

**Request for Applications  
(RFA) # 16103 – Family Support Navigators**



**Expected Timetable for Key Events:**

**Release Date:** September 13, 2016

**Questions Due:** September 27, 2016

**Answers and Updates Posted  
(on or about):** October 17, 2016

**Applications Due:** January 31, 2017

**OASAS Designated Contact Name  
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**Please be aware that any expenses your agency incurs in the preparation and submission of the application(s) will not be reimbursed by the State. Your agency's continued interest in providing services to the State of New York is appreciated.**

## Contents

<b>Expected Timetable for Key Events:</b> .....	1
<b>Introduction and Background:</b> .....	3
<b>Program Objectives:</b> .....	3
<b>Scope of Services:</b> .....	4
<b>Desired Outcomes:</b> .....	4
<b>Qualifications and Abilities:</b> .....	4
<b>Performance Requirements:</b> .....	5
<b>Submission of Applications:</b> .....	5
<b>OASAS Reserved Rights:</b> .....	6
<b>Evaluation:</b> .....	7
<b>Vendor Responsibility:</b> .....	8
<b>Compliance Requirements:</b> .....	8
<b>Reporting Requirements:</b> .....	8
<b>ATTACHMENT 1 – Application Form</b> .....	9
<b>ATTACHMENT 2 - LGU Letter of Support</b> .....	11
<b>ATTACHMENT 3 - Work Plan</b> .....	12
<b>ATTACHMENT 4 - Initiative Funding Request (IFR) Form</b> .....	13
<b>ATTACHMENT 5 - Vendor Responsibility Attestation</b> .....	16
<b>ATTACHMENT 6 – Map of Economic Development Zones</b> .....	17

## **Introduction and Background:**

The purpose of this Request for Applications is to inform you that the NYS Office of Alcoholism and Substance Abuse Services (OASAS) is now soliciting applications for the purpose of establishing Family Support Navigators. The primary goal of the Family Support Navigator is to assist families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and treatment systems. The term family is utilized frequently throughout this document. For the purpose of this request for proposals, the term family refers to persons or group of people an individual sees as significant in their life. It may include none, all, or some members of the individual's family of origin. .

The information contained herein is provided for organizational use in applying for these funds. The OASAS is interested in maximizing the potential impact and reach of the funding available. For that reason, funds are to be used to support the family support navigators described herein. ***Proposed use of the funds for other activities will not be considered.***

- **TARGET POPULATION:** Families struggling with addiction issues that need to navigate barriers and connect to services.
- **FUNDING AVAILABLE:** Up to \$100,000 is currently available annually to support two Family Navigators services in each of the 10 New York State Economic Development Zones (EDZ). Currently there are eight EDZ with Family Navigator services awarded. This RFA will allow the two EDZ without these services to establish the program as well as create an additional ten programs for a total of two programs in each EDZ. (See attached map.) Total funding available for these twelve programs will be \$1.2M annually. This amount may increase or decrease based on future State appropriations.
- **ELIGIBLE APPLICANTS:** Funding is available to Counties only. Counties can either provide the services directly or contract with a not-for-profit to provide the services. If a not-for-profit is contracted by the County, the County must specify the specific provider(s) being contracted.

## **Program Objectives:**

Interested and eligible organizations are encouraged to review all application materials and provide all required information as prescribed in this solicitation. Applications should address the following objectives:

- Assist families in connecting with Managed Care Organizations, treatment facilities, hospitals, community-based organizations and support groups;
- Collect required data, prepare reports and program outcome statements, evaluate results, and engage in strategic planning;

- Work with other agency staff members to ensure holistic and integrated approach to mission-focused, trauma-informed, family support services program delivery;
- Knowledge of substance use disorder, the progression of addiction and the impact addiction has on families;
- Knowledge of existing and emerging array of substance use disorder supportive and recovery oriented services within the County;
- Demonstrate sensitivity to and respect for the diverse cultural background and practices, volunteers and other agency staff.

**Scope of Services:**

This service provides a Family Support Navigator to assist families struggling with addiction issues to navigate barriers and connect to appropriate services. The Family Support Navigator should serve their county and adjoining counties and be available evenings and weekends as needed.

