

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS

**REQUEST FOR APPLICATIONS (RFA) SETT-23016
Comprehensive Integrated Outpatient Treatment Programs**

EXPECTED TIMETABLE FOR KEY EVENTS:

	DATE	TIME
RFA Release Date	7/14/23	5:00 PM EST
Deadline for Submission of Applicant's Inquiries	7/28/23	5:00 PM EST
Anticipated Release of Inquiries & Answers, on or about by OASAS	8/4/23	
Application Submission Due Date and Time	8/29/23	5:00 PM EST
Anticipated Notification of Award	9/26/23	

ALL INQUIRIES TO:

Grants@oasas.ny.gov

Subject: **RFA SETT – 23016**

EMAIL SUBMISSION OF APPLICATIONS TO:

Grants@oasas.ny.gov

Subject: **RFA - OASAS SETT-23016, "Provider Name"**

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1 INTRODUCTION

1.1 Purpose

The Office of Addiction Services and Supports (OASAS) is seeking applications for the development of Comprehensive Integrated Outpatient Treatment Programs throughout the state of New York. A Comprehensive Integrated Outpatient Treatment Program has co-located OASAS Part 822 Outpatient Services and OASAS Part 822 Opioid Treatment Programs (OTP) services that are merged under one operating certificate and makes all services available to all enrolled patients (other than methadone). Both OTP and Outpatient services should be physically merged. However, billing and reporting will continue to be submitted through separate Program Reporting Units (PRUs).

1.2 Funding Available

Up to \$8,382,000 in funding is available for 15 awards to assist providers in integrating Part 822 Outpatient and Part 822 OTP programs, developing new OTPs in order to integrate with Part 822 Outpatient services, to expand access in Part 822 OTPs in order to provide services to non-medication for addiction treatment (MAT) populations by adding Part 822 Outpatient Services, and creating new Part 822 Outpatient and Part 822 OTP integrated programs at a new location. Funding is anticipated to be one-time-only and support services for up to 18 months.

Funding will be made to four (4) distinct groups as follows:

1. **Group A** - Four (4) One-time only awards of up to \$374,000 will be made available for existing co-located Part 822 Outpatient and Part 822 OTPs programs to cover:
 - a. One calendar quarter payroll and fringe benefits for a new M.D., nurse practitioner or physician's assistant; and any or all the following: program director/clinical director, admissions coordinator, nurse, clinician, and peers
 - b. Recruitment
 - c. Renovations not to exceed \$50,000
 - d. Staff training to support integrated services
 - e. Electronic health record (EHR) updates
 - f. Electronics
 - g. Telehealth equipment
 - h. Medical equipment
 - i. Medical supplies
 - j. Supplies
 - k. Furniture
 - l. Dosing equipment
 - m. Safe
 - n. Security system/equipment updates

- o. Lock boxes
 - p. Consultant fees
 - q. Billing consultation
 - r. Marketing materials
 - s. Patient educational materials, and
 - t. Agency administration (see funding restrictions for limitations)
2. **Group B** - Four (4) One-time only awards of up to \$660,000 will be made available for existing Part 822 Outpatient programs who intend to apply for Part 822 OTP services to cover:
- a. One calendar quarter payroll and fringe benefits for either an M.D., nurse practitioner or physician's assistant; and any or all of the following: program director/clinical director, admissions coordinator, a nurse, clinician, and peers
 - b. Recruitment
 - c. Renovations not to exceed \$75,000
 - d. Security system/equipment updates
 - e. Purchasing equipment for the dispensing area
 - f. OTP and other consultant fees
 - g. Medical equipment
 - h. Furniture
 - i. Electronics
 - j. Medical supplies
 - k. Supplies
 - l. EHR updates
 - m. Initial stock of medication for opioid use disorder (MOUD)
 - n. Certification fees
 - o. First year Central Registry fees
 - p. Staff training to support integrated services
 - q. Telehealth equipment
 - r. Lock boxes
 - s. Marketing materials
 - t. Billing consultation
 - u. Leasing fees for programs who are relocating in order to integrate
 - v. Patient educational materials, and
 - w. Agency administration (see funding restrictions for limitations)
3. **Group C** - Three (3) One-time only awards of up to \$402,000 will be made available for existing Part 822 OTPs who intend to apply for Part 822 Outpatient program services to integrate with OTP services to enhance access to treatment and ensure the ongoing resilience and stability of the OTP. These funds can be used pay for:

- a. Technical assistance, consultation, and training by an existing Part 822 Outpatient program or a consultant
 - b. One calendar quarter payroll and fringe benefits for either an additional M.D., nurse practitioner or physician's assistant; and any of the following a program director/clinical director, admissions coordinator, a nurse, clinician, and peers
 - c. Staff training to support integrated services
 - d. EHR updates
 - e. Equipment
 - f. Furniture
 - g. Billing consultation
 - h. Lock boxes
 - i. Renovations not to exceed \$50,000
 - j. Patient educational materials
 - k. Supplies
 - l. Electronics
 - m. Medical equipment
 - n. Dispensing equipment/medical supplies
 - o. Telehealth equipment
 - p. Marketing, and
 - q. Recruitment
 - r. Agency administration (see funding restrictions for limitations)
4. **Group D - Four (4)** One-time only awards of up to \$760,000 will be made available for existing Part 822 Outpatient programs or Part 822 OTPs who intend to create a new Comprehensive Integrated Part 822 Outpatient program and Part 822 OTP at a new location that is separate from their existing location:
- a. One calendar quarter payroll and fringe benefits for any or all of the following: M.D., nurse practitioner or physician's assistant, program director/clinical director, admissions coordinator, a nurse, clinician, and peers
 - b. Recruitment
 - c. Renovations not to exceed \$75,000
 - d. Security system/equipment updates
 - e. Purchasing equipment for the dispensing area
 - f. Part 822 Outpatient program and/or Part 822 OTP, and other consultant fees
 - g. Medical equipment
 - h. Furniture
 - i. Electronics
 - j. Medical supplies
 - k. Supplies
 - l. EHR updates
 - m. Initial stock of medication for opioid use disorder (MOUD)
 - n. Certification fees

- o. First year Central Registry fees
- p. Staff training to support integrated services
- q. Telehealth equipment
- r. Lock boxes
- s. Marketing materials
- t. Billing consultation
- u. Leasing fees, and
- v. Patient educational materials
- w. Agency administration (see funding restrictions for limitations)

1.3 Funding Restrictions and Core Objectives

Funding Restrictions

- Agency administration costs may not exceed 20% of the total Personal Services, Fringe Benefits, and Other Than Personal Services costs.
- Dollars cannot be used to supplant existing funded services or staff. Dollars can only be used for new services, enhance existing services, or continue services for which funding is about to expire.
- Awarded providers must:
 - Have an existing co-located Part 822 OTP and Outpatient services, or
 - State an intent to site an OTP in an already existing Part 822 Outpatient location, or
 - State an intent to site a Part 822 Outpatient program in an already existing Part 822 OTP location, or
 - Have an existing Part 822 Outpatient program or Part 822 OTP and state an intent to create a new comprehensive integrated Part 822 Outpatient program and Part 822 OTP in a new location that is separate from the existing location.
- Integrating with Additional Locations, Medication Units, or Mobile Medication Units are not allowable under this RFA.

Core Objectives

- Providers must obtain full approval from OASAS, the United States Drug Enforcement Administration (DEA), and the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) to apply for and operate an OTP. Awarded providers who do not meet this requirement may have their certification and award suspended or revoked.
- Awarded providers must complete the Comprehensive Integration application and receive State Opioid Treatment Authority (SOTA) office approval for integrated services.
- The Comprehensive Integrated Outpatient Treatment Service that is established can only operate within New York State and must always adhere to all DEA and SAMHSA regulations and guidance.
- All services within the Part 822 Outpatient and Part 822 OTP must be fully integrated and available to all eligible individuals except for OTP dispensing, which would only be available to individuals enrolled in OTP services.

- Providers will continue to carry two (2) PRU's. However, they will both be placed under the same operating certificate. Billing and reporting will remain separate. Only services, service delivery, programmatic space and staffing will be integrated.
- OTPs that intend to add and integrate 822 Outpatient services must provide treatment services to non-MAT patients in addition to existing MOUD/OTP patients.

1.4 Eligible Applicants

1. **Group A** (see Section 1.2): Eligible Applicants consists of Voluntary agencies, local governmental units (LGUs), or other not-for-profit organizations that are:

*OASAS Certified providers that currently operate a co-located Part 822 Outpatient **and** Part 822 OTPs.*

2. **Group B** (see Section 1.2): Eligible Applicants consists of Voluntary agencies, LGUs, or other not-for-profit organizations that are:

OASAS Certified providers that currently operate an existing Part 822 Outpatient program and who have applied or will apply for a Part 822 OTP.

Or

OASAS Certified providers that have an approved Part 822 Outpatient program and who have an approved Part 822 OTP but have not begun operation of either program on the day of bid submittal.

At the time of application submittal, applicants who are currently operating a Part 822 Outpatient program and are already approved to operate a Part 822 OTP program but have not started to operate a Part 822 OTP program should apply under Group B.

3. **Group C** (see Section 1.2): Eligible Applicants consists of Voluntary agencies, LGUs, or other not-for-profit organizations that are:

OASAS Certified providers of existing Part 822 OTPs who have applied or will apply for a Part 822 Outpatient program services.

At the time of application submittal, applicants who are currently operating a Part 822 OTP program and are already approved to operate a Part 822 Outpatient program but have not started to operate a Part 822 Outpatient program should apply under Group C.

4. **Group D** (see Section 1.2): Eligible Applicants consists of Voluntary agencies, LGUs, or other not-for-profit organizations that are:

*OASAS Certified providers that currently operate an existing Part 822 Outpatient program **OR** a Part 822 OTP.*

At the time of application submittal, applicants who are currently operating a Part 822 Outpatient program or Part 822 OTP and are already approved to operate or intend to

operate a new integrated Part 822 Outpatient program AND Part 822 OTP program at a new location but have not started to operate should apply under Group D.

The following are **not** eligible for all Groups (This applies to the specific PRU and not to all agency programs):

1. Certified Community Behavioral Health Clinics (CCBHCs) that are NYS funded;
2. Outpatient rehabilitations;
3. Proprietary entities;
4. Applicants who have Part 822 Outpatient and/or Part 822 OTPs certificate/applications that are/hosted by OMH or DOH but not OASAS.

Additional notes:

For Group B, C, and D above, to meet the definition of “have applied or will apply” the provider must have applied or will apply within four (4) months of contract execution. Applicants that have not applied within four (4) months of contract execution may have the award rescinded.

1.5 Funding Method

Awarded applicants may receive up to a 25% advance of the contract value with subsequent reimbursements contingent upon successful submittal and approval of expense reports.

1.6 Glossary of Terms

For purposes of this solicitation, the following definitions may apply:

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 Outpatient and Opioid Treatment Services as defined in 14 NYCRR Part 822.

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.”

