



New York State  
Office of Alcoholism & Substance Abuse Services  
Addiction Services for Prevention, Treatment, Recovery

**Request for Proposals  
Clinical Case Management Services**

**November 2009**

**Office of Alcoholism and Substance Abuse Services  
Request for Proposals  
Clinical Case Management Services**

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## I. Introduction

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) is seeking proposals, under its *Request for Proposals – Clinical Case Management Services*, from *Eligible Applicants* to address anticipated demand for clinical case management (CCM) services resulting from Rockefeller Drug Law sentencing reforms (Chapter 56 and other chapters of the Laws of 2009) occurring in the four (4) boroughs of the City of New York that are identified on Attachment 1 of this solicitation. Please see Sections II and III for the identification and definition of *Eligible Applicants*.

It is the intention of OASAS under this *Request for Proposals* (RFP) to provide State Aid funding over a multi-year period to successful *Eligible Applicants* for the establishment of new CCM services, in the identified boroughs of the City of New York, that meet the requirements of this RFP. Please see Section V – Funding Availability and Award Parameters for more information on the State Aid funding to be provided under this solicitation.

Chapter 56, Article 216 of Part AAA establishes a judicial diversion program for certain non-violent felony offenders. That program, coupled with other sentencing law programs such as Shock, Willard and Probation, is expected to increase the demand for chemical dependence treatment services, including outpatient services, and associated clinical case management services as additional non-violent felony offenders will now be provided the opportunity to participate in treatment services and programs under Judicial and Probation or other supervision.

The law provides an opportunity for chemical dependence treatment providers and other entities to reach a criminal justice involved population that would have previously been incarcerated. Criminal justice involved individuals with a history of substance use disorders have specific treatment and community support needs that must be addressed to ensure successful recovery and to decrease the likelihood of criminal recidivism. These needs can best be met through the provision of interdisciplinary and coordinated services, including clinical case management, that strive to keep individuals engaged in treatment and moving toward recovery, while addressing each individual's unique non-treatment needs in areas like permanent housing and meaningful employment.

## II. Eligible Applicants

OASAS, through this *Clinical Case Management Services – Request for Proposals*, is seeking funding proposals from voluntary agencies, other not-for-profit, non-OASAS certified agencies, New York State/County/City/Town/Village governmental entities, and any New York State criminal justice entity that **is not also** the Mandating agency that operate in one or more of the four (4) boroughs of the City of New York identified in Attachment 1.

Applications submitted by any entity other than an *Eligible Applicant* **will not be considered** for funding by OASAS under this RFP.

As mentioned in Section I above, it is the intention of OASAS under this RFP to provide State Aid funding over a multi-year period to successful *Eligible Applicants* for the establishment of new CCM services, in the identified boroughs of the City of New York, that meet the requirements of this RFP.

Therefore, the OASAS State Aid funding to be provided under this RFP is not intended and **will not be used** to supplant (replace) funding from any other source for the CCM services being solicited under this RFP or similar case management services.

### III. Definitions

For the purposes of this *Clinical Case Management Services – Request for Proposals* solicitation the following definitions apply:

*Eligible Applicant:* Any voluntary agency as defined below; and any other not-for-profit, non-OASAS certified agency including, but not limited to, Treatment Alternatives to Street Crime (TASC), an appropriate NYS Department of Health certified/accredited health care provider such as a public hospital; a Qualified Health Professional (QHP) whose business meets the definition of not-for-profit below; and behavioral health or managed care organizations meeting the not-for-profit definition below. In addition, an *Eligible Applicant* also means any New York State/County/City/Town/Village governmental entity, and any New York State criminal justice entity that is not also the Mandating agency. The *Eligible Applicant* must be located in one of the four (4) boroughs of the City of New York identified in Attachment 1.

*Voluntary Agency:* As defined in New York State Mental Hygiene Law, section 41.03 paragraph 12, a *voluntary agency* “means a corporation organized or existing pursuant to the not-for-profit corporation law for the purpose of providing local services.” Accordingly, for-profit or proprietary organizations or individuals providing *local services*, as defined in Mental Hygiene Law, **are not** an *Eligible Applicant* under this RFP. The term “*Voluntary Agency*” includes OASAS-certified providers.

*Not-for-Profit Entity:* Any entity **that is not a voluntary agency or governmental body and** that can demonstrate its not-for-profit or nonprofit status in any one of four methods:

- submission of proof of 501(c)(3) status from the Internal Revenue Service;
- submission of a statement from the State taxing authority or State Secretary of State, or other similar official certifying that the organization or entity is a not-for-profit/nonprofit operating within the

- State, and that no part of its net earnings may lawfully benefit any private shareholder or individual;
- submission of a certified copy of the applicant's certificate of incorporation or similar document; or
  - submission of any item above, if that item applies to a State or national parent organization, together with a statement by the State or parent organization that the applicant is a local nonprofit affiliate.

