

**NYS Office of Mental Health**

Request for Proposals (RFP)

**Geriatric Technical Assistance Center  
(GTAC)**

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- 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 for a Geriatric Technical Assistance Center (GTAC) to support and improve the service delivery of demonstration programs awarded through the *Partnership Innovation for Older Adults* RFP. These programs will be creating a local “triple partnership” of mental health, substance use disorder, and aging services providers to innovatively identify and serve older adults with unmet needs for these services. The GTAC will be responsible for technical assistance regarding programmatic and fiscal strategies to support the implementation and operation of the new programs as detailed in Section 5.3.3.

Up to \$200,000 will be awarded annually to one eligible applicant for a total period of five (5) years, dependent upon appropriated funding.

### 1.2 Availability of the RFP

The RFP will be available on the OMH website, advertised through the NYS Contract Reporter and distributed to the Interagency Geriatric Mental Health and Chemical Dependence Planning Council; Association for Community Living/ACLAIMH, New York Association of Psychiatric Rehabilitation Services, Inc.; and Center for Rehabilitation and Recovery, The Coalition of Behavioral Health Agencies, Inc.

## 2 Proposal Submission

### 2.1 Letter of Intent

Organizations interested in responding to the Request for Proposals must submit a Letter of Intent to Bid to the OMH Central Office by 9/20/16. The Letter of Intent to Bid shall be non-binding.

Please mail the Letter of Intent to:

Carol Swiderski  
New York State Office of Mental Health  
Contracts and Claims Unit, 7th Floor  
44 Holland Avenue  
Albany, NY 12229  
Carol.Swiderski@omh.ny.gov  
**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:  
Carol Swiderski  
New York State Office of Mental Health  
Contracts and Claims Unit, 7th Floor  
44 Holland Avenue  
Albany, NY 12229  
Carol.Swiderski@omh.ny.gov

## 2.3 Key Events/Time Line

Event	Date
Release of RFP	8/23/16
Questions from vendors due	9/6/16
Letters of Intent Due	9/20/16
Questions and Answers posted on website	9/20/16
Proposal submissions due	10/4/16
Notice of conditional award*	10/25/16 Est
Anticipated start date*	1/1/17 Est

\*Estimated dates

## 2.4 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer, Carol Swiderski (by fax, (518) 402-2529 or [e-mail](#)) to the Issuing Officer, Carol Swiderski, by 4:30 p.m. on 9/6/16. The questions and answers will be posted on the OMH website by 9/20/16 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 Applicants

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, *Partnership Innovation for Older Adults*

## 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, as detailed in Section 2.6 have been met. Proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals from applicants that do not meet the eligibility requirement stated in Section 2.6; and
- Proposals that do not comply with the RFP required format as defined in Section 2.8; and

## 2.8 Instructions for Proposal Submission and Required Format

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

- A. Agency Transmittal Form (Appendix A)
- 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 (Appendix B)
- D. Budget Narrative (Appendix B1)

**The Agency Transmittal Form and Budget Form are separate documents** Do NOT substitute your own contact form or budget worksheet.

Bidders must submit two (2) hard copies of the entire proposal package described in Section II, 2.8 above, as well as an applicant identified flash drive containing the proposal as one PDF document, via US mail; package delivery service; or hand delivery to be received by 4:30 PM on 10/4/16. Proposal materials must be sealed in an envelope or boxed and addressed to the

Issuing Officer:

Carol Swiderski  
Contract Management Specialist II  
New York State Office of Mental Health  
Contracts and Claims Unit, 7<sup>th</sup> Floor  
44 Holland Avenue  
Albany, NY 12229  
ATTN: GTAC RFP

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

## **2.9 Executive Order #38**

Pursuant to Executive Order #38 (<http://governor.ny.gov/executiveorder/38>), dated January 18, 2012, OMH promulgated regulations regarding limits on administrative costs of and executive compensation paid by covered providers. See 14 NYCRR Part 513. Any contract awarded through this RFP will be subject to such restrictions and to related requirements. See Section VI, Appendix C of this RFP for a link to OMH Master Contract Forms and Instructions, Attachment A-1, Section A.12 (Mental Health Regulations). See also <http://executiveorder38.ny.gov/>.

