

# **NYS Office of Mental Health**

## **Request For Proposals (RFP)**

### **Geriatric Technical Assistance Center (G-TAC)**

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## Attachments

[Appendix A: Agency Transmittal Form](#)

[Appendix B: Budget Form](#)

[Appendix B1: Budget Narrative](#)

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

# 1 Introduction and Background

## 1.1 Purpose of Request for Proposals

The New York State Office of Mental Health (OMH) announces the availability of funds to establish a Geriatric Technical Assistance Center (G-TAC) to improve the service delivery and sustainability of demonstration programs awarded through the *Integrated Physical and Behavioral Health Care for the Elderly* RFP. These programs will include models that provide behavioral health services in primary care settings, as well as the provision of primary care services in behavioral health settings. The G-TAC will be responsible for technical assistance regarding programmatic and revenue optimization strategies to support the implementation of the new programs.

Up to \$200,000 will be awarded annually to one agency for a total period of five (5) years, with an initial period of one (1) year and four (4) annual renewals, dependent upon appropriated funding.

## 2 Proposal Submission

### 2.1 Letter of Intent

Agencies interested in responding to the Request for Proposals are requested to submit a Letter of Intent to Bid to the OMH Central Office by 7/25/11. The Letter of Intent to Bid shall be non-binding.

Please mail the Letter of Intent to:

Susan Penn  
New York State Office of Mental Health  
Contracts and Claims  
44 Holland Avenue  
Albany, NY 12229  
**Attn: Letter of Intent**

### 2.2 Issuing Officer/Designated Contact

Pursuant to State Finance Law §§ 139-j and 139-k, 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 violating these laws or being deemed non responsive. 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  
Contracts and Claims  
44 Holland Avenue  
Albany, NY 12229

### 2.3 Key Events/Time Line

| <b>Event</b>                            | <b>Date</b> |
|---|-------------|
| Release of RFP                          | 7/8/11      |
| Letters of Intent Due                   | 7/25/11     |
| Questions from vendors due              | 7/25/11     |
| Questions and Answers posted on website | 8/1/11      |
| Proposal submissions due                | 8/15/11     |
| Award notification*                     | 9/1/11 est  |
| Anticipated start date*                 | 10/1/11 est |

\*Estimated dates

### 2.4 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing (by fax or email) to the Issuing Officer, [Susan Penn](#), by 7/25/11. The questions and answers will be posted on the OMH website by 8/1/11 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 that it becomes necessary to revise any part of the RFP, an addendum will be posted on the OMH website. It is the bidder's responsibility to periodically review the OMH website to learn of revisions or addendums to this RFP, as well as to view the official Questions and Answers, once posted. Changes to the RFP will also be posted in the NYS Contract Reporter. No other notification will be given.

### 2.6 Eligible Organizations

Eligible applicants include public, private, for-profit and non-profit entities. Applicants must demonstrate an ability to provide training and technical assistance on a statewide basis to programs awarded grant funding through the OMH RFP, *Integrated Physical and Behavioral Health Care for the Elderly*.

## 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 (as defined in Section 2.8) and verify that all eligibility criteria have been met. Proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals that do not comply with the RFP required format as defined in Section 2.8; and
- Proposals from current providers of OMH licensed programs that are in Tier III status or the equivalent, or become Tier III status during the procurement period.

## 2.8 Instructions for Proposal Submission

Proposals submitted for funding under this RFP must include all of the following components in the order listed:

- A. [Agency Transmittal Form](#)
- B. Program Narrative  
The program narrative must respond to the criteria in the sequence as outlined in Section 5.3. The program narrative is to be single-spaced, one-sided, 12 point font, and no more than 10 pages in length, excluding attachments. Please number the pages "1 of 10," "2 of 10," etc.
- C. [Budget Form](#)
- D. [Budget Narrative](#)

The [Agency Transmittal Form](#) and [Budget Form](#) are separate documents on the OMH Website. Do NOT substitute your own contact form or budget worksheet.

Bidders must submit five (5) copies of the full proposal package by mail or hand delivery to be received by 3:00 PM on 8/15/11.

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

## **2.9 Packaging of RFP Responses**

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

Susan Penn  
New York State Office of Mental Health  
Contracts and Claims  
7<sup>th</sup> Floor  
44 Holland Avenue  
Albany, NY 12229  
**ATTN: G-TAC RFP**

## **3 Administrative Information**

### **3.1 Term of Contract**

The contract will be written for an initial period of one (1) year with the potential for four (4) annual renewals, dependent upon appropriated funding. OMH reserves the right to change the contract term for the first or second year so that it is more or less than 12 months in order to align the contract dates with OMH's New York City contract cycle (July 1 through June 30) or OMH's Upstate contract cycle (January 1 through December 31). The anticipated start date is October 1, 2011.

