



**Office of Alcoholism and
Substance Abuse Services**

Request for Proposals
Community Residential Services

July 13, 2015

www.oasas.ny.gov

**OASAS 2015 Request for Proposals:
Community Residential Services**

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**NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Community Residential Services**

Expected Timetable for Key Events:

| | |
|------------------------------------------------------|-------------------|
| Release Date..... | July 13, 2015 |
| Letter of Intent MANDATORY | July 24, 2015 |
| Closing Date for Submission of Bidder Inquiries..... | July 27, 2015 |
| Answers to Bidder’s Inquiries on or about..... | August 3, 2015 |
| Closing Date for Receipt of Bidder’s Proposals..... | August 20, 2015 |
| Anticipated Evaluation and Selection..... | September 1, 2015 |

All Inquiries to:

Karen Stackrow
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue, 5th Floor
Albany, New York 12203-3526
procurements@oasas.ny.gov
Reference: “Community Residential Services RFP”

Submission of Proposal to:

Karen Stackrow
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue, 5th Floor
Albany, New York 12203-3526
Reference: “Community Residential Services RFP”

Please be aware that any expenses your agency incurs in the preparation and submission of the proposal(s) will not be reimbursed by the State. Your agency’s continued interest in providing services to the State of New York is appreciated.

- **FUNDING AVAILABLE:** Up to \$1.5 million is currently available annually for Community Residential services. This amount may increase or decrease based on future State appropriations.

- **GEOGRAPHIC DISTRIBUTION:** Richmond County

- **ELIGIBLE APPLICANTS:** Voluntary agencies that have completed and maintained the not-for-profit prequalification process under the Grants Gateway Grant Opportunity Portal and operate at least one OASAS certified substance use disorder treatment programs in the state of New York. Local Governmental Units and proprietary entities are not eligible.

Bidders are advised that only those programs with a valid OASAS operating certificate at the time of contract award will be eligible for funding through this Request for Proposals.

I. INTRODUCTION AND BACKGROUND

A. Purpose of Request for Proposals

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) announces the availability of funds for capital development and operating costs associated with the establishment of Community Residential services in Richmond County.

OASAS is the state agency responsible for planning, developing, and regulating one of the nation's largest addiction service systems that includes prevention, treatment, and recovery services.

Applicants should be familiar with the current OASAS regulations, as well as any guidance documents published by OASAS with regard to the delivery of treatment services. In addition, preference will be given to those applicants who show familiarity with current best and evidence-based practices in the field of substance use disorder (SUD) treatment.

B. Funding

Up to \$1.5 million is available annually for ongoing operational costs for this initiative.

C. Availability of the RFP

The RFP will be available on the OASAS website. An announcement regarding the RFP will be e-mailed to the most current address of record of all known potential eligible agencies and will be advertised in the New York State Contract Reporter. The RFP will also be available on New York State Grants Gateway Grant Opportunity Portal at: https://grantsgateway.ny.gov/Intelligrants_NYSGG/module/nysgg/goportal.aspx.

II. PROPOSALS AND SUBMISSIONS

A. Letters of Intent -- MANDATORY

Agencies interested in responding to the Request for Proposals are **required** to submit a **non-binding Letter of Intent**. The letter of intent to bid must be emailed to the OASAS Procurements mailbox at Procurements@oasas.ny.gov with the Subject: “**Community Residential Services RFP – Letter of Intent**” by 5:00 p.m., Eastern Standard Time July 24, 2015. The letter of intent to bid must include the vendor's name, mailing address, a valid e-mail address, telephone number, a statement of intent to bid for the subject Request for Proposals, and an authorizing signature. Faxed letters of intent to bid will not be accepted. A Letter of Intent to Bid form has been included for your convenience (Appendix C).

Any amendments to the RFP will be sent only to the designated contacts of organizations who submitted a letter of intent to bid by 5:00 p.m., Eastern Standard Time July 24, 2015.



B. Prequalification Requirement for Not-for-profit Applicants - MANDATORY
(See Appendix D for important information on Maintaining Prequalification Status)

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

Proposals received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the proposal due date of 5:00 p.m. on August 20, 2015 cannot be evaluated. Such proposals will be disqualified from further consideration.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Reform Website details the requirements and an [online tutorial](#) are available to walk users through the process.

1) Register for the Grants Gateway.

- On the Grants Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username please email grantsreform@budget.ny.gov. If you do not know your Password please click the [Forgot Password](#) link from the main log in page and follow the prompts.

2) Complete your Prequalification Application.

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Proposal.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at grantsreform@budget.ny.gov.

3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the **Submit Document Vault Link** located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.

