

New York State Office of Mental Health



**Integrated Health Care for Older Adults**

**Request for Proposals (RFP)**

**August 9, 2013**

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## Appendices

Appendix A: [Agency Transmittal Form](#)

Appendix B: [Operating Budget Form for Years 1, 2, and 3](#)

Appendix B1: [Budget Narrative Form](#)

Appendix C: [OMH Master Contract Forms and Instructions](#)

The link to the forms and instructions in Appendix C is provided for informational purposes only. Please do not complete and submit the forms in Appendix C with your proposal.

## I. Introduction and Background

### 1.1 Purpose of the Request for Proposal

The New York State Office of Mental Health (OMH) is issuing this Request for Proposals (RFP) to invite eligible applicants to submit proposals for integrating physical and behavioral health care in either behavioral health care settings (*Model 1*) or physical health care settings (*Model 2*) to assist older adults with mental health and/or substance use disorders in New York State. The aims of these programs are to: (1) identify and treat physical and behavioral health disorders more effectively; (2) address related behavioral issues, such as smoking, overeating, and adherence to treatment, that have an impact on health care; and (3) address psychosocial issues, such as family caregiving, housing, and financial problems, that also have an impact on health care.

Integrating physical health care into behavioral health care settings is important because medical illness is prevalent among those with serious behavioral health conditions yet is often untreated or poorly treated and contributes to accelerated mortality; additionally, such integration increases access to physical health care and improves overall health outcomes. Integrating behavioral health care into physical health care settings is important because most people with behavioral health conditions – especially older adults – do not receive treatment, and those who do are treated primarily by general practitioners rather than behavioral health specialists; additionally, such integration increases access, decreases stigma, has positive outcomes, and appears to be cost effective.

*Previous rounds of geriatric service demonstration projects related to health integration have demonstrated that collaborative partnership models of integrated health care increase the probability of creating and sustaining effective programs. Consequently, eligible applicants responding to this RFP are required to engage in at least one formal internal or external agency partnership in order to assure the on-site integration of services typically available at primary care and mental health or chemical dependence clinics in New York State (see Section V, 5.3E).*

For a three-year grant period, OMH will award successful applicants up to \$200,000 a year for the first two years and up to 50 percent of the first year's grant award for the third year. No waiver of licensure or regulatory requirements accompanies these awards, but OMH staff will provide operational support, and a Geriatric Technical Assistance Center will provide programmatic and fiscal technical assistance. Contracts for the last two years will be reconciled based on 24 months of revenues and expenses so that revenues generated in the second year may be applied to expenses in the third year. The expectation is that these integrated programs will be sustainable and fiscally viable by the end of the grant period. OMH anticipates awarding up to nine contracts to begin 1/1/14. See Section IV, 4.3 for more information on grant awards.

This RFP is made in accordance with Section 7.41 of the Mental Hygiene Law, which calls for OMH to establish a geriatric service demonstration program.

## 1.2 Availability of the RFP

The RFP will be available on the OMH website at <http://www.omh.ny.gov/omhweb/rfp/>, advertised through the NYS Contract Reporter, and listed in the New York State Grants Gateway system at <https://www.grantsgateway.ny.gov>. An announcement regarding the RFP will also be emailed to members of the Interagency Geriatric Mental Health and Chemical Dependence Planning Council.

## II. Proposal Submission

### 2.1 Letter of Intent

Agencies interested in responding to this RFP must submit a Letter of Intent to Bid to the OMH Central Office by 8/23/13. The Letter shall be non-binding. Please include an email address in your Letter of Intent to Bid so that OMH can quickly acknowledge receiving it. Mail the Letter of Intent to Bid to:

Susan Penn  
New York State Office of Mental Health  
Contracts and Claims Unit, 7<sup>th</sup> Floor  
44 Holland Avenue  
Albany, NY 12229

### 2.2 Issuing Officer/Designated Contact

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. An offerer/bidder is restricted from making contact with any other personnel of OMH regarding the RFP to avoid being deemed non responsible. Certain findings of non-responsibility can result in rejection for a contract award.

