Assertive Community Treatment
New York City Shelters

Request for Proposals
New York City
November 2016
Appendices

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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 or “Office” herein after) announces the availability of funds for the development of 10 Assertive Community Treatment (ACT) programs serving individuals living in the NYC shelter system within 4 boroughs of New York City, Manhattan, Bronx, Brooklyn, and Queens. Each ACT team will serve 68 recipients who have serious mental illness, and have not been successfully engaged by the traditional mental health treatment and rehabilitation system.

ACT is a multidisciplinary, evidence based, team approach to providing comprehensive and flexible treatment, support, and rehabilitation services. ACT teams are configured to have a low individual-to-staff ratio (9.9 to 1) with professional staff that include the disciplines of nursing, psychiatry, social work, occupational therapy, and substance abuse counseling, among others. The majority of services are provided by ACT staff directly (not brokered) and in the community or where the recipient lives. In this way, individuals are applying newly acquired skills to their real world environment and situations. ACT is designed to be flexible and responsive to the needs of consumers, offering support on a 24 hours a day, 7 days a week basis. ACT is “assertive” in its engagement methods, incorporating consumer choice, cultural competence, concrete services, consistency, and persistence. Finally, ACT is structured to provide a review during team meetings of every individual on the ACT team’s caseload. This level of accountability allows for immediate changes in service planning and leads to improved outcomes.

ACT serves adults who are diagnosed with a serious mental illness (SMI). These individuals also may be high users of emergency and/or crisis services, have co-occurring substance abuse disorders, are isolated from community supports, are in danger of losing their housing and becoming homeless, who are homeless, and/or have histories of involvement with the criminal justice system. The expansion of ACT represents a commitment by the State Office of Mental Health to increase access to an evidence-based practice to individuals with SMI. As this expansion moves forward, there are several principles that inform the overall process. These include:

- Promoting the concepts of recovery and the power of consumer choice.
• Supporting the seamless integration of recipients into the communities in which they have chosen to live. ACT teams are expected to become experts in the natural supports available to recipients so that full community integration is possible.

• Ensuring service access by managing ACT referrals through a Single Point of Access (SPOA) system.

• Ensuring the continuous quality improvement of ACT services through regular monitoring of treatment/rehabilitation outcomes by both the ACT agency and OMH.

• Facilitating continuity of care from the ACT team to care management and other services in the community when transitioning off of ACT.

2. Proposal Submissions

2.1 Letter of Intent

Agencies interested in responding to this Request for Proposal must submit a Letter of Intent to Bid to the OMH Issuing Officer by 01/12/17. The Letter of Intent to Bid shall be non-binding.

Please email the letter of intent to Deborah.merrow@omh.ny.gov or Mail the letter of intent to the Issuing Officer:
Deborah Merrow,
Contract Management Specialist 2
New York State Office of Mental Health
Contracts and Claims
Attention: ACT Letter of Intent
44 Holland Avenue, 7th Floor
Albany, NY 12229

2.2 Designated Contact/Issuing Officer

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

Deborah Merrow,
Contract Management Specialist 2
New York State Office of Mental Health
Contracts and Claims
44 Holland Avenue, 7th Floor
Albany, NY 12229

2.3 Key Events/Timeline
RFP Release Date 12/19/16
Bidders Conference 01/09/16
Letter of Intent to Bid Due 01/12/16
Questions Due 01/19/17
Questions and Answers Posted on Website 02/02/17
Proposals Due 02/23/17
Anticipated Award Notification 04/06/17
Anticipated Contract Start Date TBD

Bidders Conference will be held 01/09/16 noon to 2 p.m. at the OMH NYC Field Office located at 330 Fifth Avenue, New York, NY.

2.4 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by fax at (518) 402-2529 or by e-mail by 01/19/17. The questions and official answers will be posted on the OMH website by 02/02/17 and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone or in person.