New York State Mental Hygiene Law, section 41.03 paragraph 1

“Local government” means a county, except a county within the city of New York, and the city of New York.”

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.

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.

In Good Standing: All of a provider’s operating certificates which are subject to a compliance rating must have a current compliance rating of partial (2 years) or substantial (3 years) compliance.

“Bidder” and “Applicant”: The entity responding to this solicitation. These terms may be used interchangeably in this document.

“Bid”, “Application” and “Proposal”: The documentation submitted by an entity in response to this solicitation. These terms may be used interchangeably in this document.

“Solicitation” and “Request for Application”: The procurement vehicle used to solicit applicants. These terms may be used interchangeably in this document. This procurement is not subject to Section 163 of the State Finance Law and Section 142 of the Economic Development Law.

Currently Operate: Having an operational program at the time of application submittal.

1.7 Community Meetings

OASAS hosted community meetings focusing on the topic of Comprehensive Integrated Outpatient Treatment Program on May 31, 2023, and June 5, 2023. The first (May 31, 2023) community meeting was aimed at Part 822 OTP providers, while the second (June 5, 2023) meeting was aimed at Part 822 Outpatient Service providers. For more information on the initiative, refer to recordings of both meetings found here: <https://oasas.ny.gov/opioid-settlement-funding-initiatives>

1.8 Inquiries and Clarifications:

Any inquiries or requests for clarification about this RFA must be received in writing by the “Deadline for Submission of Applicant’s Inquiries” due date and time found on the cover page of this document **and** must be submitted by email to Grants@oasas.ny.gov and should have the subject line **“RFA SETT-23016”**

Responses to Inquiries and Clarifications will be posted to the OASAS Procurement web page on or around the “Anticipated Release of Inquiries & Answers by OASAS” date found on the cover page of this document.

1.9 Addenda and Amendments to the Solicitation

In the event that it becomes necessary to revise any part of this solicitation, an addendum or an amendment will be posted on the OASAS website.

2 OASAS PRIORITIES: INTEGRATION OF MENTAL HEALTH AND SUBSTANCE USE DISORDER AND DIVERSITY

2.1 Integration of Mental Health and Substance Use Disorder Treatments

Applicant should have the ability to provide a full range of evidence-based practices that integrate treatments for both addictions and mental health conditions. Care should be organized around the individual's presenting problem and goals. Individuals should expect and receive competent screening, assessment, and comprehensive care for addictions and mental health conditions regardless of where they access care.

Individuals who present to addiction treatment programs often present with goals that are driven by their addiction and with mental health conditions that cannot be separated from and treated independently of the addiction. Both must be addressed simultaneously for the presenting problem to resolve and patient goals to be reached. Rather than considering severity or primacy of diagnoses, treatment is organized around the patient's presenting problem, assessment and planning includes the presenting problem and all addictions or mental health conditions. Integrated care activities that should be considered include (list is not comprehensive):

- Evidence-based prevention that addresses a range of mental health, physical health and addiction across the lifespan;
- Harm reduction strategies to reduce the harm of substance use, chronic health conditions and behaviors associated with mental health disorders;
- A recovery orientation where all individuals are expected to thrive in their community;
- Screening for mental health and addiction conditions;
- Comprehensive Assessment including Psychosocial Evaluations in treatment settings;
- Evaluation for and management of medications to treat mental health conditions and addiction in treatment settings;
- Individual, group, and family Psychotherapy/Counseling, including the use of evidence-based treatments;
- Peer involvement;
- Skills-building group or individual counseling to manage symptoms of all presenting concerns;
- Trauma-informed care including assessment of trauma;
- Treatment of trauma including skills-building; and,
- Coordination of services.

2.2 Equity and Diversity

Applicants are expected to affirmatively address and advance justice and equity and to create and enhance diversity and inclusive practices. Decades of disinvestment coupled with historical and current inequities in access for communities of color, especially Black, Indigenous and Latinx communities, rural communities, LGBTQI+ and other underserved communities require establishing practices that: demonstrate the entity's commitment to equity, identify efforts to reduce disparities in access to services and address opportunities to recruit and retain a diverse

workforce. Since bias plagues our systems and flourishes in unexpected and unanticipated ways, progress toward equity requires a multi-faceted approach.

3 SCOPE OF WORK/DELIVERABLES

3.1 Group A: Existing Co-Located Part 822 OTP and Part 822 Outpatient Program

OTP Providers awarded with funding are to establish Comprehensive Integrated Outpatient Treatment Programs in accordance with the following:

- Approvals and Applications
 - The Provider must complete the OASAS Comprehensive Integrated Outpatient Treatment Program application and Lift Capacity Application (as applicable) and receive State Opioid Treatment Authority (SOTA) office and Certification approval for integrated services prior to integrating services.
- Regulation Adherence
 - The established Comprehensive Integrated Outpatient Treatment Program must adhere to all OASAS, DEA, and SAMHSA regulations and guidance at all times.
 - Providers will continue to carry two (2) PRU's. However, they will both be placed under the same operating certificate. Billing and reporting will remain separate. Only services, service delivery, programmatic space and staffing will be integrated.
 - All services within the Part 822 Outpatient and Part 822 OTP must be fully integrated and available to all eligible individuals except for OTP dispensing, which would only be available to individuals enrolled in OTP services.
- Operation Location(s)/Dispensing Location(s)
 - The OTP ensures that the dispensing area is separate from the remainder of the integrated program and other services that may be provided at the location.
 - The OTP ensures that access to the dispensing area would be limited to only patients who are being dispensed medication for addiction treatment (MAT).
- Staff Integration
 - The Comprehensive Integrated Outpatient Treatment Program ensures that staffing is integrated to ensure services are streamlined and not duplicated.
 - The Comprehensive Integrated Outpatient Treatment Program maintains clinical staffing standards as outlined in the OASAS Part 822 Regulations which must include the following:
 - Minimum of two (2) Nurses

- Medical Director
 - Physicians or appropriate mid-level practitioner, qualified and where relevant, waived to provide the OTP services
 - Program Director
 - CASAC/Social Workers/LMHC
 - Peers
 - Job descriptions of each staff member specific to their role in the Integrated Program is established.
- Hours of Operation/Dispensing Hours
 - The Comprehensive Integrated Outpatient Treatment Program operates for a minimum of six (6) days per week.
 - The Comprehensive Integrated Outpatient Treatment Program hours of operation are at least four (4) hours per day while ensuring adequate dispensing hours for the patient census. It is understood that as the census increases so will the duration of dosing hours.
 - The Comprehensive Integrated Outpatient Treatment Program ensures that scheduled dosing protocols are implemented (Scheduled dosing is a specific time or short block of time provided to a patient in order to receive dispensed medication).
- Policies and Protocols
 - The Comprehensive Integrated Outpatient Treatment Program establishes specific policies and procedures related to integrated services as required when seeking OASAS approval.
 - The Comprehensive Integrated Outpatient Treatment Program develops integrated protocols to ensure that all staffing and services are integrated.
- Integration of Services
 - The Comprehensive Integrated Outpatient Treatment Program ensures that all services are integrated and available to all patients which should include:
 - Single point of access intake
 - Assessments
 - Counseling
 - Groups
 - Peer Supports
 - Telehealth
 - Mental health services as applicable
 - Medical services
 - Orientation to Integrated services for patients

- Other Services (not listed above but currently provided by the OTP or Outpatient program)
- NYS Central Registry
 - The Comprehensive Integrated Outpatient Treatment Program must be in compliance with all Part 822 regulations related to the Lighthouse Central Registry, as with any OTP.
- Notification and Communications
 - The OTP PRU informs and maintains communication with the SOTA of any changes in treatment service operations and plans.
- MAT/Evidence Based Training
 - The Comprehensive Integrated Outpatient Treatment Program ensures that evidence-based trainings are made available to staff in order to provide effective services to all populations served. This should be done prior to integration and on a regular basis.

3.2 Group B: New Part 822 OTP Integrating with Part 822 Outpatient Services

OTP Providers awarded with funding are to establish Comprehensive Integrated Outpatient Treatment Programs in accordance with the following:

- Approvals and Applications
 - The Provider must obtain full approval from OASAS, the United States Drug Enforcement Administration (DEA), and the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) to apply for and operate an OTP. The NYS OASAS Application for a new Part 822 service must be submitted no later than (4) months after contract execution.
 - The Provider must complete the OASAS Comprehensive Integrated Outpatient Treatment Program application and Lift Capacity Application and receive State Opioid Treatment Authority (SOTA) office and Certification approval for integrated services prior to integrating services. This should be done concurrent to the other application processes.
- Regulation Adherence
 - The established Comprehensive Integrated Outpatient Treatment Program must adhere to all OASAS, DEA, and SAMHSA regulations and guidance at all times.
 - Providers will continue to carry two (2) PRU's. However, they will both be placed under the same operating certificate. Billing and reporting will remain separate.

Only services, service delivery, programmatic space and staffing will be integrated.

- All services within the Part 822 Outpatient and Part 822 OTP must be fully integrated and available to all eligible individuals except for OTP dispensing, which would only be available to individuals enrolled in OTP services.
- Placement of OTP Services/Operation Location(s)/Dispensing Location(s)
 - The provider identified the specific OTP services that will be sited within the new integrated program.
 - The provider identifies the specific operation location of the co-located services and informs the county of proposed program.
 - The provider ensures that the dispensing area is separate from the remainder of the integrated program and other services that may be provided at the location.
 - The provider ensures that access to the dispensing area would be limited to only patients who are being dispensed medication for addiction treatment (MAT).
- Staff Integration
 - The provider ensures that the new OTP services are staffed at minimum with the following staff:
 - At least two (2) FTE nurses, of which at least one must be an RN.
 - At least one (1) Physician or appropriate mid-level practitioner, qualified and where relevant and waived to provide the OTP services.
 - Counselors, sufficient to meet the patient census.
 - Peers, sufficient to meet the patient census.
 - At least five (5) employees are dedicated to providing OTP services.
 - The Comprehensive Integrated Outpatient Treatment Program ensures that staffing is integrated to ensure services are streamlined and not duplicated.
 - The Comprehensive Integrated Outpatient Treatment Program maintains staffing standards as outlined in the OASAS Part 822 Regulations which must include the following:
 - Nurses
 - Medical Director
 - Physicians or appropriate mid-level practitioner, qualified and where relevant, waived to provide the OTP services.
 - CASAC/Social Workers/LMHC
 - Peers
 - Job descriptions of each staff member specific to their role in the Integrated Program is established.

- Security
 - The Comprehensive Integrated Outpatient Treatment Program dispensing area security requirements are compliant to requirements set forth in 21 CFR 1301.72(e).
 - The dispensing area has a safe compliant to requirements set forth in 21 CFR 1301.72(a).
 - The Comprehensive Integrated Outpatient Treatment Program has an alarm system that is compliant to requirements set forth in 21 CFR 1301.72(a)(1)(iii).
 - The dispensing/medication area shall be accessible only to medical staff. When it is necessary for employee maintenance personnel, nonemployee maintenance personnel, business guests, or visitors to be present in or pass through the controlled substances storage areas, the OTP shall provide for adequate observation of the area by an employee specifically authorized in writing.
 - The storage area is physically separated by a solid door or other entryway from patients.