The Issuing Officer for this RFP is:

[Susan Penn](#)  
New York State Office of Mental Health  
Contract and Claims Unit, 7<sup>th</sup> Floor  
44 Holland Avenue  
Albany, NY 12229

### 2.3 Key Events/Time Line

Event	Date
RFP Release .....	8/9/13
Deadline for Submission of Mandatory Letter of Intent to Bid .....	8/23/13
Deadline for Submission of Questions .....	8/23/13
Questions and Answers Posted on OMH Website .....	9/6/13
Proposals Due .....	9/20/13
Notice of Conditional Award .....	10/25/13 Est.
Contract Start Date .....	1/1/14 Est.

## **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 email or by fax at (518) 402-2529 by 5:00 PM on 8/23/13. The questions and answers will be posted on the OMH website by 5:00 PM on 9/6/13 and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone.

## **2.5 Addenda to the Request for Proposals**

In the event it becomes necessary to revise any part of the RFP prior to the scheduled submission date for proposals, an addendum will be posted on the OMH website and included in the NYS Contract Reporter and the New York State Grants Gateway system. It is the bidder's responsibility to periodically review the OMH website, the NYS Contract Reporter, and/or the New York State Grants Gateway system to learn of revisions or addendums to this RFP. No other notification will be given.

## **2.6 Eligible Applicants**

Eligible applicants are either: (1) not-for-profit agencies funded or licensed by OMH that operate outpatient physical or behavioral health programs for adults or (2) local government units in New York State. State-operated programs are not eligible to respond to this RFP. Eligible applicants with health integration grant projects previously funded by OMH or any other source of grant funding may not submit proposals in response to this RFP that would expand or enhance health integration at the sites included in those grant projects.

Agencies that do not meet eligible applicant criteria may partner with an eligible applicant, but they themselves would not be able to respond to this RFP. The eligible applicant must submit the proposal and – if awarded a contract – will be the recipient of grant funding and assume responsibilities for the contract and fiscal and program operations.

Eligible applicants must be in good standing with OMH; eligible applicants that have an OMH licensed program with an Operating Certificate of less than 12 months in duration (other than a new OMH licensed program with an initial Operating Certificate of less than 12 months) are not considered in good standing.

## **2.7 Disqualification Factors**

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee to review each proposal's submission for completeness and verify that all eligibility criteria have been met. Proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals from applicants that do not meet the eligibility criteria as outlined in Section II, 2.6;
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in Section II, 2.9, by the proposal due date of 5:00 PM on 9/20/13; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in Section II, 2.8.

## 2.8 Instructions for Bid Submission and Required Format

Each proposal is required to contain:

1. Agency Transmittal Form;
2. Summary;
3. Five-part Program Narrative;
4. Operating Budgets for Years 1, 2, and 3;
5. Complete Budget Narratives; and
6. Letter of Commitment from each formal internal and/or external agency partner who will provide on-site primary or behavioral health care services (see Section V, 5.3E).

The Operating Budget Form for Years 1, 2, and 3 and the Budget Narrative Form (see [Appendix B](#) and [Appendix B1](#)) are separate documents that appear in the RFP section of the OMH website and can be downloaded in Excel or PDF format. Bidders must **not** substitute their own budget format. **Failure to use the provided Operating Budget and Budget Narrative formats will result in disqualification for non-responsiveness.**

For the Summary and Project Narrative page limits in Section V, 5.3B&C, a page is 8.5" x 11" in size and printed only on one side with a Times Roman or equivalent font size of not less than 12. Font size may be smaller in charts, tables, and graphs. Proposals that do not meet these formatting requirements will be screened out and returned without review. If a proposal includes appendices or attachments used to extend or replace any part of the Summary or Project Narrative, those appendices or attachments will be disregarded.

Bidders must submit seven (7) signed copies of the full proposal package by mail, delivery service, or hand delivery to be received by 5:00 PM on 9/20/13; each package must include the required proposal components cited above.

Bidders mailing proposals should allow a sufficient mail delivery period to ensure timely arrival of their proposals. Proposals cannot be submitted via email or fax. All proposals received after the due date and time cannot be accepted and will be returned unopened.