The program objectives are the minimal requirements that must be met. Nothing prohibits a proposal from having additional services such as outreach, media campaigns, forums, et.al.

Preference will be given first to proposals that span multiple counties. Secondary preference will be given to proposals that serve one county only and do not have an existing Navigator function.

**Desired Outcomes:**

- Improve addiction service connection to strengthen client’s recovery;
- Parents/families will be linked to appropriate services and have barriers removed;
- Parents/families will increase their knowledge and ability to pursue needed services; and
- Client Satisfaction.

**Qualifications and Abilities:**

The minimum qualifications for the Family Support Navigator are:

- Working knowledge of human behavior, socio-economic problems and developments;
- Knowledge of substance use disorder, the progression of addiction and the impact addiction has on families;

- Working knowledge of treatment, recovery and supportive services available in the community;
- Strong verbal and written communication skills; organizational skills; interpersonal skills; computer skills; including use of social media platforms; ability to function both independently and as part of a team; creativity, initiative, and flexibility in interpersonal approach to youth, adults, families and peers.

### **Performance Requirements:**

- Data Collection and Reporting:

The organization awarded the Family Support Navigators service model will collect information to demonstrate effectiveness in implementing the core components of the service delivery model.

This data will be submitted to the OASAS Field Office responsible for the area covered and the Local Governmental Unit throughout the duration of the program funding. Data collected will be grouped into the following categories: Program Activities, Program Outcomes, Numbers Served, and Client Demographics.

- Individuals Served/Perceptions of Care:

The awarded organization will share utilization information regarding individuals and families served within the program. The awarded organization will seek feedback from individuals and families served within the program regarding their experience of care.

- Sustainability Plan:

It is important to note that in the future, Family Support Navigator services are anticipated to be a billable service within transformational initiatives impacting the behavioral health environment. Opportunities to bill for the Family Support Navigator service exist in the Medicaid arena (potentially under the New York State Home and Community Based Services (HCBS) 1915i service lines and/or OASAS Clinic to Rehab provision) and within commercial insurance area by demonstrating the value of the service delivery model. Respondents to this request for applications must communicate their organization's plan to position itself to be prepared to accept payment (when appropriate) for the Family Support Navigators Team in the future.

### **Submission of Applications:**

**Only one application per institution and location will be accepted. Applicants shall submit one (1) original and three (3) duplicates of the completed application and supporting attachments and/or appendices.**

It is the applicant's responsibility to see that applications are delivered to OASAS Designated Contact noted above, **by 5:00PM EST on January 31, 2017.**

The submission should include the following:

- Attachment 1 - Application Form
- Attachment 2 - LGU Letter of Support Template (if applicable)
- Attachment 3 - Work Plan
- Attachment 4 - Budget
- Attachment 5 - Vendor Responsibility Attestation

**OASAS Reserved Rights:**

OASAS reserves the right to:

- Reject any or all applications received in response to this RFA;
- Not make an award to any applicant who is not in good standing or who proposes to subcontract with an OASAS-certified provider who is not in good standing at the time a contract is awarded;
- Not make an award to any applicant who proposes to subcontract with any entity that OASAS determines does not meet the criteria of a responsible vendor;
- Withdraw the RFA at any time, at the agency's sole discretion;
- Make an award under this RFA in whole or in part;
- Make awards based on geographical or regional consideration to best serve the interests of the State;
- Make awards in a culturally competent and ethnically diverse as determined necessary and appropriate in the sole discretion of OASAS to best serve the interests of the state;
- Negotiate with the successful applicant within the scope of the RFA in the best interests of the state;
- Disqualify any applicant whose conduct and/or application fails to conform to the requirements of this RFA;
- Seek clarifications and revisions of applications;
- Use application information obtained through site visits, management interviews and the state's investigation of an applicant's or its proposed subcontractor's qualifications,

experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA;

