

New York State Office of Mental Health



**SUPPORTED HOUSING FOR HIGH NEED ADULTS  
WITH SERIOUS MENTAL ILLNESS**

NYC and Long Island Regions

Request for Proposals (RFP)

October 22, 2012

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## **1. Introduction and Background**

### **1.1 Health Home Initiative**

Navigating the current health care system can be difficult for relatively healthy Medicaid recipients and even more so for enrollees who have high-cost and complex chronic conditions that drive a high volume of additional high cost inpatient episodes. Accessing and managing appropriate services through improved care coordination and service integration is essential in controlling future health care costs and improving health outcomes for this population.

Implementation of Health Homes for Medicaid enrollees with chronic conditions was recommended by Governor Cuomo's Medicaid Redesign Team and included in the Governor's SFY11/12 Budget adopted into law effective April 1, 2011. Social Services Law (SSL) Section 365-L authorizes the Commissioner of Health, in collaboration with the Commissioners of the Office of Mental Health, Office of Alcohol and Substance Abuse Services, and the Office of People with Developmental Disabilities, to establish Health Homes for NYS Medicaid enrollees with chronic conditions.

A Health Home is a care management service model whereby all of an individual's caregivers communicate with one another so that all of a patient's needs are addressed in a comprehensive manner. This is done primarily through a "care manager" who oversees and provides access to all of the services an individual needs to assure that they receive everything necessary to stay healthy, out of the emergency room and out of the hospital. Health records are shared (either electronically or paper) among providers so that services are not duplicated or neglected. Health Home services are provided through a network of organizations including medical providers, health management plans and community-based support service organizations. When all of the services are considered collectively they become a virtual "Health Home."

Health Home services support the provision of coordinated, comprehensive medical and behavioral health care to patients with chronic conditions through care coordination and integration that assures access to appropriate services, improves health outcomes, reduces preventable hospitalizations and emergency room visits, promotes use of Health Information Technology (HIT), and avoids unnecessary care. As OMH expands its Supported Housing (SH) capacity throughout the State, coordination of housing services through Health Homes (HH) will be an essential component of an individual's comprehensive healthcare plan.

#### **1.1.1 Purpose of the Request for Proposal**

The New York State Office of Mental Health (OMH) announces this RFP for the availability of funds for the development and operation of up to 312 units of SH located as follows:

NYC Region (excluding Brooklyn)	227 units located in the following boroughs:
Queens	60 units
Manhattan	60 units
Bronx	60 units
Staten Island	47 units
Long Island Region	85 units located in the following counties:
Suffolk	50 units
Nassau	35 units

An agency may submit a bid for either one or both regions, but must submit a separate proposal for each region they are applying for. Agencies must indicate on the Transmittal Form the specific Region, County/Borough and number of units being requested, in order of preference.

The housing and services developed through this RFP are designated for individuals with serious mental illness as defined in [Appendix D](#) and who meet one or more of the following high need eligibility criteria identified in Section 5.1.

Agencies must collaborate with at least one of the Health Homes established for the region where housing will be developed. Housing will be developed to target the appropriate housing for the population, i.e., provide in-reach, develop coordinated discharge/admission plans with Health Homes and identify/provide services and supports to ensure successful transition into the community. It is critical that agencies establish partnerships and/or collaborative agreements with at least one of the Health Homes serving the region. A list of designated Health Homes is available on the NYS Department of Health's website at: [http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/) 

## 2 Proposal Submissions

### 2.1 Designated Contact/Issuing Officer

OMH has assigned an Issuing Officer for this project. The Issuing Officer or a designee shall be the sole point of contact regarding the RFP from the date of issuance of the RFP until the issuance of the Notice of Conditional Award. To avoid being deemed non-responsive, a bidder is restricted from making contact with any other personnel of OMH regarding the RFP. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFP is:

Susan Penn  
Contract Management Specialist 2  
New York State Office of Mental Health  
Community Budget Unit-7<sup>th</sup> Floor  
44 Holland Avenue  
Albany, NY 12229

## 2.2 Letter of Intent

Agencies interested in responding to the Request for Proposals are encouraged to submit a Letter of Intent to Bid to the OMH Issuing Officer by 10/29/12. The Letter of Intent to Bid shall be non-binding.