## 2.9 Grants Gateway Requirement

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for proposals to be evaluated. Information on these initiatives can be found at [www.Grantsreform.ny.gov](http://www.Grantsreform.ny.gov).

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of 5:00 PM on 9/20/13 cannot be evaluated; therefore, such proposals will be disqualified from further consideration.

## 2.10 Executive Order # 38

Pursuant to Executive Order #38 (<http://governor.ny.gov/executiveorder/38>), dated January 18, 2012, OMH promulgated regulations regarding limits on administrative costs of and executive compensation paid by covered providers. See 14 NYCRR Part 513. Any contract awarded through this RFP will be subject to such restrictions and to related

requirements. See [Appendix C](#) of this RFP for a link to OMH Master Contract Forms and Instructions, Attachment A-1, Section A.12 (Mental Health Regulations). See also <http://executiveorder38.ny.gov/>.

## **2.11 Minority and Women Owned Business Enterprises**

In accordance with Section 312 of the Executive Law and 5 NYCRR 143, it is expected that all contractors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE) when there is an opportunity to subcontract or purchase supplies to carry out a contract with the lead contracting agency.

## **2.12 Packaging of RFP Responses**

Proposals should be sealed in an envelope or boxed and sent to:

Susan Penn  
New York State Office of Mental Health  
Contracts and Claims Unit, 7<sup>th</sup> Floor  
44 Holland Avenue  
Albany, NY 12229  
ATTN: RFP for Integrated Health Care for Older Adults

### **III. Administrative Information**

#### **3.1 Term of Contract**

The term of the agreement shall be for one year with the option to extend the contract for two additional one-year periods and with third year grant funding of up to 50 percent of the first year's award, subject to available funding.

#### **3.2 Reserved Rights**

The Office of Mental Health reserves the right to:

- 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 and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals;
- 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 bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- Prior to 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 mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
- Waive any requirements that are not material;
- Negotiate with the successful bidder within the scope of the RFP in the best interests of the State;
- 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 an offerer's proposal and/or to determine an offerer's compliance with the requirements of the solicitation; and
- Cancel or modify contracts due to the insufficiency of appropriations.

### **3.3 Debriefing Process**

The Office of Mental Health 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. Debriefing requests must be made in writing (fax and e-mail is acceptable) and sent to the Designated Contact identified in Section II, 2.2 of this RFP.

### **3.4 Protests of Award Outcome**

Protests of an award decision must be filed within twenty (20) business days after the date of the notice of non award, or 5 business days from the date of a completed debriefing. The Acting 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:

John Tauriello  
 Acting Commissioner  
 New York State Office of Mental Health  
 44 Holland Avenue  
 Albany, NY 12229

## **IV. Evaluation Factors for Awards**

### **4.1 Method of Evaluation**

Proposals from ineligible applicants (see Section II, 2.6) and disqualified proposals (see Section II, 2.7) will not be evaluated for an award.

The evaluation of proposals will be conducted in two parts: Technical Evaluation and Financial Assessment.

A committee consisting of at least three technical evaluators will complete the Technical Evaluation. Each technical evaluator will independently review the technical portion of a proposal and compute a technical score. The technical evaluators who reviewed the same proposal may then meet together to provide clarity or review any questions about a particular part of a proposal; following any such discussion, the evaluators may independently revise their original score in any part of the technical evaluation and will note changes on the evaluation sheet. Once completed, final technical evaluation scores will be calculated and averaged to arrive at a Total Technical Score. Proposals receiving a Total Technical Score of less than 55 will be eliminated from further consideration.

Independent financial assessment evaluators will complete the Financial Assessment. For proposals receiving a Total Technical Score of 55 or higher, the Total Technical Score and the Financial Assessment Score will be added to arrive at a Total Proposal Score. If necessary to break a tie, the proposal with the highest score in the “Sustainability” component of the evaluation will be selected. Scoring will be as follows:

Component	Maximum Points
Summary	5
Project Narrative: Population to be Served/Statement of Need	10
Project Narrative: Proposed Program/Approach	20
Project Narrative: Organization and Staffing	10
Project Narrative: Sustainability	20
Project Narrative: Implementation	15
Total Technical Score	80
Financial Assessment	20
Total Proposal Score	100

## 4.2 Proposal Evaluation

### 4.2.1 Technical Evaluation

Points are applied in the evaluation of proposal responses to required descriptions and questions for the Summary and five-part Project Narrative.