- Hours of Operation/Dispensing Hours
 - The Comprehensive Integrated Outpatient Treatment Program operates for a minimum of six (6) days per week.
 - The Comprehensive Integrated Outpatient Treatment Program hours of operation are at least four (4) hours per day while ensuring adequate dispensing hours for the patient census. It is expected that dosing hours will increase as the census increases.
 - The Comprehensive Integrated Outpatient Treatment Program ensures that scheduled dosing protocols are implemented (Scheduled dosing is a specific time or short block of time provided to a patient in order to receive dispensed medication).

- Integrated Policies and Protocols
 - The Comprehensive Integrated Outpatient Treatment Program establishes specific policies and procedures related to integrated services as required when seeking OASAS approval.
 - The Comprehensive Integrated Outpatient Treatment Program develops integrated protocols to ensure that all staffing and services are integrated.

- Policies and Protocols
 - The OTP establishes policies and protocols as required when seeking OASAS, DEA, and SAMHSA approval which should include:
 - Operation days and hours

- Dispensing process
 - Crowd management
 - Scheduled services
 - Diversion control plan
 - Recordkeeping
 - Emergency management protocols
 - MOUD philosophy and strategies
- OTP Specific Services
 - The Comprehensive Integrated Outpatient Treatment Program provides medication dispensing services. At a minimum, both methadone and buprenorphine are available. This also includes the provision and training of naloxone use for patients, wherever applicable.
 - The OTP PRU will provide admission assessments and medication induction.
 - The OTP PRU will provide toxicology tests.
 - The Comprehensive Integrated Outpatient Treatment Program should comply with all required COVID-19 guidelines. For example, providing patients with a sanitizing station and masks, as needed.
- Integration of Services
 - The Comprehensive Integrated Outpatient Treatment Program ensures that all services are integrated and available to all patients which should include:
 - Single point of access intake
 - Assessments
 - Counseling
 - Groups
 - Peer Supports
 - Telehealth
 - Mental health services as applicable
 - Medical services
 - Orientation to Integrated services for patients
 - Other Services (not listed above but currently provided by the OTP or Outpatient program)
- NYS Central Registry
 - The Comprehensive Integrated Outpatient Treatment Program must be in compliance with all Part 822 regulations related to the Lighthouse Central Registry, as with any OTP.
- Notification and Communications

- The OTP PRU informs and maintains communication with the SOTA of any changes in treatment service operations and plans.
- MAT/Evidence Based Training
 - The Comprehensive Integrated Outpatient Treatment Program ensures that evidence-based trainings is made available to staff in order to provide effective services to all populations served. This should be done prior to integration and on a regular basis.

3.3 Group C: New Part 822 Outpatient Integrating with Existing Part 822 OTP Services

OTP Providers awarded with funding are to establish Comprehensive Integrated Outpatient Treatment Programs in accordance with the following:

- Approvals and Applications
 - The Provider must obtain full approval from NYS OASAS to operate.
 - The NYS OASAS Application for a new Part 822 Outpatient service must be submitted no later than four (4) months after contract execution.
 - The Provider must complete the OASAS Comprehensive Integrated Outpatient Treatment Program application and Lift Capacity Application and receive State Opioid Treatment Authority (SOTA) office and Certification approval for integrated services prior to integrating services. This should be done concurrent to the other application processes.
- Regulation Adherence
 - The established Comprehensive Integrated Outpatient Treatment Program must adhere to all OASAS, DEA, and SAMHSA regulations and guidance at all times.
 - Providers will continue to carry two (2) PRU's. However, they will both be placed under the same operating certificate. Billing and reporting will remain separate. Only services, service delivery, programmatic space and staffing will be integrated.
 - All services within the Part 822 Outpatient and Part 822 OTP must be fully integrated and available to all eligible individuals except for OTP dispensing, which would only be available to individuals enrolled in OTP services.
- Placement of OTP Services/Operation Location(s)/Dispensing Location(s)
 - The provider identified the specific OTP services that will be sited within the new integrated program.
 - The provider identifies the specific operation location of the co-located services and informs the county of proposed program.
 - The provider ensures that the dispensing area is separate from the remainder of the integrated program and other services that may be provided at the location.
 - The provider ensures that access to the dispensing area would be limited to only patients who are being dispensed medication for addiction treatment.

- Staff Integration
 - The provider ensures that the new Outpatient services are staffed at minimum standards as per OASAS Part 822 regulations:
 - Counselors, sufficient to meet the patient census
 - Peers, sufficient to meet the patient census
 - Clinic Director
 - Medical
 - Nursing
 - The Comprehensive Integrated Outpatient Treatment Program ensures that staffing is integrated to ensure services are streamlined and not duplicated.
 - The Comprehensive Integrated Outpatient Treatment Program maintains staffing standards as outlined in the OASAS Part 822 Regulations which must include the following:
 - Nurses
 - Medical Director
 - Clinic Director
 - Physicians or appropriate mid-level practitioner, qualified and where relevant, waived to provide the OTP services
 - CASAC/ Social Workers/LMHC
 - Peers
 - Other
 - Job descriptions of each staff member specific to their role in the Integrated Program is established.
- Security
 - The Comprehensive Integrated Outpatient Treatment Program dispensing area security requirements are compliant to requirements set forth in 21 CFR 1301.72(e).
 - The Comprehensive Integrated Outpatient Treatment Program has an alarm system that is compliant to requirements set forth in 21 CFR 1301.72(a)(1)(iii).
 - The dispensing/medication area shall be accessible only to medical staff. When it is necessary for employee maintenance personnel, nonemployee maintenance personnel, business guests, or visitors to be present in or pass through the controlled substances storage areas, the OTP shall provide for adequate observation of the area by an employee specifically authorized in writing.
- OTP Operations
 - The Comprehensive Integrated Outpatient Treatment Program operates for a minimum of six (6) days per week.
 - The Comprehensive Integrated Outpatient Treatment Program hours of operation are at least four (4) hours per day while ensuring adequate

dispensing hours for the patient census. It is expected that dosing hours will increase as the census increases.

- o The Comprehensive Integrated Outpatient Treatment Program ensures that scheduled dosing protocols are implemented (Scheduled dosing is a specific time or short block of time provided to a patient in order to receive dispensed medication).
- Integrated Policies and Protocols
 - o The Comprehensive Integrated Outpatient Treatment Program establishes specific policies and procedures related to integrated services as required when seeking OASAS approval.
 - o The Comprehensive Integrated Outpatient Treatment Program develops integrated protocols to ensure that all staffing and services are integrated.
- Policies and Protocols
 - o The OTP establishes policies and protocols as required when seeking OASAS, DEA, and SAMHSA approval which should include:
 - Operation days and hours
 - Dispensing process
 - Crowd management
 - Scheduled services
 - Diversion control plan
 - Recordkeeping
 - Emergency management protocols
 - MOUD philosophy and strategies
 - o The Comprehensive Integrated Outpatient Treatment Program ensures that all services are integrated and available to all patients which should include:
 - Single point of access intake
 - Assessments
 - Counseling
 - Groups
 - Peer Supports
 - Telehealth
 - Mental health services as applicable
 - Medical services
 - Orientation to Integrated services for patients
 - Other Services (not listed above but currently provided by the OTP or Outpatient program)
- NYS Central Registry
 - o The Comprehensive Integrated Outpatient Treatment Program must be in compliance with all Part 822 regulations related to the Lighthouse Central Registry, as with any OTP.

- Notification and Communications
 - The OTP PRU informs and maintains communication with the SOTA of any changes in treatment service operations and plans.
- MAT/Evidence Based Training
 - The Comprehensive Integrated Outpatient Treatment Program ensures that evidence-based trainings is made available to staff in order to provide effective services to all populations served. This should be done prior to integration and on a regular basis.
- Partnership with Part 822 Outpatient
 - The Comprehensive Integrated Outpatient Treatment Program ensures proper implementation of Outpatient services by either partnering with an existing Outpatient or by developing an implementation plan.

3.4 Group D: New Integrated Part 822 Outpatient Services and Part 822 OTP at a new location

OTP Providers awarded with funding are to establish Comprehensive Integrated Outpatient Treatment Programs in accordance with the following:

- Approvals and Applications
 - The Provider must obtain full approval from OASAS, the United States Drug Enforcement Administration (DEA), and the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) to apply for and operate an OTP.
 - The NYS OASAS Application for a new Part 822 Outpatient service and Part 822 OTP must be submitted no later than four (4) months after contract execution.
 - The Provider must complete the OASAS Comprehensive Integrated Outpatient Treatment Program application and Lift Capacity Application and receive State Opioid Treatment Authority (SOTA) office and Certification approval for integrated services prior to integrating services. This should be done concurrent to the other application processes.
- Regulation Adherence
 - The established Comprehensive Integrated Outpatient Treatment Program must adhere to all OASAS, DEA, and SAMHSA regulations and guidance at all times.
 - Providers will continue to carry two (2) PRU's. However, they will both be placed under the same operating certificate. Billing and reporting will remain separate. Only services, service delivery, programmatic space and staffing will be integrated.

- All services within the Part 822 Outpatient and Part 822 OTP must be fully integrated and available to all eligible individuals except for OTP dispensing, which would only be available to individuals enrolled in OTP services.
- Placement of OTP Services/Operation Location(s)/Dispensing Location(s)
 - The provider provides details on the integrated OTP/OP program services.
 - The provider identifies the specific operation location of the co-located services and informs the county of proposed program.
 - The provider ensures that the dispensing area is separate from the remainder of the integrated program and other services that may be provided at the location.
 - The provider ensures that access to the dispensing area would be limited to only patients who are being dispensed medication for addiction treatment (MAT).
- Staff Integration
 - The provider ensures that 822 OTP and OP Integrated Program services are staffed at minimum with the following staff:
 - At least two (2) FTE nurses, of which at least one must be an RN
 - At least one (1) Physician or appropriate mid-level practitioner, qualified and where relevant and waived to provide the OTP services. At minimum, the one (1) physician needs to also be the Medical Director.
 - At minimum two (2) counselors, sufficient to meet the patient census and OASAS regulations for both OTP and OP services.
 - Peers, sufficient to meet the patient census.
 - One (1) Program Director
 - At least seven (7) employees are dedicated to providing OTP services.
 - The Comprehensive Integrated Outpatient Treatment Program ensures that staffing is integrated to ensure services are streamlined and not duplicated.
 - The Comprehensive Integrated Outpatient Treatment Program maintains staffing standards as outlined in the OASAS Part 822 Regulations which must include the following:
 - Nurses
 - Medical Director
 - Physicians or appropriate mid-level practitioner, qualified and where relevant, waived to provide the OTP services.
 - CASAC/Social Workers/LMHC/QHP
 - Peers
 - Program Director
 - Job descriptions of each staff member specific to their role in the Integrated Program is established.
- Security