Applicants that are not a voluntary agency or governmental body **must** complete the Proof of Not-for-Profit Entity Status (Appendix C) document included with this RFP package, attach documentation that addresses one of the four methods described above, and submit both with their funding proposal submission. Applicants that are a voluntary agency or governmental body must also complete the applicable sections of the Appendix C and submit it with their funding proposal submission. Failure of the applicant to submit Appendix C and, if required, associated documentation of not-for-profit status that complies with one of the four methods defined above means that OASAS will not consider the applicant to be an *Eligible Applicant* under this RFP, and their funding proposal submission will be disqualified from further consideration.

#### **IV. Description of Services to be Funded**

As indicated in Section I above, Chapter 56 and other Chapters of the Laws of 2009 make significant changes to Rockefeller Drug Law sentencing provisions by establishing judicial and other diversion programs for certain non-violent felony offenders. These changes are expected to increase the demand for additional chemical dependence treatment services and associated clinical case management services in the identified four (4) boroughs of the City of New York (see Attachment 1), as certain non-violent felony offenders will no longer be sentenced to incarceration, but will instead be provided the opportunity to participate in chemical dependence treatment services and programs under Judicial, Probation or other supervision.

The total estimated number of people to be diverted annually into OASAS-certified treatment services and the associated estimated annual number of required full-time equivalent (FTE) clinical case management positions resulting from Rockefeller Drug Law sentencing reform diversion programs in the identified four (4) boroughs of the City of New York is provided in Attachment 1.

OASAS is, therefore, seeking proposals from *Eligible Applicants* that would establish and implement new CCM services that meet the criteria below and address the estimated annual number of required full-time equivalent (FTE) clinical case manager(s) positions shown on Attachment 1 for **each** identified borough in the City of New York.

*Eligible Applicant* funding proposals **must not** propose an ability to meet the additional annual chemical dependence treatment service diversion demand estimates identified in Attachment 1. OASAS' *Outpatient Treatment and Assessment Services – Request for Proposals* and other OASAS procurement initiatives are addressing the demand for additional chemical dependence treatment services.

It is not OASAS' intention to award funding under this RFP to *Eligible Applicants* for clinical case management services proposals that exceed **in aggregate** the total estimated annual number of required FTE clinical case management positions identified in Attachment 1. OASAS further reserves the right to adjust funding awards based on actual clinical case management services needs resulting from the full implementation of Rockefeller Drug Law reform judicial and other diversion programs in the City of New York; the availability of appropriations; and the clinical case management services needs in other jurisdictional areas outside of the City of New York.

In its *Requests for Proposals – Clinical Case Management Services* OASAS is seeking funding proposals that demonstrate an understanding of and that address the following key clinical case management services components. The specific clinical case management services and budget criteria that must be addressed by *Eligible Applicants* in their funding proposal submissions under this RFP and that will be used by OASAS to evaluate and score submissions for funding award selection are contained in Section VI below and in the *Appendix F – Funding Proposal and Budget Presentation* document included with this RFP application package.

### Clinical Case Management Services Overview

The cornerstone of clinical case management is a skilled professional who takes an active role in fostering the individual's full participation and helps to define and carry out the services necessary to meet needs identified in the individualized treatment and recovery plan.

*“The clinical case management model integrates the clinical acumen, personal involvement, and environmental interventions needed to address the overall maintenance of the patient's physical and social environment. Clinical case management involves 13 distinct activities, including engagement of the patient, assessment, planning, linkage with resources, consultation with families, and collaboration with treatment, patient education, and crisis intervention. This model moves beyond the role of case management as just systems coordinator, service broker or social support.” (Kanter, 1989)*

Clinical case managers differ from traditional case managers or case coordinators in that they bring a heightened sense of awareness and understanding of the myriad co-occurring disorders and criminogenic needs and risks that are manifest in a high percentage of the anticipated criminal justice population to be impacted by Rockefeller Drug Law reform judicial and other diversion programs. Proposals from

*Eligible Applicants* for clinical case management services should be based on a continuum of care including OASAS-certified chemical dependence residential and/or outpatient treatment modalities over a 9-12 month period. The unifying element throughout the continuum is the provision of individualized clinical case management services. Clinical case managers, under this initiative, are expected to assume a supportive, non-judgmental, and participatory role in the process while assuring that participants can access needed services in a responsible and cost-effective manner.

### Description of Clinical Case Management Services Model

#### 1. Engagement and Initiation into Treatment

The clinical case manager works to build a therapeutic alliance and ensure a seamless transition to treatment. Clinical case managers will begin work with the individual immediately following referral for assessment by a Judge or other criminal justice entity. During this phase the assessment will be completed and a service plan developed. If the individual is mandated by the court to OASAS-certified Intensive or Community Residential treatment services the clinical case manager will support the treatment/recovery plan to ensure that the individual remains motivated and connected to treatment. If the individual is mandated to Willard or Shock Incarceration, clinical case management services will be resumed upon transition to chemical dependence treatment and recovery services in the community. The service plan should include a plan for connecting the participant to vocational and educational services, initiate a short and long-term housing plan, and identify additional community resources that will support a successful recovery.