### 4.2.2 Financial Assessment

Points are applied in the evaluation of how complete and comprehensive, informative and detailed, and realistic and reasonable the proposal’s Operating Budgets and Budget Narratives are with respect to implementing, operating, and sustaining the proposed program.

## 4.3 Agency Recommended Award and Notification

With an estimated starting date of 1/1/14, a total of up to nine awards will be made through this RFP.

- A total of up to five awards will be made to applicants with the highest scoring proposal in each of the five OMH Field Office regions. If there are no proposals with a passing

score in a region, the highest scoring proposal not yet selected will be selected regardless of regional location.

- The remaining number of awards will be made to applicants with the highest scoring proposals regardless of regional location.

Upon completion of the evaluation process, notification of conditional award will be sent to all successful and non-successful applicants. The award is subject to approval by the New York State Attorney General's Office and the New York State Office of State Comptroller before the contract is 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.

## **V. Scope of Work**

### **5.1 Introduction**

New York State enacted the Geriatric Mental Health Act on August 23, 2005. One provision of the law called for OMH to establish a geriatric service demonstration program to provide grants to support the provision of mental health services to the elderly.

OMH awarded six such grants in 2007 to effectively implement physical health – mental health integration programs involving the co-location of mental health specialists within primary care or involving the improvement of collaboration between separate providers. In 2011, OMH awarded 21 new grants to integrate health care for the elderly by co-locating physical health professionals in behavioral health care settings or behavioral health professionals in physical health care settings.

Building on lessons learned from both rounds of grant awards, this RFP is intended for agencies fully committed to utilizing collaborative partnerships to establish and sustain on-site integrated health care for older adults in either behavioral health care (*Model 1*) or physical health care (*Model 2*) settings:

- The target population is older adults age 55 or older.
- Integrating physical health care into behavioral health care settings is one of the two options the grant will fund.
- Integrating behavioral health care into physical health care settings is the other of the two options the grant will fund.
- In addition to physical and behavioral health disorders, behavioral and psychosocial issues that have an impact on health care are to be identified and addressed.
- Screening, assessment, treatment, and any associated care management services are to be integrated or very highly coordinated.
- Added on-site behavioral health staff are to be part of the physical health team, as added on-site physical health staff are to be a part of the behavioral health team.
- The expectation is that these integrated programs will be sustainable and fiscally viable without OMH support by the end of the three-year grant period.

## 5.2 Objectives and Responsibilities

As noted in Section I, 1.1, the aims of Integrated Health Care for Older Adults are to: (1) identify and treat physical and behavioral health disorders more effectively; (2) address related behavioral issues, such as smoking, overeating, and adherence to treatment, that have an impact on health care; and (3) address psychosocial issues, such as family caregiving, housing, and financial problems, that also have an impact on health care.

### A. Program Requirements

Each proposed Integrated Health Care for Older Adults program is required to:

- *Serve the Target Population*

Designed to assist older adults with mental health and/or substance use disorders in New York State, the target population is older adults age 55 or older. To increase the possibilities of establishing and sustaining on-site integrated health care for older adults, applicants who serve adults younger than age 55 at the same site may use grant funding to include them in the program. However, the target population and the focus of this RFP remains older adults age 55 or older.

- *Engage in At Least One Formal Internal or External Agency Partnership*

To assure the on-site integration of services typically available at primary care and mental health or chemical dependence clinics in New York State, eligible applicants must engage in at least one formal internal or external agency partnership.

- *Provide Screening and Assessment Services*

*In a physical health care setting*, patients are assessed for the presence of a behavioral health disorder. Effective behavioral health screening instruments – including the Patient Health Questionnaire-9, the Generalized Anxiety Disorder-7, and the Alcohol Use Disorders Identification Test-C – must be used, followed by a more comprehensive assessment for those who screen positive. *In a behavioral health care setting*, clients are screened for the presence of basic physical signs and symptoms that may indicate the need for medical care, using common tests/screens – such as smoking status, blood pressure, fasting blood sugar, and Body Mass Index – and followed by a more comprehensive assessment by an appropriate medical professional for those who screen positive. On-site staff conduct reviews of systems and physical examinations for clients who need them. *In both settings*, behavioral and psychosocial issues affecting the patient's course of care or treatment are identified and assessed. An integrated individualized care or treatment plan that addresses both physical and behavioral health needs is formulated.