2.5 Addenda to Request for Proposals

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

2.6 Eligible Agencies

Eligible applicants are not-for-profit agencies with 501(c) (3) incorporation that a) have experience providing mental health services to persons with serious mental illness through programs that are licensed and/or funded by OMH and/or New York City Department of Health and Mental Hygiene (DOHMH).

If unsure if your agency is an eligible applicant, contact the Issuing Officer identified in Section 2.2.

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 2.6; or
- Proposals that do not comply with bid submission and/or
required format instructions as specified in 2.11 or

- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.8, by the proposal due date of 4:30 PM on 02/23/17.

2.8 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 and any resulting contracts executed.

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of 4:30 PM on 02/23/17 cannot be evaluated; therefore, such proposals will be disqualified from further consideration.

2.9 Packaging of RFP Responses

Submit one hard copy of the entire proposal package described in 2.11, as well as an agency identified flash drive containing the proposal as one document (Word or PDF format), by U.S. mail, package delivery service, or hand delivery to be received by 4:30 PM on 02/23/17. It must be sealed in an envelope or boxed and addressed to the Issuing Officer as listed below in 2.11. Bidders who are mailing proposals should allow a sufficient mail delivery period to ensure timely arrival of their proposals.

2.10 Proposals Executive Order #38

Pursuant to Executive Order #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. Please refer to 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 Executive Order #38 Homepage.

2.11 Instructions for Bid Submission and Required Format

Each proposal is required to contain:

- Transmittal Form (Appendix A)
- Proposal Narrative (25 pages or less)
- ACT Model Budget (Appendix B)
- Budget Narrative (Appendix B1)
- PAR Documents (Appendix G, 3 Sections)
- Entire submission on agency identified flash drive as one PDF
The Proposal Narrative must be concise (no more than 25 pages, not including attachments). In the event the narrative is over 25 pages, OMH will only read and review the first 25 pages of the proposal narrative submitted.

On the Agency Transmittal Form, please indicate what Borough(s)/Team(s) are being requested in preference order. (See instructions in Section 4.3.1)

The ACT Funding Model is located in Appendix B. Bidders must not substitute their own budget format. Failure to use the provided ACT Funding Model and Budget Narrative formats may result in disqualification for non-responsiveness.

Proposals cannot be submitted via e-mail or facsimile. All proposals received after the due date and time cannot be accepted and will be returned unopened.

Proposals should be sent to:
Deborah Merrow,
Contract Management Specialist 2
New York State Office of Mental Health
Contracts and Claims
Attention: ACT RFP
44 Holland Avenue, 7th Floor
Albany, NY 12229

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;
- Make an award under the RFP in whole or in part;
- Disqualify a bidder whose conduct fails to conform to the requirements of the RFP;
- Use proposal information obtained through the state’s investigation of a bidder’s qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- Prior to the bid opening, amend the RFP specifications to correct
errors or oversight, supply additional information, or extend any of
the scheduled dates or requirements and provide notification to
potential bidders via the OMH website and the New York State
(NYS) Contract Reporter;

• Eliminate any non-material specifications that cannot be complied
with by all of the prospective bidders;
• Negotiate any aspect of the proposal in order to assure that the
final agreement meets OMH objectives;
• Conduct contract negotiations with the next responsible bidder,
should the agency be unsuccessful in negotiating with the
selected bidder;
• Require clarification at any time during the procurement process
and/or require correction of arithmetic or other apparent errors for
the purpose of assuring a full and complete understanding of a
bidder’s proposal and/or to determine a bidder’s compliance with
the requirements of the solicitation;
• Conduct a readiness review of each selected bidder prior to the
execution of the contract as set forth in Section 4.4;
• Cancel or modify contracts due to insufficiency of appropriations,
cause, convenience, mutual consent, non-responsibility, or a
“force majeure”.

3.2 Debriefing
OMH will issue award and non-award notifications to all bidders. Both
awarded and non-awarded bidders may request a debriefing in writing
requesting feedback on their own proposal, regardless of whether it was
selected for an award, or disqualified, within 15 business days of the
OMH dated letter. OMH will not offer ranking, statistical, or cost
information of other proposals until after the NYS Office of the State
Comptroller has approved all awards under this RFP. Written debriefing
requests may be sent to the Designated Contact, as defined in Section
2.2.