#### 2. Transition between Levels of Care or Re-integration into the Community and Recovery Support Services

Clinical case managers will engage or re-engage individuals as they move through the continuum of care. They will ensure linkages to appropriate treatment services, system coordination and service monitoring. Transitions between levels of care provide challenges to treatment providers and individuals. The clinical case managers' role is to ensure that individuals are connected to the treatment service, and to work with the individual to maintain motivation for treatment, and connection to community resources including: housing, vocational, child care services, recovery supports, and other needed services.

#### 3. Caseload Size and Rationale

For purposes of this RFP OASAS is estimating an average clinical case manager-to-participant ratio of approximately 1 to 25 depending on variations in participant activity. Each *Eligible Applicant* should identify an appropriate caseload size for the clinical case management services proposed and

provide the underlying rationale for that determination; keeping in mind that it is not the intention of OASAS to award funding for clinical case management services proposals that exceed in aggregate the **total** estimated number of required full-time equivalent clinical case management positions shown on Attachment 1 for the identified boroughs in the City of New York. The clinical case management services model suggests that each clinical case manager maintain a case load that includes a mix of people within the following three different levels of activity:

- **High Activity** – Participants are seen weekly by the clinical case manager.
- **Medium Activity** – Participants require fewer services and the clinical case manager sees them approximately bi-weekly.
- **Low Activity** – Participants no longer need clinical case management services on a regular basis, but may need to maintain contact with the clinical case manager on a less frequent basis in order to maintain recovery and monitor progress. If the individual is engaged in intensive residential services, clinical case management services should be provided for monitoring, advocacy and transition purposes.

#### 4. Maximum Length of Time to Remain on a Caseload

For *planning purposes*, OASAS estimates that participants will be maintained in clinical case management services for an average of twelve months.

#### Establishment of Collaborative Consortium

Preference for funding will be given to proposals demonstrating a clear commitment to **quickly and effectively** implement the clinical case management services that meet the requirements of this RFP. This will require the development of active and effective partnerships between the *Eligible Applicant*, the Local Department of Social Services (LDSS), Judges, the local District Attorneys Office, Parole, Probation, Re-entry Task Force, chemical dependence treatment providers, community-based agencies, and other key stakeholders.

A description of the collaborative consortium, including written documentation demonstrating a cooperative agreement between all members of the *Eligible Applicant* consortium must be provided using Appendix D. (Please see Attachment 2 for an example of an acceptable written cooperative agreement).

The collaborative consortium, (e.g. Drug Court) will meet on a regular basis to monitor and oversee the clinical case management services proposed for funding under this RFP. Activities will include, but not be limited to, monitoring and improving interagency coordination and collaborative efforts,

resolving participant related issues, and addressing relevant clinical and public safety concerns. Consortia must identify and document a procedure for crisis intervention, i.e. plan for intervening with absconders, how the participants will access psychiatric crisis services, etc.

### Proposed Clinical Case Management Services Components

*Eligible Applicants* must complete an *Appendix F – Funding Proposal and Budget Presentation* document that describes how the applicant will address the following required clinical case management services components.

#### 1. Criminal Justice Experience

The experience of the *Eligible Applicant* in working with criminal justice stakeholders, criminal justice involved individuals, substance use disorder treatment entities and community based recovery support services must be described. The description should include how the individualized needs of each person will be identified and the processes used to ensure that appropriate referrals are successfully made and coordinated.

#### 2. Clinical Case Manager Activities

A description of how the *Eligible Applicant's* clinical case manager or managers will work with the participants from engagement through termination, and any proposed post-treatment follow-up must be provided. Copies of linkage agreements, demonstrating the ability to access community resources that serve this population, should be attached to the Appendix F document.

#### 3. Clinical Case Management Services Entity

Clinical case management is interdisciplinary. Coordinated clinical case management services will be provided through a multidisciplinary team approach. The goal of interagency clinical case management is to expand the network of services available to individuals. Accordingly, Appendix F must include a description of the *Eligible Applicant's* ability to implement an interdisciplinary approach to chemical dependency treatment and recovery. Current linkage agreements and any new agreements that will be signed to serve this population under this RFP should be described.

In addition, the Appendix F description of the clinical case management services entity must address the following:

- (a) The clinical case management services entity is an unaligned and independent entity that will provide objective clinical assessment and recommendations that best identify and address the individual's needs.

- If an OASAS-certified treatment agency provides the clinical case management services, it must agree that Rockefeller Drug Law reform participants will be placed in chemical dependence treatment services that best fit their clinical needs.
  - The clinical case management services entity must document that it has established protocols to avoid any appearance of a conflict of interest. Conflicts of interest, real or perceived, may occur when a clinical case management services entity refers people to its own OASAS-certified chemical dependence treatment programs exclusively or selectively based on factors other than clinical need.
  - The clinical case management services entity must demonstrate that its clinical case manager(s) will have the ability to meet with people in the community and follow participants through multiple service providers.
  - Clinical case managers should be independent of the mandating agent.
- (b) Clinical case management professionals must have skills relating to interagency functioning, negotiating, and advocacy, and must be able to develop working relationships with adjunct agencies in order to facilitate and advance communication.