## **2.10 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.

# **3 Administrative Information**

## **3.1 Term of Contract**

The contract is for five (5) years dependent upon appropriated funding. The anticipated start date is January 1, 2017.

## **3.2 Cost**

Up to \$200,000 annually is available to fund the contract award made through this RFP.

### **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. Both awarded and non-awarded bidders may request a debriefing in writing requesting feedback on their own proposal, regardless if 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 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 Ann Marie T. Sullivan MD  
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	<b>20</b>
<b>Total Proposal Score</b>	<b>100</b>

### 4.2 Proposal Evaluation

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

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**

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

Upon completion of the evaluation process, OMH will enter negotiations with the vendor with the highest averaged final 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.

Notification of conditional award will be sent to the successful offerers and non-award letters will be sent to 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 inaugurating a five-year geriatric service demonstration program for the creation of local “triple partnerships” of mental health, substance use disorder, and aging services providers to innovatively address the unmet needs of older adults for such services. Contingent upon the amount of available finding, OMH anticipates awarding up to eight contracts to begin 1/1/17. This RFP invites eligible applicants to submit proposals for the establishment of a Geriatric Technical Assistance Center (GTAC) to support the implementation of these demonstration programs through the provision of programmatic and fiscal guidance to the triple partnership programs. (See the *Partnership Innovation for Older Adults* RFP [☞](#), released on 4/29/16.)

Common mental disorders of old age are anxiety and/or major depressive disorders, which often contribute to severe social isolation and inactivity; depressive disorders contribute to the high rate of suicide among older adults. The percentage of heavy drinkers among older adults has been estimated as high as 16 percent, and the misuse of prescription drugs is also of significant concern; older adults use prescription drugs nearly three times as often as the general population, and studies suggest that misuse is very common.

Studies also suggest that focusing on basic human needs such as adequate nutrition, proper shelter, subsistence income, good hygiene, obtaining and taking needed medication, and regular medical visits are essential to good health – which underscores the need for appropriate home and community-based, aging support services for older adults to maximize their ability to age in their communities and avoid higher levels of care.

Finally, many older adults with behavioral health problems or their families are unidentified; others encounter difficulties accessing needed services because services are in short supply, they cannot afford them, they cannot travel to where services are provided, or service providers cannot speak their language or otherwise understand their culture. This speaks to the need for culturally competent, mobile outreach and off-site services and the utilization of technological innovations.

As the triple partnership grant programs are awarded funding, the GTAC will work closely with those grantees to provide programmatic and fiscal technical assistance to help ensure quality care, good outcomes and the potential for long term viability.

## **5.2 Objectives and Responsibilities**

GTAC will assist Partnership Innovation for Older Adults grantees with the implementation of the “triple partnership” programs. The GTAC will provide assistance on coordination of and programmatic practices for the effective treatment and support of older adults with behavioral health and aging services needs.

The successful bidder must have the capacity, ability, and skill to provide technical assistance and training in each of the identified topic areas either directly or through contract. Expectations of GTAC include the ability and skill to provide face-to-face training, distance learning, webinars, individualized consultation to grantees on a regular schedule and an “as needed” basis, grantee project site visits, and three face-to-face three learning community meetings in Albany, NY each year. GTAC 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. GTAC will need to have the ability to respond to consultation requests in a timely manner.

Other examples of GTAC technical assistance include staff training on programmatic practices; training, consultation and guidance on building and maintaining collaborative relationships with community providers; guidance and assistance on billing strategies for behavioral health and aging services; and ongoing program evaluation and its use for quality improvement

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

### **The Target Population and Cultural Competence**

The target population is older adults age 55 or older whose independence, tenure, or survival in the community is in jeopardy because of a behavioral health (mental health and/or substance use disorder) problem or inability to access needed services for older adults. Expectations of GTAC include the ability and skill to offer resources and training on the needs and cultural considerations for the target population and on the diversity within the target population based on the programs’ community data.

### **Access Behavioral Health Services**

The “triple partnership” program must be able to access behavioral health services to meet the needs of older adults in aging services programs who need them. Doing so involves assessing individuals for the presence of a behavioral health disorder using effective behavioral health screening instruments followed by a more comprehensive assessment for those who screen positive. Partners will, then, provide behavioral health services or make referrals and promote access to appropriate care. Expectations of GTAC include the ability and skill to provide resources and training on engaging the population, the use of tools for assessing needs and making successful linkages.