Failure to prequalify will serve as a bar to grant eligibility. If you have any questions about prequalification, please go to the Grants Reform website or contact the OASAS prequalification specialist, Karen Stackrow at procurements@oasas.ny.gov

C. Designated Contact Agent

OASAS has designated a Contact Agent who shall be the exclusive OASAS contact from the time of issuance of the RFP until the issuance of the Notice of Award (restricted time period). Applicants may not communicate with any other personnel of OASAS regarding this RFP during the restricted time period. The designated contact agent is:

Karen Stackrow
New York State Office of Alcoholism
and Substance Abuse Services
1450 Western Avenue, 5th Floor
Albany, New York 12203-3526
procurements@oasas.ny.gov

D. Inquiries Related to the RFP

Any questions or requests for clarification about this RFP must be received in writing by 5:00 p.m. Eastern Standard Time on July 27, 2015 and must be directed to: procurements@oasas.ny.gov, with the Subject: “**Community Residential Services RFP**”. To the degree possible, each inquiry should cite the RFP section to which it refers. Inquiries will not be answered on an individual basis. Written responses to inquiries submitted by the deadline date are anticipated to be emailed to all potential applicants that have submitted a timely letter of intent on or about August 3, 2015.

E. Addenda to the RFP

In the event that it becomes necessary to revise any part of the RFP, an addendum will be posted on the OASAS website and emailed to those individuals that have submitted a Letter of Intent.



F. Key Events/Timeline

| | |
|------------------------------------------------------|-------------------|
| Release Date..... | July 13, 2015 |
| Letter of Intent MANDATORY | July 24, 2015 |
| Closing Date for Submission of Bidder Inquiries..... | July 27, 2015 |
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| Closing Date for Receipt of Bidder’s Proposals..... | August 20, 2015 |
| Anticipated Evaluation and Selection..... | September 1, 2015 |

G. Eligible Applicants

Voluntary agencies that have completed and maintained the not-for-profit prequalification process under the Grants Gateway Grant Opportunity Portal and operate at least one OASAS certified substance use disorder treatment programs in the state of New York. Local Governmental Units and proprietary entities are not eligible.

Bidders are advised that only those programs with a valid OASAS operating certificate at the time of contract award will be eligible for funding through this Request for Proposals.

For purposes of this solicitation the following definitions apply:

Local Governmental Unit: As defined in New York State Mental Hygiene Law, section 41.03 paragraph 5, local governmental unit “means the unit of local government given authority in accordance with this chapter by local government to provide local services.”

In good standing: All of a provider’s operating certificates which are subject to a compliance rating have a current compliance rating of partial (two years) or substantial (three years) compliance.

OASAS Certified: Pursuant to Article 32 of the New York State Mental Hygiene Law, possession of operating certificate(s) issued by the OASAS commissioner to engage in the provision of Chemical Dependence Withdrawal and Stabilization Services, Chemical Dependence Inpatient Rehabilitation Services, Chemical Dependence Residential Rehabilitation Services for Youth, Chemical Dependence Residential Services, or Chemical Dependence Outpatient and Opioid Treatment Services as defined in 14 NYCRR Parts 816, 818, 817, 819 and 822, respectively.

Voluntary Agencies: As defined in New York State Mental Hygiene Law, section 41.03 paragraph 11, a voluntary agency means a corporation organized or existing pursuant to the not-for-profit law for the purpose of providing local services.

H. Format of Proposal and Instructions for Submission

Format

The proposal should be typed double-spaced on both sides of 8 ½" x 11" paper. Pages should be paginated. The proposal will be evaluated on the basis of its content, not length. Each proposal should contain:

1. Proposal Cover Letter - A Proposal Cover Letter will transmit the applicant agency's Proposal Package to OASAS. It should be completed, signed, and dated by an authorized representative of the applicant agency. The letter should include a designated agency contact name, phone number and e-mail address.
2. Proposal Narrative - The Proposal Narrative should be concise (no more than 20 pages, not including attachments).
3. Resumes and/or Job Descriptions which detail qualifications for key staff as well as proposed salaries.
4. Information regarding compliance with Part 836 of the OASAS regulations.
5. Information regarding compliance with criminal background check provisions of the Justice Center legislation and Part 805 of the OASAS regulations.
6. Documentation demonstrating not-for-profit status.
7. Agency's Conflict of Interest Policy.
8. OASAS 2015 Planning Supplement - Initiative Funding Request Form – Appendix A.
9. Program Budget/Initiative Funding Request Form – Appendix B.
10. Budget Narratives for Start-up and Fully Annualized Budgets.
11. Most recent Financial Audit Report or Certified Financial Statement.

Submission Process

ONE ORIGINAL AND FOUR COPIES in a sealed envelope of complete proposals must be mailed, sent via delivery service or hand delivered by the organization or the organization's representative to address below:

Karen Stackrow
 New York State Office of Alcoholism
 and Substance Abuse Services
 1450 Western Avenue, 5th Floor
 Albany, New York 12203-3526
 Attn: Proposal - Community Residential Services RFP

The cover of the sealed envelope should be labeled "**Community Residential Services RFP**".

All applications must be received by 5:00 p.m. August 20, 2015.

III. Administrative Information

A. Vendor Responsibility

Pursuant to New York State Finance Law section 163(3) (a) (ii), State agencies are required to ensure that contracts are awarded to responsible vendors. A determination of responsibility includes, but is not limited to, an affirmative review of an applicant's qualifications, legal authority, financial stability, integrity and past contract performance. A vendor responsibility review, including completion of a vendor responsibility questionnaire, will be required of any successful applicant. OASAS requires a successful applicant to formally communicate any changes in its responsibility disclosure. Failure to disclose any changes provides OASAS with the right to terminate the contract for cause.

