



**Office of
Mental Health**

**Safe Options Support (SOS) Program:
Older Adult & Medically Fragile Support Team**

New York City

Request for Proposals

Grant Procurements

(On-Line Submission Required)

Statewide Financial System (SFS) Identifier- OMH116

April 2024

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1. Introduction and Background

1.1 Purpose of the Request for Proposal

The New York State Office of Mental Health (OMH) announces the availability of funds for the development of one (1) Older Adult & Medically Fragile Support Team to operate in New York City. This team will work in conjunction with the NYC Safe Options Support (SOS) Critical Time Intervention (CTI) Teams to provide specialized services and supports to older adults and individuals with existing chronic medical conditions who are currently unsheltered or recently transitioned from street homelessness to housing.

SOS CTI Teams use an evidence-based CTI approach to provide intensive outreach, engagement, and care coordination services to individuals who are unsheltered. Services are provided for up to 12 months, pre- and post-housing placement, with an intensive initial outreach and engagement period that includes multiple visits per week. SOS CTI Teams connect participants with treatment and support services, while also prioritizing educational and vocational training and advancement, self-management skills, and self-care and well-being. The SOS CTI Teams follow the CTI model – a time-limited, evidence-based service that helps vulnerable individuals during periods of transition. CTI promotes community integration, self-advocacy, and continuity of care by ensuring that the member has strong ties to their professional and non-professional support systems during these critical periods. The teams work with members and their professional and natural support networks to build skills and strengthen supports so that care can successfully be transferred, and SOS services terminated, within 12 months.

The number of older adults currently experiencing homelessness has increased rapidly in recent years, a trend that is projected to continue and further accelerate. Older adults with histories of homelessness often have greater functional impairments and behavioral health challenges, as well as increased social isolation and limited connection to their communities. Approximately 42% of current NYC SOS members are age 51+, many of whom are living with unmanaged chronic disease and limited access to healthcare. The Older Adult & Medically Fragile Support Team would work collaboratively with the NYC SOS CTI Teams to offer short-term interventions and specialized services to older adults or medically fragile individuals who are enrolled in SOS services.

The Older Adult & Medically Fragile Support Team is a multidisciplinary team comprised of an Occupational Therapist, Geriatric Registered Nurse, and Geriatric Social Workers. This team will work in close collaboration with the assigned SOS CTI Team, primary care physicians, specialty care providers, hearing and vision providers, housing providers and others to ensure that SOS members are receiving all services and supports needed to live in the least restrictive environment possible.

The Older Adult & Medically Fragile Support Team will be delivering services both in the member's home and in the community, including shelter settings, temporary housing placements, or other settings of the member's choice. Community visits may be conducted jointly with the SOS Team or independently, but ongoing communication and sharing of information will be crucial to ensuring continuity of care.

The Older Adult & Medically Fragile Support Team shall be well versed in trauma responsive approaches and communications, and culturally responsive and inclusive, attempting to mitigate the effects of discrimination based on individuals' demographic identity (race, ethnicity, spiritual practices, gender identity, sexual orientation). The team will show sensitivity toward individuals' personal stories as they may relate to oppression and inequality.

The team must be well versed in the various Medicare and Medicaid Health Plans (e.g., Managed Long-Term Care Plans, Medicaid Advantage Plans, etc.) for older adults and able to establish collaborative relationships with health plans.

1.2 Target Population/Eligibility Criteria

The target population to be served by the Older Adult & Medically Fragile Support Team include adults 50 years old and older with unmet age-related needs, and individuals with existing chronic medical conditions who are enrolled in SOS services. These individuals may be currently unsheltered, in temporary shelter settings, or recently transitioned into stable housing.

Referrals will be made by the NYC SOS CTI teams in coordination with the SOS Referral Hub. The Older Adult & Medically Fragile Support Team will work in close collaboration with the SOS Referral Hub, SOS CTI Teams, NYC's Street Homeless Outreach Teams, hospitals, and others to coordinate efforts and prevent any duplication of services.

1.3 Bidder's Conference

A Bidder's Conference will be held at the date and time listed below. Prospective Applicants' participation in this conference is highly encouraged but not mandatory.

The purpose of the Bidder's Conference is to:

- Explain the initiative
- Answer any questions Applicants may have related to the project or the process

The details for the Bidders' Conference are as follows:

Date/Time – Tuesday, May 14, 2024, 10:00 AM – 11:00 AM via WebEx

Join link:

<https://meetny.webex.com/meetny/j.php?MTID=m20067a0777f3cfca1cbb0c45b95f1e50>

Webinar number:

161 917 3502

Webinar password:

uRrpMU2pH57 (87776827 from phones and video systems)

Join by phone

+1-518-549-0500 US (English Menu)

+1-518-549-0059 US (Menú en Español)

Access code: 161 917 3502

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, an applicant 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:

Amanda Szczepkowski
Contract Management Specialist 3
New York State Office of Mental Health
Contracts and Claims
44 Holland Avenue, 7th Floor
Albany, NY 12229
OMHLocalProcurement@omh.ny.gov

2.2 Key Events/Timeline

RFP Release Date	04/16/24
Bidders Conference	05/14/24
Questions Due	05/21/24
Questions and Answers Posted on Website	06/04/24
Proposals Due by 2:00 PM EST*	06/25/24
Anticipated Award Notification	07/23/24
Anticipated Contract Start Date	01/01/25

*OMH strongly advises that applicants do not wait until the last day/last few hours to complete and submit applications/proposals to Grant RFPs. Exceptions will not be considered or made for an applicant who cannot complete their proposal/application by the due date and time of the RFP.

