from traditional day habilitation and sheltered workshops programs to competitive employment. Proposals may focus on the following:
  - Providing vocational assessments to working age individuals currently receiving day habilitation and workshop services that identify the types of supports needed to assist in obtaining competitive employment.
  - Developing person-centered transition plans for workshop and day habilitation participants that detail how supports will be provided to assist individuals in obtaining competitive employment.
  - Developing peer mentoring networks to support day habilitation and workshop participants as they transition to competitive employment.
  - Developing strategies to create self employment opportunities for workshop and day habilitation participants through the operation of a business.
  - Providing technical assistance and support to assist workshop providers to convert to competitive employment business models consistent with the Home and Community Based Services (HCBS) waiver definition of community settings.
  - Developing strategies for retirement age workshop participants to engage in meaningful senior, recreational or social activities.
- Self-Direction – Increasing the number of individuals who choose to self-direct their services and supports; supporting redesign efforts. One example that a proposal may focus on could include:
  - The new role of the Fiscal Intermediary in the self-direction redesign; IT needs related to FI billing systems; proposal could build a shared infrastructure including several FIs in a partnership.

- Deinstitutionalization – Supporting the transition of individuals from institutional settings towards settings that meet home and community based setting (HCBS) standards.
  - Transition individuals residing in Developmental Centers and campus-based and non-campus based Intermediate Care Facilities (ICFs) to home and community based settings.
- Transition to Managed Care – Supporting the transition to managed care to meet the organizational and structural challenges of providing new or expanded offerings of non-institutionally-based long-term services and supports during the transition to managed care, while maintaining high standards of quality services and organizational governance. Specifically, providing assistance to agencies to develop care coordination infrastructure related to information technology and consolidation of duplicative administrative functions.

## **IV. Administrative Requirements and Process**

### **A. Issuing Agency**

This RFA is issued by the Office for People with Developmental Disabilities (OPWDD). OPWDD is responsible for the requirements specified herein and for the evaluation of all applications.

### **B. Question and Answer Period**

All substantive questions must be submitted by electronic mail to the following e-mail address, [peoplefirstwaiver@opwdd.ny.gov](mailto:peoplefirstwaiver@opwdd.ny.gov), with “Transformation Fund RFA” in the subject line. To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA. Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

Questions of a technical nature can be addressed in writing or via telephone by calling the OPWDD Waiver Unit at (518) 486-6466. Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.

This RFA has been posted on OPWDD's public website at:

[http://www.opwdd.ny.gov/opwdd\\_resources/procurement\\_opportunities/bip-transformation-funding-opportunity](http://www.opwdd.ny.gov/opwdd_resources/procurement_opportunities/bip-transformation-funding-opportunity) and the NYS Grants Gateway website at: <http://www.grantsreform.ny.gov/>

Questions and answers, as well as any updates and/or modifications, will also be posted on these websites. All such updates will be posted by the date identified on the cover sheet of this RFA.

### **C. Applicant Conference**

An Applicant Teleconference/Webinar will be held for this project on September 9, 2014. More details will be posted in advance of the date on OPWDD's website including registration information and call-in directions.

## **D. How to Submit a Proposal**

Applications must be received at the following address by the date and time posted on the cover sheet of this RFA. Late applications will not be accepted.\*

KATE MARLAY  
DEPUTY DIRECTOR  
DIVISION OF PERSON-CENTERED SUPPORTS  
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES  
44 HOLLAND AVENUE – 4<sup>TH</sup> FLOOR  
ALBANY, NY 12229

Applicants must submit 2 original, signed applications, 4 copies and an electronic PDF copy of the application with all attachments on a CD or USB flash drive. Application packages should be clearly labeled with the RFA name and number as listed on the cover of this RFA document. Applications will not be accepted via fax or e-mail.

\* It is the applicant's responsibility to see that applications are delivered to the address above, prior to the date and time specified. Late applications due to a documentable delay by the carrier may be considered at OPWDD's discretion.