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

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 five years, with start dates to coincide with OMH’s determination of team readiness as described in Section 5.1. It is anticipated that contracts will start no earlier than 07/01/17 and no later than 09/01/17. Selected applicants awarded a contract under this RFP will be required to adhere to all terms and conditions in OMH’s Master Grant Contract. OMH reserves the right to change the contract term for the first 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).

3.4.1 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.

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 bidder's written submission as well as OMH internal reviews.

The Evaluation will apply points in the following categories as defined in Section 5.6:

<table>
<thead>
<tr>
<th>Technical Evaluation</th>
<th>Points</th>
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</thead>
<tbody>
<tr>
<td>Population</td>
<td>20</td>
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<tr>
<td>Description of Proposed Program</td>
<td>25</td>
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<tr>
<td>Implementation</td>
<td>15</td>
</tr>
<tr>
<td>Agency Performance</td>
<td>15</td>
</tr>
<tr>
<td>Utilization Management, Reporting, and Quality Improvement</td>
<td>5</td>
</tr>
<tr>
<td>Financial Assessment</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total Proposal Points</strong></td>
<td><strong>100 Points</strong></td>
</tr>
</tbody>
</table>

For a detailed description of evaluation criteria for the Technical Evaluation and the Financial Assessment components, see Section 5.6 (Proposal Narrative).

The OMH internal review will consist of an assessment of the bidder’s organizational competency. This will include a review of the bidder’s ACT and/or other Mental Health programs’ performance over the
past two years. Previous OMH actions including, but not limited to, fines, revocations of operating certificates, limitations on operating certificates and/or repeat citations impacting individual care and program operations will be reviewed in scoring organizational competency. A review of occupancy rates and admissions of priority populations, as well as OMH’s Child and Adult Integrated Reporting System (CAIRS) data entry may also apply.

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 2.11. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Sections 2.6 and 2.7, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 working days of the proposal due date.

Proposals will be conducted in two parts: Technical Evaluation and Financial Assessment. The 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 ACT funding model and budget narrative submitted, and on evaluation of the providers financial viability.

Evaluators of the Technical Evaluation component may then meet to discuss the basis of those ratings. Following the discussion, evaluators may independently revise their original score in any section. Once completed, final Technical Evaluation scores will then be recalculated, averaged, and applied to the final Financial Assessment score to arrive at final scores.

Any proposal not receiving a minimum average score of 70 will be eliminated from consideration.

In case of a tie in the scoring process, the proposal with the highest score on the ACT Description of Program section of the Proposal Narrative (see section 5.6) will be ranked higher.

4.3 Process for Awarding Contracts

4.3.1 Initial Awards and Allocations

An agency may submit a proposal identifying which borough(s) and the number of teams in that borough for which they are bidding. An agency should only identify borough(s)/team(s) for which they can commit to meeting ACT Program Guidelines, Part 508, and ACT Standards of Care.
Based on 27 Mental Health Shelter locations and percentages of potential ACT recipients in each borough, the following distribution of 10 new 68 slot ACT teams will be supported by this RFP:

- Manhattan – 3 ACT teams
- Queens – 1 ACT Team
- Bronx – 2 ACT Teams
- Brooklyn – 4 ACT Teams

Agencies must indicate, on the Provider Agency Transmittal Form (Appendix A), order of preference of the borough(s) for which they are bidding and the number of teams for that borough they are bidding on. Use a scale of 1 - 4 (with 1 being the highest preference and 4 being the lowest preference) to indicate preference. Only indicate preference for the Borough(s)/Team(s) for which you are interested in developing ACT in and for which you are bidding.

Teams will be awarded in the following manner:

Eligible agencies with the highest score will be given their first borough of preference, the eligible agency with the next highest score given their first available borough of preference and so on. No one agency shall be awarded more than 3 teams.

In the event of a tie score between two proposals, the agency with the highest score on the ACT Description of Program will receive the higher ranking.