2.3 Disposition of Proposals

All proposals submitted by the due date and time become the property of OMH. Any proposals not received by the due date and time do not get reviewed and are excluded from consideration.

2.4 Eligible Agencies

Prequalification is required for all not-for-profit organizations seeking grant funding from New York State. Please see Section 2.9 and Section 2.10 for additional Prequalification Information.

Eligible applicants are Local Government Units (LGU's), Public Benefit Corporations, and not-for-profit agencies with 501(c) (3) incorporation that have experience providing aging services to older adults and individuals with chronic medical conditions.

Please be advised that all questions regarding Eligibility will be responded to through the official posting of the Questions and Answers. No questions about Eligibility will be responded to either individually or prior to the posting of the Q&As.

The Local Governmental Unit (LGU), Director of Community Service (DCS)/Mental Health Commissioner has a statutory authority and responsibility for oversight and cross-system management of the local mental hygiene system to meet the needs of individuals and families affected by mental illness, substance use disorder and/or intellectual/developmental disability in their communities. LGU collaboration is a vital part of the work of SOS CTI Teams. Applicants must notify the LGU(s) of their intent to apply. The LGU for New York City is NYC DOHMH.

2.5 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by e-mail to OMHLocalProcurement@omh.ny.gov by 2:00 PM EST on the "Questions Due" date indicated in section 2.2 and will be limited to addressing only those questions submitted by the deadline. No questions can be submitted or will be answered after this date. No questions will be answered by telephone or in person. Please enter "Safe Options Support (SOS) Program: Older Adult & Medically Fragile Support Team" in the subject line of the email.

The questions and official answers will be posted on the OMH website by the date listed in the timeline section 2.2 Key Events/Timeline.

2.6 Addenda to Request for Proposals

In the event that it becomes necessary to revise any part of the RFP during the application submission period, an addendum will be posted on the OMH website and the NYS Contract Reporter.

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

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. Additionally, during the proposal evaluation process, evaluators will also be reviewing eligibility criteria and confirming that they have been met. During the course of either of these review processes, 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 2.4; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.9 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.9, by the proposal due date of 2:00 PM EST on Section 2.2 Key Events/Timeline.

2.8 SFS Prequalification 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 be Prequalified in order for proposals to be evaluated and any resulting contracts executed.

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of 2:00 PM EST on Section 2.2 Key Events/Timeline will not be able to submit their bid response through SFS.

Please do not delay in beginning and completing the prequalification process. The State reserves five (5) days to review submitted prequalification applications. Prequalification applications submitted to the State for review less than 5 days prior to the RFP due date and time may not be considered. Applicants should not assume their prequalification information will be reviewed if they do not adhere to this timeframe.

2.9 Vendor Registration, Prequalification and Training Resources for Not-for-Profits

NOTE: For any application that does not contain all the required documentation and/or “See Attached” responses that were to be uploaded, please be advised that the application will be reviewed and scored as submitted. For any incomplete response or missing and/or inappropriately submitted documentation, points will be deducted. It is the responsibility of the applicant to ensure, prior to submission, that the application is appropriate and complete.

Each proposal submission through SFS is required to contain:

- Operating Budget (Appendix B)
- Budget Narrative (Appendix B1)

All applicants must be registered with the New York State Statewide Financial System (SFS) and all Not-for-Profit agencies must be prequalified prior to proposal submission.

Not-for-profit organizations must **Register** as a vendor the Statewide Financial System and successfully **Prequalify** to be considered for an award.

This grant opportunity is being conducted as an SFS bid event. Not-for-profit vendors that are not prequalified can initiate and complete bid responses. However, not-for-profit vendors that are not prequalified will NOT be allowed to submit their bid response for consideration.

Information on [Registration](#) and [Prequalification](#) are available on the Grants Management Website. A high-level synopsis is provided below.

Registering as an SFS Vendor

To register an organization, send a complete [Grants Management Registration Form for Statewide Financial System \(SFS\) Vendors](#) and accompanying documentation where required by email to grantsreform@its.ny.gov. You will be provided with a Username and Password allowing you to access SFS.

Note: New York State Grants Management reserves 5-10 business days from the receipt of complete materials to process a registration request. Due to the length of time this process could take to complete, it is advised that new registrants send in their registration form as soon as possible. Failure to register early enough may prevent potential applicants from being able to complete a grant application on time.

If you have previously registered and do not know your Username, please contact the SFS Help Desk at (855) 233-8363 or at

Helpdesk@sfs.ny.gov. If you do not know your Password, please click the [SFS Vendor Forgot Password](#) link from the main log in page and follow the prompts.

Prequalifying in SFS

- Log into the SFS Vendor Portal.
- Click on the Grants Management tile.
- Click on the Prequalification Application tile. The Prequalification Welcome Page is displayed. Review the instructions and basic information provided onscreen.