OASAS recommends that applicants file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://osc.state.ny.us/vendrep/documents/system/checklist.pdf> or go directly to the VendRep System online at <http://portal.osc.state.ny.us>.

Applicants must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at (866) 370-4672 or (518) 408-4672 or email at ciohelpdesk@osc.state.ny.us.

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at www.osc.state.ny.us/vendrep or via contacting OASAS or the Office of the State Comptroller's Help Desk for a copy of the paper form.

B. Reserved Rights

OASAS reserves the right to:

1. Reject any or all proposals received in response to this RFP;
2. Not make an award to any applicant who is not in good standing at the time a contract is awarded;
3. Withdraw the RFP at any time, at the agency's sole discretion;
4. Make an award under this RFP in whole or in part;
5. Make awards based on the needs of underserved special populations as determined necessary and appropriate in the sole discretion of OASAS to best serve the interests of the State;
6. Make multiple awards within a geographic area;
7. Negotiate with the successful bidder within the scope of the RFP in the best interests of the State;
8. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of this RFP;
9. Seek clarifications and revisions of proposals;
10. Use proposal information obtained through site visits, management interviews and 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;
11. Prior to the bid opening, amend the RFP to correct errors of oversights, or to supply additional information as it becomes available;

12. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
13. Change any of the scheduled dates;
14. Eliminate any mandatory, non-material specification that cannot be met by all of the prospective bidders;
15. Waive any requirement that is not material;
16. Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
17. Utilize any and all ideas submitted in the proposals received;
18. Require correction of simple 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;
19. Accept submissions after the due date, if OASAS in its sole discretion, determines there is good cause shown for the delay in the submission(s), and
20. Cancel or modify contracts due to the insufficiency of appropriations.

C. Debriefing

A debriefing is available to any Applicant that submitted a proposal in response to this RFP (“*Bidder*”). Bidder will be accorded fair and equal treatment with respect to its opportunity for debriefing. A debriefing must be requested in writing by the unsuccessful Bidder within ten (10) business days of OASAS notifying the unsuccessful Bidder that another vendor was selected.

An unsuccessful Bidder must make a written request for a debriefing to the designated contact agent referenced above by e-mail or first class mail. The debriefing will be limited to only the evaluation results as they apply to the proposal of the Bidder receiving the debriefing. The debriefing may be in writing, by telephone, by videoconference or in person, at the sole discretion of OASAS.

D. Funding Availability and Awards

OASAS will select successful applicants, at its sole discretion, based on consideration of a number of factors, including but not necessarily limited to the amount of available State appropriation authority. Awards will be made until the funds for this RFP are committed.

If an award is made pursuant to this RFP, only the acceptance in writing by the OASAS Associate Commissioner, Division of Fiscal Administration or a designated duly authorized representative, with the approval of the Attorney General and the Office of the State Comptroller, shall constitute a contract between a successful applicant and the State of New York.

This RFP, all information submitted in the successful applicant's proposal and any revisions thereto, any follow-up questions and answers, and any RFP addenda, amendments or clarification will be included as part of the successful applicant's contract.

Neither OASAS nor the State of New York is liable for any expenditure incurred or made by an applicant until a contract is signed and approved.

OASAS will provide written notification to the successful applicant(s) and all applicants not selected to receive funding under the RFP.

OASAS intends to enter into multiyear agreements with the initial agreement being for a period of up to five (5) years, subject to funding availability and appropriations.

IV. Scope of Work

A. Target Population

The target population is the population in need of community residential services in Richmond County. These should be persons who have either completed a course of inpatient rehabilitation or intensive residential services and who are in need of continuing residential care (as determined by the OASAS web-based level of care determination application known as Level of Care for Alcohol and Drug Treatment Referral (LOCADTR)), or those actively engaged in outpatient treatment who due to lack of appropriate housing are at risk for relapse.

B. Program Approach and Services

The proposal should explain the applicant's overall philosophy and approach to delivering community residential services, including but not limited to what the criteria for admissions and discharges will be, the anticipated range of length of stay for clients depending on needs, and demonstrate linkages to other levels of care for Community Residential. The proposal must address the required elements listed in Section VI (below) and address as many of the preferred elements as the applicant intends to incorporate into its proposal.

C. Program Effectiveness

The proposal should explain how the applicant will measure the expected outcomes of the service strategies delivered upon the target populations selected. This would include methods of measuring changes and tracking performance over time. The proposal should include a process to be used to account for unanticipated outcomes and course corrections to improve outcomes.

D. Reporting Requirements

Successful applicants who receive funding under this RFP must agree to comply with the reporting requirements of the OASAS Client Data System or any other specified reporting system. All awardees will be subject to OASAS monitoring visits and must operate according to all applicable OASAS laws, regulations, contract provisions, and guidelines.



V. Evaluation Factors for Awards

A. Threshold Review Criteria

Following the opening of bids, a preliminary review of all proposals will be conducted to determine whether the application meets specific thresholds.