Please mail the letter of intent to the Issuing Officer:

Susan Penn  
Contract Management Specialist 2  
New York State Office of Mental Health  
Community Budget Unit-7<sup>th</sup> Floor  
44 Holland Avenue  
Albany, NY 12229

**Attn: Letter of Intent- SH for High Need Individuals-NYC and Long Island Regions**

## 2.3 Key Events/Timeline

RFP Release Date	10/22/12
Letter of Intent Due	10/29/12
Questions Due	11/12/12
Questions Posted on Website	11/19/12
Proposals Due*	11/26/12
Award Notification*	12/20/12
Anticipated Start Date*	01/01/13

## 2.4 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by fax at (518) 402-2529 or by [e-mail](#) by 11/12/12. The questions and official answers will be posted on the OMH website by 11/19/12\* and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone or in person.

## 2.5 Addenda to Request for Proposals

It is the bidder's responsibility to periodically review the OMH website to learn of revisions or addendums to this RFP. Changes to the RFP will also be posted in the NYS Contract Reporter. No other notification will be given.

## 2.6 Eligible Applicants

Eligible applicants are not-for-profit agencies with 501(c)(3) incorporation that have a) experience providing housing for any special needs group that is contracted for and monitored by a city, state or federal government agency and/or b) provide mental health services to persons with serious mental illness through programs that are licensed by OMH or are under contract with OMH or the county Local Government Unit (LGU). OMH-licensed agencies in Tier III status or equivalent are not eligible to apply.

If unsure if your agency is an eligible applicant, contact the Issuing Officer identified in Section 2.1.

## 2.7 Disqualification Factors

Following the opening of bids, the Issuing Officer or a designee will conduct a preliminary review of all proposals to verify that all eligibility criteria have been met and confirm submission for completeness (as defined in Section 2.8). Proposals that do not meet basic participation standards as defined in Section 2.6 will be disqualified.

## 2.8 Instructions for Bid Submission and Required Format

Each proposal is required to contain:

1. Completed Agency Transmittal Form ([Appendix A](#));
2. Proposal Narrative;
3. Operating Budget ([Appendix B](#));
4. Budget Narrative ([Appendix B1](#)).
5. Reference Form ([Appendix E](#))

The Proposal Narrative should be concise (no more than 20 pages, not including attachments). The Operating Budget and Budget Narrative ([Appendix B](#) and [Appendix B1](#)) are separate documents that appear in the RFP section of the OMH website and can be downloaded in PDF format. Bidders must **not** substitute their own budget format. **Failure to use the provided Operating Budget and Budget Narrative formats may result in disqualification for non-responsiveness.**

## 2.9 Executive Order #38

Pursuant to Executive Order#38 (<http://www.governor.ny.gov/executiveorder/38>) , dated January 18, 2012, State agencies are required to promulgate regulations and take any other actions within the agency's authority, including amending agreements with providers, to limit provider administrative costs and executive compensation. Any contract awarded through this RFP will be subject to such restrictions and to related requirements. Once established, the requirements will be posted on OMH's website.

## 2.10 Packaging of RFP Responses

Submit one hard copy of the entire proposal package described in 2.8 above, as well as an agency identified flash drive containing the proposal as one document (Word or PDF format), by U.S. mail or hand delivery to be received by 5:00 PM on the date listed above in section 2.3. It must be sealed in an envelope or boxed and addressed to the Issuing Officer named above in 2.1 and below. Bidders who are mailing proposals should allow a sufficient mail delivery period to ensure timely arrival of their proposals. Proposals cannot be submitted via e-mail or facsimile. All proposals received after the due date and time cannot be accepted and will be returned unopened.

Proposals should be sent to:

Susan Penn  
Contract Management Specialist 2  
New York State Office of Mental Health  
Community Budget Unit-7<sup>th</sup> Floor  
44 Holland Avenue  
Albany, NY 12229  
**Attn: SH RFP for High Need Individuals-NYC and Long Island Regions**

### **3 Administrative Information**

#### **3.1 Term of Contracts**

Contracts will be written for a total period of five (5) years, with an initial period of one (1) year and four (4) annual renewals, dependent upon appropriated funding. OMH reserves the right to change the contract term for the first or second year so that it is more or less than 12 months in order to align the contract dates with OMH's New York City contract cycle (July 1 through June 30).

If an agency not previously awarded a contract as part of the original RFP evaluation is awarded units through the reallocation process (see Section 4.3.2), the five (5) year contract term will commence on the award date. OMH reserves the right to change the first year's contract term, as stated above.