- The Comprehensive Integrated Outpatient Treatment Program dispensing area security requirements are compliant to requirements set forth in 21 CFR 1301.72(e).
 - The dispensing area has a safe compliant to requirements set forth in 21 CFR 1301.72(a).
 - The Comprehensive Integrated Outpatient Treatment Program has an alarm system that is compliant to requirements set forth in 21 CFR 1301.72(a)(1)(iii).
 - The dispensing/medication area shall be accessible only to medical staff. When it is necessary for employee maintenance personnel, nonemployee maintenance personnel, business guests, or visitors to be present in or pass through the controlled substances storage areas, the OTP shall provide for adequate observation of the area by an employee specifically authorized in writing.
 - The storage area is physically separated by a solid door or other entryway from patients.
- Hours of Operation/Dispensing Hours
 - The Comprehensive Integrated Outpatient Treatment Program operates for a minimum of six (6) days per week.
 - The Comprehensive Integrated Outpatient Treatment Program hours of operation are at least four (4) hours per day while ensuring adequate dispensing hours for the patient census. It is expected that dosing hours will increase as the census increases.
 - The Comprehensive Integrated Outpatient Treatment Program ensures that scheduled dosing protocols are implemented (Scheduled dosing is a specific time or short block of time provided to a patient in order to receive dispensed medication).
- Integrated Policies and Protocols
 - The Comprehensive Integrated Outpatient Treatment Program establishes specific policies and procedures related to integrated services as required when seeking OASAS approval.
 - The Comprehensive Integrated Outpatient Treatment Program develops integrated protocols to ensure that all staffing and services are integrated.
- Policies and Protocols
 - The Integrated OTP establishes policies and protocols as required when seeking OASAS, DEA, and SAMHSA approval which should include:
 - Daily operations protocol
 - Dispensing process

- Crowd management
 - Scheduled services
 - Diversion control plan
 - Recordkeeping
 - Emergency management protocols
 - MOUD philosophy and strategies
- OTP Specific Services
 - The Comprehensive Integrated Outpatient Treatment Program provides medication dispensing services. At a minimum, both methadone and buprenorphine are available. This also includes the provision and training of naloxone use for patients, wherever applicable.
 - The OTP PRU will provide admission assessments and medication induction.
 - The OTP PRU will provide toxicology tests.
 - The Comprehensive Integrated Outpatient Treatment Program should comply with all required COVID-19 guidelines. For example, providing patients with a sanitizing station and masks, as needed.
- Integration of Services
 - The Comprehensive Integrated Outpatient Treatment Program ensures that all services are integrated and available to all patients which should include:
 - Single point of access intake
 - Assessments
 - Counseling
 - Groups
 - Peer Supports
 - Telehealth
 - Care Coordination
 - MAT Services other than Methadone
 - Mental health services as applicable
 - Medical services
 - Orientation to Integrated services for patients
 - Other Services (not listed above but currently provided by the OTP or Outpatient program)
- NYS Central Registry
 - The Comprehensive Integrated Outpatient Treatment Program must be in compliance with all Part 822 regulations related to the Lighthouse Central Registry, as with any OTP.
- Notification and Communications

- The OTP PRU informs and maintains communication with the SOTA of any changes in treatment service operations and plans.
- MAT/Evidence Based Training
 - The Comprehensive Integrated Outpatient Treatment Program ensures that evidence-based trainings are made available to staff in order to provide effective services to all populations served. This should be done prior to integration and on a regular basis.

4 APPLICATION REQUIREMENTS AND SUBMISSION

Applications should be emailed to Grants@oasas.ny.gov. The subject of the email should read: **SETT-23016, “Provider Name.”**

Complete applications must be received by NYS OASAS by the “Application Submission Due Date and Time” found on the cover page of this RFA.

If a provider is applying for multiple awards for different PRUs, one (1) application must be submitted separately for each PRU.

APPLICATION FORMAT AND CONTENT

4.1 Administrative/Fiscal Application:

Each Applicant must submit an Administrative/Fiscal Application. The Administrative/Fiscal Application must include all of the following.

- 1. Proposal Cover Letter** – A cover letter will transmit the application to OASAS. It should:
 - Be completed, signed, and dated by an authorized representative of the Applicant
 - Include the Applicant’s designated contact name, phone number, e-mail and physical address
 - Include the Eligible Applicant Group that is being applied under
 - Include the OASAS Provider Number
 - Include the PRU being applied under
 - Include the county of service where the program intends to operate
 - Include the dollar amount requested for this application
 - Include an assurance that they will comply with the “Regulation Adherence” found in the scope of work for each group
- 2. ATTACHMENT 3** – Budget
- 3. ATTACHMENT 4** – Vendor Assurance of No Conflict of Interest or Detrimental Form
- 4. ATTACHMENT 8** – Executive Order 177 Certification
- 5. ATTACHMENT 9** – §139-I Statement on Sexual Harassment
- 6. ATTACHMENT 10** – Executive Order 16
- 7. ATTACHMENT 11** – Integration of Mental Health and SUD Response
- 8. ATTACHMENT 12** – Equity and Diversity Response

***Notification of Intent to Local Governmental Unit (LGU)**

The applicant must demonstrate proof that at least one designated Local Governmental Unit (LGU/County) has been notified of the applicant’s intent to deliver the proposed services. This notification should be addressed to the Director of Community Services for the LGU(s) in the proposed service area(s) and can take the form of written letter(s) or email(s).

The notification should contain the following:

- A description of the services to be provided.
- The location(s) of the services.
- Any data used to determine the need for services in the area.
- The number of people estimated to be served annually.
- The applicant's contact information and an invitation to meet to discuss the proposal.

As proof of the notification the applicant should attach a copy of the letter or email as well as:

- proof of delivery receipt (if a written letter); or
- a copy of the sent email with headers indicating the date sent and the to/from email addresses

Contact information for LGUs and Directors of Community Services can be found at: https://www.clmhd.org/contact_local_mental_hygiene_departments/.

Applicants who intend to serve more than one county should notify all counties in the planned service area, and provide the supporting documentation described above to each individual county.

4.2 Application Narrative

The Application Narrative should be no more than 15 pages typed, double-spaced, single sided on 8 ½ x 11-inch paper. Pages should be paginated. Font should be 12-point Times New Roman, and all margins should be .5 inch wide. Letters of support, budget forms, figures or tables will not count towards the 15-page limit. Sections requested as part of an attachment will not count towards the 15-page limit. If an Application Narrative exceeds the page limit above, OASAS may limit its review to information provided within the page limit.

The purpose of the Application Narrative is to demonstrate an understanding of the objectives and the services to be provided, how the applicant objectives will be operationalized and evaluated, and responsiveness to the goal of the initiative by way of the proposed activities. The Application Narrative should address all the following sections, in order:

Group A: An Existing Co-Located Part 822 OTP and Part 822 Outpatient Program

The following information should be provided:

- Integrated program location – Provide the location where the integrated program will be in operation and include the county of proposed operation.
- Needs Justification – Provide a justification of need for integrating services at your location of service. Provide information on how integrating services will improve service delivery for treatment services overall.

- Location of dispensing area – Explain how the dispensing area will be separate from other services provided by the integrated program and how access would be limited to only patients who are being dispensed medication for addiction treatment (MAT).
- Timeline – Provide a timeline on integration of OTP and Outpatient treatment with an emphasis on date of opening, construction, application submission and equipment acquisition as applicable.
- Staffing and Staff integration – Provide specific details on current staffing in both the OTP and Outpatient program (specify title/position and amount per). Describe how staffing would be integrated to ensure services are streamlined and not duplicated.
- Integration of Services – Provide a summary of current outpatient and OTP services being provided and how these services will be integrated, with an emphasis on the following:
 - Single point of access intake
 - Assessments
 - Counseling
 - Groups
 - Peer Supports
 - Telehealth
 - Mental health services; as applicable
 - Medical services
 - Orientation to Integrated services for patients
 - Other Services
- OTP Operations – Provide the number of days of operation per week and the planned hours of operation and dispensing hours. It is anticipated that hours per day will increase as the census increases. Provide how scheduled dosing will be implemented. Scheduled dosing is a specific time or short block of time provided to a patient in order to receive dispensed medication.
- Projections – Provide the projected number of patients that the integrated program would serve. This includes the census of the OTP and Outpatient.
- Integration implementation – Provide an implementation plan on how OTP and Outpatient services will be established and integrated.
- MAT/Evidenced Based Trainings – Provide a summary of evidence-based trainings that will be made available to staff in order to provide effective services to all populations served.

Group B: Integration of new Part 822 OTP with an existing Part 822 Outpatient Services

The following information should be provided:

- Integrated program location – Provide the location where the integrated program will be in operation and include the county/town of proposed operation. Identify whether the OTP is sited in a county that is identified as a priority as per this RFA (See Appendix A).
- Needs Justification – Provide a justification of need for siting a new OTP and integrating services at program location with special emphasis on distance between OTPs in the region, average travel distance by patients to OTPs, OTP/medication for addiction treatment (MAT) availability or lack thereof in proposed region, with specific focus on methadone, presence of an OTP waiting list or a longer than two (2) weeks wait-time for an admissions assessment at the region in which the integrated program will operate, and overdose rate in the proposed operation location. Identify whether the proposed program location has an OTP in that county, and if there are patients traveling out of county for OTP services. Include any other justification points that are relevant, such as partnering or developing MOUs with long-term care facilities, correctional facilities and congregate care settings in order to provide MAT services. Provide information on the need for integrating services at the location and how integrating services will improve service delivery.
- Placement of OTP services – Provide a summary of the proposed OTP services that will be sited within the integrated program with an emphasis on new services being provided. Explain how the dispensing area will be separate from other services provided by the integrated program and how access would be limited to only patients who are prescribed MAT.
- Timeline – Provide a timeline on the onboarding of OTP services and integration of OTP and Outpatient treatment with an emphasis on opening date, construction, application submission (OASAS, SAMHSA, DEA) and equipment acquisition.
- OTP Staffing and Staff Integration – Provide details on staffing that will be needed for onboarding OTP services; include employee type, number of employees, roles and responsibilities (Medical Doctor, Mid-Level Practitioner, Nurse for dispensing, counselors, peers, etc.). Provide details on current Outpatient program staffing and how staffing would be integrated with OTP staff to ensure services are streamlined and not duplicated.
- Security – Provide details on security plans including but not limited to security staff, alarm system, type of safe used, and location of safe as per minimum requirements set by the DEA.
- OTP Operations – Provide the number of days of operation per week and the planned hours of operation and dispensing hours. Programs should be open for dosing at minimum of four (4) hours per day. It is expected that dosing hours will increase as the census increases. Provide how scheduled dosing will be implemented. Scheduled dosing is a specific time or range of time provided to a patient in order to receive dispensed medication.