## **E. The Office for People with Developmental Disabilities' Reserved Rights**

The Office for People with Developmental Disabilities reserves the right to:

- 1) Reject any or all applications received in response to this RFA.
- 2) Withdraw the RFA at any time, at OPWDD's sole discretion.
- 3) Make an award under the RFA in whole or in part.
- 4) Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
- 5) Seek clarifications and revisions of applications.
- 6) Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
- 7) Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.

- 8) Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
- 9) Change any of the scheduled dates.
- 10) Waive any requirements that are not material.
- 11) Award more than one contract resulting from this RFA.
- 12) Conduct contract negotiations with the next responsible applicant, should OPWDD be unsuccessful in negotiating with the selected applicant.
- 13) Utilize any and all ideas submitted with the applications received.
- 14) Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
- 15) Waive or modify minor irregularities in applications received after prior notification to the applicant.
- 16) Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
- 17) Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
- 18) Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
- 19) Award grants based on geographic or regional considerations to serve the best interests of the state.

#### **F. Term of Contract**

Any contract(s) resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller. It is expected that contracts resulting from this RFA will have the following time period: December 1, 2014 to September 30, 2015 (ten months, with no contract renewal). Continued funding throughout this ten month period is contingent upon availability of funding and state and federal budget appropriations. The Office for People with Developmental Disabilities also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

## **G. Payment & Reporting Requirements of Grant Awardees**

1) OPWDD may, at its discretion, make an advance payment to not-for-profit grant contractors in an amount not to exceed 10 percent.

2) The grant contractor will be required to submit monthly invoices and required reports of expenditures to OPWDD's designated payment office:

OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES  
FISCAL SERVICES – 3<sup>RD</sup> FLOOR  
44 HOLLAND AVENUE  
ALBANY, NY 12229

Grant contractors must provide complete and accurate billing invoices to OPWDD's designated payment office in order to receive payment. Billing invoices submitted to OPWDD must contain all information and supporting documentation required by the Contract, OPWDD and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: [epayments@osc.state.ny.us](mailto:epayments@osc.state.ny.us) or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of such claims for reimbursement by the State (NYS Office for People with Developmental Disabilities) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Work Plan.

3) The grant contractor will be required to submit the following periodic reports:

- Project reports to be submitted on a monthly basis.
- Final Project Evaluation Report.

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Grant Contract.

## **H. Minority & Women-Owned Business Enterprise Requirements**

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State

of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that OPWDD establish goals for maximum feasible participation of New York State Certified minority- and women – owned business enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

### **Business Participation Opportunities for MWBEs**

For purposes of this solicitation, OPWDD hereby establishes a goal of **0%** on any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing greater than \$25,000 under a contract awarded from this solicitation. The goal on the eligible portion of this contract will be 0% for Minority-Owned Business Enterprises ("MBE") participation and 0% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor ("Contractor") on the subject contract ("Contract") must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that OPWDD may withhold payment pending receipt of the required MWBE documentation. For guidance on how OPWDD will determine "good faith efforts," refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at:

<https://ny.newnycontracts.com>. The directory is found in the upper right hand side of the webpage under "Search for Certified Firms" and accessed by clicking on the link entitled "MWBE Directory" Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting an application, a grantee agrees to complete an MWBE Utilization plan. OPWDD will review the submitted MWBE Utilization Plan. If the plan is not accepted, OPWDD may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. OPWDD may disqualify a Grantee as being non-responsive under the following circumstances:

- a) If a Grantee fails to submit a MWBE Utilization Plan;
- b) If a Grantee fails to submit a written remedy to a notice of deficiency;
- c) If a Grantee fails to submit a request for waiver (if applicable); or
- d) If OPWDD determines that the Grantee has failed to document good-faith efforts to meet the established OPWDD MWBE participation goals for the procurement.

In addition, successful awardees will be required to certify they have an acceptable Equal Employment Opportunity policy statement in accordance with Section III of Attachment M of the resulting contract.

#### **I. Limits on Administrative Expenses and Executive Compensation**

Effective July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo's Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by OPWDD. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: <http://executiveorder38.ny.gov>.