The OMH Direct Contract Form is available in [Appendix C](#).

#### **3.2 Reserved Rights**

OMH reserves the right to:

- Reject any or all proposals received in response to the RFP that are deemed non-responsive or do not meet the minimum requirements;
- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under the RFP in whole or in part;
- Disqualify a bidder whose conduct fails to conform to the requirements of the RFP;
- Seek clarifications of proposals for the purposes of assuring a full understanding of the responsiveness to the solicitation requirements;
- Use proposal information obtained through the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;

- Prior to the bid opening, amend the RFP specifications to correct errors or oversight, supply additional information, or extend any of the scheduled dates or requirements and provide notification to potential bidders via the OMH website and the NYS Contract Reporter;
- Eliminate any non-material specifications that cannot be complied with by all of the prospective bidders;
- Waive any requirements that are not material;
- Negotiate any aspect of the proposal in order to assure that the final agreement meets OMH objectives;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- 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 a bidder's proposal and/or to determine a bidder's compliance with the requirements of the solicitation;
- Conduct a readiness review of each selected bidder prior to the execution of the contract as set forth in Section 4.4;
- Cancel or modify contracts due to the insufficiency of appropriations;

### **3.3 Debriefing**

OMH will issue award and non-award notifications to all bidders. Non awarded bidders may request a debriefing in writing regarding the reasons that their own proposal was not selected and/or disqualified within 15 business days of the OMH dated letter. OMH will not offer ranking, statistical, or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Written debriefing requests may be sent to the Issuing Officer, as defined in Section 2.2.

### **3.4 Protests Related to the Solicitation Process**

Protests of an award decision must be filed within fifteen (15) business days after the notice of conditional award or five (5) business days from the date of the debriefing. The Commissioner or his designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest. All protests must be in writing and must clearly and fully state the legal and factual grounds for the protest and include all relevant documentation. The written documentation should clearly state reference to the RFP title and due date. Such protests must be submitted to:

NYS Office of Mental Health  
 Commissioner Michael Hogan  
 44 Holland Avenue  
 Albany, New York 12229

## 4 Evaluation Factors for Awards

### 4.1 Evaluation Criteria

All proposals will be rated and ranked in order of highest score based on an evaluation of **each bidder's written submission as well as OMH internal reviews**. There will be two (2) award lists; one for proposals bidding on NYC Region units and one for the Long Island Region units.

The Evaluation will apply points in the following categories as defined in Section 5.5:

<b>Technical Evaluation</b>	
Population	15 points
Housing Implementation	35 points
Agency Performance: <ul style="list-style-type: none"><li>• Bidder's Narrative</li><li>• OMH Internal Reviews</li></ul>	30 points
<b>Financial Assessment</b>	20 points
<b>Total Proposal Points</b>	<b>100 points</b>

For a detailed description of evaluation criteria for the Technical Evaluation and the Financial Assessment components, see Section 5.5 (Proposal Narrative).

The OMH internal review will consist of an assessment of the bidder's organizational competency. This will include a review of the bidder's residential programs over the past two years. Previous OMH actions including, but not limited to, fines, revocations of operating certificates, limitations on operating certificates and/or repeat citations impacting client care will be reviewed in scoring agency performance. Additional areas of organizational competence include: Supported Housing review forms, percentage of admissions from OMH psychiatric centers or OMH-operated residential programs; transition of residents to more independent housing; and accuracy and timeliness of CAIRS reporting. If an agency received an award of Supported Housing from a previous allocation, the agency's performance in filling the units within the contractual time frame and with the priority population specified will be rated.

For housing providers under contract with the NYC Department of Health and Mental Hygiene, reviews conducted by DOHMH will be included in assessing the agency's organizational competency.

Applicants that do not hold a current OMH contract for housing must submit a copy of the agency's most recent audited financial statement. In addition, the applicant must attach a copy of recent monitoring reports of any housing or mental health service program the agency operates that is issued by a city, state or federal government agency.

Finally, all applicants must submit a signed "Reference Form" ([Appendix E](#)).

## **4.2 Method for Evaluating Proposals**

Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components as described in Section 2.8. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Sections 2.6 and 2.7, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 working days.

Evaluation of proposals will be conducted in two parts: Technical Evaluation and Financial Assessment. OMH's evaluation committee, consisting of at least three evaluators, will review the technical portion of each proposal and compute a technical score. A financial score will be computed separately based on the operating budget and budget narrative submitted.