Therefore, Appendix F must describe the experience the clinical case management services entity has in working with criminal justice involved individuals and the criminal justice system including the process for receiving referrals and communicating relevant information to coordinate services. Experience in working with courts and other criminal justice entities including: number of criminal justice involved individuals served in the past year; relationship with courts and other criminal justice stakeholders; outcome data that reflects engagement, retention, successful completion of treatment; discontinued substance use, successful linkage with community based recovery supports and increased employment must also be described.

#### 4. Clinical Case Management Services Staff Education, Experience, and Qualifications

Clinical case management staff qualifications must be commensurate with the demands and requirements of this *Request for Proposals – Clinical Case Management Services* associated with the provision of clinical case management services. Accordingly, *Eligible Applicants* must provide a

detailed description on Appendix F of the clinical case manager job qualifications that they have or will use to recruit and hire such personnel. This description must include, at a minimum that each clinical case manager must have either a CASAC or a bachelor's or master's degree with three years of experience in the field of human services. Additionally, qualified candidates will possess a significant breadth of experience in chemical dependence treatment, and be skilled in working with criminal justice populations and organizations. Furthermore, clinical case manager job descriptions/qualifications should include requirements that candidates have an understanding of various models and theories pertaining to the treatment of substance use disorders and related problems and recovery issues.

Additionally, Appendix F must demonstrate and document how the clinical case management services entity will provide clinical supervision by a Qualified Health Professional (QHP), as defined in OASAS regulation Part 800, who demonstrates an understanding of chemical dependence and criminogenic needs for clinical staff.

## 5. Program Outcome

Using Appendix F, the *Eligible Applicant* must address the following:

- Demonstrate organizational capacity to manage programs by using outcome data to inform management decision making. This includes an established, or readily established, infrastructure for collecting, monitoring and analyzing data to improve program performance and experience in managing by outcomes.
- An agreement to use the OASAS Case Management Monitoring System in order to track service provision and outcomes, as well as other data collection instruments used to monitor fidelity to the clinical case management model described earlier in this Section.

Outcome measures to be reported on at the participant and program level include, but are not limited to the following:

- Seamless Transition between levels of care, without gaps in service.
- Completion of the recommended treatment regimen.
- Positive case management discharge (50% or more of goals achieved).
- Housing stability (= degree of permanency x recovery environment).
- Social Connectedness (participation in community based recovery supports )
- Quality of Life - change over time.

- Patient Satisfaction.

OASAS will work with successful applicants on the development of final outcome measures to be reported on, including the offer of training.

## 6. Clinical Case Managers Role and Responsibilities

Appendix F must also describe how the *Eligible Applicant's* clinical case manager(s) will meet each of the following roles and responsibilities. This description should include specific information about how each role and responsibility will be met as follows:

- Screening/Assessment – Identify specific tools that will be used and how the screening and assessment will be provided, including a required description of how it will assess needs and strengths in various life domains such as: substance use, gambling problems as a co-occurring disorder, housing, employment, family/child care, financial support, medical, mental health, transportation, etc. A description of how the clinical case manager will coordinate information, access to services and support with the treatment provider, court, criminal justice entities, and the participant must also be provided.
- Planning – Discuss how the clinical case management services entity will work with an interdisciplinary team including the stakeholders and community services that will be included, how the entity will advocate for the needs of the participants and family members, and the process for developing an individualized recovery service plan.
- Linkage – Describe what linkage agreements and/or Qualified Service Agreements the clinical case management services entity will/has executed to ensure timely access to services and a plan for timely communication. Describe how the entity will ensure seamless transitions through the continuum of care. This should include a discussion of specific techniques the clinical case management services entity will utilize to ensure that the participant is engaged at each stage in the treatment continuum, facilitate interventions, and reduce barriers including access to benefits to the provision of treatment and recovery services.
- Monitoring – Describe how the clinical case management services entity will maintain contact with the individual, including anticipated frequency and type of contact, involvement and plan for crisis management, and communication and reporting of toxicology, attendance and treatment progress to mandating criminal justice stakeholders.

- Advocacy – Describe how the clinical case management entity will support the participant throughout treatment and promote the participants best interest to treatment providers, criminal justice entities, and others to support successful progress in treatment and with court or other criminal justice entities.

## 7. Target Population

The target population for the provision of clinical case management services under this RFP is non-violent felony offenders with a current substance use disorder diagnosis affected by 2009 Rockefeller Drug Law sentencing reform.

Accordingly, Part 2 of Appendix F also requires an attestation by the *Eligible Applicant* that it will give first priority to this target population.

OASAS will verify Appendix F descriptions and requirements, and adherence to them for successful *Eligible Applicants* approved for funding under this RFP against approved Workscopes during program site visits, annual Prospective Budget and Performance Reviews, and other monitoring activities; and these reviews will guide continued program and funding decisions.

## V. Funding Availability and Award Parameters

OASAS will award funding to support the provision of the clinical case management services totaling \$4 million on an annual basis. OASAS intends to use this State Aid funding to: support the clinical case management services needs (see Attachment 1) for the four identified City of New York boroughs **and** to address current or any subsequent demand for clinical case management services in jurisdictional areas outside of the four identified boroughs that are estimated to or may occur from the full implementation of Rockefeller Drug Law sentencing reforms.