Note - If either of the above referenced tiles are not viewable, you may be experiencing a role issue. Contact your organization's Delegated Administrator and request the Prequalification Processor role.

- Select the Initiate a Prequalification Application radio button and click the Next button to begin the process. Starting with **Organization Information**, move through the steps listed on the left side of the screen to upload **Required Documents**, provide **Contacts** and **Submit** your Prequalification Application.

Note - If the Initiate a Prequalification Application radio button is not available, your organization may have already started a prequalification application and could even be prequalified. Click on the Version History Link to review your organization's prequalification status. If you are not currently prequalified, or your prequalification expires prior to the due date of this RFA, you will need to choose Collaborate on or Update your application.

- System generated email notifications will be sent to the contact(s) listed in the **Contacts** section when the prequalification application is Submitted, Approved, or returned by the State for more information. If additional information is requested, be certain to respond timely and resubmit your application accordingly.

Note: New York State reserves 5-10 business days from the receipt of complete Prequalification applications to conduct its review. If supplementary information or updates are required, review times will be longer. Due to the length of time this process could take to complete, it is advised that nonprofits Prequalify as soon as possible. Failure to successfully complete the Prequalification process early enough may result in a grant application being disqualified.

Specific questions about SFS should be referred to the SFS Help Desk at helpdesk@sfs.ny.gov.

On Demand Grantee Training Material

A recorded session with information about the transition to SFS is available for Grantees on the Grants Management website - <https://grantsmanagement.ny.gov/> and in SFS Coach.

The following training material focused on grants management functionality is currently available in SFS Coach:

- An SFS Vendor Portal Reference Guide (https://upk.sfs.ny.gov/UPK/VEN101/FILES/SFS_Vendor_Portal_Access_Reference_Guide.pdf) to help Grantees understand which Grants Management roles they need in the SFS Vendor Portal based on the work they are currently involved in.
- A Grantee Handbook (upk.sfs.ny.gov/UPK/VEN101/FILES/Grantee_User_Manual.pdf), which provides screenshots and step-by-step guidance on how to complete Grants Management-related tasks in SFS
- On-demand recorded training videos focused on each aspect of the Grants Management business process

Agencies can view vendor training material in SFS Coach by selecting **SFS Training for Vendors** from the Topic drop-down list.

3. Administrative Information

3.1 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 or are determined to be otherwise unacceptable, in the agency's sole discretion;
- Withdraw the RFP at any time, at the agency's sole discretion
- Make an award under the RFP in whole or in part;
- Disqualify and applicant whose conduct and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals for the purposes of assuring a full understanding of the responsiveness to this solicitation requirements;
- Use proposal information obtained through 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 RFP;
- Prior to the bid opening, direct applicants 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, SFS and the New York State (NYS) Contract Reporter;
- Eliminate any non-material specifications that cannot be complied with by all of the prospective applicants;
- Waive any requirements that are not material;
- Negotiate any aspect of the proposal with the successful applicant in order to ensure that the final agreement meets OMH objectives and is in the best interests of the State;
- Conduct contract negotiations with the next responsible applicant, should the agency be unsuccessful in negotiating with the selected applicant;
- 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 applicant's proposal and/or to determine an applicant's compliance with the requirements of the solicitation;
- Cancel or modify contracts due to insufficiency of appropriations, cause, convenience, mutual consent, non-responsibility, or a "force majeure";
- Change any of the scheduled dates stated in the RFP.

3.2 Debriefing

OMH will issue award and non-award notifications to all applicants. Non-awarded applicants may request a debriefing in writing requesting feedback on their own proposal, within 15 business days of the OMH dated letter. OMH will not offer debriefing to providers who are awarded a team. 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 Designated Contact, as defined in Section 2.1.

3.3 Protests Related to the Solicitation Process

Protests based on errors or omissions in the solicitation process, which are or should have been apparent prior to the deadline for receipt of all written questions for this RFP, must be filed prior to the deadline for questions. In the event an applicant files a timely protest based on error or omission in the solicitation process, the Commissioner of OMH or their designee will review such protest and may, as appropriate, issue a written response or addendum to the RFP to be posted on the OMH website in the RFP section. 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 their 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:

New York State Office of Mental Health
Commissioner Ann Marie T. Sullivan, M.D.
44 Holland Ave
Albany, NY 12229

3.4 Term of Contracts

The contracts awarded in response to this RFP will be for a five-year term. Selected applicants awarded a contract under this RFP will be required to adhere to all terms and conditions in OMH's Master Grant Contract.

3.5 Minority and Women Owned Business Enterprises

OMH recognizes its obligation to promote opportunities for maximum feasible participation of certified minority and women-owned business enterprises (MWBEs) and the employment of minority group members and women in the performance of OMH. OMH expects that all contactors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE), on any award resulting from this solicitation in excess of \$25,000 for commodities and services or \$100,000 for construction.

With respect to MWBEs, each award recipient must document its good faith efforts to provide meaningful opportunities for participation by MWBEs as subcontractors and suppliers in the performance of the project to be described in each grant disbursement agreement, and must agree that OMH may withhold payment pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at <https://ny.newnycontracts.com>. For guidance on how OMH will determine a contractor's "good faith efforts", refer to 5 NYCRR §142.8. In accordance with 5 NYCRR § 142.13, each award recipient acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth herein and in its grant disbursement agreements, such finding constitutes a breach of contract and OMH may withhold payment from the award recipient as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the award recipient achieved the contractual MWBE goals; and (2) all sums paid to MWBEs for work performed or material supplied under the grant disbursement agreement.