- Projections – Provide the projected number of patients that the OTP PRU will serve in total (monthly patient census) and daily service utilization. Provide a description of outreach plans in admitting new patients to OTP/MAT/MOUD services. Provide the projected number of patients that the integrated program would serve in total and daily (OTP and Outpatient).
- OTP Protocols (Response to this section can be included as attachments) – Provide detailed protocols on the following:
 - Operation days and hours
 - Dispensing Process
 - Crowd management: including inside and outside the program
 - Scheduled services: to include dosing, medical and counseling services
 - Diversion control plan: Individually and within the program
 - Recordkeeping
 - Emergency Management Protocols: Provide details on how patients will be provided medication during an emergency event such as a snowstorm, as OTPs are unable to close during this time.
 - MOUD philosophy and strategies: Provide details on how the program will combat stigma related to OTP services and MOUD within the community and the integrated program.
- OTP specific services – List and detail the minimum required and optional additional services:

Provide detailed information on services to be delivered within the OTP/dispensing area which must include at the minimum, the following services:

- Medication administration and observation: the face-to-face administration or dispensing of medication, including Schedule II-V controlled substances. Note that at a minimum, **both methadone and buprenorphine should be available as part of the dispensing services and all MATs must be made available through prescription or dispensing.**
- Admission assessments and medication induction
- Toxicology tests
- Additional Services (optional): Note additional services not mentioned above. If no additional services are being delivered, this should be noted as well.
- Integration of Services – Provide a summary of current outpatient services being provided and how services will be integrated with OTP services with an emphasis on the following:
 - Single point of access intake
 - Assessments
 - Counseling
 - Groups

- Peer Supports
 - Telehealth
 - Mental health services as applicable
 - Medical services
 - Orientation to Integrated services for patients
 - Other services
- Integration implementation – Provide an implementation plan on how OTP and Outpatient services will be established and integrated.
 - MAT/Evidenced Based Staff Trainings – Provide a summary of evidenced-based trainings and training(s) on MOUD that will be made available to staff in order to provide effective services to all populations served.
 - Partnership with Part 822 OTP – Describe details on how you will partner with an existing Part 822 OTP or consultant for technical assistance, consultation, and training. This question is not applicable if you choose to not partner with an existing Part 822 OTP or consultant. If you choose to not partner with an OTP or consultant, summarize how you will ensure proper implementation of OTP protocols and services.

Group C: Integration of new Part 822 Outpatient service with an existing Part 822 OTP

The following information should be provided:

- Integrated program location – Provide the location where the integrated program will be in operation and include the county of proposed operation.
- Needs Justification – Provide a justification for adding Outpatient services and for integrating services at the program location. Provide information on how integrating services will improve service delivery for currently enrolled individuals and services overall. The justification should include information related to service needs and gaps in the community that you serve.
- Location of dispensing area – Explain how the dispensing area will be separate from other services provided by the integrated program and how access would be limited to only patients who are being dispensed medication for addiction treatment (MAT) services.
- Timeline – Provide a timeline on the siting/onboarding of the Part 822 Outpatient program and integration of OTP and Outpatient treatment with an emphasis on construction, application submission and equipment acquisition as applicable.
- Outpatient Staffing – Provide details on new staff that will need to be onboarded as part of siting the Part 822 Outpatient program with the Part 822 OTP. **This must be consistent with OASAS Part 822 Regulations.**

- Staff integration – Provide details on current staffing at the Part 822 OTP and how staffing would be integrated to ensure services are streamlined and not duplicated.
- Integration of Services – Provide a summary of new outpatient and OTP services being provided and how these services will be integrated, with an emphasis on the following:
 - Single point of access intake
 - Assessments
 - Counseling
 - Groups
 - Peer Supports
 - Telehealth
 - Mental health services as applicable
 - Medical services as applicable
 - Orientation to Integrated services for patients
 - Other Services
- OTP Operations – Provide the number of days of operation per week and the planned hours of operation and dispensing hours. Provide how scheduled dosing will be implemented. Scheduled dosing is a specific time or short block of time provided to a patient in order to receive dispensed medication. Provider describes medications that will be either prescribed or given at the dispensing window.
- Projections – Provide the current number of patients served in total (current patient census) at the OTP PRU, the projected number of patients that proposed Part 822 Outpatient program will serve, and the projected number of patients that the proposed integrated program (proposed total combined census) will serve.
- Integration implementation – Provide an implementation plan on how OTP and Outpatient services will be established and integrated.
- MAT/ Evidenced Based Trainings – Provide a summary of evidence-based trainings that will be made available to staff in order to provide effective services to all populations served.
- Partnership with Part 822 Outpatient – Describe details on how you will partner with an existing Part 822 Outpatient provider or consultant for technical assistance, consultation, and training. This question is not applicable if you choose to not partner with an existing Part 822 Outpatient provider or consultant. If you choose to not partner with an outpatient, summarize how you will ensure proper implementation of outpatient protocols and services.

Group D: New Part 822 Integrated Outpatient Services and Part 822 OTP at a new location

The following information should be provided:

- Integrated program location – Provide the location where the integrated program will be in operation and include the county/town of proposed operation. Identify whether the

program will be sited in a county that is identified as a priority as per this RFA (See Appendix A).

- Needs Justification – Provide a justification of need for siting a new Integrated Program at the proposed location with special emphasis on OTP/medication for addiction treatment (MAT) availability or lack thereof in the proposed region, with specific focus on methadone, Outpatient services availability or lack thereof in the proposed region, distance between Outpatients and OTPs in the region, presence of an OTP waiting list or a longer than two (2) weeks wait-time for an admissions assessment at the region in which the integrated program will operate (if longer than two (2) weeks wait-time, provide wait-time), average travel distance by patients to OTPs, and overdose rate in the proposed operation location. Identify whether there are patients traveling out of county for OTP services. Include any other justification points that are relevant, such as partnering or developing MOUs with long-term care facilities, correctional facilities and congregate care settings in order to provide MAT services. Provide information on the need to integrate at the service location, and how integrating services will improve service delivery to the target population.
- Placement of Integrated OTP services – Provide a summary of the proposed Outpatient and OTP services that will be sited. Explain how the dispensing area will be separate from other services provided by the integrated program and how access would be limited to only patients who are prescribed MAT.
- Timeline – Provide a timeline on the opening of the Integrated OTP/Outpatient services with an emphasis on opening date, construction, application submission (OASAS, SAMHSA, DEA), staff hiring and equipment acquisition.
- Staffing and Staff Integration – Provide details on staffing that will be needed for the new Integrated Program; include employee type, number of employees, roles and responsibilities (Program Director, Medical Director, Mid-Level Practitioner, Nurses for dispensing, counselors, QHP, peers, etc.). Provide details on how staffing would be integrated to ensure services are streamlined and not duplicated.
- Security – Provide details on security plans including but not limited to security staff, alarm system, type of safe used, and location of safe as per minimum requirements set by the DEA.
- Integrated Program Operations – Provide the number of days of operation per week and the planned hours of operation and dispensing hours. Programs should be open for dosing at minimum of four (4) hours per day. It is expected that dosing hours will increase as the census increases. Provide how scheduled dosing will be implemented. Scheduled dosing is a specific time or range of time provided to a patient in order to receive dispensed medication.
- Projections – Provide the projected number of patients that the OTP PRU will serve in total (monthly patient census). Provide the projected number of patients that the Outpatient PRU would serve. Provide the projected number of patients that the integrated program will serve in total (OTP and Outpatient). Provide a description of outreach plans in admitting new patients to integrated outpatient services.

- Protocols (Response to this section can be included as attachments) – Provide detailed protocols on the following:
 - Daily Operations Protocol
 - Dispensing Process
 - Crowd management: including inside and outside the program
 - Scheduled services: to include dosing, medical and counseling services
 - Diversion control plan: Individually and within the program
 - Recordkeeping
 - Emergency Management Protocols: Provide details on how patients will be provided medication during an emergency event such as a snowstorm, as OTPs are unable to close during this time.
 - MOUD philosophy and strategies: Provide details on how the program will combat stigma related to OTP services and MOUD within the community and the integrated program.

- OTP specific services – List and detail the minimum required and optional additional services:

Provide detailed information on services to be delivered within the OTP/dispensing area which must include at the minimum, the following services:

- Medication administration and observation: the face-to-face administration or dispensing of medication, including Schedule II-V controlled substances. Note that at a minimum, **both methadone and buprenorphine should be available as part of the dispensing services and all MATs must be made available through prescription or dispensing.**
- Admission assessments and medication induction
- Toxicology tests
- Additional Services (optional): Note additional services not mentioned above. If no additional services are being delivered, this should be noted as well.

- Integration of Services – Provide a summary of how services will be developed and integrated with an emphasis on the following:
 - Single point of access intake
 - Assessments
 - Counseling
 - Groups
 - Peer Supports
 - Care Coordination
 - Telehealth
 - MAT other than Methadone
 - Mental health services as applicable
 - Medical services
 - Orientation to Integrated services for patients

- Other services
- Integration implementation – Provide an implementation plan on how OTP and Outpatient services will be established and integrated.
- MAT/Evidenced Based Staff Trainings – Provide a summary of evidenced-based trainings and training(s) on MOUD that will be made available to staff in order to provide effective services to all populations served.

5 EVALUATION OF APPLICATIONS AND SELECTION

5.1 Completeness Review/Non-Responsive Applications

Applications submitted in response to this RFA shall first undergo a completeness review. Those determined to be responsive and complete shall continue in the evaluation process. Conversely, those submissions deemed as incomplete and non-responsive shall be removed from further consideration.

To pass the completeness review, an application must meet the mandatory requirements as follows:

- A. The application was received by OASAS by the submission deadline date as set forth in the RFA.
- B. The applicant is eligible to apply as set forth in “Eligible Applicants” section of this RFA.
- C. The applicant was prequalified in Grants Gateway on the submission deadline date as set forth in the RFA.
- D. The applicant included an Administrative/Fiscal Application, and all required sections as defined in the “Administrative/Fiscal Application” section of this opportunity.
- E. The applicant included an Application Narrative.

5.2 Evaluation Process

Applications passing the Completeness Review will be separated by eligible applicant group and evaluated and ranked in order of highest score based on an evaluation of each applicant’s submission, and awards will be made to the highest successful application(s) in each group.

OASAS reserves the right to award additional applications within each group and/or between groups if sufficient funding remains to do so.

Providers can submit multiple applications if applying for different PRUs, however, OASAS reserves the right to limit award(s) made to each provider depending on applications received to ensure diversity in location(s) and/or providers providing comprehensive integrated outpatient treatment services.