In the event all borough(s)/team(s) are not awarded, OMH reserves the right to award, in order of ranked score, the agencies who also bid on the borough(s)/team(s) not yet awarded. Eligible agencies with the highest score will be given their next borough/team of preference, the eligible agency with the next highest score given their next available borough/team of preference and so on.

In the event any borough(s) or team(s) are not represented in any received bids, OMH reserves the right to contact and offer an award, in order of ranked score and ability to develop an ACT team in the identified location, the agencies who bid on other boroughs. Such contact will allow OMH to determine the interest and ability in the agency accepting an additional team(s) so that all teams are awarded. Selection is based on interest and ability from the highest bidder to the lowest bidder.

For applicants of agencies already licensed by OMH, through submission of this RFP and winning bid, will receive a license to operate the proposed ACT services and upon completion of the licensing process, bill Medicaid. Applicant agencies must also
demonstrate their capacity to bill Medicaid in order to maintain fiscal viability.

For applicants of agencies not yet recognized by OMH as an operator or ‘sponsor’ \(^1\) under the State Mental Hygiene Law (MHL), the submission, review and approval of a Comprehensive Prior Approval Review (PAR) application will be necessary in addition to the applicant’s response under this RFP.

4.3.2 Contract Termination and Reassignment

There are a number of factors that may result in the contract to one or more ACT teams being reassigned after award. This includes, but is not limited to, failure to meet start-up milestones, ACT license revocation, failure to retain staffing minimums on a continuous basis, failure to maintain census to allow for financial viability, 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 that did not get an initial award. 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 units. OMH reserves the right to contact and offer an award, in order of ranked score and ability to develop an ACT team in the identified location, the agencies who bid on other boroughs.

4.4 Award Notification

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

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

OMH will work with providers to determine start-up activities for their awarded ACT Teams, including hiring staff and procuring office space. An Operating Certificate is required prior to admitting individuals to the team.

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\(^1\) Title 14 NYCRR Section 551.4(w): (w) Sponsor means the provider of service as defined in subdivision (t) of this section or an entity that substantially controls or has the ability to substantially control the provider of services. For the purpose of this Part, factors used to determine whether there is substantial control shall include but not be limited to:

1. the right to appoint and remove directors or officers;
2. the right to approve bylaws or articles of incorporation;
3. the right to approve strategic or financial plans for a provider of service; or
4. the right to approve operating or capital budgets for a provider of services.
5. Scope of Work

5.1 Introduction

Ten (10) awards will be made through this RFP. Please choose borough(s)/number of team(s) to which you can commit to meeting ACT start-up requirements, including program location, staffing, and monthly ramp up. ACT team start-up will include OMH involvement to provide support around the development of teams. Teams will start based on OMHs determination of readiness. Monthly calls and/or meetings will be held with ACT Shelter Teams.

The selected agencies will establish the Assertive Community Treatment (ACT) team according to the ACT Program Guidelines (Appendix D), Part 508 regulations (Appendix F), and Standards of Care (Appendix E). Agencies must demonstrate their capacity to provide OMH-licensed ACT services to 68 individuals who meet the eligibility criteria detailed in the ACT Program Guidelines (Appendix D).

Agencies must partner with the OMH NYC Field Office, NYC Single Point of Access (SPOA) for ACT, and the New York City Department of Health and Mental Hygiene (DOHMH) to target appropriate individuals for this high need service. Agencies should develop coordinated admission and transition plans with Health Home(s), Managed Care Plans, Health and Recovery Plans (HARPs), Home and Community Based Services (HCBS) providers, and other community services to identify and deliver services and supports for individuals to ensure their successful transition into less intensive community service engagement. Agencies are expected to contract with Managed Care Organizations and to negotiate single case agreements for out of network recipients.

5.2 Objectives and Responsibilities

ACT Providers will follow the basic ACT model, with a focus on single adults in mental health shelters, providing fully integrated behavioral healthcare and coordinating physical healthcare.