#### **J. Vendor Identification Number**

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the Office for People with Developmental Disabilities, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please include the Vendor Identification number on the application cover sheet. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at:

[http://www.osc.state.ny.us/vendor\\_management/issues\\_guidance.htm](http://www.osc.state.ny.us/vendor_management/issues_guidance.htm).

Additional information concerning the New York State Vendor File can be obtained on-line at: [http://www.osc.state.ny.us/vendor\\_management/index.htm](http://www.osc.state.ny.us/vendor_management/index.htm), by contacting the SFS Help Desk at 855-233-8363 or by emailing at [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov).

#### **K. Vendor Responsibility Questionnaire**

The Office for People with Developmental Disabilities recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at [http://www.osc.state.ny.us/vendrep/vendor\\_index.htm](http://www.osc.state.ny.us/vendrep/vendor_index.htm) or go directly to the VendRep system online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the

State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at: [http://www.osc.state.ny.us/vendrep/forms\\_vendor.htm](http://www.osc.state.ny.us/vendrep/forms_vendor.htm) or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form.

Applicants should complete and submit the Vendor Responsibility Attestation (Attachment X).

#### **L. Vendor Prequalification for Not-for-Profits**

Beginning July 31, 2013, all not-for-profit vendors subject to prequalification will be required to prequalify prior to grant application and execution of contracts.

Prequalification is a new statewide process designed to facilitate prompt contracting for not-for-profit vendors. Interested vendors will be asked to submit commonly requested documents, and answer frequently asked questions once. The application requests organizational information about the vendor's *capacity, legal compliance, and integrity*.

Not-for-profit vendors subject to prequalification will submit their responses online in the new Grants Gateway, and all information will be stored in a virtual, secured vault. Once a vendor is registered with the system, State agencies will have ready access to the vault, eliminating redundant submissions of such information by the vendor. Not-for-profits will only have to prequalify every three years, with responsibility to keep their information current throughout the three year period. To obtain access to the Grants Gateway, vendors should submit a registration form downloadable on the Grants Reform website at: <http://grantsreform.ny.gov/Grantees>.

#### **M. General Specifications**

- 1) By signing the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.
- 2) Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
- 3) Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by OPWDD during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.

4) An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

#### 5) Provisions Upon Default

- a. The services to be performed by the Applicant shall be at all times subject to the direction and control of OPWDD as to all matters arising in connection with or relating to the contract resulting from this RFA.
- b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, OPWDD acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
- c. If, in the judgment of OPWDD, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, OPWDD acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

### V. Completing the Application

#### A. Application Content

Applicants are directed to complete the application by addressing the following sections in the order in which they appear. All applications should conform to the format prescribed below and should contain all requested information. Please read each section carefully and be certain to respond to each item included in every section when completing the application.

##### 1) Application Cover Page (Attachment 2)

- Applicant name, address, Vendor Identification Number, not-for-profit status and charity number;
- Project title, project period, and total funding requested;
- Project contact name, title, phone, fax and email information;
- Person authorized to obligate this agency, title, phone, fax and email information;
- List names and required experience of project leadership team members, including curricula vitae;
- List of collaborative partners and include required signed letters of agreement which articulate the responsibilities of each collaborating organization (if applicable); and,

- Applicant's original signature.

## 2) Applicant Organization

- Briefly describe your organization's mission and services;
- Describe your organization's experience in the provision of LTSS in New York for persons with disabilities, including:
  - o Types of services provided
  - o Length of time these services have been provided
  - o Number of clients served annually
  - o Demographics of population currently being served
  - o Location(s) where these services are provided
  - o Any past effort(s) to impact the long term care delivery system
- Include a current list of the organization's board of directors with names and affiliations;
- Include information demonstrating that collaborating organizations have sufficient experience relevant to providing coordinating services; and,
- Provide three letters of support attesting to your organization's ability to carry out proposed activities.

## 3) Program Summary/Overview

- Provide a brief summary of the proposed project. This should include goals, objectives and desired outcomes with a timeline of corresponding activities and deadlines.