The following “threshold review criteria” will be rated either *yes* or *no*. **If any of the criteria are rated *no*, the application will be immediately disqualified from further consideration without exception.**

Contract Unit Threshold Review Criteria:

1. Was the application received by OASAS by the submission deadline date as set forth in the RFP?
2. Did OASAS receive a mandatory Letter of Intent from the applicant by the stated deadline?
3. Was the applicant prequalified in the Grants Gateway on the proposal submission deadline date as set forth in the RFP?

Program Threshold Review Criteria:

4. Is the applicant entity eligible to apply as set forth in Section II G. Eligible Applicants of this RFP?
5. Did the applicant include documentation of having a process in place for complying with the Incident Reporting provisions of Part 836 of the OASAS regulations?
6. Did the applicant include documentation of having a process in place for complying with the criminal background check provisions of the Justice Center legislation and Part 805 of the OASAS regulations?
7. Did the applicant provide a detailed description of the proposed site, including a description of the vacant land and surrounding area, name of the property owner, acquisition plan (if necessary), and the renovations that will be necessary.

B. Review Criteria

Proposals passing the Threshold Review will be reviewed, rated and ranked in order of highest score based on an evaluation of each applicant’s written submission.

The evaluation will apply points in the following categories:

| | |
|---------------------------------------------|-------------------|
| Demonstrated Successful Relevant Experience | 10 points |
| Organizational Capacity | 10 points |
| Program Approach and Services | 20 points |
| Program Effectiveness | 20 points |
| Capital Plan | 20 points |
| Program Budget | 20 points |
| TOTAL POSSIBLE POINTS | 100 POINTS |

C. Method for Evaluating Proposals

Evaluation of proposals will be conducted in two parts: Program Evaluation and Fiscal Assessment. OASAS' review team, consisting of at least three evaluators, will review the program portion of each proposal and compute a program score. The Program Evaluation includes: Demonstrated Successful Relevant Experience, Organizational Capacity, Program Approach and Services, and Program Effectiveness. All of the program scores will be added together and averaged to arrive at a final program score. A fiscal assessment score will be computed separately based on the operating budget, and budget narrative. The final program and fiscal scores for each proposal will be added together, resulting in an overall final score.

In the event that two or more proposals have the same highest overall final score, the following tie breaker criteria will be applied to determine which proposal will be ranked highest:

- The proposal(s) with the highest total program evaluation score will be ranked highest
- If the program evaluation scores are tied, the proposal(s) with the highest program approach and services score will be ranked highest

VI. Application Proposal

Narrative

When submitting proposals for funding under this RFP, your narrative should be brief (no more than 20 pages, excluding attachments) and address all of the components listed below, in the following order:

Project Description

Provide a narrative which describes in full detail the community residential services that you propose to offer. Services to be delivered must comply with the current OASAS regulations and any other guidance documents issued by OASAS.

The narrative needs to include a rationale for how your organization is best suited to provide the community residential services and strategies identified to the target population.

Capital Plan

The proposal must provide a detailed description of the proposed site, including a description of the vacant land and surrounding area, name of the property owner, acquisition plan (if necessary), and the renovations that will be necessary. Preference will be given to proposals that have site control and can demonstrate a more rapid site development capability. If the timeframe for site development becomes problematic, OASAS retains that right to withdraw any award.

Proposals will be evaluated based on the following areas:

A. Experience (10 points)

- Describe any information which demonstrates your experience delivering treatment services, including number of years of experience.
- Describe your experience delivering treatment services that utilize best and promising practices that are appropriate to the community residential setting and your ability to deliver others as needed.
- Briefly describe your experience providing services to any specific target populations identified in your proposal, e.g. what type of services, for how long, etc.
- Describe your experience with integration of Community Residential services with mental health and physical health services.

B. Organizational Capacity (10 points)

- Describe how your agency's infrastructure, (e.g. physical setting, organizational/managerial staffing, staff development, etc.) will support the implementation of the proposed treatment services, and explain how this program fits into your agency's mission. Attach an organizational chart.
- Describe the organizational capacity to collaborate with and partner with other community stakeholders, and integrate necessary services into the identified communities. Identify those partners and community stakeholder groups and include letters of support from each.
- Attach a staffing plan for your proposed treatment services, and for each key staff position, attach a job description of the qualifications and experience that will be required. Demonstrate how your staffing for the proposed services meets the OASAS staffing requirements. Indicate how many Qualified Health Professionals (QHPs) and/or non-credentialed staff will be working in the program.
- Describe the process by which the agency will comply with the criminal background check provisions of the Justice Center legislation and Part 805 of the OASAS regulations as they relate to the hiring of new employees.
- Describe your organizational capacity and/or strategies that will allow your organization to provide treatment services to any identified cultural, religious and/or linguistic groups.
- Describe the proposed site for the services, whether it is owned or leased by your agency, and if it is currently certified for treatment services.

C. Program Approach and Services (20 points)

Proposals should present needs assessment data for each geographic area/community where patients will be served, and identify the sources of those data.