- Amend the RFA to correct errors of oversights, or to supply additional information as it becomes available;
- Direct applicants to submit application modifications addressing subsequent RFA amendments;
- Change any of the scheduled dates;
- Eliminate any mandatory, non-material specification that cannot be met by all of the prospective applicants;
- Waive any requirement that is not material;
- Conduct contract negotiations with the next successful applicant, should the agency be unsuccessful in negotiating with the selected applicant;
- Utilize any and all ideas submitted in the applications received;
- Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an applicant's application and/or to determine an applicant's compliance with the requirements of the solicitation;
- Accept applications after the due date for submissions, if OASAS in its sole discretion, determines there is good cause shown for the delay in the submissions;
- Cancel or modify contracts due to the insufficiency of appropriations.

### **Evaluation:**

Notwithstanding sections 112 and 163 of the state finance law and section 142 of the economic development law, funds will be awarded without a competitive bid or request for application process. The applicant's application will be scored and an initial ranking established based on the objective criteria identified in the Objectives section above. The Commissioner may prioritize or reprioritize the listed Objectives and establish a final ranking. A tentative award list will be established based on the final ranking and available funding. Pursuant to approval by the Division of the Budget and notification to the Chairs of the Senate Finance and the Assembly Ways and Means Committees, tentative awards will be made. Applicants will then be required to complete all phases of contract execution and development within timeframes established by the OASAS. The OASAS reserves the right to cancel any tentative award where the applicant fails to meet contracting timeframes or

experiences significant contract execution issues related to prequalification, vendor responsibility, or any other issue impede the timely implementation of services.

### **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://www.osc.state.ny.us/vendrep/info\\_vrsystem.htm](http://www.osc.state.ny.us/vendrep/info_vrsystem.htm).

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](mailto: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](http://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.

### **Compliance Requirements:**

All activities performed with funds from this solicitation must be carried out in a manner that complies with all applicable federal and New York State laws and regulations.

### **Reporting Requirements:**

Upon OASAS request, contractors will be required to provide written reports outlining how the funds were used and the benefits derived from the funding.

# ATTACHMENT 1 – Application Form

<b>NYS Office of Alcoholism and Substance Abuse Services</b> <b>RFA# 16103-Family Support Navigators</b>	DO NOT WRITE IN THIS SPACE	
	Application Number <b>16103-</b>	Date Received
<b>A. Lead Applicant</b>		
Name of Applicant:	Federal Tax ID Number:	
Name of Chief Administrative Official:	NYS SFS Vendor ID Number	
Title:	Telephone Number/Extension:	
Mailing Address:	Fax Number:	
	E-Mail Address:	
	County or Counties:	
	Senate District(s):	
Type of Applicant:	Assembly District(s):	
<b>B. Lead Applicant Contact Person</b>		
Name of Contact Person:	Telephone Number/Extension:	
Title:	Fax Number:	
Address:	E-Mail Address:	
<b>C. General Project Information</b>		
<b>Total Project Cost:</b>		
<b>Project Title:</b> (No more than 10 words)		
<b>Project Description:</b> Provide a brief summary statement that describes the project (Not more than 5 sentences)		

Name of Lead Applicant:

**D. Co-Applicants: Other Participants in the Grant Application, If Applicable**

Name of Applicant: Federal Tax ID Number:

Name of Chief Administrative Official: NYS SFS Vendor ID Number

Title: Telephone Number/Extension:

Mailing Address: Fax Number:

E-Mail Address:

County or Counties:

Senate District(s):

Type of Applicant: Assembly District(s):

Name of Contact Person: Telephone Number/Extension:

Name of Applicant: Federal Tax ID Number:

Name of Chief Administrative Official: NYS SFS Vendor ID Number

Title: Telephone Number/Extension:

Mailing Address: Fax Number:

E-Mail Address:

County or Counties:

Senate District(s):

Type of Applicant: Assembly District(s):

Name of Contact Person: Telephone Number/Extension:

Name of Applicant: Federal Tax ID Number:

Name of Chief Administrative Official: Vendor ID Number

Title: Telephone Number/Extension:

Mailing Address: Fax Number:

E-Mail Address:

County or Counties:

Senate District(s):

Type of Applicant: Assembly District(s):

Name of Contact Person: Telephone Number/Extension:

Name of Applicant: Federal Tax ID Number:

Name of Chief Administrative Official: Vendor ID Number

Title: Telephone Number/Extension:

Mailing Address: Fax Number:

E-Mail Address:

County or Counties:

Copy sheet as necessary to include information on additional Co-Applicants.