Accordingly, State Aid funding awards under this RFP will be made over a multi-year period to successful applicants under this RFP. The number of *Eligible Applicants* to be funded under this RFP will depend on the size of the awards made and any monies used to address the need for clinical case management services in areas outside the four identified boroughs of the City of New York.

OASAS will make such State Aid funding awards to successful applicants under this RFP by amendment of existing direct contract funding agreements or issuance of new direct contract funding agreements.

Successful applicants under this RFP are reminded that continued funding awards under this RFP are contingent upon any combination of:

- the availability of State appropriations to OASAS for the purposes described in this RFP;

- the results of OASAS' annual Prospective Budget and Performance Review process;
- the continued need for the services funded by this RFP; and
- any other audit or evaluation processes undertaken by OASAS, the NYS Office of the State Comptroller (OSC), The NYS Office of Court Administration (OCA), the NYS Division of Criminal Justice Services (DCJS), or any other governmental entity involved in the implementation of the requirements of Chapter 56 or other sentencing law Chapters enacted in 2009.

OASAS will review, evaluate, and score applicant funding proposals and budget presentations included in the RFP Appendix F application document and make funding award determinations consistent with the amount of available State appropriations and any monies used to address the need for clinical case management services in areas outside the four identified boroughs of the City of New York. Awards will be made to the applicant(s) with the highest scoring proposal(s) in each of the four (4) identified boroughs. OASAS will make as many awards as necessary in each borough to meet the number of estimated annual required full-time equivalent clinical case managers identified on Attachment 1. An applicant may only apply for an award in a borough or boroughs in which it operates. In the event OASAS does not receive proposals sufficient to meet the number of estimated annual required full-time equivalent clinical case managers identified in a particular borough on Attachment 1, OASAS reserves the right to make award(s) to the highest scoring applicant(s) in a different borough.

Successful applicants are reminded that award funding under this RFP is not final or approved for expenditure until the applicant has formally accepted and signed the OASAS direct contract funding agreement that includes the funding **and** the direct contract funding agreement has been approved by the NYS Attorney General's Office and NYS Office of the State Comptroller (OSC).

## **VI. Application Review Criteria**

Listed below are the multi-tiered criteria that OASAS will use to review, evaluate and score each funding application proposal submitted under the OASAS *Request for Proposals – Clinical Case Management Services* for purposes of making funding awards.

### **Threshold Review Criteria:**

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

1. Was the application proposal received by OASAS by the submission deadline date and time set forth in Section IX of this RFP?

2. Is the applicant entity eligible to apply as set forth in Sections II and III of this RFP?
3. Is the application complete, with all required signatures and Appendices attached as set forth in Section VII of this RFP?

If so required to be submitted by the applicant, does the *Proof of Not-for-Profit Entity Status* (Appendix C) document include one of the four documentation methods described in Section III of this RFP?

If so required, and as indicated by the applicant on Appendix G, is a completed, signed, dated and notarized NYS Vendor Responsibility Questionnaire attached to Appendix G?

Please see the *Application Completeness Checklist* (Appendix A) that will be used by OASAS reviewers **and that must be completed and included** with the funding proposal application submission.

4. Is the applicant, if not a voluntary agency or governmental body, a not-for-profit entity as solely determined by OASAS based on its review of the *Proof of Not-for-Profit Entity Status* (Appendix C) submission and attached documentation that meets one of the four methods defined in Section III?

### **Clinical Case Management Services Programmatic Review Criteria**

Applicants passing the Threshold Review Criteria will have their *Description of Collaborative Consortium – Appendix D* and *Funding Proposal and Budget Presentation – Appendix F* completed document(s) read, reviewed and scored by a team or teams of OASAS staff using the proposal review criteria below. The maximum points available are 100.

#### Funding Proposal (Maximum Points Available = 80)

1. Does the applicant's Appendix D describe how a consortium of community stakeholders will be organized quickly and effectively by addressing each of the following areas? (*Maximum of 8 Points*)
  - Provision of written documentation from appropriate stakeholders demonstrating a cooperative agreement between members of the consortium. (*2 Points*)
  - Description of the schedule for consortium meetings, leadership and the entity responsible for organizing. (*2 Points*)
  - A plan(s) for crisis intervention including how absconders will be addressed. (*2 Points*)