### **3.2 Cost**

Up to **\$200,000** is available to fund the contract award made through this RFP. It is anticipated that up to **\$200,000** will be available in years 2-5, subject to annual State appropriation.

### **3.3 Reserved Rights**

The Office of Mental Health reserves the right to:

- Reject any or all proposals received in response to the RFP that do not meet the minimum or mandatory requirements;
- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under the RFP, in whole or in part;
- Disqualify a bidder whose conduct 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 the 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; and
- 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.

### **3.4 Debriefing**

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 fifteen (15) business days of the OMH dated non award letter. OMH will not offer ranking, statistical or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Written debriefing requests may be sent to the Designated Contact, as defined in Section 2.2 of this RFP.

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

Protests of an award decision must be filed within twenty (20) business days after the notice of non award or five (5) business days following the date of the debriefing. The Commissioner or his designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest.

All protests must be in writing and must clearly and fully state the legal and factual grounds for the protest and include all relevant documentation. The written documentation should clearly state reference to the RFP title and due date.

Such protests must be submitted to:

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

## 4 Evaluation Factors for Awards

### 4.1 Criteria

Scoring will be as follows:

| <b>Technical Evaluation</b>  | <b>Points</b> |
|------------------------------|---------------|
| Qualifications               | 20            |
| Content Areas                | 30            |
| Technical Assistance         | 20            |
| Reporting & Accountability   | 10            |
| <b>Total Technical Score</b> | <b>80</b>     |
| Cost                         | 20            |
| <b>Total Proposal Score</b>  | <b>100</b>    |

### 4.2 Proposal Evaluation

All proposals will be assigned an identification number and logged into a database. Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components, as described in Section 2.8. If a proposal is not complete or does not meet the basic eligibility and participation standards, as outlined in Sections 2.6 and 2.8, the proposal will be eliminated from further review.

Evaluation of proposals will be conducted in two parts: Technical Evaluation and Cost Assessment. A committee consisting of at least three technical evaluators will complete the Technical Evaluation and an independent evaluator will compute the Cost Assessment score using a weighted formula.

#### 4.2.1 Technical Evaluation

Each technical evaluator will independently review the technical portion of each proposal and compute a technical score.

Evaluators of the Technical Evaluation component may then meet to provide clarity or review any questions an evaluator has about a particular section of a proposal. Following any such discussion, evaluators may independently revise their original score in any

section, and will note changes on the evaluation sheet. Once completed, final Technical Evaluation scores will then be recalculated, averaged, and added to the final Cost Assessment score to arrive at final scores.

#### **4.2.2 Cost Evaluation**

**The Cost Score will be determined using the following weighted formula:**

**Points = (lowest bid received divided by the bid being evaluated) x 20**

OMH will enter negotiations with the vendor with the highest averaged score. In accordance with NYS Finance Law Section XI, Article 10-paragraph a., in the event two offers are found to be substantially equivalent, price shall be the basis for determining the award recipient or, when price and other factors are found to be substantially equivalent, OMH will enter into negotiations with the offerer who scored the highest on the Content Area section of the Technical Evaluation.

### **4.3 Recommended Award and Notification**

Upon completion of the evaluation process, notification of conditional award will be sent to the successful and all non-successful offerers. The award is subject to approval by the Office of State Comptroller before the contract is finalized.

OMH reserves the right to negotiate special terms and conditions with individual bidders when making awards. The bidder must accept such terms and conditions for the award to take effect. 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.

## **5 Scope of Work**

### **5.1 Introduction**

The New York State Office of Mental Health is embarking on a multi-year expansion of geriatric physical health-behavioral health integration programs. This RFP invites eligible applicants to submit proposals for the establishment of a Geriatric Technical Assistance Center (G-TAC) to support the implementation of these programs through the provision of programmatic and fiscal guidance to approximately ten new programs per year and ongoing support for previously funded integration programs. (See

the [Integrated Physical and Behavioral Health Care for the Elderly RFP](#), released on 4/29/11.)