By applying, an Applicant agrees to demonstrate its good faith efforts to achieve its goals for the utilization of MWBEs by submitting evidence thereof in such form as OMH shall require. Additionally, an Applicant may be required to submit the following documents and information as evidence of compliance with the foregoing:

A. An MWBE Utilization Plan, which shall be submitted in conjunction with the execution of the grant disbursement agreement except as otherwise authorized by OMH. Any modifications or changes to the MWBE Utilization Plan after the execution of the grant disbursement agreement must be reported on a revised MWBE Utilization Plan and submitted to OMH.

OMH will review the submitted MWBE Utilization Plan and advise the award recipient of OMH acceptance or issue a notice of deficiency within 30 days of receipt.

B. If a notice of deficiency is issued, the award recipient will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to OMH, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OMH to be inadequate, OMH shall notify the award recipient and direct the award recipient to submit within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

OMH may refuse to enter into a grant disbursement agreement, or terminate an existing grant disbursement agreement resulting from this solicitation, under the following circumstances:

- a. If an award recipient fails to submit a MWBE Utilization Plan;
- b. If an award recipient fails to submit a written remedy to a notice of deficiency;
- c. If an award recipient fails to submit a request for waiver; or,
- d. If OMH determines that the award recipient has failed to document good faith efforts

The award recipient will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the project. Requests for a partial or total waiver of established goal requirements may be made at any time during the term of the project, but must be made no later than prior to the submission of a request for final payment under the grant disbursement agreement.

Each award recipient will be required to submit a Quarterly MWBE Contractor Compliance & Payment Report to OMH over the term of the project, in such form and at such time as OMH shall require, documenting the progress made toward achievement of the MWBE goals established for the project.

3.6 Participation Opportunities for New York State Certified Service-Disabled Veteran Owned Business

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Business (SDVOB), thereby further integrating such businesses into New York State's economy. OMH recognizes the need to promote the employment of service-disabled veterans and to

ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of OMH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, applicants are expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as proteges, or in other partnering or supporting roles.

OMH hereby establishes an overall goal of 0% for SDVOB participation, based on the current availability of qualified SDVOBs. For purposes of providing meaningful participation by SDVOBs, the Applicant/Contractor would reference the directory of New York State Certified SDVOBs found at <https://ogs.ny.gov/Veterans>. Additionally, following any resulting Contract execution, Contractor would be encouraged to contact the Office of General Services' Division of Service-Disabled Veterans' Business Development to discuss additional methods of maximizing participation by SDVOBs on the Contract.

It would be required that "good faith efforts" to provide meaningful participation by SDVOBs as subcontractors or suppliers in the performance of a resulting awarded Contract as documented.

3.7 Equal Opportunity Employment

By submission of a bid or proposal in response to this solicitation, the Applicant/Contractor agrees with all terms and conditions of Master Contract for Grants, Section IV(J) – Standard Clauses for All New York State Contracts including Clause 12 – Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The Applicant will be required to submit a Minority and Women-Owned Business Enterprises and Equal Opportunity Policy Statement, to the State Contracting Agency with their bid or proposal. To ensure compliance with this Section, the Applicant will be required to submit with the bid or proposal an Equal Opportunity Staffing Plan (Form # to be supplied during contracting process) identifying the anticipated work force to be utilized on the Contract. If awarded a Contract, Contractor shall submit a Workforce Utilization Report, in such format as shall be

required by the Contracting State Agency on a monthly or quarterly basis during the term of the contract. Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional and non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment status because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status, or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest. Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

3.8 Sexual Harassment Prevention Certification

State Finance Law §139-I requires applicants on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees. Bids that do not contain the certification may not be considered for award; provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFP. Applicants must complete and return the certification with their bid, or provide a statement detailing why the certification cannot be made.

3.9 Bid Response

Neither the State of New York or OMH shall be responsible for the costs or expenses incurred by the applicant in preparation or presentation of the bid proposal.

3.10 Acceptance of Terms and Conditions

A bid, in order to be responsive to this solicitation, must satisfy the specifications set forth in this RFP. A detailed description of this format and content requirements is presented in Section 2.9 of this RFP.

3.11 Freedom of Information Requirements

All proposals submitted for OMH's consideration will be held in confidence. However, the resulting contract is subject to New York State Freedom of Information Law (FOIL). Therefore, if an applicant believes that any information in its bid constitutes a trade secret or should otherwise be treated as confidential and wishes such information not be disclosed if requested, pursuant to FOIL (Article 6 of Public Officer's Law), the applicant must submit with its bid, a separate letter specifically identifying the page number(s), line(s), or other appropriate designation(s) containing such information explaining in detail why such

information is a trade secret and formally requesting that such information be kept confidential. Failure by an applicant to submit such a letter with its bid identifying trade secrets will constitute a waiver by the applicant of any rights it may have under Section 89(5) of the Public Officers Law relating to the protection of trade secrets. The proprietary nature of the information designated confidential by the applicant may be subject to disclosure if ordered by a court of competent jurisdiction. A request that an entire bid be kept confidential is not advisable since a bid cannot reasonably consist of all data subject to a FOIL proprietary status.