Each proposal should aim to achieve the broadest geographic coverage feasible and deliver services to the greatest number of individuals. Services are to be provided in a culturally appropriate manner

Proposals must address how the proposed program will meet the following required elements:

- Provider needs to demonstrate the ability to provide comprehensive evaluation at intake, with admission assessment based on LOCADTR and performed by clinical staff with appropriate training.
- Individual and group counseling must be provided as clinically indicated in treatment plan.
- Treatment/recovery planning and review must be multi-disciplinary, patient centered and flexible to meet the changing needs of the individual as they move through the program.
- Toxicology testing must be performed as clinically indicated and results incorporated in treatment planning and services modified as needed.
- Provider must admit patients based on need without regard to ability to pay, and have appropriate sliding scale fee policies and procedures in place.
- Medication-assisted treatment must be available and offered to all patients as indicated, and staff must be thoroughly trained on uses of addiction medicine and its relation to long-term recovery.
- Provider must demonstrate fiscal viability and attest that it is not encumbered by significant disallowances or claims against it that would jeopardize its viability.
- Provider must have capacity to interface with and show proficiency in using appropriate information technology, including PSYCKES and other patient tracking systems, and to utilize electronic health records, automated billing systems and related applications.
- Provider must demonstrate an appropriate internal audit function for case records and clinical documentation, utilization review based on clear criteria, as well as a quality improvement function.
- The treatment facility must be well kept, maintain a patient-friendly environment, comply with all OASAS facility standards.
- Discharge planning must begin at admission, and address the wide range of concerns that affect its patients (e.g. physical health, mental health, family issues, housing, etc.) with a view toward recovery oriented health and wellness, and provider must maintain long-term recovery supports for its graduated patients via means such as an alumni association.

In addition, the following criteria will be considered to be preferred elements of a Community Residential program and points will be awarded for meeting some or all of the following elements:

- Provider should show ability to provide meaningful care coordination either with its own staff or through work with health homes or other care management agencies.
- Clinical direction should be provided by staff with appropriate levels of training and education and with demonstrated experience in delivering chemical dependency treatment services. Provider should show how it will develop and implement a comprehensive in-service training curriculum and engage in appropriate workforce management.
- Provider should demonstrate through documented staff training and case review systems the ability to address co-occurring mental health and substance use disorders, as well as integration of physical health with behavioral health concerns, either within its own program or by partnerships with other agencies. Psychiatric and physical evaluation needs to begin with the intake evaluation process.
- Provider should demonstrate the ability to provide individualized employment and person-centered services for individuals who need ongoing support to seek, obtain, and maintain employment. Employment support services must be included in the initial assessment and admission process and continue throughout treatment and beyond as ongoing follow-along support of a long-term recovery plan.
- Provider should demonstrate viable connections with recovery community as well as show existing or program design for the integration of peer services
- Provider should demonstrate that it has or will have a working advisory board including consumers and community members, and demonstrate its intent to address community needs.
- Program should maintain language access via bilingual staff and/or a contract with translation service.
- The provider should demonstrate capability to work with Medicaid managed care plans (both mainstream and Health and Recovery Plans) and Delivery System Reform Incentive Payment (DSRIP) program's Performing Provider Systems.
- The provider should show that it is committed to operating a cost effective program with a clear understanding of the relationship between the cost of providing each of its services and revenues that they generate, and the ability to control costs as revenue streams change. Provider should demonstrate ability to assess performance outcomes as part of future pay for performance arrangements.
- Provider should demonstrate a clear understanding of Person Centered Care and Recovery Oriented Systems of Care, and utilize processes to obtain regular feedback from participants on the quality of services provided (e.g. Perception of Care Survey). Providers should be able to demonstrate the use of peer-based recovery services as part of the patient's long-term recovery plan.
- Provider should demonstrate ability to provide family-based services and address the impact of addiction on family systems, including family issues for those who are involved with the child-welfare system. Provider should demonstrate ability to provide brief interventions as needed.

D. Program Effectiveness (20 points)

The proposal needs to describe the expected outcomes of selected service approaches, how they will be measured and tracked, and how those results will be used to change or improve programs.

- Describe your data collection methods both with regards to the use of the OASAS Client Data System and other sources of data (e.g. Perception of Care Surveys, reports from managed care plans, etc.)
- Explain how you will use the data to determine program effectiveness. Describe how the data will be used to improve programs. Describe how the data will be used to inform trainings and report against contracted outcomes. Describe any processes that you have in place to review the data and make recommendations for changes or improvements in service delivery.

E. Capital Plan (See Appendix A) (20 points)

Use Appendix A and attach additional pages as necessary to describe a Capital Plan that addresses each of the following questions:

- Site Control – Does the applicant have control of the site? Control is defined as ownership of the site by the applicant or a closely allied entity. If the site is controlled, are there any outstanding liens (other than OASAS) on the property that would prevent a State lien on the site?
- Site Acquisition – If the site is not owned by the provider, has a specific site been identified with an adequate and reasonable explanation of how the property will be acquired? Higher points will be awarded for sites (or adjacent sites) already certified for chemical dependence programs.
- Site Information – For the site identified, are the dimensions of the land and/or vacant building sufficient to provide a program for the proposed number of beds that fall within existing space guidelines?
- Zoning – Is the vacant land or building zoned to permit the program to operate at the site?
- Experience – Include a description of the applicant’s previous capital experience and projected timeline for the project.
- Scope of work for proposed project - Include a projected scope of work for the acquisition (if required) of a site; the amount of renovations or new construction required to allow the site to operate as a Community Residence; a timeline for all steps needed to acquire (if applicable), design, construct and open the Community Residence and a projected capital budget.