Current studies show that chronic medical conditions are common in older adults and frequently co-occur with mental disorders, such as depression and anxiety disorders. Medically ill older adults experience more depressive symptoms, more anxiety, less self-esteem, and lower ability to control many aspects of their lives, in comparison to individuals without a physical illness. Inadequate recognition and treatment of behavioral health problems has important implications for social services, medical, and mental health service use, and for the allocation of health care resources.

Presently, more than half of older adults who receive behavioral health care receive it from their primary care physician. However, the rate at which primary care providers identify behavioral health disorders in older adults is extremely low. Most physicians receive insufficient training in psychiatric disorders and in geriatric assessment and care, and frequently attribute psychiatric symptoms to aging or physical disorders. Time constraints also hinder physicians from delving further into potential behavioral health issues that could require further assessment and treatment. Hence, a large number of older adults may have behavioral health disorders that remain unrecognized and untreated.

Converse to the need for behavioral health services in physical health settings, is the need for physical health care in behavioral health settings. Many individuals with serious mental illness have co-morbid medical conditions which are generally undetected and under treated in mental health settings, resulting in disproportionately high rates of early mortality. To address this, these grants will offer funding opportunities for the placement of physical health staff in behavioral health programs. Making routine primary care easily accessible will result in improved health outcomes, enhanced quality of life, and promote longer life spans.

As the grant programs are awarded funding, the GTAC will work closely with these programs to provide programmatic and financial technical assistance to help ensure quality care, good outcomes and long term viability.

## **5.2 Objectives and Responsibilities**

The G-TAC will assist physical health – behavioral health integration grantees with the implementation of a sustainable model of integrated health care. The G-TAC will provide assistance on billing strategies and training on programmatic practices for the effective treatment of older adults with behavioral health needs. The G-TAC will be responsible for dissemination of information as it relates to models of integrated care, including: effective screening and assessment tools; client engagement specific to the target population, including culturally competent service provisions; evidence-based treatment practices; integrated medical records; quality improvement; and strategies for optimization of revenues.

The successful bidder must have the capacity to provide technical assistance and training in each of the identified topic areas either directly or through contract. The G-TAC will provide: training, webinars, and individualized consultation to grantees on an “as needed” basis. The G-TAC will also be responsible for monitoring the implementation of strategies, in conjunction with OMH staff, and will provide follow-up support and evaluation as needed. The G-TAC will need to have the ability to respond to consultation requests in a timely manner.

It is expected that training and information will be available in the following content areas:

### **Billing Practices and Revenue Optimization**

An essential requirement for the geriatric demonstration grants is that they be sustainable at the conclusion of the grant period. In order to remain viable, it is imperative that they optimize their billing practices. A primary role of the G-TAC is to provide detailed guidance on Medicare, Medicaid, and third party billing practices to enhance revenue streams. This includes providing information and guidance on how to take advantage of opportunities included in federal healthcare reform and Medicaid redesign in New York State. The G-TAC will assess viability plans of grantees and offer feedback as necessary.

### **Screening, Assessment and Treatment**

Depression and anxiety are the predominant behavioral health problems impacting seniors. Providers in physical health care settings will need to select screening and assessment tools that will effectively evaluate the impact of these problem areas, as well as psychosocial stressors, substance use, and the need for further services. The G-TAC will provide information on available tools and feedback on their effective use when working with older adults.

In behavioral health settings, providers will need to identify and monitor basic medical conditions (e.g. diabetes, asthma, and hypertension) and further check for indicators of medical risk (e.g. smoking status, BMI, and cholesterol levels). The G-TAC will provide resources on current evidence-based and promising practices for physical health care, including information on wellness initiatives.

### **Appropriate and Evidence Based Practices**

After positively identifying a behavioral health or physical health disorder, providers will provide treatment or referral to an appropriate level of care. To improve quality of care, programs may request to receive training in evidence-based practices (e.g. Problem Solving Therapy, Motivational Interviewing, Wellness Self-Management, etc.) that could be incorporated into their program model. The G-TAC would provide training and consultation in evidence-based treatment practices, as needed; notify grantees of webinars and conference calls pertaining to integrated

practices; and offer guidance on how to build and maintain collaborative relationships with other community providers.

### **Integration of Care**

Even though physical health and behavioral health services are being provided in an integrated manner, this alone doesn't ensure that care is coordinated. The G-TAC will provide guidance on how to enhance the coordination of integrated care through multidisciplinary teamwork; the integration of medical records; development and dissemination of resources on strategies/approaches for integration of primary and behavioral healthcare; and will facilitate a collaborative process for grantees to share experiences and learn from each other.