ACT Providers will have the capacity to serve 68 individuals per ACT team and maintain staffing ratio of 9.9:1.

ACT Providers must adhere to the fidelity of the ACT Team model, including:
- Providing services that are tailored to meet the individual’s specific needs.
- Building a multi-disciplinary team including members from the fields of psychiatry, nursing, psychology, social work, substance abuse and vocational rehabilitation. Based on their respective areas of expertise, the team members will collaborate to deliver integrated services of the individual’s choice, assist in making
progress towards goals, and adjust services over time to meet the individual’s changing needs and goals.

• Delivering comprehensive and flexible treatment, support, and rehabilitation services to individuals in their natural living settings rather than in hospital or clinic settings. This means that interventions and skills training will be carried out at the locations where individuals live, work, and socialize, and where support is needed.

• Teams will engage individuals with co-occurring substance use, histories of trauma, and criminal justice involvement.

• Key components of evidence-based practices will inform treatment, and will be derived from models such as Integrated Dual Disorder Treatment, Motivational Interviewing, Contingency Management, and Trauma Informed Care, etc.

• Maintain the organizational capacity to ensure small caseloads and continuity of care.

ACT Providers must adhere to the team protocols as outlined in the ACT Program Guidelines including:

• Conduct at least six face-to-face contacts per month, three of which may be collaterals

• Collaborate and be involved in at least 70% of hospital admissions and at least 70% of hospital discharges

• The Psychiatrist and NP conduct, at a minimum, 80% of their visits in the community

• Have team meetings at least 4 times a week to review the status of each individual

• Maintain communication boards, logs and other communication methods

ACT Providers will assess for suicide risk, violence risk, substance use, health, and clinical needs using standardized screening and assessment instruments initially and then as needed.

ACT Providers will complete the Home and Community Based Services (HCBS) Eligibility Assessment for Health and Recovery Plan (HARP) enrollees as described in Appendix I: Discharge Workflow for ACT Recipients Enrolled in HARP.

ACT Providers will have a clear understanding of the service needs of persons with SMI including those in the shelter/homeless population, and a demonstrated ability to coordinate services internally and externally.

ACT Providers will collaborate with shelters to establish protocols for consent, communication and information sharing, negotiate access into the shelter, determine appropriate space to meet with individuals, and identify opportunities to be present in the shelter milieu. Teams will also collaborate with providers in the community who currently serve the shelter and homeless population.
ACT Providers should have an awareness of geographical expectations as individuals may relocate amongst shelters and/or boroughs of choice. ACT Teams will serve individuals residing anywhere in the borough where they provide services. For example, ACT recipients may move between boroughs due to an individual’s geographic choice, reunification with family or friends, or a desire to move in with or near a friend. ACT Teams will follow individuals to the new borough, assist with transition to the new setting, then work with SPOA to transfer and arrange warm hand off to an appropriate ACT Team in the borough of preference.

ACT Providers will receive referrals from SPOA and have timely admissions.

ACT Providers should have all staff cross trained for all specialty staffing areas, with a particular attention given to housing and SUD training.

ACT Providers will collaborate and coordinate with providers of Chemical Dependence, Inpatient Rehabilitation, Medically Managed Detoxification, Chemical Dependence Medically Supervised Inpatient and Outpatient Withdrawal, and other OASAS licensed and/or designated programs and harm reduction, including syringe exchange programs, to work closely, and ensure warm hand offs.

Due to the nature of the co-occurring issues within the shelter population the ACT Providers will demonstrate competency in serving the SUD population. Providers will be expected to utilize resources available in the community to enhance their SUD treatment including Medication Assisted Treatment (MAT) training for prescribers. The MAT training will be provided through NYCDOHMH and the ACT Institute.

ACT Providers should be competent in the transitional practice framework and the dimensions of 1) engagement, 2) skills of self-management and 3) transfer of care and community engagement.