3.12 NYS and OMH Policies

The applicant/contractor must agree to comply with all applicable New York State and OMH policies, procedures, regulations and directives throughout the Term of the contract.

4. Evaluation Factors and Awards

4.1 Evaluation Criteria

All proposals will be rated and ranked in order of highest score based on an evaluation of each applicant’s written submission as well as OMH internal reviews.

The Evaluation will apply points in the following categories as defined in Section 6:

Technical Evaluation	Points
Population	15
Description of Program	22
Implementation	13
Agency Performance	8
Utilization Review, Reporting & Quality Improvement	12
Diversity, Equity, Inclusion and Recipient Input	10
Financial Assessment	20
Total Proposal Points	100 Points

For a detailed description of evaluation criteria for the Technical Evaluation and the Financial Assessment components, see Section 6 (Proposal Narrative).

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 2.9. If a proposal is not complete or does not meet the basic eligibility and participation

standards as outlined in Section 2.4, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 working days of the proposal due date.

Proposals will be conducted in two parts: Technical Evaluation and Financial Assessment. The technical 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 score of 70 will be eliminated from consideration.

In case of a tie in the scoring process, the proposal with the highest score on the Description of Program (Section 6.2) of the Proposal Narrative will be ranked higher.

4.3 Process for Awarding Contracts

4.3.1 Initial Awards and Allocations

Proposals will be ranked, and one award made to the applicant with the highest score to assume the operation of a Safe Options Support (SOS) Program: Older Adult & Medically Fragile Support Team.

4.3.2 Contract Termination and Reassignment

There are a number of factors that may result in the contract being reassigned. This includes, but is not limited to, failure to meet start-up milestones, failure to maintain staff to client ratio, excluding referrals based on criminal or substance abuse history, or poor performance outcomes. A contractor will be provided notification if there is need for reassignment.

To reassign the contract, OMH will go to the next highest ranked proposal. If there are no agencies left with a passing score, OMH will go to the top of the list and work its way down the list to reassign the contract.

4.4 Award Notification

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

5. Scope of Work

5.1 Introduction

5.1.1 - Older Adult & Medically Fragile Support Team:

OMH intends to issue one (1) award through this RFP for a Safe Options Support (SOS) Program: Older Adult & Medically Fragile Support Team to be developed. This team will serve individuals enrolled in SOS services in the Bronx, Brooklyn, Manhattan, and Queens.

The provider must commit to meeting start-up requirements, including program location, staffing, and monthly ramp up deliverables. Older Adult & Medically Fragile Support Team start-up will include the involvement of OMH and other key agencies to provide support around the development of the team, which will start based on OMH's determination of readiness. Monthly calls and/or meetings will be held to provide technical assistance and ensure the delivery of services is consistent with programmatic objectives.

5.1.2 – Quality Infrastructure and Reporting Requirements

- 1. Quality Infrastructure:** The provider who coordinates or directly operates the team must have a quality, supervisory and operational infrastructure. The Older Adult & Medically Fragile Support Team will be required to submit regular reports to OMH regarding all individuals served including length of service, characteristics of individuals served, diagnoses, services provided, disposition, and follow-up. Information will also be submitted regarding performance indicators demonstrating that members' continuity of care has been assured and that services have been provided to improve social determinants of health and community tenure. OMH will provide programs with a template of the data items required for reporting for manual or bulk data entry.
- 2. Participation in Learning Community:** The Older Adult & Medically Fragile Support Team will be expected to participate in a SOS CTI team active learning community, in collaboration with OMH, to review progress, outcomes and develop best practices. Learning community activities will involve, at a minimum, quarterly meetings with OMH and key stakeholders to assure that case-level and program-wide concerns can be quickly addressed.

3. **Utilization Review:** The Older Adult & Medically Fragile Support Team will have a systemic approach for self-monitoring and ensuring ongoing quality improvement including analyzing utilization review findings and recommendations. This information should be used to measure timeliness of services, disposition and outcomes, and will inform the agency's overall quality improvement plan. The provider should ensure continuous quality improvement of services and development of the program including regular monitoring and evaluation of outcomes. The Older Adult & Medically Fragile Support Team provider will participate in site visits from OMH and LGU where applicable.
4. **Technology Supports:** Applicants must describe how they use digital technology to support client engagement in care. Technology supports include tools and resources for identifying potential clients, communicating and responding to referral sources, communicating with clients and key support persons, care planning, and transition planning. Applicants should describe digital tools available to staff as well as those available to clients.

All applicants should have an electronic health record (EHR) and describe the EHR. OMH is exploring a clinical data interoperability system based on the HL7 FHIR® that will connect directly with provider EHRs to extract required data elements and limit provider reporting burden. Applicants should note whether their EHR supports an interoperability system using secured data transfer protocols such as SFTP, TIS 1.2, OAuth 2, SAML.