**ATTACHMENT 1 – Application Form (Page 2 of 2)**

**ATTACHMENT 2 - LGU Letter of Support**

**OASAS RFA16103 – Family Support Navigators**

Legal Name of Applicant:	
Applicant's Local Governmental Unit:	
As a duly authorized official of the above named Applicant's Local Governmental Unit, I attest to the following (check the appropriate action)	
<input type="checkbox"/> I fully support the operational funding proposal submitted by the Applicant for operation of a Family Support Navigators program and guarantee that if the Applicant is successful in obtaining a funding award, the Applicant's local contract agreement will be amended to accommodate any subsequent operational funding.	
<input type="checkbox"/> I fully support the operational funding proposal submitted by the Applicant for operation of a Family Support Navigators program and guarantee that if the Applicant is successful in obtaining a funding award, the county will execute a local contract agreement to accommodate any subsequent operational funding.	
Name of Authorized LGU Official:	
Title of Authorized LGU Official:	
Signature of Authorized LGU Official:	Date:

### **ATTACHMENT 3 - Work Plan**

The work plan should be a single-spaced document, labelled “ATTACHMENT 3 – OASAS RFA 16103 Work Plan”. The work plan should describe how the applicant will meet the objectives of this RFA, how the applicant has the capabilities to carry out the objectives, and how the proposed costs were identified and deemed reasonable. (Five pages maximum)

**ATTACHMENT 4 - Initiative Funding Request (IFR) Form  
RFA16103 – Family Support Navigators  
(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**

<b>1. Date Initiative expected to be operational:</b>		
	<b>(Column A)</b>	<b>(Column B)</b>
<b>REQUESTED OPERATING BUDGET FOR PROPOSAL</b>	<b>PROPOSED START-UP OPERATING BUDGET</b>	<b>ANNUAL OPERATING BUDGET</b>
<b>2. Gross Expense Budget</b> (see instructions for details): <b>Round Amounts to the nearest \$100.</b>		
Personal Services		
Fringe Benefits		
Non-Personal Services		
Equipment		
Property/Space		
Agency Administration		
<b>TOTAL GROSS EXPENSE BUDGET</b>		
<b>3. Revenue Budget</b> (see instructions for details): <b>Round Amounts to the nearest \$100.</b>		
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:		
Specify:		
<b>TOTAL REVENUE BUDGET</b>		
<b>4. NET OPERATING COST</b>		
<b>5. OASAS State Aid Funding Requested</b>		
<b>6. Number of FTEs:</b>		
Applicant Official:		
Printed Name:	Printed Title:	
Signature:	Date:	

**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 Initiative Funding Request Form (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. The full annual budget may be pro-rated based on the approved start date of the initiative.

**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. **Full-Time Equivalent (FTE) Staff Requested** – Enter the number of FTE’s requested as part of this initiative in Columns A and B.

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

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

**ATTACHMENT 5 - Vendor Responsibility Attestation**

To comply with the Vendor Responsibility Requirements outlined in this solicitation, I hereby certify:

**Choose one:**

- An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.
  
- A hard copy Vendor Responsibility Questionnaire is included with this application and is dated within the last six months.
  
- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: \_\_\_\_\_

Print/type Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Date Signed: \_\_\_\_\_

## ATTACHMENT 6 – Map of Economic Development Zones



### Current Empire Development Zones with Family Navigator Services:

(One additional award anticipated to be made by this RFA)

- Capital Region**
- Central New York**
- Finger Lakes**
- Mid-Hudson**
- Mohawk Valley**
- North County**
- Southern Tier**
- Western New York**

### Empire Development Zones without Family Navigator Services:

(Two awards anticipated to be made by this RFA)

- Long Island**
- New York City**