For ACT Providers serving the shelter population, service provision should be considered outside of the standard Monday-Friday, 9a-5p hours. It is the expectation that the team will have flexible work hours to allow for better engagement and to better accommodate shelter schedules, (e.g. 10a-6p, 11a-7p, weekends, etc.). ACT providers will provide emergency and crisis intervention services on a 24 hour a day, 7 day a week basis, as outlined in the ACT guidelines, which will be particularly important in working with this population.

ACT Providers will apply best practices for engagement, such as motivational interviewing, harm reduction, etc. Teams will identify ways to locate individuals when they are not in the shelter, and accommodate visits in various community settings. ACT Providers will work in the community with individuals from the outset to meet basic needs including assisting in benefit attainment (e.g., SSI, SNAP).

5.3 Implementation
ACT Providers will provide an adequate level of professional staffing to perform the required work.

ACT Providers will have office space that is appropriately located, and adequately appointed to comply with state licensing standards by the program start date.

ACT Providers will hire core staff (Psychiatrist, Nurse, Team Leader, and Program Assistant) as outlined in the ACT Program Guidelines. The ACT Provider will hire all staff that have the appropriate qualifications to meet the needs of the target population and ACT model, and will do so in a timeline that maintains the staff ratio of no more than 9.9:1, see ACT Program Guidelines for details. It is highly recommended that ACT providers take special consideration of incorporating a peer specialist, and having staff with experience navigating the NYC housing system in their staffing plans.

ACT Providers will ensure that all staff are trained in evidence-based practices such as Integrated Dual Disorder Treatment (IDDT), Focus on Integrated Treatment (FIT), Motivational Interviewing, and Trauma Informed Care. Agencies will arrange training for their staff, in collaboration with the Center for Practice Innovations (CPI) ACT Institute, as required as an OMH licensed ACT program. Core trainings will be completed within specified time frames.

ACT Providers will maintain a plan for regular supervision of all staff members, including the Team Leader.

5.4 Utilization Review, Reporting and Quality Improvement

ACT Providers must comply with all OMH fiscal reporting requirements as outlined in the "Aid to Localities Spending Plan Guidelines."

ACT Providers will have a systemic approach for self-monitoring and ensuring ongoing quality improvement for the ACT team, including analyzing utilization review findings and recommendations, utilization of the team Profile, and use of the TMACT fidelity tool. This information should be used to measure recipient achievement of recovery goals, performance around length of stays, barriers to treatment, staffing, transitions, etc., and will inform the team’s overall quality improvement plan. ACT Providers will be required to participate in any OMH or DOHMH utilization management process, and will participate in utilization management activities according to the terms of contracts with Managed Care Organizations. Additionally, teams will utilize technical assistance from these agencies and the ACT Institute when appropriate.

ACT Providers will have an Incident Management Policy consistent with New York Code Rules and Regulations Part 524 and the Justice Center requirements, and conform to the reporting and follow-up requirements of each.
ACT Providers will be required to maintain accurate reporting of all admissions, baseline and follow up assessments, and discharges through OMH’s Child and Adult Integrated Reporting System (CAIRS), and adhere to any requirements OMH may subsequently develop.

ACT Providers will complete regular reports on all individuals who are court mandated (AOT) via the DOHMH Portal.

ACT Providers will participate in site visits from DOHMH and/or OMH.

5.5 Operating Funding

ACT Providers will be funded through Medicaid billing and net deficit funding (Appendix B2 and Appendix B3). Revised rates are pending approval. Any subsequent rate changes and updates to net deficit funding will be effective for all new ACT teams. Net deficit funding for this RFP is based on rates under review and are subject to change.

Phase-in funding is based on staffing and enrollment. Recipients will be expected to be enrolled at a rate of 8 individuals a month up to capacity of 68.

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<tr>
<th></th>
<th>1st Year*</th>
<th>2nd Year**</th>
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<tbody>
<tr>
<td>Total Gross Costs</td>
<td>$941,457</td>
<td>$1,063,257</td>
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<td>Service Dollars</td>
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* 12 month period assumes start-up and phase-in funding.
** 12 month period assumes full year of operating costs.