5.1.3 – Referrals to Older Adult & Medically Fragile Support Team

Referrals to the Older Adult & Medically Fragile Support Team will be managed through a Referral Hub. The Referral Hub, as well as the Older Adult & Medically Fragile Support Team, will work closely with the NYC SOS CTI Teams to identify enrolled members in need of this enhanced level of support. Upon receiving a referral, the Older Adult & Medically Fragile Support Team will begin collaborating with the assigned SOS Team and making efforts towards connection with referred individual. The teams will provide short-term interventions to address presenting age-related and/or medical needs, while facilitating greater knowledge among SOS teams of specialized needs and resources.

5.1.4 – Components:

The Older Adult & Medically Fragile Support Team is part of the larger Safe Options Support initiative which includes a SOS Referral Hub, SOS CTI Teams, and is intended to involve close collaboration with NYC's Homeless Outreach Teams. The SOS Teams also work closely with the new inpatient Transition to

Home Units (THU) which specialize in the care of street homeless individuals with serious mental illness.

5.1.5 – SOS CTI Team Staffing

It is expected that the Older Adult & Medically Fragile Support Team be comprised of 5.0 FTE's: 1.0 FTE Team Leader, 1.0 FTE Occupational Therapist, 1.0 FTE Geriatric Registered Nurse, and 2.0 FTE Licensed Social Worker with expertise in gerontological social work (LMSW, LCSW).

5.1.6 – Documentation System and Use of Technology

Not only for the purpose of accurate and successful billing and revenue cycle management but also as a quality and learning tool, it is expected that the provider have an electronic health record that can document referrals, assessments and each encounter with the member. It is also expected that the provider maximizes the use of technology to help support the team's communication and quality improvement efforts as well as each member's wellness and recovery goals.

5.1.7 – Hours of Operation

The Older Adult & Medically Fragile Support Team will have hours of operation that allows them to adequately provide all necessary services with consideration of the unique needs and availability of the individuals whom they serve. This may include flexible work hours to allow for better engagement and to better accommodate needs/schedules (e.g., 10:00am – 6:00pm, 11:00am – 7:00pm, etc.).

5.2 Objectives and Responsibilities

The Older Adult & Medically Fragile Support Team will have a clear understanding of the service needs of older adults, including but not limited to older adults living with Serious Mental Illness, as well as a demonstrated ability to coordinate services internally and externally. The team must be well versed in the various Medicare and Medicaid Health Plans (e.g., Managed Long-Term Care Plans, Medicaid Advantage Plans, etc.) for older adults and able to establish collaborative relationships with health plans.

The Older Adult & Medically Fragile Support Team will effectively deliver geriatric enhancements to the SOS CTI model by:

- Assessing for specific risk factors associated with aging such as social isolation/loneliness, cognitive decline and impaired executive functioning, compromised mobility, hearing, vision, Alzheimer's disease and other related dementias, psychosis, and

- chronic medical conditions.
- Completing evaluation of members to determine priority areas of occupational performance/participation with a focus on functional independence and participation related to maintenance of housing. Provide evaluation results to the SOS team to assist in finding housing that best promotes their functional independence.
 - Assisting in implementing environmental, adaptive, and compensatory modifications, such as the installation of durable medical equipment, training on use of specialized tools, or assistance identifying alternative ways to complete a task.
 - Discussing housing options with the SOS team and the individual, including OMH housing, senior housing, assisted living, and skilled nursing facilities based on the individual's needs.
 - Providing support to help individuals adapt to the physical or cognitive mental disabilities that occur later in life from illnesses or injuries, and to adapt to any new limitations and learn strategies to live as independently as possible.
 - Reviewing rehabilitation needs with other consultation team members and provides findings to the SOS team to assist in finding housing and ongoing services that best promote their functional independence.
 - Assessing for mental status and cognitive skills, understanding acute and chronic health issues, and discussing common health concerns, such as falls, incontinence, changing sleep patterns and sexual issues.
 - Educating members about personal safety and disease prevention and explaining adjustments to medication regimen to ensure understanding and collaboration around medication adherence.
 - Taking a lead role in connecting individual to a primary care physician and/or coordinating with primary care physician on supports needed to maintain highest level of physical, cognitive, mental, and emotional wellbeing. In addition, coordinate with the primary physician to provide medical assessment, diagnosis information, and their impact on functioning with entities conducting eligibility and application processes for services.
 - Providing support for individuals with visual or hearing impairments and makes recommendations for linkage with appropriate vision rehabilitation therapists and mobility specialists.
 - Providing assistance applying for/accessing long-term care options available through Medicaid, Medicare, and local Offices for Aging, including skilled home health services, home health aide services, personal care, and the consumer-directed personal assistance program (CDPAP). Taking a lead role in providing evaluation findings from consultation team members to entities conducting eligibility and application processes, including the New York Independent Assessor Program (NYIAP). In addition, provide information to individuals on different program options to support independence and support individuals in completing the processes required to obtain services.

- Reviewing insurance options including managed long-term care (MLTC) plans and share findings with individuals to assist them in making an informed choice that best fits their needs and finances.
- Assisting with linkage to social adult day services, non-Medicaid transportation, meals and nutrition services, Medicare options, and NY Connects to explore Medicare-supported options and programs offered through the local offices for aging.
- Providing support around grief and loss issues associated with the aging process and makes recommendations for linkage with programs that support wellbeing, prevent social isolation, and connection with meaningful life activities.