- *Provide Treatment Services*

*In a physical health care setting*, behavioral health treatment services, when indicated, include appropriate pharmacological, counseling, and psychotherapeutic interventions that address identified behavioral symptoms and disorders; for example, treatment

services may involve brief interventions by the behavioral health professional, medication from the primary care provider, or referral to affiliated providers of treatment services. *In a behavioral health care setting*, indicated physical care should be readily available from an on-site physical health professional, such as a primary care physician or nurse practitioner, with easy referral to collaborative outside specialists when necessary. *In both settings*, behavioral and psychosocial issues are addressed when they have an impact on health care, healthy living is promoted, and health and wellness services are provided.

- *Integrate Care*

*In both settings*, physical and behavioral health treatment and any associated care management services are deliberately integrated or very highly coordinated through multidisciplinary collaboration and teamwork. *In a physical health care setting*, results of behavioral health treatment and follow-up – including referral for treatment outside the physical health care setting – are included or summarized in an integrated physical health care record by the behavioral health professional or physical health care provider. Entries should also address any interaction between the patient's behavioral health problems and physical health care. *In a behavioral health care setting*, results of physical health treatment and follow-up are similarly documented in an integrated behavioral health care record.

- *Add Specialty Staff*

*In a physical health care setting*, programs are to add one or more on-site behavioral health professional(s) to the team whose capability and workload permit them to address mental health and substance use disorders and, when indicated, behavioral and psychosocial issues that have an impact on health care. *In a behavioral health care setting*, similarly, programs are to add one or more on-site physical health professional(s) to the team to appropriately address the physical health assessment and treatment needs of its clients in an integrated manner. *In both settings*, added specialty staff need not be directly employed by the host agency; they may be contracted or otherwise engaged through formal agreement with a partnership agency different than their own.

- *Be Sustainable*

OMH grant funding and technical assistance aims to support the planning and operation of an integrated program that is capable of becoming sustainable; for example, the program should employ staff with the credentials needed to bill and be reimbursed for services, paying for itself through direct billing, cost savings for the sponsoring institution(s), or other sources appropriate to a sustainable business plan. Program planning, implementation, and operation must demonstrate progress toward the long-term survival and continued effectiveness of a fully implemented program in the context of changes in such areas as staffing, leadership, licensure, funding, external systems, and new challenges.

## **B. Cultural Considerations**

Knowledge, information, and data from and about individuals, families, communities, and groups in the geographic area to be served should be used to address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population. The information should be utilized to adapt clinical standards and practices, skills, services approaches, techniques, and outreach to support the beliefs, values, preferences, and life circumstances of diverse cultural communities represented by individuals who receive services.

## **C. Core Implementation Team**

Successful applicants are required to establish and support a Core Implementation Team responsible for managing the organizational change to integrated care. The Core Implementation Team is to include (1) a member of senior management with the authority to make decisions, (2) staff with on-the-ground knowledge of physical and behavioral health care, (3) other key staff, and (4) a current or former recipient of services.

## **D. Geriatric Technical Assistance Center**

With other grantees, successful applicants are required to engage in the programmatic and fiscal technical assistance offerings of a Geriatric Technical Assistance Center (GTAC). At least three members of the Core Implementation Team are to be chosen to actively participate in GTAC Learning Community activities, including individual and group conference calls and three yearly in-person Learning Community meetings that involve travel to Albany, New York. Expenses associated with such travel should be considered when budgeting.

## **E. Data**

Successful applicants are required to collect, manage, and report a set of project performance measures to OMH. Data produced by grantees in connection with their responsibilities under the grant shall belong to OMH but may be used by the grantee for educational or research purposes, as long as all other legal requirements for the use of such data have been satisfied and with the permission of OMH.