Scoring:

Note that only contents within the page limits will be scored. Application scoring will be as follows:

Group A: Existing Co-located Part 822 OTP and Part 822 Outpatient Services

Program Narrative

- Integrated program location – 4 points
- Needs justification – 10 points
- Location of dispensing area – 6 points
- Timeline – 8 points
- Staffing and Staff integration – 10 points
- Integration of services – 25 points
- OTP operations – 6 points
- Projections – 2 points
- Integration implementation – 4 points
- MAT/ Evidenced Based Trainings – 5 points

Attachments

- Attachment 11: Integration of Mental Health and Substance Use Disorder Response – 10 points
- Attachment 12: Equity and Diversity Response – 10 points

Group B: For integrating a new Part 822 OTP with an existing Part 822 Outpatient services:

Program Narrative

- Integrated program location – 6 points
- Needs justification – 16 points
- Placement of OTP services – 5 points
- Timeline – 5 points
- OTP staffing and staff integration - 8 points
- Security - 2 points
- OTP operations - 5 points
- Projections - 3 points
- OTP protocols - 8 points
- OTP specific services – 5 points
- Integration of services - 10 points
- Integration implementation – 3 points
- MAT/ Evidenced Based Trainings – 2 points
- Partnership with Part 822 OTP – 2 points

Attachments

- Attachment 11: Integration of Mental Health and Substance Use Disorder Response – 10 points
- Attachment 12: Equity and Diversity Response – 10 points

Group C: For integrating a new Part 822 Outpatient service with an existing Part 822 OTP:

Program Narrative

- Integrated program location - 3 points
- Needs Justification - 15 points
- Location of dispensing area - 8 points
- Timeline – 5 points
- Outpatient staffing- 10 points
- Staff Integration - 6 points
- Integration of services – 10 points
- OTP operations - 4 points
- Projections - 2 points
- Integration implementation - 5 points
- MAT/ Evidenced Based Trainings - 6 points
- Partnership with Part 822 Outpatient - 6 points

Attachments

- Attachment 11: Integration of Mental Health and Substance Use Disorder Response – 10 points
- Attachment 12: Equity and Diversity Response – 10 points

Group D: New Integrated Part 822 Outpatient Services and Part 822 OTP at a new location

Program Narrative

- Integrated program location - 6 points
- Needs Justification – 14 points
- Placement of integrated OTP services – 5 points
- Timeline – 5 points
- Staffing and staff integration - 8 points
- Security - 2 points
- Integrated program operations - 7 points
- Projections - 3 points
- Protocols - 8 points
- OTP specific services – 5 points
- Integration of services - 12 points
- Integration implementation – 3 points
- MAT/ Evidenced Based Trainings – 2 points

Attachments

- Attachment 11: Integration of Mental Health and Substance Use Disorder Response – 10 points

- Attachment 12: Equity and Diversity Response – 10 points

If two (2) or more Applications have the same highest overall final score within an eligible applicant group, the following tie breaker criteria will be applied to determine which Application will be ranked highest:

- A. The Application(s) with the highest Program Narrative will be ranked highest.
- B. If the above score is tied, the Application(s) with the highest total Program Narrative “Needs Justification” score will be ranked highest.
- C. If the above scores are tied, the Application(s) with the highest Attachment 12 - Equity and Diversity Response score will be ranked highest.

All provisions of this RFA and the resulting contract award are contingent upon the availability of NYS funds.

6 ADMINISTRATIVE INFORMATION

6.1 OASAS Reserved Rights

OASAS reserves the right to:

1. Prior to the bid application opening, amend or modify the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
2. Change any of the scheduled due dates.
3. Prior to the bid application opening, direct applicants to submit bid modifications addressing subsequent RFA amendments.
4. Withdraw the RFA at any time, at OASAS’s sole discretion.
5. Make an award under the RFA in whole or in part.
6. Eliminate any mandatory, non-material specification that cannot be met by all of the prospective applicants.
7. Seek clarifications and revisions of bid Applications.
8. Reject all bid Applications received in response to this procurement.

9. Make inquiries, at OASAS's discretion and by any means it may choose, into an applicant's background or statements made in the application to determine the truth and accuracy of statements made by an applicant.
10. 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 Applicant's bid and/or to determine an Applicant's compliance with the requirements of the solicitation.
11. Request any additional information pertaining to the applicant's ability, qualifications, and procedures used to accomplish all work under the contract as it deems necessary to ensure safe and satisfactory work.
12. Disqualify the awardee if it is determined that false or inaccurate information has been submitted by an applicant regarding proposed candidates, and at OASAS' sole discretion, award the contract to one of the other original Applicants, based on the applicants' best value scores.
13. Disqualify any applicant whose conduct and/or application fails to conform to the requirements of this RFA.
14. Disqualify an applicant from receiving the award if such applicant, or anyone in the applicant's employment, has previously failed to perform satisfactorily in connection with public bidding or contracts.
15. Negotiate with the successful applicant within the scope of the RFA in the best interests of the State.
16. Conduct contract negotiations with the next successful applicant, should the OASAS be unsuccessful in negotiating with the selected applicant.
17. Waive any requirement that is not material and/or unable to be accurately assessed.
18. Waive minor irregularities and/or omissions in a or all Applicant (s) bids, if in the best interest of the State.
19. Utilize all ideas submitted in the Applications received, except those that are specifically identified by an Applicant as "trade secrets".
20. 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 OASAS's request for clarifying information in the course of evaluation and/or selection under the RFA.
21. Cancel or modify contracts due to the insufficiency of appropriations.

22. Accept Applications after the due date for submission for good cause, if in the sole discretion of OASAS good cause has been established.
23. Have unlimited rights to disclose or duplicate, for any purpose whatsoever, all information or other work product developed, derived, documented, or furnished by the Applicant under any agreement resulting from this RFA.
24. Make additional awards in excess of the posted amount if additional funding is made available.
25. Not make an award to any applicant who is not "In Good Standing" as defined in this RFA or who proposes to subcontract with an entity that is not "In Good Standing" at the time a contract is awarded.
26. Make awards based on geographical or regional consideration to best serve the interests of the State.
27. Make multiple awards within a geographic area.
28. Make awards based on the needs of underserved populations as determined necessary and appropriate in the sole discretion of OASAS to best serve the interests of the State.

6.2 Prequalification Requirements for Not-For-Profit Bidders

Pursuant to the NYS Division of the Budget Bulletin H-1032 Revised, dated July 16, 2014, NYS has instituted key reform initiatives to the grant contract process, which require that **not-for-profits must register in the NYS Grants Gateway and complete a Vendor Prequalification process.**

Applicants must be pre-qualified in the NYS Grants Gateway when submitting their application. In addition, any award is contingent on the Applicant(s) being pre-qualified at the time of contract execution. (See: <http://grantsgateway.ny.gov/>)

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The Vendor User Manual in the Grants Reform Website details the requirements and can be found at <https://grantsmanagement.ny.gov/grantee-documents>.

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.

Failure to prequalify and maintain your prequalification status will serve as a bar to grant eligibility. If you have any questions about prequalification, please go to the Grants Reform website or contact grantsgateway@its.ny.gov.

6.3 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.

6.4 Reporting Requirements

Applicants will be required to report a series of data elements that will enable OASAS to determine the impact of the program on opioid use, and opioid-related morbidity and mortality. Applicants will be required to report client-level data on elements including but not limited to: diagnoses, demographic characteristics, substance use, services received, types of medication-assisted treatment received; length of stay in treatment; employment status,

criminal justice involvement, and housing. Additional data elements will be provided after award. Applicants are required to ensure all data reported are accurate.

7 CLAUSES AND REQUIREMENTS

7.1 MWBE and EEO Requirements

Business Participation Opportunities for NYS Certified Minority-and Women-Owned Business Enterprises and Equal Employment Opportunities for Minority Group Members and Women Requirements and Procedures

NEW YORK STATE LAW

Pursuant to New York State Executive Law Article 15-A and Parts 140-145 of Title 5 of the New York Codes, Rules and Regulations, the New York State Office of Addiction Services and Supports (NYS OASAS) is required to promote opportunities for the maximum feasible participation of New York State-certified Minority and Women-owned Business Enterprises (“MWBEs”) and the employment of minority group members and women in the performance of NYS OASAS contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, NYS OASAS conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by MWBEs as subcontractors, service providers, and suppliers to Contractor. Nevertheless, Bidder/Contractor is strongly encouraged and expected to consider MWBEs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles. The directory of MWBEs can be viewed at: <https://ny.newnycontracts.com>.

Equal Employment Opportunity Requirements

By submission of a bid or Application in response to this solicitation, the respondent agrees with all of the terms and conditions of Appendix A – Standard Clauses for All New York State Contracts including Clause 12 - Equal Employment Opportunities for Minorities and Women <https://ogs.ny.gov/system/files/documents/2023/06/appendix-a-june-2023.pdf> OR Authority equivalent to Appendix A. The respondent is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the respondent, shall undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

Further, pursuant to Article 15 of the Executive Law (the “Human Rights Law”), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status,

age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

7.2 New York State Certified Service-Disabled Veterans

PARTICIPATION OPPORTUNITIES FOR NEW YORK STATE CERTIFIED SERVICE-DISABLED VETERAN-OWNED BUSINESSES

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses (“SDVOBs”), thereby further integrating such businesses into New York State’s economy. NYS OASAS recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of NYS OASAS contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders/Contractors are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For purposes of this procurement, NYS OASAS conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by SDVOBs as subcontractors, service providers, and suppliers to Contractor. Nevertheless, Bidder/Contractor is encouraged to make good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/>

Bidder/Contractor is encouraged to contact the Office of General Services’ Division of Service-Disabled Veteran’s Business Development at 518-474-2015 or VeteransDevelopment@ogs.ny.gov to discuss methods of maximizing participation by SDVOBs on the Contract.

7.3 NYS Vendor Responsibility

The OSC has issued Vendor Responsibility Standards, Procedures and Documentation requirements, which are intended to provide reasonable assurance that a proposed contractor is a responsible vendor. Consistent with these requirements, a Vendor Responsibility Questionnaire must be completed prior to the execution of a contract.

NYS Agencies are required to undertake an affirmative review of the responsibility of any Contractor to whom they propose to make a contract award. Such review is designed to provide reasonable assurances that the proposed Contractor is responsible. A responsibility

determination will involve a review of the following four (4) major categories: legal authority, integrity, financial and organizational capacity, and previous contract performance.

NYS OASAS recommends that Contractors file the required Vendor Responsibility Questionnaire online via the NYS VendRep System. To enroll in and use the NYS VendRep System, see the VendRep System Instructions available at https://www.osc.state.ny.us/vendrep/info_vrsystem.htm or go directly to the VendRep System online at <https://onlineservices.osc.state.ny.us/Enrollment/login?0>

Contractors must provide their NYS 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 by email at: itservicedesk@osc.ny.gov.

Contractors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website http://www.osc.state.ny.us/vendrep/forms_vendor.htm or may contact NYS OASAS or OSC's Help Desk for a copy of the paper form.

If paper format is chosen, the printed Vendor Responsibility Questionnaire should be signed and returned with this Bid. The online format may be submitted electronically through the VendRep System. Regardless of which format is chosen, the questionnaire will be used by NYS OASAS to make a responsibility determination for the purposes of this Bid.