Evaluators of the Technical Evaluation component may then meet to discuss the basis of those ratings. Following the discussion, evaluators may independently revise their original score in any section. Once completed, final Technical Evaluation scores will then be recalculated, averaged, and applied to the final Financial Assessment score to arrive at final scores. Any proposal not receiving a minimum average score of 55 will be eliminated from consideration.

In case of a tie in the scoring process, the proposal with the highest score on the Agency Performance section will be ranked higher.

## **4.3 Process for Awarding Contracts**

### **4.3.1 Initial Awards and Allocations**

Proposals will be rated and ranked in order of highest to lowest score for each region. Awards will be made based on score until all the units for each of the two regions have been allocated.

OMH will enter negotiations with the bidders with the highest averaged scores as described below. In the event of a tie score between two proposals, the bidder with the highest score on the Technical Evaluation will enter negotiations with OMH.

## **4.4 Process for Awarding Contracts**

### **4.4.1 Initial Awards and Allocations**

Proposals MUST indicate on the Agency Transmittal form the county/borough preferences, in rank order, and indicate the total number of Supported Housing Units desired in each. A total of 312 units of Supported Housing (SH) will be awarded as follows:

NYC Region (excluding Brooklyn)	227 units located in the following boroughs:
Queens	60 units
Manhattan	60 units
Bronx	60 units
Staten Island	47 units

Long Island Region	85 units located in the following counties:
Suffolk	50 units
Nassau	35 units

In the interest of spreading resources as broadly as possible, initial allocations will not exceed 20 beds per award, per borough/county bid on. Awards of Supported Housing units will be made in rank order of highest score to lowest passing score until the available units in all boroughs/counties have been awarded. The bidder with the highest score will be awarded the group of its first listed preference(s), up to 20 beds per borough/county. The second highest scoring agency will be awarded its first available preference of beds, and so on, until all units are awarded.

Awards will be granted based on availability. Preference of groups of units will be given to only those bidders that indicated their order of preference on the Agency Transmittal Form ([Appendix A](#)). If preference is not indicated, OMH reserves the right to select the borough/county to be awarded.

In the event that, after considering all passing proposals, all beds are not awarded, OMH reserves the right to contact bidders, in order of ranked score, to see if they may be interested in additional units, even if: 1) they did not express a preference for the borough/county in their proposal, and/or; 2) the number of total units awarded exceed their proposal's original request.

#### **4.4.2 Reallocation Process**

There are a number of factors that may result in some or all of the Supported Housing units allocated to one or more contractors being reallocated. This includes, but is not limited to, failure to develop the housing within the approved time frame, inability to find Supported Housing apartments and retention of residents in the housing. A contractor will be provided notification if any or all of the units allocated to it are reallocated.

To reallocate units, OMH will go to the next highest ranked proposal that did not get an initial award of units. If all agencies with passing scores received an initial award of units, OMH will go back to the top of the list. An award of up to 20 additional units will be offered to the highest ranked agency not to exceed the amount of units requested by the agency per region/county. If the agency does not accept the award, OMH will work its way down the list.

An exception to the aforementioned reallocation process is in the event that an individual(s) residing in one of the awarded supported housing units requires a more intensive level of residential care than that provided in the supported housing setting and the contractor is unable to provide a continuum of care for that individual(s). In such cases, the OMH field office, in collaboration with the county/borough Single Point of Access (SPOA), will coordinate the reallocation of the unit(s) to a provider who can meet the needs of the individual(s).

## 4.5 Award Notification

At the conclusion of the procurement, notification will be sent to all successful and non-successful bidders. All awards are subject to approval by the NYS Attorney General and the Office of State Comptroller before an operating contract can be finalized.

OMH reserves the right to conduct a readiness review of the selected bidder prior to the execution of the contract. The purpose of this review is to verify that the bidder is able to comply with all participation standards and meets the conditions detailed in its proposal.

Upon receipt of an approved fully executed contract from NYS, contractors can begin to locate apartments appropriate for Supported Housing.