F. Program Budget (20 points)

OASAS places greater value on those applicants having a greater reach within communities, as this would maximize the impact of resources and return on investment. Limited funding resources dictate that those applicants which can provide additional resources, such as budget, program, and/ or staff

supports would have the greater capacity to provide Community Residential services. Delivery of Community Residential services by full-time direct service staff (FTEs) is valued as a cost effective means to achieve goals.

In addition, OASAS will evaluate proposed budgets with regard to unit costs, per bed for residential programs. As part of evaluating these costs OASAS will take into account the cost impact of providing specialized services for target populations.

Budgets must be divided into these major categories: personal services, fringe benefits, non-personal services, equipment, property/space and agency administration. Total agency administration may not exceed 20% of total Personal Services, Fringe Benefits, and non-personal Services program expenses. Each service category proposed must contain the expenses, revenues and deficit funding costs associated with that proposed service. The budget must include the number of beds available for residential services, as well as the number of direct services FTEs needed to provide the service.

If applicable, include a start-up budget for the service, a timeline for program implementation and a narrative that justifies separate funding for initial program implementation. Start-up costs are for one-time expenses only. Costs must be reasonable and necessary for program implementation. The start-up budget is LIMITED to 1/4 of the full annual State Aid.

Please identify in the budget section additional budgetary resources you are able to leverage to increase your own service capacity. Identify and include the source of revenue, the amount, and information from the other funding source documenting this level of support.

Program budget scores will be determined by awarding the maximum points to the most cost effective budget. Remaining budgets will be compared to the most cost effective budget and awarded points based on the percentage difference the cost is from the most cost effective budget. To determine cost effectiveness a cost per Residential Number of Beds will be calculated by dividing the total OASAS State Aid funding requested by the total number of Residential Number of Beds identified on the budget. The lowest cost per Residential Number of Beds will be the most cost effective budget.

All fiscal policies and procedures of OASAS-funded providers must be in accordance with New York State Mental Hygiene Law; New York State Finance Law; the Not-for-Profit Corporation Law; Consolidated Budgeting Reporting and Claiming Manual; Consolidated Fiscal Reporting Manual: OASAS Funding Requirements; Contract Documents; Administrative and Fiscal Guidelines for Funded Providers; Local Services Bulletins; all other applicable Federal and State laws and regulations as well as local school/community agency board and/or County/LGU requirements and policies. Please see the [Administrative and Fiscal Guidelines for OASAS Funded Programs](#) as a reference source to all applicable fiscal requirements and Local Services Bulletins.

**OASAS 2015 REQUEST FOR PROPOSALS – COMMUNITY RESIDENTIAL SERVICES
Appendix A - OASAS 2015 PLANNING SUPPLEMENT - INITIATIVE FUNDING REQUEST FORM**

| | | | |
|----------------------------------------------------|--|-----------------------------------------|-------------------------------|
| 1. Legal Name of Applicant Entity: | | | |
| 2. Name of Local Governmental Unit, if Applicable: | | | |
| 3. Applicant's OASAS Provider Number: | | 4. Applicant's Street Address/P.O. Box: | |
| 5. Applicant's City/Town/Village: | | | 6. Postal Zip Code: |
| | | | 7. Date Prepared: |
| 8. Name of Applicant Contact Person: | | 9. Title of Contact: | 10. Contact Telephone Number: |

PART I - CAPITAL PROJECT DESCRIPTION (Page 1)

| Project Site Description | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|---------------|
| 1. Street/P.O. Box: | 2. City: | 3. State: | 4. Zip: |
| 5. Service Category: | | 6. PRU: | 7. County: |
| 8. Contact Person: | | 9. Title: | |
| 10. Telephone: | 11. E-mail: | 12. Proposed Capacity: | |
| 13. Is the proposed site owned by this provider? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 14. If the site is owned by this provider, are there any liens on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If "Yes", | Name on Lien: | Amount of Lien: | Term of Lien: |
| 15. If the site is not owned by this provider, provide the following information on the owner and property acquisition plan: Name of property owner: Estimated cost to acquire the building or land: Property to be acquired in the following manner: (Attach an additional page, if necessary) | | | |
| 16. Is the proposed site vacant land or an existing building? <input type="checkbox"/> Vacant land <input type="checkbox"/> Existing building | | | |
| 17. Is the proposed site currently zoned to allow the proposed program to operate there? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If "No", Please describe how the appropriate zoning approvals will be obtained. | | | |

New York State Office of Alcoholism and Substance Abuse Services, IFR2009-1



**OASAS 2015 REQUEST FOR PROPOSALS – COMMUNITY RESIDENTIAL SERVICES
Appendix A - OASAS 2015 PLANNING SUPPLEMENT - INITIATIVE FUNDING REQUEST FORM**

| | | |
|----------------------------------------------------|-----------------------------------------|-------------------------------|
| 1. Legal Name of Applicant Entity: | | |
| 2. Name of Local Governmental Unit, if Applicable: | | |
| 3. Applicant's OASAS Provider Number: | 4. Applicant's Street Address/P.O. Box: | |
| 5. Applicant's City/Town/Village: | 6. Postal Zip Code: | 7. Date Prepared: |
| 8. Name of Applicant Contact Person: | 9. Title of Contact: | 10. Contact Telephone Number: |