The Successful Bidder agrees that if it is found by the State that the Bidder's responses to the Questionnaire were intentionally false or intentionally incomplete, on such finding, NYS OASAS may terminate the Contract. In no case, shall such termination of the Contract by the State be deemed a breach thereof, nor shall the State be liable for any damages for lost profits or otherwise, which may be sustained by the Successful Bidder as a result of such termination.

7.4 Ethics Compliance

The Successful Bidder and its Subcontractor(s) and their employees must comply with the requirements of §§73 and 74 of the Public Officers Law, other state codes, rules, regulations, and executive orders establishing ethical standards for the conduct of business with New York State. In signing the Contract, the Successful Bidder certifies full compliance with those provisions for any present or future dealings, transactions, sales, contracts, services, offers, relations, etc., involving New York State and/or its employees. Failure to comply with those provisions may result in disqualification from the bidding process, termination of contract, and/or other civil or criminal proceedings as required by law.

The Successful Bidder and its Subcontractor(s) shall not engage any person who is, or has been at any time, in the employ of the State to perform services in violation of the provisions

of the New York Public Officers Law, other laws applicable to the service of State employees, and the rules, regulations, opinions, guidelines or policies promulgated or issued by the New York State Commission on Ethics and Lobbying in Government, or its predecessors (collectively, the "Ethics Requirements"). The Successful Bidder certifies that all of its employees and those of its subcontractor(s) who are former employees of the State and who are assigned to perform services under the Contract shall be assigned in accordance with all Ethics Requirements. During the term of the Contract, no person who is employed by the Successful Bidder or its subcontractor(s) and who is disqualified from providing services under the Contract pursuant to any Ethics Requirements may share in any net revenues of the Successful Bidder or its Subcontractor(s) derived from the Contract.

The Successful Bidder shall identify and provide the State with notice of those employees of the Successful Bidder and its subcontractor(s) who are former employees of the State that will be assigned to perform services under the Contract, and make sure that such employees comply with all applicable laws and prohibitions. The State may request that the Successful Bidder provide it with whatever information the State deems appropriate about each such person's engagement, work cooperatively with the State to solicit advice from the New York State Commission on Ethics and Lobbying in Government, and, if deemed appropriate by the State, instruct any such person to seek the opinion of the New York State Commission on Ethics and Lobbying in Government. The State shall have the right to withdraw or withhold approval of any subcontractor if utilizing such subcontractor for any work performed hereunder would be in conflict with any of the Ethics Requirements. The State shall have the right to terminate the Contract at any time if any work performed hereunder is in conflict with any of the Ethics Requirements.

7.5 Indemnification

The Successful Bidder shall assume all risks of liability for its performance, or that of any of its officers, employees, or agents, of any contract resulting from this solicitation and shall be solely responsible and liable for all liabilities, losses, damages, costs or expenses, including attorney's fees, arising from any claim, action or proceeding relating to or in any way connected with the performance of any contract resulting from this solicitation and covenants and agrees to indemnify and hold harmless the State of New York, its agents, officers and employees, from any and all claims, suits, causes of action and losses of whatever kind and nature, arising out of or in connection with its performance of any contract resulting from this solicitation, including negligence, active or passive or improper conduct of the Successful Bidder, its officers, agents, or employees, or the failure by the Successful Bidder, its officers, agents, or employees to perform any obligations or commitments to the State or third parties arising out of or resulting from any contract resulting from this solicitation. Such indemnity shall not be limited to any insurance coverage prescribed in any contract resulting from this solicitation.

7.6 Worker's Compensation and Disability Benefits Certifications

Section 57 and 220 of the New York State Workers Compensation Law (WCL) provide that NYS OASAS shall not enter into any contract unless proof of workers' compensation and disability benefits insurance coverage is produced. Prior to entering into a contract with NYS OASAS, Successful Bidder will be required to verify for NYS OASAS, on forms authorized by the New York State Workers' Compensation Board, the fact that they are properly insured or are otherwise in compliance with the insurance provisions of the WCL. The forms to be used to show compliance with the WCL are listed below. The Successful Bidder must submit the following documentation before a contract may take effect.

ONE of the following forms as Workers Compensation documentation:

Proof of Workers' Compensation Coverage:

- **C-105.2 – Certificate of Workers' Compensation Insurance;** contractors insured through the New York State Insurance Fund should send form **U-26.3**;
- **SI-12 – Certificate of Workers Compensation Self-Insurance;** or
- **GSI-105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance;** or
- **CE-200 – Certificate of Attestation for New York Entities With No Employees and Certain Out of State Entities.**

ONE of the following forms as Disability Insurance documentation:

A. Proof of Disability Insurance Coverage:

- **DB-120.1 – Certificate of Disability Benefits Insurance;**
- **DB-120.2 – Certificate of Participation in Disability Benefits Group Self Insurance;** or
- **DB-155 – Certificate of Disability Benefits Self Insurance;**
- **CE-200, Certificate of Attestation for New York Entities With No Employees and Certain Out of State Entities.**

7.7 Public Officers Law

Contractors, consultants, vendors, and subcontractors may hire former State Agency or Authority employees. However, as a general rule and in accordance with New York Public Officers Law, former employees of the State Agency or Authority may neither appear nor practice before the State Agency or Authority, nor receive compensation for services rendered on a matter before the State Agency or Authority, for a period of two (2) years following their separation from State Agency or Authority service. In addition, former State Agency or Authority employees are subject to a “lifetime bar” from appearing before the State Agency or Authority or receiving compensation for services regarding any transaction in which they personally participated, or which was under their active consideration during their tenure with the State Agency or Authority. Any questions about the appropriateness of employing or utilizing a former State Agency or Authority employee should be resolved by obtaining an advisory opinion from the NYS Commission on Ethics and Lobbying in Government which can be contacted at <https://ethics.ny.gov/contact-us> .

7.8 Conflict of Interest

The Bidder shall submit, as part of the bid, a completed **Vendor Assurance of No Conflict of Interest or Detrimental Effect Form (Attachment 4)** signed by an authorized representative providing an attestation that its performance of the services outlined in this RFA does not and will not create a conflict of interest with nor position the Bidder to breach any other contract currently in force with the State of New York. Furthermore, the Bidder shall attest that it will not act in any manner that is determinantal to any State project on which the Bidder is rendering services.

7.9 Executive Order 177

In accordance with Executive Order (EO) No. 177, the Bidder shall certify that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law. Such certification shall be made utilizing **Attachment 8**.

Executive Order No. 177 does not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1, Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.

7.10 Executive Order 16

In accordance with Executive Order No. 16, State Entities are directed to refrain from entering into any new contract or renewing any existing contract with an entity conducting business operations in Russia. On March 24, 2022, the United States, in coordination with the European Union and the Group of Seven (G-7), imposed sanctions on an additional 400

Russian individuals and entities. The federal sanctions include efforts to block moves by Russian entities and individuals to evade the sanctions imposed or to use international reserves. While the federal sanctions seek to target specific entities and individuals within Russia, Executive Order No. 16 is intended to ensure that New York State is not entering into contracts with entities conducting business in Russia and thereby indirectly supporting Russia's unjustified war against the Ukrainian people. In order to comply with Executive Order No. 16, State Entities must obtain a certification from applicants as part of a solicitation for a new contract or extension of an existing contract. Such Applicant certification shall be made utilizing **Attachment 10**.

7.11 State Finance Law, Section 139-I, Statement on Sexual Harassment

In accordance with New York Consolidated Laws, State Finance Law, Section 139-I, Statement on Sexual Harassment, Bidder shall certify that it has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one-g of the labor law. Such certification shall be made utilizing **Attachment 9**.

A bid shall not be considered for award nor shall any award be made to a bidder who has not complied with subdivision one of §139-I; provided, however, that if the bidder cannot make the foregoing certification, such bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor.

Any bid hereafter made to the state or any public department, agency or official thereof, by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where such bid contains the statement required by subdivision one of this section, shall be deemed to have been authorized by the board of directors of such bidder, and such authorization shall be deemed to include the signing and submission of such bid and the inclusion therein of such statement as the act and deed of the corporation.

8 REQUIRED ATTACHMENTS AT BID SUBMITTAL

All attachments in this section will be required to be completed and submitted with all bid proposals. All attachments in this section will have a fillable version of these forms available on the OASAS website under this opportunity.

Missing or skipped numbered attachments indicate that a particular attachment will not be required by this particular procurement and was therefore omitted.

8.1 Attachment 3: Budget

REQUEST FOR APPLICATION

A separate fillable version of this form is available under this opportunity

OASAS PROJECT NO. SETT-23016

PART I - PROVIDER INFORMATION

1. Printed Legal Name of Bidder Entity:		
2. Bidder's OASAS Provider Number:		
3. Bidder's Street Address/P.O. Box		
4. Bidder's City/Town/Village:	5. Postal Zip Code:	6. Date Prepared:
7. Printed Name of Bidder Contact Person:		8. Printed Title of Contact:
9. Contact Telephone #:	10. Contact Email:	

PART II – OPERATIONAL FUNDING REQUEST

1. Date Initiative expected to be operational:	
REQUESTED OPERATING BUDGET FOR PROPOSAL	OPERATING BUDGET
2. Gross Expense Budget (see instructions for details): Round Amounts to the nearest \$1 (no cents).	
Personal Services	
Fringe Benefits	
Non-Personal Services	
Equipment	
Property/Space	
Agency Administration (less than 20% of Personal Services, Fringe Benefits, and Non-Personal Services)	
TOTAL GROSS EXPENSE BUDGET	
3. Revenue Budget (see instructions for details): Round Amounts to the nearest \$1 (no cents).	
Patient Fees	
SSI and SSA	
Public Assistance (Safety Net & TANF)	
Medicaid	
Medicaid Managed Care	
Medicare	
Third Party Insurance/Private Pay	
Food Stamps	
Closely Allied Entity Contributions	
Donations	
Other: Specify:	
Specify:	
Specify:	
TOTAL REVENUE BUDGET	
4. NET OPERATING COST	
5. OASAS State Aid Funding Requested (this is the dollar amount that will be contracted for)	
6. Full-Time Equivalent (FTE) Staff Requested:	

Applicant Official:	
Printed Name:	Printed Title:
Signature:	Date:

**Instructions for Completing the Initiative Funding Request Form (IFR)
(Operating Budget)**

PART I - PROVIDER INFORMATION

1. **Printed Legal Name of Bidder 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. **Bidder’s OASAS Provider Number** – Enter the unique 5-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.
- 3-5. **Bidder’s Address** – Enter the mailing address, including zip code, where the administrative office of the applicant entity is located.
6. **Date Prepared** – Enter the date the Initiative Funding Request Form (IFR) was prepared.
- 7-10. **Bidder Contact Person** – Enter the printed name and title, the telephone number (including area code), and email address of the person who can answer questions concerning the information provided on the IFR.

PART II – OPERATIONAL FUNDING REQUEST

1. **Date Program 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.

Requested Operating Budget for Proposal

Requested operating budget amounts must represent **18-month, full costs**, revenues, net deficit and OASAS State aid funding requested.