## 4) Statement of Need

- Describe the specific issue(s) to be addressed by the project, how it relates to the BIP rebalancing goals and Transformation Agreement initiatives, and why it is needed;
- Clearly document the need with data;
- Provide a description of the targeted Medicaid beneficiary population to be served through the proposal;
- Describe how individuals and communities will benefit from the proposed activities; and,
- Describe barriers that affect access to community and home based LTSS and how the proposed activities address those barriers.

## 5) Project Components/Work Plan (See Attachment 4)

- **Program Activities:**
  - o Provide an organizational structure of your proposed program that includes milestones, essential staff and their qualifications (Licensure, Certification, and Curricula Vitae).
  - o Describe the activities that will be conducted as a result of this funding.
  - o Describe how the activities will be implemented, who will be offered these services, and provide an estimate of the number of individuals to be served.
- **Work Plan:** Provide a detailed overview of project goals, tasks and outcomes using the attached Work Plan template (Attachment 4).
- **Outcomes Measurements and Evaluation:** Describe the quantitative outcome measures that will demonstrate the accomplishment of the project objectives. Preferred applications will describe methods to quantify the number of individuals

who are either diverted from institutionalized care, or transitioned out of institutionalized care to community or home based care, as a result of the proposed project.

- **Medicaid Eligibility:** Provide a description of eligibility assessment tools for individuals participating in the proposed program/project; and ensure that all proposed services are Medicaid allowable costs.
- **Promotion and Outreach:** Describe strategies that will be used to conduct outreach to engage individuals in the proposed services. Include any community partners that will be instrumental in promoting your programs.
- **Project Sustainability:** Describe how the proposed change will be sustained beyond the funding period (this is *optional*, but extra points will be awarded to those applications that provide a brief summary).

**6) Project Budget (Attachment 3)**

- Provide a 10-month budget, assuming a December 1, 2014, start date using the attached Budget Template and Budget Instructions (Attachments 3 and 3a). All costs must be related to the provision of the Balancing Incentive Program Transformation Fund, as well as be consistent with the scope of services, reasonable and cost effective.
- Budget Narrative:
  - o Provide justification for each budgeted cost. The Budget Justification must delineate how the percentage of staff time devoted to this initiative has been determined.
  - o Provide a reasonable estimate of dollar savings from proposed LTSS activities and describe in a narrative form, how the savings will be derived.
  - o Include a cost-benefit analysis that highlights project efficiency over institutional- based LTSS delivery.
  - o Alternate funding options that exclude BIP monies, and possible financial contribution(s) from project partner(s), should be noted in narrative.

**B. Application Format**

ALL APPLICATIONS SHOULD CONFORM TO THE FORMAT PRESCRIBED BELOW. POINTS WILL BE DEDUCTED FROM APPLICATIONS WHICH DEVIATE FROM THE PRESCRIBED FORMAT.

Applications should not exceed 20 single-spaced, typed pages (not including the cover page, workplan [Attachment 4 only], budget and attachments), using a normal font of at least size 12. Up to 2 points will be deducted for deviation from format requirements.

	Page Count	Maximum Score
1. Application Cover Page	1 page or less	Not scored
2. Applicant Organization	1 page or less	10
3. Program Summary/Overview/ Timeline	1 page or less	12

4. Statement of Need	2 pages or less	15
5. Project Components/Work Plan	10 pages or less	40
6. Project Budget	Use the attached Budget Format, An additional 2 pages may be included	23

### C. Review & Award Process

Applications must meet the guidelines as set forth in this RFA and will be reviewed/evaluated competitively by the Office for People with Developmental Disabilities.

Applications will be reviewed using an objective rating system reflective of the required items specified for each section. The review process may be followed by a quality assurance review to ensure that all review standards were uniformly applied.

The review will be conducted as follows:

Step 1: Each application will be reviewed to confirm the eligibility of the Applicant and its status as a qualified Vendor with a confirmed NYS Vendor Identification Number. Applicants that do not meet the eligibility requirements will be removed from consideration.

Step 2: Each application will be reviewed for completeness. Applications missing required elements or failing to follow the prescribed format may be eliminated from consideration or have points deducted from the overall score. Applications submitted after the due date will not be reviewed.

Step 3: Applications passing the first two steps as noted above will be forwarded to a review team for scoring.