- A plan(s) for resolving system barriers for access to needed services by individuals receiving clinical case management services. (2 Points)
2. Does the applicant's funding proposal (Appendix F) demonstrate its experience in working with criminal justice populations and criminal justice stakeholders in each of the following areas? (Maximum of 12 Points)
- Description of experience with substance abuse providers and community based recovery support systems. (2 Points)
  - Description of its experience in working with courts and other criminal justice entities. (2 Points)
  - Provision of outcome data that reflects retention, successful completion of treatment, discontinued substance use, social connectivity, and increased employment. (2 Points)
  - Description of the process for receiving referrals. (2 Points)
  - Description of the process for communicating relevant information to courts and other criminal justice stakeholders. (2 Points)
  - Description of its overall working relationship(s) with courts and other criminal justice entities. (2 Points)
3. Does the applicant's funding proposal (Appendix F) describe how the clinical case manager(s) will work with services participants from engagement into clinical case management through termination of such services, including any planned post-treatment follow-up, by addressing each of the following areas? (Maximum of 30 Points)
- Identification of the specific tools proposed for screening and assessment and a description of how they will be used to recommend the appropriate level of care for participants, and assess participant needs and strengths in various life domains such as: substance use, gambling problems as a co-occurring disorder, housing, employment, family and child care, financial support, medical, mental health, transportation, etc. (3 Points)
  - Description of how the clinical case manager(s) will identify criminogenic needs and risks of participants. (4 Points)
  - Description of how identified criminogenic needs and risks will be reflected in the individualized services plan for participants. (3 Points)
  - Description of the ability of the clinical case manager(s), in conjunction with the applicant entity, to implement an interdisciplinary approach to the provision of the clinical case management services required under this RFP. (3 Points)
  - Description of the current and proposed linkage agreements that the applicant entity has or will establish that will enable the clinical

- case manager(s) to best address the needs of individuals receiving clinical case management services under this RFP. (4 Points)
- Description of how the clinical case manager(s) will maintain contact with individuals receiving clinical case management services, including the anticipated frequency and type(s) of contact throughout the clinical case management services continuum of care described in Section IV of this RFP. (4 Points)
  - Description of the plan(s) that clinical case manager(s), in conjunction with the applicant entity, will follow for crisis management or intervention with clinical case management services participants. (3 Points)
  - Description of the how the clinical case manager(s), in conjunction with the applicant entity, will advocate with providers of services and criminal justice stakeholders in the best interests of the individuals receiving clinical case management services under this RFP. (3 Points)
  - Demonstration of the clinical case manager(s) ability to meet with services participants in the community and to follow through with multiple providers of services. (3 Points)
4. Does the applicant's funding proposal (Appendix F) describe how it is an unaligned and independent entity with the ability to provide clinically appropriate assessments, evaluations, and recommendations for appropriate services to participants receiving clinical case management services under this RFP, by addressing each of the following areas? (5 Points)
- Description of proposed or current protocols to avoid the appearance of a conflict of interest.
  - Demonstration that it and its clinical case manager(s) are independent from the criminal justice mandating authority under Rockefeller Drug Law sentencing law reforms.
5. Does the applicant's funding proposal (Appendix F) describe clinical case management services staff education, experience and qualifications that meet the requirements set forth in Section IV of this RFP, including: a demonstration that clinical case manager(s) have experience with models and theories of substance use disorders and criminogenic needs and risks; and a description and documentation of the appropriate clinical supervision that will be provided? (10 Points)
6. Does the applicant's funding proposal (Appendix F) identify and describe an appropriate caseload size for the clinical case management services proposed and provide the underlying rationale for that determination, including the average estimated length of time

that clinical case management services participants will remain on caseload? (5 Points)

7. Does the funding proposal (Appendix F) demonstrate the applicant's organizational capacity to manage programs by using outcome data to inform management decision making; describe how program outcomes will be measured and monitored; indicate how data will be collected and reported, including agreement to use the OASAS Case Management Monitoring System; and describe the staff responsible for measures? (5 Points)
8. Does the funding proposal (Appendix F) discuss the capability of the applicant to report on various participant and program outcome measures, including the following? (5 Points)
  - Seamless Transition between levels of care, without gaps in service.
  - Completion of the recommended treatment regimen.
  - Positive case management discharge (50% or more of goals achieved).
  - Housing stability (= degree of permanency x recovery environment).
  - Social Connectedness (participation in community based recovery supports )
  - Quality of Life - change over time.
  - Patient Satisfaction.

Budget Presentation (Maximum Points Available = 20)

OASAS intends to make State Aid funding awards over a multi-year period to successful applicants under this *Request for Proposals – Clinical Case Management Services* based on an annual OASAS State Aid net deficit cost band fee range of **between \$75,000 and \$99,000 per proposed FTE clinical case manager position and associated clinical case management services costs** that is reflected in the applicant's Appendix F, Budget Presentation document on Line 7 – OASAS State Aid Funding Requested.

For example: If the applicant's funding application proposes the hiring of two (2) FTE clinical case manager positions with associated costs then its annual Budget Presentation **must** display a Line 7 – OASAS State Aid Funding Requested amount of between \$150,000 and \$198,000 in order to receive a score.

For example: If the applicant's funding application proposes the hiring of 1.50 FTE clinical case manager positions with associated costs then its

annual Budget Presentation **must** display a Line 7 – OASAS State Aid Funding Requested amount of between \$112,500 and \$148,500 in order to receive a score.

1. Does the applicant's Appendix F, Part 3 – Budget Presentation for its proposed clinical case management services fall within the following **annual** net deficit OASAS State Aid Funding Requested cost range **per proposed FTE clinical case manager position and associated services** costs to provide this RFP's required clinical case management services?

Annual Net Deficit OASAS State Aid Funding Requested Cost Range = \$75,000 to \$99,000 per proposed clinical case manager and associated costs.