ALL AMOUNTS REQUESTED MUST BE ROUNDED TO THE NEAREST DOLLAR (\$1.00)

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:

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

- Agency administration costs may not exceed 20% of the total Personal Services, Fringe Benefits, and Other Than Personal Services costs.

3. **Revenue Budget** – Applicants should refer to the CFR Manual for an explanation of each revenue category, and enter applicable 18 month projected amounts that they anticipate receiving to offset costs attributable to the proposed program.

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

4. **Net Operating Cost** - Enter the amount obtained by subtracting **Total Revenue Budget** from **Total Gross Expense Budget**.
5. **OASAS State Aid Funding Requested** – Enter the amount of OASAS State aid funding being requested for this initiative. 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.

Applicant Official

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

The IFR must be signed and dated by the applicant agency representative.

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

8.2 Attachment 4: Vendor Assurance of No Conflict of Interest or Detrimental Effect

[A separate fillable version of this form is available under this opportunity](#)

The Bidder offering to provide services pursuant to this RFA, as a contractor, joint venture contractor, subcontractor, or consultant, attests that its performance of the services outlined in this RFA does not and will not create a conflict of interest with nor position the Bidder to breach any other contract currently in force with the State of New York.

As such, the Bidder will disclose any existing or contemplated relationship with any other person or entity, including relationships with any member, shareholders of 5% or more, parent, subsidiary, or affiliated Contractor, which would constitute an actual or potential conflict of interest or appearance of impropriety, relating to other clients/customers of the Bidder or former officers and employees of the Bidder or their Affiliates, in connection with your rendering services pursuant to this RFA.

If a conflict does or might exist, describe how the Bidder would eliminate or prevent it.

Indicate what procedures will be followed to detect, notify OASAS of, and resolve any such conflicts.

In addition, the Bidder must disclose whether it, or any of its members, shareholders of 5% or more, parents, affiliates, or subsidiaries, have been the subject of any investigation or disciplinary action by the New York State Commission on Public Integrity or its predecessor State entities (collectively, "Commission"), and if so, a brief description must be included indicating how any matter before the Commission was resolved or whether it remains unresolved.

Furthermore, the Bidder attests that it will not act in any manner that is detrimental to any State project on which the Bidder is rendering services. Specifically, the Bidder attests that:

The fulfillment of obligations by the Bidder, as proposed in the response, does not violate any existing contracts or agreements between the Bidder and the State;

1. The fulfillment of obligations by the Bidder, as proposed in the response, does not and will not create any conflict of interest, or perception thereof, with any current role or responsibility that the Bidder has with regard to any existing contracts or agreements between the Bidder and the State;

2. The fulfillment of obligations by the Bidder, as proposed in the response, does not and will not compromise the Bidder's ability to carry out its obligations under any existing contracts between the Bidder and the State;
3. The fulfillment of any other contractual obligations that the Bidder has with the State will not affect or influence its ability to perform under any contract with the State resulting from this RFA;
4. During the negotiation and execution of any contract resulting from this RFA, the Bidder will not knowingly take any action or make any decision which creates a potential for conflict of interest or might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
5. In fulfilling obligations under each of its State contracts, including any contract which results from this RFA, the Bidder will act in accordance with the terms of each of its State contracts and will not knowingly take any action or make any decision which might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
6. No former officer or employee of the State who is now employed by the Bidder, nor any former officer or employee of the Bidder who is now employed by the State, has played a role with regard to the administration of this contract procurement in a manner that may violate section 73(8)(a) of the State Ethics Law; and
7. The Bidder has not and shall not offer to any employee, member or director of the State any gift, whether in the form of money, service, loan, travel, entertainment, hospitality, thing or promise, or in any other form, under circumstances in which it could reasonably be inferred that the gift was intended to influence said employee, member or director, or could reasonably be expected to influence said employee, member or director, in the performance of the official duty of said employee, member or director or was intended as a reward for any official action on the part of said employee, member or director.

Bidders responding to this RFA should note that the State recognizes that conflicts may occur in the future because a Bidder may have existing or new relationships. The State will review the nature of any such new relationship and reserves the right to terminate the contract for cause if, in its judgment, a real or potential conflict of interest cannot be cured.

Name _____, Title: _____

Signature: _____, Date: _____

This form must be signed by an authorized executive or legal representative.

8.3 Attachment 8: EO 177 Certification

[A separate fillable version of this form is available under this opportunity](#)

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics.

The Human Rights Law may also require reasonable accommodation for persons with disabilities and pregnancy-related conditions. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner. The Human Rights Law may also require reasonable accommodation in employment on the basis of Sabbath observance or religious practices.

Generally, the Human Rights Law applies to:

- all employers of four (4) or more people, employment agencies, labor organizations and apprenticeship training programs in all instances of discrimination or harassment;
- employers with fewer than four (4) employees in all cases involving sexual harassment; and,
- any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion or national origin.

In accordance with Executive Order No. 177, the Bidder hereby certifies that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

Executive Order No. 177 and this certification do not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1, Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.

Contractor: _____

Signature: _____

Name: _____

Title: _____

Date: _____, 20__

8.4 Attachment 9: Statement on Sexual Harassment Certification

(New York Consolidate Laws, State Finance Law, Article 9–§139-l)

[A separate fillable version of this form is available under this opportunity](#)

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one-g of the labor law.

Any bid hereafter made to the state or any public department, agency or official thereof, by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where such bid contains the statement required by §139-l, shall be deemed to have been authorized by the board of directors of such bidder, and such authorization shall be deemed to include the signing and submission of such bid and the inclusion therein of such statement as the act and deed of the corporation.

Contractor: _____

Signature: _____

Name: _____

Title: _____

Date: _____, 20__

If the bidder cannot make the foregoing certification, such bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor.

8.5 Attachment 10: Executive Order 16

A separate fillable version of this form is available under this opportunity

Certification Under Executive Order No. 16 Prohibiting State Agencies and Authorities from Contracting with Businesses Conducting Business in Russia

Executive Order No. 16 provides that “all Affected State Entities are directed to refrain from entering into any new contract or renewing any existing contract with an entity conducting business operations in Russia.” The complete text of Executive Order No. 16 can be found [here](#).

The Executive Order remains in effect while sanctions imposed by the federal government are in effect. Accordingly, vendors who may be excluded from award because of current business operations in Russia are nevertheless encouraged to respond to solicitations to preserve their contracting opportunities in case the sanctions are lifted during a solicitation or even after award in the case of some solicitations.

As defined in Executive Order No. 16, an “entity conducting business operations in Russia” means an institution or company, wherever located, conducting any commercial activity in Russia or transacting business with the Russian Government or with commercial entities headquartered in Russia or with their principal place of business in Russia in the form of contracting, sales, purchasing, investment, or any business partnership.

Is Vendor an entity conducting business operations in Russia, as defined above? Please answer by checking one of the following boxes:

1. No, Vendor does not conduct business operations in Russia within the meaning of Executive Order No. 16.

2.a. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16 but has taken steps to wind down business operations in Russia or is in the process of winding down business operations in Russia. (Please provide a detailed description of the wind down process and a schedule for completion.)

2.b. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16 but only to the extent necessary to provide vital health and safety services within Russia or to comply with federal law, regulations, executive orders, or directives. (Please provide a detailed description of the services being provided or the relevant laws, regulations, etc.)

3. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16.

The undersigned certifies under penalties of perjury that they are knowledgeable about the Vendor’s business and operations and that the answer provided herein is true to the best of their knowledge and belief.

Vendor Name:
(legal entity) _____

By:
(signature) _____

Name: _____

Title: _____

Initiative Name: _____

Date: _____

8.6 Attachment 11: Integration of Mental Health and Substance Use Disorder Response

**A separate fillable version of this form is available under this opportunity
If additional space is required write “see attached” and attach additional documents.**

1. Describe how your program incorporates the principles of harm reduction into mental health and substance use disorder services as detailed in Section 2.1 of this RFA. Identify the care that the program provides to patients to utilize harm reduction approaches, incorporate peers and recovery principles, screen, assess, directly provide or coordinate care for individuals.
2. Describe how program ensures comprehensive services to address the holistic needs of persons served.
3. Describe how program provides a full continuum of services for addiction, mental health or physical health needs of persons served either directly or through coordination with other providers.
4. Describe training on assessment of co-occurring conditions and referral to care.

8.7 Attachment 12: Equity and Diversity Response

A separate fillable version of this form is available under this opportunity

1. Describe the population in the catchment area served by this initiative including the demographic composition of the population (race, ethnicity, gender and gender identity, sexual orientation, language, disability, etc.).
2. Describe how your agency meets the cultural and linguistic needs of the population(s) to be served by your agency as part of this initiative.
3. Describe any efforts your agency has taken to reduce disparities in access to services for marginalized and/or underserved individuals/communities.
4. Does your agency mission statement, vision statement and/or values statement reflect a commitment to serving marginalized or underserved communities and/or regions? Provide the statement(s).
5. Identify the staff person responsible for addressing justice, equity, diversity and inclusion within your agency, including their name, title, background/education and contact information.
6. Describe any committees or workgroups developed within your agency to address justice, equity, diversity and inclusion, as well as the staff and/or patients/clients who participate in those committees, including how often they meet and impact on the agency. A general description of the participants is satisfactory, do not name patients or clients participating any specific committees or workgroups.
7. Provide information on any external committees or workgroups related to justice, equity, diversity and inclusion that your staff participate in. Provide the name of the committee or workgroup, including a general description of the focus, attendees and how often the group meets.
8. Supporting diversity in the workforce:
 - a. Describe agency efforts to recruit, hire and retain staff representative of, or experienced in working with, the dominant cultural groups of the individuals served by your agency and the community in which your agency is located.
 - b. Describe the leadership structure of your agency and how leadership are representative of, or experienced in working with, the dominant cultural groups of the individuals served by your agency and the community in which your agency is located.
9. Describe staff training requirements related to justice, equity, diversity and inclusion.

9 REQUIRED ATTACHMENTS BEFORE CONTRACT EXECUTION

All Attachments in this section will be required to be completed by successful applicants only. They may be included as part of the application submission or applicants may choose to submit them only after receiving an award and before contract execution.

Missing or skipped roman numerals indicate that a particular attachment will not be required by this particular procurement/contract.

N/A

10 APPENDIXES

All Appendixes are informational and do not have to be completed by the applicant.

Missing or skipped letters indicate that a particular appendix is not relevant to this particular procurement/contract.

10.1 APPENDIX A: Priority Counties (only applicable for applicants applying under Group B and D)

Allegany	Orleans
Cattaraugus	Otsego
Cayuga	Saratoga
Chenango	Schoharie
Columbia	Schuyler
Cortland	Sullivan
Delaware	Tioga
Essex	Warren
Franklin	Washington
Fulton	Wayne
Greene	Wyoming
Hamilton	Yates
Herkimer	Nassau
Lewis	Suffolk
Livingston	Queens
Madison	Richmond
Ontario	Albany /Capital Region