Applications will be scored based on a total available **100** points.

**All applications must score an overall minimum of 60 out of 100 points to be considered for funding.**

Applications receiving a score of less than 60 will be removed from consideration. The reviewers will consider the clarity of the objectives and priorities of each application and responsiveness to the RFA criteria when making the final selection.

Applications that meet the 60-point threshold will be grouped based on similarity of services provided to further refine selection that will best reflect an array of creative solutions. Awards will be made until funds are exhausted.

**Scoring of each application will be based on the following:**

- 1) The identification and explanation of project goals, objectives and outcomes in quantifiable and measurable terms;

- 2) The evidence and degree to which the need for the project is demonstrated with documented data;
- 3) The degree to which the project develops structural reforms to long term care by assisting Medicaid beneficiaries to transition to non-institutional care or remain in community-based settings;
- 4) The evidence to which a specific barrier(s) to the least restrictive community-based services is removed;
- 5) The evidence and degree to which capacity and utilization of community-based services is increased and the specific number of individuals to be reached by the project;
- 6) The evidence and degree to which the project improves system performance, efficiency and lowers costs;
- 7) The degree to which the project demonstrates the Stakeholder has a role in implementing lasting impact on rebalancing Medicaid in NYS;
- 8) The degree to which the project demonstrates improvements in the quality of life, supports and health outcomes for hard to serve or low and middle income individuals in need of long term care services;
- 9) Demonstration of the qualifications, competence and ability of the applicant, organization and others involved in the project to achieve project goals, additionally, two Letters of Support attesting to the applicant's ability to carry out proposed activities must be included;
- 10) The degree of clarity provided through Letters of Agreement, if applicable, to delineate each organization's responsibilities and expectations;
- 11) The degree to which the applicant describes responsibilities and duties of key staff and identifies necessary qualifications;
- 12) Demonstration of the applicant's ability to ensure that: awarded funds provide services to Medicaid beneficiaries only; and all proposed services are Medicaid allowable costs;
- 13) Outreach efforts to involve appropriate stakeholders in the implementation of the project and to market new or expanded services to the community at large;
- 14) Evidence of an established and viable timeline for implementation;
- 15) Methodology for evaluation of each phase of implementation;
- 16) A summary of the applicant's past effort(s) to impact the long term care delivery system;
- 17) A description of the ability of the applicant/organization to sustain the project post award;
- 18) Completeness of the Budget;
- 19) Reasonableness of the cost/benefit analysis of the Project's budget;
- 20) Effectiveness of the project in reducing long term care costs;
- 21) Applicant has indicated a financial commitment to cover related project costs not covered by BIP funding;

- 22) Evidence of other sources of funding and/or financial commitment including grants, funding, mortgage insurance and/or credit enhancement;
- 23) Viability of the Project over the longer term;
- 24) Evidence of financial commitment of members of the consortium (if applicable);
- 25) There are **no** capital costs included in the budget or funding request; and
- 26) Administrative costs are capped at 10% of the total request.

In the event of a tie score, the applicant reaching the greatest number of individuals and with the highest likelihood of impacting OPWDD's transformation efforts will be selected.

The review process will evaluate applications on the merits of proposed activities in their entirety. OPWDD will not make partial awards.

If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above.

Once an award has been made, unsuccessful applicants may request a debriefing of their application. Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than ten (10) business days from date of award or non-award announcement.

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at:

<http://www.osc.state.ny.us/agencies/guide/MyWebHelp>.

### **C. Key Dates**

All proposals must be submitted by October 22, 2014 at 5:00 p.m. All funding decisions will be made following the completion of application review and appropriate approvals.

Awards will be granted by December 1, 2014. The contract period for the Technical Assistance Grant is expected to begin on December 1, 2014 and end on September 30, 2015.

## **VI. Attachments**

*Attachment 1: Applicant Attestation*

*Attachment 2: Application Cover Sheet*

*Attachment 3: Budget Template*

*Attachment 4: Work Plan Template*

*Attachment 5: Special Terms and Conditions – Health System Transformation for Individuals with Developmental Disabilities*