5.6 Proposal Narrative

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

Describe your agency mission.

5.6.1 Population

a. Describe in narrative form the characteristics of the population to be served on ACT teams serving individuals living in the NYC shelter system.

b. Describe your understanding of the service needs of persons with SMI/SUD in the shelter/homeless population, and your ability to coordinate services internally and externally. Include the cultural and linguistic needs of recipients residing in the borough and communities you will be serving.
c. Describe clinical approaches and/or best practice in treatment and care in the SMI/SUD population. Discuss how you will use MAT to support your dually diagnosed population. Describe any previous experiences with MAT.

d. Describe experience in providing and coordinating care among behavioral health, medical, housing, and other providers and creating a continuum of integrated services that promote recovery, independence, and individual choice.

e. Describe and demonstrate your experience in engaging adults with mental illness in the community and who have histories in institutional settings, such as jail, prison, and shelters.

5.6.2 Description of Program

a. Describe your plan to collaborate with shelters to establish protocols for consent, communication and information sharing, negotiate access into the shelter, determine appropriate space to meet with individuals, and identify opportunities to be present in the shelter milieu. Provide detail on how you will collaborate with providers in the community who currently serve the shelter and homeless population.

b. Due to the nature of the shelter system, individuals you serve may transfer to other shelter sites. Describe how the ACT team will manage communication and movements to support continuity of care.

c. Describe how you will collaborate and coordinate with providers of Chemical Dependence, Inpatient Rehabilitation, Medically Managed Detoxification, Chemical Dependence Medically Supervised Inpatient and Outpatient Withdrawal, and other OASAS licensed and/or designated programs and harm reduction, including syringe exchange programs, to work closely, and ensure warm hand offs.

e. Provide a description of what engagement practices and strategies you will use targeted to the homeless SMI population.

f. Describe what the ACT team’s procedure will be for timely admission upon receipt of referrals from SPOA. Describe how the ACT team will interface with Human Resources Administration (HRA).

g. A description of all services provided by the ACT team Monday through Friday 9-5, as well as beyond Monday through Friday 9-5 hours. Describe you plan for providing
emergency and crisis intervention services on a 24 hour a day, 7 day a week basis.

h. A description of the team approach and team communication as outlined in the ACT Program Guidelines.

i. Indicate the Health Home(s) for which your agency is a network provider for and Health Home(s) your agency may become affiliated.

j. Indicate which MCOs you are currently contracted with and any plans for contracting with additional MCOs to better serve individuals within network.

k. Describe the ACT team’s individual assessment and person-centered care planning process, including strategies to engage and motivate individuals towards their recovery.

l. Describe the approach that will be used to ensure the successful transition of individuals off the ACT team to other community based services. Describe discharge criteria, policies, procedures, and use of Health Home network providers, including care management as applicable.

5.6.3 Implementation

a. Describe start-up and phase-in activities necessary to implement the program. Include timeframes in your description. If the agency currently provides mental health services as part of another program (e.g. clinic), identify the host program. Describe how licensing the ACT team will impact the host program in terms of services, staffing, caseload and space.

b. A description of how the agency will create a physical space that supports the ACT team(s) and its work and information about other supports the agency will provide for the ACT team relative to equipment and administrative oversight. Define the geographic boundaries of the areas to be served by the proposed program. Complete Appendix G: Section I Physical Plant.

c. Provide ACT staffing plan (complete Appendix G: Section F Staffing). Include a description of the roles and responsibilities of each staff member. Indicate the specific skills and level of experience expected of each staff member. Describe initial and ongoing staff training and supervision. Detail how you will meet the staffing requirements according to the ACT Program Guidelines.
d. Describe your marketing approach and demonstrate how your organizational capacity to recruit, retain, train, and support an adequate level of professional and appropriately qualified staff to carry out programmatic duties. Provide your plan to ensure staffing minimums for core staff and that teams remain staffed based on caseload ratio of 9.9:1 to ensure fidelity of the model.

e. Provide how you will ensure that staff gain competence in integrated MH/SUD treatment, supported employment, family psychoeducation, and wellness self-management

f. Demonstrate how you will achieve the use of peer involvement to support individuals in their recovery on the ACT team.