### **Behavioral and Psychosocial Issues**

In order to properly treat physical health and behavioral health disorders, it is often necessary to address behavioral issues such as smoking, overeating, and adherence to treatment, and psychosocial issues such as family caregiving, housing, and financial problems that have an impact on health care. These concerns are particularly stressful for the elderly who often live alone and feel that they have nowhere to turn for help. The G-TAC will work with the grantees on how to identify and address these issues.

### **Data Collection and Analysis**

The G-TAC will develop a web-based data collection system that will provide a minimal set of performance measures, developed in conjunction with OMH staff, to monitor the efficiency and effectiveness of program activities. Quarterly reports will be provided to OMH and the grantees to evaluate program performance and to inform quality improvement opportunities.

## **5.3 Requirements for Submission**

### **Proposal Components**

Proposals submitted for funding under this RFP must include all of the following components, in the following order:

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

#### **B. Program Narrative**

Bidders must formulate responses with actions targeted to impact the sustainability of the *Integrated Physical and Behavioral Health Care for the Elderly* programs. The awardee will be expected to have the capacity to complete the technical assistance via face-to-face sessions, webinars, and/or conference calls. It is anticipated that a quarterly learning collaborative in Albany will be utilized to facilitate integration grantees technical assistance and training needs. At a minimum, the awardee is

expected to moderate monthly consultation calls and quarterly learning collaborative meetings to assess each program's implementation progress and plan for sustainability.

## 1. Qualifications

### ***The applicant must describe:***

- Their experience in providing programmatic and financial technical assistance related to the integration of behavioral health and physical health services for a target population of older adults aged 55 years or older, including:
  - A staffing plan depicting the role of each staff and/or consultant;
  - The qualifications and competencies of staff; and
  - Their experience with similar projects and populations.
- Their contract/agreements with experts in content areas that they believe are critical for successful program implementation. Include descriptions of prior collaborations, if any, with such experts.

## 2. Content Areas

### ***The applicant must describe:***

- Their expertise regarding optimizing clinical and billing practices for Medicaid, Medicare and other revenue sources;
- The potential impact of healthcare reform at the federal and state levels to program operations;
- Their expertise on screening and assessment to identify mental health and substance use disorders in the elderly;
- Their expertise on screening and assessment to identify physical health disorders in the elderly;
- Their ability to provide technical assistance on appropriate and evidence-based treatment practices for behavioral healthcare and physical healthcare;
- Their expertise on how to identify and address behavioral and psychosocial issues that have an impact on health care; and
- How they will evaluate the integration of care and provide support for increased integration, including the use of specialty staff and an integrated health care record.

## 3. Technical Assistance

### ***The applicant must describe:***

- Their specific planned approach to providing technical assistance, including how they will utilize learning collaborative meetings, webinars, and conference calls to facilitate training related to the provision of integrated physical and behavioral health care for the elderly;
- How they will help programs assess their integrated physical and behavioral health care programs to determine the desired and essential technical assistance needs;

- Their capacity to provide consultation on a statewide basis and how they will be responsive to requests for individual program consultations; and
- Other means they will utilize to provide technical assistance in a timely manner;

#### 4. Reporting and Accountability

In order to monitor the efficiency and effectiveness of program activities, the awardee is expected to collect a minimum set of data measures that will reflect the volume and outcomes of services provided by the grantees. The awardee will be required to collect and analyze data and will produce regular reports for OMH and the grantees which reflect program objectives. All data received, created, and maintained by the recipient in its work on this project are expected to be the property of OMH.

***The applicant must describe:***

- How data will be collected from providers including the training providers will receive on the data reporting requirements;
- Their experience in collecting, analyzing, and reporting on data;
- Their plans for data analysis and reporting, including how the analysis will be utilized to assess performance and target technical assistance;
- Their experience developing web based data collection systems to facilitate data collection and analysis.

#### 5.4 Budget Form and Budget Narrative

Develop a one (1) year budget for October 1, 2011 through September 30, 2012. The maximum award amount anticipated per year is \$200,000. **Administrative and overhead charges cannot exceed 15% of the total budgeted costs. Budget requests that exceed the maximum amount available will be deemed non responsive and will not be evaluated.**

**Submit with your proposal the [Budget Form](#), available on the OMH Website. Do NOT substitute your own [budget format](#). Failure to complete the Budget using the correct form will be cause to reject your proposal for non-responsiveness.**

Complete a [Budget Narrative](#) for all detailed expense components that make up the [Total Operating Expenses](#). Please include the calculation or logic that supports the budgeted value of each category.