The Older Adult & Medically Fragile Support Team must also be knowledgeable about the complex interplay between physical health, mental health experienced by older adults with co-occurring complex medical conditions. The team will work in collaboration with OMH and the NYC SOS Hub to increase the education and knowledge of SOS CTI Teams in areas including but not limited to:

- Community resources available specifically for older adults and the ways in which ageism can affect service provision and willingness to engage in services.
- Emerging anxiety, depression, and serious mental illness including Bipolar Disorder and Schizophrenia and how it manifests in older adults.
- Mental health problems among older adults, such as: substance use, dementia, psychosis, sleep and behavior disorders, cognitive decline, the impacts of social isolation/loneliness, bereavement, family dynamics, and loss of independence.
- Mental and physical health impacts on affective and anxiety disorders, dementia, and psychosis.
- Trauma responsive approaches for aging adults and individuals experiencing multimorbidity.

5.3 Operating Funding

Each team award will be made in the amount of \$3,589,000 for five (5) years. Annual funding for each of the five (5) years is \$717,800.

Over the course of the contract, opportunities may be explored for increased revenue from billable services under the Health Home Plus program. Any such revenue is expected to be utilized to enhance the team and quality of services delivered.

6. Proposal Narrative

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

6.1 Population

- a. Describe in narrative the characteristics of the older adult & medically fragile population to be served in the proposed catchment area.
- b. Describe your agency's understanding of the service needs of older adults who are homeless or unstably housed, including those who have SMI or co-occurring disorders.
- c. Describe and demonstrate your agency's experience in engaging older adults who have SMI, co-occurring disorders, history of complex trauma, and extensive complex medical needs.
- d. Describe clinical approaches and/or best practice in treatment and care for older adults who have SMI, co-occurring substance use disorders, physical health conditions, history of complex trauma and extensive complex medical needs requiring intensive, cross service sector care coordination.
- e. Describe your agency's experience working with older adults with multiple systems involvement, including mental and physical health, substance use, medical, housing, aging network, and other social services/providers and how you have advocated with them and on their behalf to better coordinate care, both internally and externally.
- f. Describe your agency's familiarity with NYC housing options for older adults, including senior housing, assisted living, and skilled nursing facilities, and outline your experience with accessing these levels of housing for the individuals you serve.

6.2 Description of Program

- a. Describe how you will coordinate the review of Older Adult & Medically Fragile Support Team referrals in a timely manner and meet face-to-face with recipients to begin the engagement process.
- b. Provide a description of all services to be provided by the Older Adult & Medically Fragile Support Team and outline what efforts will be taken to ensure continuity of care the assigned SOS CTI Team, involved housing providers, medical and behavioral health providers.
- c. Describe your internal and external network of providers, including medical, behavioral health, and other providers, and how you plan to utilize those networks to facilitate rapid access to care. In your response, describe how you plan to ensure close collaboration with the Local Government Unit (LGU) to facilitate care for individuals served by the Older Adult & Medically Fragile Support Team.
- d. Describe the Older Adult & Medically Fragile Support Team's individual assessment and person-centered care planning process.

Describe practices and approaches to assess for specific risk factors associated with aging, including signs of social isolation, cognitive decline and impaired executive functioning, compromised mobility, hearing, vision, Alzheimer's disease and other related dementias. Describe how standardized screening and assessment instruments (validated for use with older adults when available) will be utilized both initially and on an as needed basis.

- e. Describe how the Older Adult & Medically Fragile Support Team will collaborate with housing providers on the use of assistive devices, home modifications, and wrap around services to increase access to housing, maximize recipient independence, and support aging in place.
- f. Describe your agency's relationships with Medicare and Medicaid Health Plans and how you will collaborate with health plans, including managed long-term care (MLTC) plans, to coordinate services and improve access to long-term care options.
- g. Provide a description of how the Older Adult & Medically Fragile Support Team will implement a multidisciplinary team approach. Provide a description of team communication approach and practices to be implemented by the team.
- h. Describe your agency's ability to provide consultation and support to the SOS CTI Teams in culturally appropriate and evidence-based treatment practices to meet behavioral health and aging needs.

6.3 Implementation

- a. Describe start-up and phase-in activities necessary to implement the Older Adult & Medically Fragile Support Team. Include timeframes in your description.
- b. Describe the agency's physical space needs and other equipment and administrative oversight supports necessary to successful programmatic operation.
- c. Provide a description of the roles and responsibilities of each staff member on the Older Adult & Medically Fragile Support Team. Describe plans for regular staff supervision and what will be included as part of supervision.
- d. Describe the recruitment plan that the agency will use to recruit, train, retrain, and support the level of professional and appropriately qualified staff needed to carry out the program duties.
- e. Describe the staff training that will be given to ensure staff are competent in working with the older adult population, aging in place philosophy, trauma responsive approaches for aging adults, cultural

humility/ implicit bias/cultural sensitivity, psychiatric rehabilitation, social isolation, homelessness, psychoeducation, and wellness self-management.

- f. Describe ways in which your agency will attempt to use technology and data to promote best care and achievement of recipients' recovery goals.