Scoring values are as follows:

- Budget Presentation submissions with an **annual** net deficit OASAS State Aid funding requested amount **below** \$75,000 per FTE clinical case manager position, or **above** \$99,000 per FTE clinical case manager position – **0 points**.
- Budget Presentation submissions with an **annual** net deficit OASAS State Aid funding requested amount per FTE clinical case manager position of **between** \$75,000 and \$79,000, or **between** \$95,000 and \$99,000 – **10 points**.
- Budget Presentation submissions with an **annual** net deficit OASAS State Aid funding requested amount per FTE clinical case manager position of **between** \$79,001 and \$82,999, or **between** \$90,001 and \$94,999 – **15 points**.
- Budget Presentation submissions with an **annual** net deficit OASAS State Aid funding requested amount per FTE clinical case manager position of **between** \$83,000 and 90,000 – **20 points**.

Applicants are reminded that OASAS will review, evaluate, and score applicant funding proposals and budget presentations included in the RFP Appendix D and Appendix F application documents and make funding award determinations consistent with the amount of available State appropriations and any monies used to address the need for clinical case management services in areas outside the four identified boroughs of the City of New York. Awards will be made to the applicant(s) with the highest scoring proposal(s) in each of the four (4) identified boroughs. OASAS will make as many awards as necessary in each borough to meet the number of estimated annual required full-time equivalent clinical case managers identified on Attachment 1. An applicant may only apply for an award in a borough in which it operates. In the event OASAS does not receive proposals sufficient to meet the number of estimated annual required full-time equivalent clinical case managers identified in a particular

borough on Attachment 1, OASAS reserves the right to make award(s) to the highest scoring applicant(s) in a different borough.

## VII. Application Components

All of the following *Request for Proposals – Clinical Case Management Services* components must be completed and included in the application submission, unless a specific exemption is provided for below, in order for the application submission to receive a “yes” on criteria #3 in Section VI – Threshold Review Criteria above.

### 1. Application Completeness Checklist – Appendix A

Applicants must complete, sign and date the *Application Completeness Checklist* (Appendix A) document and submit it with the funding proposal application package. The *Checklist* is designed to ensure that the applicant includes all required RFP components and is not disqualified for funding consideration under Threshold Review Criteria #3 in Section VI above.

### 2. Eligible Applicant Identification Form – Appendix B

Applicants must complete the *Eligible Applicant Identification Form – Appendix B* document and submit it with their funding proposal application package. Appendix B provides essential identifying information to OASAS about the *Eligible Applicant* including telephone contact, email contact, and, most importantly, the contact information for the *Eligible Applicant’s* clinical case management services case manager(s) supervisor in the event that OASAS needs to discuss problems, etc.

Instructions for completing the Appendix B document are provided with the actual document.

### 3. Proof of Not-for-Profit Entity Status – Appendix C

As described in Section III – Definitions of this RFP, *Eligible Applicants* that **are not** voluntary agencies or a governmental entity, must provide documented proof (using one of four methods) that they are a not-for-profit entity to be considered eligible for funding under this RFP.

Accordingly, *Eligible Applicants* that **are not** voluntary agencies or a governmental entity **must** complete, sign and date the *Appendix C – Proof of Not-for-Profit Entity Status* document, attach one of the four required documentation materials, and submit both with the application package. *Eligible Applicants* that are voluntary agencies or a governmental entity must also complete appropriate sections of the

Appendix C, sign and date the document, and submit it with the application package.

Instructions for completing the Appendix C document are provided with the actual document. Applicants should refer to Section III in this RFP to see what four methods constitute acceptable documentation of not-for-profit status.

#### 4. Description of Collaborative Consortium – Appendix D

As indicated in Sections IV and VI of this RFP, the *Eligible Applicant* must describe the collaborative consortium established to monitor and oversee the clinical case management services proposed for funding under this RFP and provide written documentation demonstrating a cooperative agreement between all members of the consortium.

Accordingly, *Eligible Applicants* **must** complete, sign and date the *Appendix D – Description of Collaborative Consortium* document, and attach a completed cooperative agreement to it, and submit both with their application package.

Instructions for completing the Appendix D document are provided with the actual document. Attachment 2 to the *Request for Proposals – Clinical Case Management Services* contains a sample cooperative agreement document that may be used.

#### 5. Non-Supplantation of Funding Attestation – Appendix E

The funding provided under the *Clinical Case Management Services – Request for Proposals* is **not** designed to: supplant (replace) current OASAS State aid funding for case management services, or supplant non-State Aid funding (e.g., Local Tax, Medicaid or other third party revenues) for case management services that may be currently received by the *Eligible Applicant*, even if those services do not meet the clinical case management services required under this RFP.

As such, an applicant **must** complete, sign and date the *Non-Supplantation of Funding Attestation* (Appendix E) and submit it with its application package in order to be considered for a funding award under this RFP.

Instructions for completing Appendix E are included with the document.