## 5 Scope of Work

### 5.1 Introduction

The NYS OMH announces this RFP for the availability of funds for the development and operation of up to 312 units of SH located as follows:

NYC Region (excluding Brooklyn)	227 units located in the following borough:
Queens	60 units
Manhattan	60 units
Bronx	60 units
Staten Island	47 units
Long Island Region	85 units located in the following counties:
Suffolk	50 units
Nassau	35 units

An agency may submit a bid for one or both regions, but must submit a separate proposal for each region they are applying for. Agencies must indicate on the Transmittal Form the specific region, county/borough and number of units being requested, in order of preference.

The housing and services developed through this RFP are designated for individuals with Serious Mental Illness as defined on [Appendix D](#) and who meet one or more of the following high need eligibility criteria:

- Individuals with a serious mental illness who are residents of OMH Operated psychiatric centers or OMH-operated residential programs.
- Individuals with a serious mental illness residing in the region with allocated Supported Housing Units who have a mental illness and who are high users of Medicaid Services and referred by Health Homes.
- Individuals with a serious mental illness who are being discharged from an Article 28 or Article 31 hospitals and in need of supported housing and for whom housing would assist in a hospital diversion.

- Individuals with a serious mental illness who are currently residing in Adult Homes or Nursing Homes.
- Individuals with a serious mental illness who are current residents of more service – intensive housing options (including Community Residences, Apartment Treatment, shelters, etc).
- Individuals with a serious mental illness who are being discharged from a Residential Treatment Facility.

Agencies awarded the contract(s) will be required to maintain accurate reporting of all admissions and discharges through OMH’s Child and Adult Integrated Reporting System (CAIRS), and any requirements the OMH may subsequently develop to ensure documentation of Medicaid savings.

## **5.2 Objectives and Responsibilities**

“Supported Housing” means scattered site apartments for which OMH funding provides rental assistance and a minimum level of housing-related support services for individuals with Serious Mental Illness. These services include assisting the resident in managing tenant/landlord relations and with transitioning to the new housing unit.

In situations where a resident needs ongoing additional support to manage his or her symptoms, or assistance with living skills such as shopping, maintaining his or her living environment, medication management, and/or personal care services, the supported housing provider may assist in linking the resident with the entities that directly provide these additional services in coordination with the resident’s care manager (Health Home or Managed Long Term Care Plan). These additional support services could include both OMH and NYS Department of Health wrap around services such as Assertive Community Treatment (ACT) team services, health home care management services, clubhouse services, employment services, outpatient services such as Continuing Day Treatment, Personalized Recovery Oriented Services, Clinic Services, Intensive Psychiatric Rehabilitation Treatment, Partial Hospitalization, medical services and certified home health/personal care services. Health Home services support the provision of coordinated, comprehensive medical and behavioral health care to patients with chronic conditions through care coordination and integration that assures access to appropriate services, improves health outcomes, reduces preventable hospitalizations and emergency room visits, promotes use of HIT and avoids unnecessary care. For this reason, it is critical that agencies establish partnerships and/or collaborative agreements with at least one of the Health Homes serving the region in which they are applying for supported housing units.

When possible, tenants should hold their own leases. Renting studio, one-bedroom and two-bedroom apartments scattered throughout the community is the norm. In instances where roommates are involved, the agency must facilitate cooperative arrangements on bill payments, division of household responsibilities and other matters.

Supported Housing is integrated housing that consists of scattered site apartments located in multiple buildings throughout the community. The goal is to provide individuals with a setting in which they live in their own apartments and are able to interact with non-disabled persons to the fullest extent possible.

There is no capital funding associated with this initiative to purchase or renovate an existing apartment building.

A contractor may use other government funding or agency funds to purchase and/or renovate a building. In this instance, contractors must be able to document that funding is adequate to pay the debt service, ongoing building maintenance and repairs. **Contractors must consult with the designated OMH Field Office Housing Unit before purchasing a site or entering into a long-term lease.**

Supported Housing funding provides rent stipends, housing related support services, and contingency funds as specified in the Supported Housing Guidelines. There are no OMH licensing requirements. Contractors must comply with the OMH Supported Housing Guidelines. A copy of the OMH Supported Housing Guidelines is posted on OMH's website at [OMH Supported Housing Guidelines](#) as part of this RFP and should be reviewed prior to responding to the RFP.

In addition, all buildings in which apartments are located must have a valid Certificate of Occupancy. The OMH Field Offices monitor Supported Housing and conduct site visits to review compliance with the guidelines.

### **5.3 Reporting Requirements**

Agencies that receive an allocation of housing resources under this RFP must agree to ensure that these units will only be filled with individuals who meet the eligibility criteria as stated in Section 5.1.