## **5.3 Requirements for Submission**

Proposals submitted for funding under this RFP must include all of the following components in the following order. Proposals missing any of the required proposal components will not be considered. See Section II, 2.8 for additional information on proposal format and content.

### **A. Agency Transmittal Form**

### **B. Summary** (no longer than one page)

Provide a concise description of the program that summarizes its goals, objectives, overall approach (including population to be served and formal internal and/or external agency partnerships), anticipated outcomes, and deliverables.

**C. Project Narrative** (no longer than a total of eight pages for 1 through 5 below)

*1. Population to be Served/Statement of Need*

This section should be used to describe the need for developing integrated health care for older adults in the geographic area(s) to be served, including the problems that the proposal intends to address by implementing the program. The description should include, but need not be limited to, the following:

- Demographic data, with source citations, on the specific population to be served;
- Data on the physical and behavioral health needs of those to be served;
- Significant recurring needs related to behavioral and psychosocial issues that have an impact on the health care of those to be served;
- Issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the population to be served that will need to be addressed; and
- Problems that the proposal intends to address by implementing the program.

*2. Proposed Program/Approach*

This section should provide a clear and concise description of how the proposed program will address the problems described in the Statement of Need above and how it will provide integrated physical and behavioral health care services. The description should include, but need not be limited to, the following:

- The capability and experience of the applicant in providing culturally competent physical and/or behavioral health care for older adults while also addressing behavioral and psychosocial issues that affect an elderly patient's course of care or treatment;
- Identification of the applicant's formal internal and/or external agency partnership(s) to assure the on-site integration of services typically available at primary care and mental health or chemical dependence clinics in New York State;
- A summary of partner-provided on-site primary or behavioral health care services and the arrangements for such services [*Proposals submitted for funding under this RFP must include a Letter of Commitment from each formal internal and/or external agency partner who will provide on-site primary or behavioral health care services. For each such partnership, the letter must include a description of services to be provided and the arrangements for such services and will be used in scoring this section. An executed Contract or Agreement with each such partner must be completed before a successful applicant's estimated contract start date of 1/1/14.*];
- How services provided will take into account the beliefs, values, preferences, and life circumstances of different cultural groups in the population to be served;
- How physical and behavioral health screening and assessment services will be provided, including the identification and assessment of behavioral and psychosocial issues that have an impact on health care, and who will provide them;
- How an integrated individualized care or treatment plan that addresses both physical and behavioral health needs will be formulated;
- How physical and behavioral health treatment services will be provided and who will provide them;

- how behavioral and psychosocial issues will be addressed when they have an impact on health care, how healthy living will be addressed, and how health and wellness services will be provided;
- How physical and behavioral health care for older adults will be different when the program is in place; and
- The total number of individuals to be served by the program and the total number of their visits for services during the three-year grant period.

### 3. *Organization and Staffing*

This section should describe and demonstrate organizational capability to implement and operate the proposed program. Information provided should clearly delineate the roles and responsibilities of both applicants and formal internal and/or external agency partners and includes, but need not be limited to, the following:

- An organizational chart and description of organizational structure, lines of supervision, and management oversight for the proposed program;
- Roles, qualifications, expertise, experience working with older adults, and professional licensure/certification of key personnel;
- Based on the population to be served, a description of patient/client flow and the number and type of staff necessary to meet their needs, including specialty staff, i.e., behavioral health professional(s) in a physical health care setting or physical health professional(s) in a behavioral health care setting;
- The extent to which specialty staff will function as part of the team; and
- How the clinical record will document care in an integrated way, including entries and summaries of physical and behavioral health treatment and follow-up and any interaction between physical or behavioral health problems and care.

### 4. *Sustainability*

This section should describe and demonstrate organizational capability to make the program sustainable and fiscally viable and should include, but need not be limited to, the items listed below. Be very specific. Information provided in your three yearly operating budgets and budget narratives (see Section V, 5.3D) will also be utilized to assess sustainability.