5.6.4 Agency Performance

a. Describe the agency’s experience in providing culturally relevant services with the incorporation of key community entities, consumers, and their families.

b. Current licensed OMH ACT providers must note the following over the last 2-year period: their agency’s ability to target OMH priority populations, average length of stay, staffing fill levels, team size and capacity levels, any approved moratoriums including reason and length, and ability to transition individuals into community based services. Agencies will also be evaluated on the timeliness of CAIRS reporting, CAIRS length of stay averages, completion of staff trainings, team profile, and critical citations.

c. Applicants that do not have an existing ACT team must attach a copy of recent monitoring reports for any mental health or homeless services program the agency operates that were issued by a city, state or federal government agency. These agencies will also be evaluated on relevant CAIRS data entry and timeliness of entry, critical citations, length of licensing, and other performance related data as applicable.

5.6.5 Utilization Review, Reporting, and Quality Improvement

a. Describe how you will ensure confidentiality of individuals’ medical records in ways that conform to all local, state and federal confidentiality and privacy regulations.

b. Describe and demonstrate the effectiveness of your proposed approach to self-monitoring and ensuring ongoing quality improvement for the ACT team, including analyzing utilization review findings and recommendations, review of team profiles, use of the fidelity tool, and use of PSYCKES.
c. Explain your proposed Incident Management Policy; demonstrate how it complies with New York Code Rules and Regulations Part 524 and the Justice Center requirements. Explain how you propose to establish and maintain an Incident Review Committee, including the proposed composition and processes. Describe your proposed approach to ensuring that all new staff receive training on the definition of incidents and reporting procedures, and are informed about the Incident Review Committee and the importance of risk management in maintaining safety and improving services.

d. Describe your proposed plan to ensure that a comprehensive assessment for each recipient is completed within 30 days of admission and every 6 months thereafter until discharge.

e. Describe your proposed plan to ensure compliance with the following reporting requirements, including systems access: Child and Adult Integrated Reporting System (CAIRS), DOHMH Portal (for AOT individuals), Health Home requirements (including Health Commerce System (HCS) and Medicaid Analytics Performance Portal (MAPP)) and HCBS Eligibility Assessments and site visits from DOHMH and/or OMH.

5.6.6 Financial Assessment

a. Attach an operational budget with start-up costs in Year 1 of the budget and assume a full year of operating funds thereafter. Show all sources of income/revenue including individual Medicaid revenue following the ACT budget outline and net deficit funding. Complete Appendix B: ACT Funding Model.
   NOTE: Included in the anticipated gross operating costs are start-up, staffing ramp up, and enrollment assumptions.

b. Bidders should list staff by position, full-time equivalent (FTE), and salary. Complete Appendix G: Section F Staffing.

c. Show how you will phase in staff and make Medicaid revenue assumptions during the first year. Complete Appendix G Section I: ACT Team Start up and Recipient Phase In.

d. Describe how your agency manages its operating budget. Also, bidders must complete a Budget Narrative which should 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;

3. description of how salaries are adequate to attract and retain qualified employees; and

4. Use the ACT Funding Model (Appendix B) and the Budget Narrative (Appendix B1) to submit with your proposal. Do not substitute your own budget format. Failure to complete the ACT Funding Model using the correct form may be cause to reject your proposal for non-responsiveness.

e. OMH will conduct a review of your agency’s fiscal information over the past three years to assess fiscal viability. To conduct the review, OMH will be reviewing the required documents uploaded to your Grants Gateway document vault, e.g., audited financial statements, IRS Form 990. In addition, if your agency is the recipient of funds from the NYS Department of Mental Hygiene (OMH, Office of Persons with Developmental Disabilities, Office of Alcohol and Substance Abuse Services) and required to file a Consolidated Fiscal Report (CFR), OMH will review the timeliness of your submissions to ensure compliance with reporting requirements.