Agencies must conform to all OMH fiscal reporting requirements as outlined in the "Aid to Localities Spending Plan Guidelines." These guidelines are available on the Internet at <http://www.omh.ny.gov/omhweb/spguidelines/>.

Agencies awarded a Supported Housing contract will be required to maintain accurate reporting of all admissions and discharges through OMH's Child and Adult Integrated Reporting System (CAIRS) and comply with any requirements OMH may subsequently develop to ensure compliance and documentation of Medicaid savings.

An agency must agree to submit the OMH Supported Housing Verification Form on an annual basis. They will be required to participate in the Single Point of Access, and/or Human Resources Administration (HRA) (NYC) referral process.

In addition, NYC agencies will be required to provide updates on housing vacancies to the Center for Urban Community Services (CUCS) which publishes the "Vacancy and Information Update".

### **5.4 Operating Funding**

Funding for scattered site Supported Housing is a combination of client rent payments and OMH funds. Residents of Supported Housing are required to pay a minimum of 30 percent of their net income for rent and reasonable utilities. However, residents can choose to pay more than 30% of their income based on a personal decision to have an apartment beyond what is affordable with the 30% applied to the agency contribution, for example, selecting a

different neighborhood or a one bedroom in a neighborhood where only 2 bedrooms are affordable within the Supported Housing allocations. Agencies must contact the NYC Field Office or Long Island Field Office prior to a resident paying more than 30%.

Contractors will receive annual funding for units developed under this initiative through an OMH contract at the rate of \$14,493 per unit. This funding is for rent stipends, housing case management services and contingency funds, as specified in the Supported Housing Guidelines.

## **5.5 Proposal Narrative**

When submitting proposals for funding under this RFP, the narrative must address all of the components listed below, in the following order:

### **5.5.1 Population**

1. State your commitment to filling these units in coordination with the Regional Field Office, the Single Point of Access (SPOA), along with any OMH psychiatric center being targeted and the health home partnership(s) identified.
2. Describe in narrative form the characteristics of the high need population to be served in Supported Housing. Discuss such population characteristics as likely service history, present functional level, educational level, job history, forensic history, community living skills, existence of social supports, substance abuse history, all in the context of individuals who are high need.
3. Describe in narrative form the service needs of the high need population, specific to the characteristics described in (2) above. Describe the approach that will be used to ensure the successful transition of individuals and their retention in the community.

### **5.5.2 Housing Implementation**

1. Explain if you are a current network member of at least one Health Home in the region being targeted for SH or how you intend on becoming a network member. Explain how your agency will develop a relationship with the health home(s).
2. List the types of housing you currently have in each county. In NYC: Please note housing that is NY/NY I, II, or III. If your agency does not have established housing in the region/county being proposed, please explain how you propose to develop this housing.
3. Describe admission criteria and procedures, including any necessary interface with OMH Field Offices, SPOA and/or HRA (NYC), and health homes.
4. Describe the process your agency currently uses to develop an individualized community re-integration strategy that will address specialized needs of this population such as physical health needs (long term care) and mental health wrap around services. Describe the services that will be provided directly by the sponsoring agency.

5. Explain how your agency will work with the health home to develop an integrated plan of care including mental health, physical health and substance abuse service if indicated and community supports necessary for the person to succeed in the chosen apartment. Describe how the housing service plan developed in collaboration with the HH care managers will be reviewed with the resident. Describe the role of the HH care manager and the role of the housing support staff. Describe how choice will be accommodated during the housing selection process. If an individual will share an apartment, explain how they will be “matched” and how “roommate” issues will be resolved. Include the agency’s policy regarding family re-unification.
6. Identify community-based resources that will be available to residents through referrals and/or linkage agreements. Indicate how these services support the residents’ recovery from mental illness and substance abuse. Describe how all services will take into account the cultural and linguistic needs of the individual. Explain how Health Homes will be used to support the service needs of the individual.
7. Provide a staffing plan. Note if these proposed units will be part of the agency’s current Supported Housing, and if so, explain the impact on staffing ratios. Include a description of the roles and responsibilities of each staff member. Indicate the skills and experience each staff member will be expected to have. Describe initial and ongoing staff training and supervision. Describe the use of peer to peer services and supports that will be available.
8. Describe recipient assessment procedures and the development of a person-centered, strengths-based support plan in conjunction with the health home care manager. Attach a copy of any resident assessment tools and a sample support plan. Describe the process of support planning that will incorporate strategies to engage and motivate residents towards their recovery and provide an appropriate response to residents who are at risk of relapsing and/or begin not taking their medications. Discuss methods for ensuring integrated services for residents with co-occurring substance dependence/use disorders. Describe how residents will be assisted when a mental illness or substance use relapse occurs. Explain the process for handling resident emergencies after hours and on weekends. Describe your agency’s procedures to minimize the use of 911 calls.
9. Attach a copy of the proposed lease or sublease agreement. For sublease arrangements, provide the rent collection and rent arrears procedure. Describe the supports provided by the agency to appropriately ensure rent payment is made on time by residents. Provide the policy and procedure for terminating tenancy. Include a description of the range of interventions that would be used to prevent someone from losing their housing. Attach the grievance procedure that will be provided to residents. Explain how residents are empowered to provide input into Supported Housing practice on a formal and informal basis.