### **Access Aging Services**

The “triple partnership” program must also be able to ensure access to home and community-based, aging support services to meet the needs of older adults in behavioral health services programs who need them. The Comprehensive Assessment for Aging Network Community-Based Long Term Care Services (COMPASS) tool is commonly used to determine the need for these services. Expectations of GTAC include the ability and skill to provide information and feedback on the effective use of available tools for accessing appropriate aging services and maximizing appropriate community supports for the target population.

### **Provide Mobile Outreach and Off-Site Services**

The “triple partnership” program must develop and utilize substantial mobile outreach and off-site services capacity to identify at-risk older adults in the community who are not connected to the service delivery system and those who encounter difficulties accessing needed services,. Mobile outreach and off-site services are to be used to engage this segment of the older adult population to assess their unmet needs for behavioral health and aging services. Based on the assessment, an individualized care plan is to be developed to address identified concerns and levels of need, and until planned services are in place, the “triple partnership” program must be able to provide interim client care and care coordination services. Expectations of GTAC include the ability and skill to provide resources, training and technical assistance on best and promising practices in identifying, engaging, assessing, referring and providing services to disconnected older adults in the community in need of behavioral and aging services.

### **Technological Innovations**

The “triple partnership” program must utilize one or more technological innovations – such as telecare, telemedicine, telepsychiatry, and mobile technologies – to better serve the target population and help the program and its staff innovatively address the unmet needs of the target population for behavioral health and aging services. Expectations of GTAC include the ability and skill to provide technical assistance for the most effective and efficient use of technological resources and new technological innovations.

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

After positively identifying a behavioral health or aging services need, providers will provide treatment or referral to appropriate care. Behavioral health treatment services, when indicated, include appropriate brief or longer term pharmacological, counseling, and psychotherapeutic interventions that address identified behavioral symptoms and disorders. To improve quality of care, programs may request to receive training in evidence-based practices that could be incorporated into their program model. Expectations of GTAC include the ability and skill to provide training and consultation in evidence-based and promising treatment practices, as needed; notify and provide grantees of relevant webinars and conference calls pertaining to coordinated practices.

### **Implementation Science**

To support the effective implementation of programs, GTAC staff are expected to be knowledgeable and skilled in providing training and technical assistance – be it fiscal or programmatic – that is grounded in implementation science. For example, expectations of GTAC include the ability and skill to assist the proposed grantee projects complete their program implementation tasks related to planning, program installation, initial implementation, full implementation, and sustainability.

### **Data**

OMH will develop a data collection system and generate reports. Expectations of GTAC include the ability and skill to support, assist, and problem-solve with grantees and OMH in data collection and reporting, the effective use of data, and program evaluation.

## **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 quality of the *Partnership Innovation for Older Adults* programs. As referenced in Section 5.2, the GTAC will provide assistance on implementation and coordination of, and programmatic practices for, the effective treatment and support of older adults with behavioral health and aging services needs.

#### **5.3.1. Qualifications**

***The applicant must describe:***

- Their experience in providing programmatic and financial technical assistance related to the coordination of behavioral health and aging 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.

### 5.3.2. Content Areas

#### *The applicant must describe*

- Their expertise in understanding the developmental stage and culture of the elder population, including needs, challenges, strengths and cultural prejudices around aging;
- Their expertise on screening and assessment to identify mental health and substance use disorders in the elder population;
- Their expertise on screening and assessment to identify services needs in the elder population;
- Their ability to provide technical assistance on appropriate and evidence-based treatment practices for behavioral healthcare and aging services;
- How they will evaluate the innovative systems of care and provide support for increased coordination among the partners
- The potential impact of healthcare reform at the federal and state levels to program operations;

### 5.3.3. 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 partnership innovation for older adults ;
- How they will help programs assess their Partnership 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;

## 5.4 Budget Form and Budget Narrative

Develop a five (5) year budget for each year from January 1, 2017 through December 31, 2022. 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 nonresponsiveness.**

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.

**Appendices**

Appendix A: Agency Transmittal Form

Appendix B: Budget Form

Appendix B1: Budget Narrative

Appendix C: Direct Contract Forms and Instructions

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