- The number of individuals to be served by the program during each year of the three-year grant period and the number of their visits for services during each year of the three-year grant period;
- The number of hours per week that on-site behavioral health professional(s) in a physical health care setting or physical health professional(s) in a behavioral health care setting are available to provide services;
- A health insurance profile of individuals to be served by the program that includes the number and percentage of individuals with coverage (distinguish between primary and secondary coverage) by these payer groups: Medicare, Medicaid, Medicaid Managed Care Plans, Commercial Insurance, and Self-Pay;
- The number and percentage of individuals to be served who are dual-eligible beneficiaries;
- A self-assessment of the extent to which the applicant and its formal internal and/or external agency partner(s) are positioned to succeed in a changing health care environment;

- A self-assessment of the extent to which the applicant and its formal internal and/or external agency partner(s) employ or contract with clinical staff who have the credentials and are currently authorized to provide and be reimbursed for program services covered by the health insurance plans that cover their patients;
- A description of how the applicant and its formal internal and/or external agency partner(s) ensure that the health insurance benefit packages of its patients are reviewed for covered services, how billing and charge sheets are revised as needed, and how processes related to scheduling patient visits and encounters are reassessed; and
- A summary of what feasibility planning the applicant and its formal internal and/or external agency partner(s) have done to assess the need for physical plant modifications and required approvals or authorizations from State agencies and others to provide or facilitate the provision of on-site integrated services.

### 5. *Implementation*

This section should clearly describe how the applicant and its formal internal and/or external agency partner(s) will plan and complete pre-implementation/program installation tasks in the first six months of the grant *so that initial implementation of service delivery can begin by the end of month six*. The description should include, but need not be limited to, the following:

- How a Core Implementation Team (see Section V, 5.2C) responsible for managing the organizational change to integrated care is to be established and supported and how additional team members not included in the core team will be identified;
- How the applicant and its formal internal and/or external agency partner(s) plan to communicate about the program with patients, staff, and other stakeholders;
- An assessment of the top three potential barriers to implementation;
- An Implementation Workplan with tasks, timelines, and assigned responsibilities to complete program installation [*tasks that need to be accomplished before the first patient is seen*] and initial implementation within six months – including any steps or tasks needed to complete physical plant modifications and/or receive required approvals or authorizations to operate all components of the program;
- Identification of what equipment or technology is needed to operate the program and when it will be acquired, installed, and ready to use;
- How the applicant and its formal internal and/or external agency partner(s) are to employ new staff or realign existing staff; develop or modify job descriptions; provide staff orientation and training; and assure staff supervision, consultation, and development;
- Identification of what written policies and procedures need to be developed or revised and put in place;
- How the applicant and its formal internal and/or external agency partner(s) will be setting service volume targets by payer, developing insurance enrollment and contract amendments, redesigning work flow to capture actual services provided, identifying billing and diagnostic codes for claim submission, and making related changes in billing systems and protocols;
- How a system for collecting program performance measures (see Section V, 5.2E) is to be established.

#### **D. Operating Budgets and Budget Narratives**

Be sure to use the required budget formats – the Operating Budget Form for Years 1, 2, and 3 and the Budget Narrative Form ([Appendix B](#) and [Appendix B1](#)) – to develop your budgets and budget narratives. Do not substitute your own budget formats. The information provided will be utilized to complete the Financial Assessment (see Section IV, 4.2.2) and assess sustainability (see Section V, 5.3C4).

- **Develop yearly Operating Budgets for Years 1, 2, and 3.** OMH will award successful applicants a grant of up to \$200,000 for the first two years and up to 50 percent of the first year's grant award for the third year. Contracts for the last two years will be reconciled based on 24 months of revenues and expenses so that revenues generated in the second year may be applied to expenses in the third year. The expectation that these integrated programs will be sustainable and fiscally viable by the end of the grant period.
- **Complete Budget Narratives** for all the detailed expense and revenue components that make up the total operating budget and include the calculation or logic that supports the budgeted value of each category.

#### **E. Letter(s) of Commitment**

Proposals submitted for funding under this RFP must include a Letter of Commitment from each formal internal and/or external agency partner who will provide on-site primary or behavioral health care services. For each such partnership, the letter must include a description of services to be provided and the arrangements for such services and will be used in scoring Section V, 5.3C2. An executed Contract or Agreement with each such partner must be completed before a successful applicant's estimated contract start date of 1/1/14.