6.4 Agency Performance

- a. Describe your agency mission, the services provided, and the population(s) served. Describe in detail how the identified experiences demonstrate the agency's ability and qualification for operating the Older Adult & Medically Fragile Support Team.
- b. Describe how your agency and its board have strengthened the quality, fiscal stability and mission of the agency over the last five years. Give examples of proudest achievements and lessons learned/obstacles/barriers/challenges that the organization has encountered.
- c. Describe the agency's experience in providing culturally and linguistically relevant services, and approaches to ensuring the older adults and medically fragile individuals served from marginalized or underserved populations are engaged, served, and satisfied with interventions.

6.5 Utilization Review, Reporting, and Quality Improvement

- a. Describe how you will ensure confidentiality of recipients' records in a way that conforms with all local, state, and federal confidentiality and privacy regulations.
- b. Describe how your agency will integrate this program into your overall quality improvement infrastructure and efforts. Identify two achievements of your quality department that have occurred within the last two years of which you are particularly proud.
- c. Describe how your agency intends to participate in an active learning community, in collaboration with OMH, to review progress, outcomes and develop best practices for SOS CTI Teams.

6.6 Diversity, Equity, Inclusion and Recipient Input

Commitment to Equity and the Reduction of Disparities in Access, Quality and Treatment Outcomes for Marginalized Populations

- a. Provide a mission statement for this project that includes information

about the intent to serve individuals from marginalized/underserved populations in a culturally responsive trauma-informed way.

- b. Identify the management-level person responsible for coordinating/leading efforts to reduce disparities in access, quality, and treatment outcomes for marginalized populations.
- c. Identify the management-level person responsible for coordinating/leading efforts to ensure incorporation of feedback from participants in services in continuous agency improvement. Information provided should include the individual's title, organizational positioning and their planned activities for coordinating these efforts).
- d. Provide the diversity, inclusion, equity, cultural and linguistic competence plan for this program (as outlined in the National CLAS Standards). Plan should include information in the following domains:
 - workforce diversity (data-informed recruitment);
 - workforce inclusion;
 - reducing disparities in access quality, and treatment outcomes in the patient population;
 - soliciting input from diverse community stakeholders, organizations and persons with lived experience;
 - efforts to adequately engage underserved foreign-born individuals and families in the project's catchment area
 - how stakeholder input from service users and individuals from marginalized/underserved populations was used when creating the diversity, inclusion, equity, cultural and linguistic competence plan. Discuss how the plan will be regularly reviewed and updated.

Equity Structure

- e. Describe the organization's committees/workgroups that focus on reducing disparities in access, quality, and treatment outcomes for marginalized populations (diversity, inclusion, equity, cultural/linguistic competence).
- f. Describe the organization's committees/workgroups that focus on incorporating participants of services into the agency's governance. Note - it is important to describe how membership of any such committee/workgroup includes people with lived experience and representatives from the most prevalent cultural groups to be served in this project.

Workforce Diversity and Inclusion

- g. Describe program efforts to recruit, hire and retain a) staff from the most prevalent cultural group of service users and b) staff with lived experience with mental health and receiving mental health services.

Language Access

- h. Describe efforts to meet the language access needs of the clients

served by this project (limited English proficient, Deaf/ASL). This information should include the use of data to identify the most prevalent language access needs, availability of direct care staff who speak the most prevalent languages, the provision of best practice approaches to provide language access services (i.e., phone, video interpretation). Also, include information about efforts to ensure all staff with direct contact with clients are knowledgeable about using these resources. Additionally, provide information about the plan to provide documents and forms in the languages of the most prevalent cultural groups of its service users (consent forms, releases of information, medication information, rights, and grievances procedures).

This section should also include information related to:

- addressing other language accessibility needs (Braille, limited reading skills);
- service descriptions and promotional material.

Recovery Values

- i. Describe the agency or program's plan to espouse recovery and resilience-oriented values into practice.

Collaboration with Diverse Community Based Stakeholders/ Organizations

- j. For this project, describe proposed efforts to partner, collaborate with and include diverse, culturally relevant community partners in service provision and in the gathering of stakeholder input. This includes information about subcontracting entities (if applicable) and other efforts to ensure government resources reach organizations and populations that are historically economically marginalized, including those that are peer run.

6.7 Financial Assessment

- a. The proposal must include a 5-year Budget (Appendix B) for the team totaling of \$3,589,000 with an annual amount of \$717,800 available.

The indirect cost/administrative overhead rate is capped 15%. Providers must follow Consolidated Fiscal Report (CFR) Ratio-Value guidance which excludes equipment/property from the direct cost base. Federal Negotiated Indirect Cost Rate Agreements (NICRA) are not allowable. Any travel costs included in the Budget must conform to New York State rates for travel reimbursement. Applicants should list staff by position, full-time equivalent (FTE), and salary.

- b. Using the Budget Narrative (Appendix B1), describe how your agency manages its operating budget. Also, applicants must use the Budget Narrative (Appendix B1) to include the following:
 1. detailed expense components that make up the total operating expenses;

2. the calculation or logic that supports the budgeted value of each category; and,
3. description of how salaries are adequate to attract and retain qualified employees.'
4. Pursuant to Section 5.3 - Discuss plans on how any increasing revenue from billable services would be used to enhance the teams.