### 5.5.3 Agency Performance

1. Describe the agency's experience and approach in providing recovery-oriented housing and/or mental health services to persons with mental illness, including helping them achieve their rehabilitation and recovery goals.
2. Current licensed OMH housing agencies must note their agency's ability to target OMH priority populations, average length of stay and ability to transition individuals into independent housing. OMH Supported Housing agencies should indicate occupancy levels and ability to accept OMH priority populations. Base your response on the most recently published Residential Program Indicators Report. Also, please note that agencies will be evaluated on the timeliness of CAIRS reporting.

Applicants that do not hold a current OMH contract must note their agency's ability to target the contractually agreed upon target population. In addition, applicants that do not hold a current OMH contract must also describe a situation where successful interventions were used to assist an individual with meeting his/her goals.

3. **Note:** The OMH internal review will consist of an assessment of the bidder's organizational competency. This will include a review of the bidder's residential programs over the past two years. Previous OMH actions including, but not limited to, fines, revocations of operating certificates, limitations on operating certificates and/or repeat citations impacting client care will be reviewed in scoring agency performance. Additional areas of organizational competence include: Supported Housing review forms, percentage of admissions from OMH PCs or OMH-operated residential programs; transition of residents to more independent housing; and accuracy and timeliness of CAIRS reporting. If an agency received an award of Supported Housing from a previous allocation, the agency's performance in filling the units within the contractual time frame and with the priority population specified will be rated.

For housing providers under contract with the NYC Department of Health and Mental Hygiene, reviews conducted by New York City Department of Health and Mental Hygiene (DOHMH) will be included in assessing the agency's organizational competency.

Applicants that do not hold a current OMH contract for housing must submit a copy of the agency's most recent audited financial statement. In addition, the applicant must attach a copy of recent monitoring reports of any housing or mental health service program the agency operates that is issued by a city, state or federal government agency.

Finally, all applicants must submit a signed "Reference Form" ([Appendix E](#)).

#### 5.5.4 Financial Assessment

1. Describe how client and, when applicable, non-client rent will be calculated. Explain how your agency plans to utilize contingency funds. Highlight other sources of funding, if any.
2. Based on the operating funding available under Section 5.5, attach a start-up budget and operating budget. No additional funds will be allocated for start-up costs; it is expected that, on average, the first three months of the per unit rent stipend allocation will be used for start-up costs and then the unit will be occupied. The start-up budget should include amount needed for the establishment of the units, including cost of staffing, broker fees, security deposits, furniture, moving expenses and other expenses. The operating budget should assume a full year of operating funds. Show sources of income including client rent and OMH funding. Bidders should list staff by position, full-time equivalent (FTE), and salary.
3. Bidders must complete a Budget Narrative which should include the following:
  1. detailed expense components that make up the total operating expenses;
    - the calculation or logic that supports the budgeted value of each category;
    - description of how salaries are adequate to attract and retain qualified employees; and
    - a description of how apartment rental assumptions are calculated within the geographic area in which they are located.

Use the Operating Budget ([Appendix B](#)) and the Budget Narrative ([Appendix B1](#)) to submit with your proposal. The Operating Budget ([Appendix B](#)) is a separate document on the RFP section of the OMH website and can be downloaded in PDF format. Do **not** substitute your own budget format. **Failure to complete the Operating Budget using the correct form may be cause to reject your proposal for non-responsiveness.**