PART I - CAPITAL PROJECT DESCRIPTION (Page 2)

| Project Site Description | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|---------|
| 1. Street/P.O. Box: | 2. City: | 3. State: | 4. Zip: |
| 5. Service Category: | 6. PRU: | 7. County: | |
| 18. If the site is vacant land, is the adjacent property a certified chemical dependence program? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Dimensions of the vacant land: | | | |
| Description of the vacant land and surrounding area: (Attach an additional page, if necessary) | | | |
| 19. If the site is an existing building, is the building a certified chemical dependence program? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Gross square footage of the existing building: | | Net square footage of the existing building: | |
| Description of building <u>and</u> any renovations that will be necessary: (Attach an additional page, if necessary) | | | |
| 20. Describe the provider's past capital experience, demonstrating the organization's capacity to successfully complete a capital project in a timely and cost effective manner, including a projected timeline for project completion, assuming an October 2010 funding award. | | | |

New York State Office of Alcoholism and Substance Abuse Services, IFR2009-1



**OASAS 2015 REQUEST FOR PROPOSALS – COMMUNITY RESIDENTIAL SERVICES
APPENDIX B - INITIATIVE FUNDING REQUEST (IFR) FORM**

**Instructions for Completing the Initiative Funding Request Form (IFR)
(Start-up and Annual Operating Budgets)**

PROVIDER INFORMATION

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the agency submitting the Initiative Funding Request on the IFR and on any additional pages that are attached. **Do not enter the common name or acronym.**
2. **Printed Name of Local Governmental Unit, if Applicable** – Print the complete name of the County or City of New York Local Governmental Unit (LGU) that administers the Applicant Entity’s local State Aid contract agreement. **Applicants that have a direct contract with OASAS for State Aid funding should leave this blank.**
3. **Applicant’s OASAS Provider Number** – Enter the unique five-digit number that identifies the agency and that is used for reporting purposes to OASAS. This number is the same as the *Agency Code* number used when submitting Consolidated Fiscal Report (CFR) documents.
- 4-6. **Applicant Address** – Enter the mailing address, including zip code, where the administrative office of the applicant entity is located.
7. **Date Prepared** – Enter the date the IFR was prepared.
- 8-10. **Applicant Contact Person** – Enter the printed name and title, and the telephone number (including area code) of the person who can answer questions concerning the information provided on the IFR.

PART II – OPERATIONAL FUNDING REQUEST

1. **Date Initiative Expected to be Operational** – Enter the date, in the xx/xx/xxxx format, that the proposed initiative is expected to be operational and will require Aid to Localities funding from OASAS. During the implementation of the initiative, OASAS reserves the right to establish and approve an operational start date later than proposed by the successful applicant to accommodate available funding and capacity needs.

Requested Operating Budget for Proposal

Requested operating budget amounts must represent:

Column A – **PROPOSED START-UP OPERATING BUDGET**: The start-up or part year costs, net deficit and OASAS State aid funding requested for one-time costs necessary to start the program effort. Start-up costs are one-time expenses only and must be reasonable and necessary for program implementation. The start-up budget is limited to one quarter (1/4) of the full annual State Aid. Start-up costs may include, but are not limited to the following: equipment; office supplies; furniture; rental deposits/securities; and staff recruitment.



Column B – **ANNUAL OPERATING BUDGET**: The 12-month, full annual costs, revenues, net deficit and OASAS State aid funding requested. Awards to the selected applicants will be prorated for the first fiscal period based on the initiative start date identified above.

ALL AMOUNTS REQUESTED FOR THE ADDITIONAL INITIATIVE FUNDING MUST BE ROUNDED TO THE NEAREST HUNDRED DOLLARS.

2. **Gross Expense Budget** – Applicants should refer to the Consolidated Fiscal Reporting (CFR) Manual for a more detailed general description of the following expense items which should be entered in Columns A and B:

- Personal Services
- Fringe Benefits
- Non-Personal Services (i.e. Other than Personal Services (OTPS))
- Equipment
- Property/Space
- Agency Administration

3. **Revenue Budget** – Applicants should refer to the CFR Manual for an explanation of each revenue category, and enter applicable start-up and annual projected amounts that they anticipate receiving to offset costs attributable to the initiative in Columns A and B.

If the applicant does not anticipate receiving any additional revenue to offset costs of its proposal it should so indicate by entering \$0 for each category in Columns A and B.

4. **Net Operating Cost** - Enter the amount obtained by subtracting **Total Revenue Budget** from **Total Gross Expense Budget in Column A and B**.

5. **OASAS State Aid Funding Requested** – Enter the amount of OASAS State aid funding being requested for the initiative in Columns A and B. This amount **should equal** the **Operating Budget Net Deficit** amount.

6. **Number of Direct Service Full-Time Equivalent (FTE) Staff** – Enter the total number of direct service FTE staff. A direct service FTE is defined as: a minimum of 35 hours depending on your agency’s established work week.

7. **Residential—Number of Beds** – Enter the total number of beds expected to be operational.

Applicant Official – Enter the printed name and title of the applicant agency representative submitting the IFR proposal.

Signature and Date – The IFR should be signed and dated by the applicant agency representative.

**OASAS 2015 REQUEST FOR PROPOSALS – COMMUNITY RESIDENTIAL SERVICES
APPENDIX B - INITIATIVE FUNDING REQUEST (IFR) FORM
(Start-up and Annual Operating Budgets)**

| | | |
|------------------------------------------------------------|-----------------------------------------|------------------------------|
| 1. Printed Legal Name of Applicant Entity: | | |
| 2. Printed Name of Local Governmental Unit, if Applicable: | | |
| 3. Applicant's OASAS Provider Number: | 4. Applicant's Street Address/P.O. Box: | |
| 5. Applicant's City/Town/Village: | 6. Postal Zip Code: | 7. Date Prepared: |
| 8. Printed Name of Applicant Contact Person: | | 9. Printed Title of Contact: |
| 10. Contact Telephone #: | | |

PART II – OPERATIONAL FUNDING REQUEST

| | | |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|
| 1. Date Program expected to be operational: | | |
| | (Column A) PROPOSED START-UP OPERATING BUDGET | (Column B) ANNUAL OPERATING BUDGET |
| REQUESTED OPERATING BUDGET FOR PROPOSAL | | |
| 2. Gross Expense Budget (see instructions for details): Round Amounts to the nearest \$100. | | |
| Personal Services | | |
| Fringe Benefits | | |
| Non-Personal Services | | |
| Equipment | | |
| Property/Space | | |
| Agency Administration | | |
| TOTAL GROSS EXPENSE BUDGET | | |
| 3. Revenue Budget (see instructions for details): Round Amounts to the nearest \$100. | | |
| Patient Fees | | |
| SSI and SSA | | |
| Public Assistance (Safety Net & TANF) | | |
| Medicaid | | |
| Medicare | | |
| Third Party Insurance/Private Pay | | |
| Food Stamps | | |
| Closely Allied Entity Contributions | | |
| Donations | | |
| Other: Specify: | | |
| Specify: | | |
| TOTAL REVENUE BUDGET | | |
| 4. NET OPERATING COST | | |
| 5. OASAS State Aid Funding Requested | | |
| 6. Number of Direct Service Full-Time Equivalent (FTE) Staff: | | |
| 7. Residential—Number of Beds: | | |
| Applicant Official: | | |
| Printed Name: | Printed Title: | |
| Signature: | Date: | |

New York State Office of Alcoholism and Substance Abuse Services, IFR (1-13-15)



APPENDIX C

LETTER OF INTENT TO BID (To be completed by the Bidder)

Date: _____

**Karen Stackrow
New York State Office of Alcoholism
and Substance Abuse Services
1450 Western Avenue, 5th Floor
Albany, New York 12203-3526**

RFP Reference:

**OASAS 2015 Request for Proposals:
Community Residential Services**

Dear Ms. Stackrow:

This is to notify you of our non-binding intent to submit a bid response on the above noted RFP.

The individual to whom all information regarding this RFP (e.g. addenda) should be transmitted is:

Sincerely,

Name

Title

Organization, Street Address, City, State, and Zip Code

Phone #

Fax #

E-mail Address: _____

SFS ID#: _____



APPENDIX D

Maintaining Grants Gateway Prequalification Status

Interested applicants should be aware that even after your organization becomes prequalified in the NYS Grants Gateway system, you still need to monitor the status of your document vault to ensure that your organization remains eligible to apply for this grant opportunity on the proposal submission due date.

Expiring Documents that Effect Prequalification Status – There are currently three required documents that expire on a yearly basis, and as such, require that your organization's document vault be updated prior to each expiration in order to maintain a *Prequalified* status. These documents are:

- IRS990
- Audit
- CHAR500

It is strongly recommended that you update these required documents proactively (i.e.: before the annual expiration date). The advantage of a proactive approach is as follows:

- If you proactively open your Document Vault to update required documents prior to expiration your document vault will be placed in *Document Vault Prequalified Open* status. Your organization will remain eligible to apply for grants while in this status.
- Once you have updated and submitted your document vault, your document vault status will change to *Document Vault Prequalified /In Review*. Likewise this is a *Prequalified* status and you are eligible to apply for grants.

However, **if you allow one or more required documents to expire**, your document vault will automatically move to *Document Vault Expired* status. Your organization is **not eligible** to apply for grants in this status. Once your document vault is in the *Document Vault Expired* status, the following must occur before *Prequalified* status can once again be achieved:

1. You must updated and submitted your document vault at which time your status will change to *Document Vault In Review*. (Note: this is not a prequalified status and you are not eligible to apply for grants.)
2. The State Agency assigned to your document vault must review the vault, determine that it meets the prequalification requirements, and change the vault status to *Prequalified*. (Note: This may take several days so you should ensure that you upload updated documents and submitted your document vault as soon as possible after expiration.)

Further details on expiring documents and their effect of your *Prequalification* status can be found at: <https://www.grantsreform.ny.gov/Grantees> under *Quick Links - Maintaining Prequalification*.