#### 6. Funding Proposal and Budget Presentation – Appendix F

As set forth in Sections IV and VI of the OASAS *Request for Proposals – Clinical Case Management Services* package, the *Eligible Applicant* must prepare an *Appendix F – Funding Proposal and Budget Presentation* document that addresses all required items. The Appendix F must specifically address each of the Clinical Case Management Services Programmatic Review Criteria set forth in Section VI of this RFP.

Instructions for completing the Appendix F document are provided with the actual document.

7. NYS Vendor Responsibility Questionnaire Status Document – Appendix G

New York State Procurement Laws and Guidelines require the award of State contracts to responsible vendors. Accordingly, the Office of the State Comptroller (OSC) has issued Vendor Responsibility: Standards, Procedures and Documentation Requirements that are intended to provide reasonable assurance that a current or proposed contractor is a responsible vendor. Consistent with these requirements a NYS Vendor Responsibility Questionnaire **must** be completed prior to the execution of a contract funding agreement under this RFP.

Therefore, applicants **must** complete, sign and date, and include in this RFP submission package a *NYS Vendor Responsibility Questionnaire Status – Appendix G* document in order to be considered for a funding award under this RFP.

In addition, those applicants needing to complete a NYS Vendor Responsibility Questionnaire, as so indicated by them on the Appendix G document, **must do so** and attach it to their Appendix G submission.

Instructions for completing the Appendix G document, including options for completing a NYS Vendor Responsibility Questionnaire, if required, are included with the Appendix G document.

8. NYS Charities Registration Compliance Status – Appendix H

Applicants under this RFP must be in compliance with the New York State Office of the Attorney General (OAG) Charities Registration requirements, unless specifically exempt from such requirements, in order to be considered for funding.

Accordingly, the *NYS Charities Registration Compliance Status – Appendix H* document **must** be completed, signed and dated, and included in the RFP submission package.

While OASAS RFP application review staff will look at the Appendix H document for completeness, etc., the applicant's compliance with Charities Registration requirements will be based solely on OASAS' independent verification through the Office of the Attorney General.

Applicants can view Charities Registration information and compliance requirements online at the following OAG internet sites:

<http://www.oag.state.ny.us/bureaus/charities/about.html>

[http://www.oag.state.ny.us/bureaus/charities/statutes\\_regs.html](http://www.oag.state.ny.us/bureaus/charities/statutes_regs.html)

[http://www.oag.state.ny.us/bureaus/charities/pdfs/statutes\\_booklet.pdf](http://www.oag.state.ny.us/bureaus/charities/pdfs/statutes_booklet.pdf)

<http://www.oag.state.ny.us/bureaus/charities/charities.html>

Instructions for completing Appendix H are included with the document.

#### 9. Non-Sectarian Services Certification – Appendix I

The services funded under this RFP must be secular health-related services provided to people without regard to religious background or preference; in any setting in which they can be reached and for the furtherance of the public health and welfare generally; and further, that the services are not mandated or supplementary portions of an educational curriculum or religious exercise, program or practice of the applicant entity, and do not directly or indirectly favor or foster any single sectarian view or religion.

Applicants must, therefore, complete, sign and date, and include the *Non-Sectarian Services Certification – Appendix I* document in the RFP submission package in order to be considered for funding.

Instructions for completing the Appendix I are included with the document.

#### 10. Closely Allied Entities Certification – Appendix J

Applicants submitting funding proposals under this RFP must disclose any relationship they have with any entity, which meets the criteria of a closely allied entity (CAE), as defined in OASAS Local Services

Bulletin No. 1999-02 or latest update, in order to be considered for funding.

Accordingly, the *Closely Allied Entities Certification – Appendix J* document must be completed, signed and dated, and submitted with the RFP submission package.

Instructions for completing Appendix J are included with the document.

#### 11. Data Reporting Requirements Attestation – Appendix K

OASAS anticipates that the 2009 enacted sentencing law reforms will result in additional data reporting requirements for many OASAS-Certified providers including successful applicants under this RFP, and the use of a new Consent Form for the release of information on those individuals participating in sentencing law reforms. Additional data reporting requirements and the specifics of the new Consent Form are not yet fully determined but are expected to be minimal and primarily focused on tracking sentencing law reform individuals from their initial engagement with the criminal justice system (Drug Courts, other Court parts, District Attorneys, Probation, Parole, Shock and Willard) through their anticipated diversion to or other supervised placement in OASAS-Certified treatment services.

OASAS is committed to notifying in a timely manner all impacted providers, including successful applicants under this RFP, of any additional data or other reporting requirements that are developed, including specifics of the new Consent Form. OASAS is also committed to working with providers to minimize the additional data reporting requirement burden that may result, and to fully explain such requirements; including use of the new Consent Form.

Accordingly, applicants must complete, sign and date, and include the *Data Reporting Requirements Attestation – Appendix K* document in the RFP submission package in order to be considered for funding.

Instructions for completing Appendix K are included with the document.

### **VIII. Bidder's Conference and OASAS Responses**

OASAS will be holding a non-mandatory bidder's conference for *Eligible Applicants* on November 24, 2009 to answer questions about its *Request for Proposals – Clinical Case Management Services* solicitation. Specific details about the bidder's conference regarding time, location, Webinar access, etc., will be sent to all *Eligible Applicants* no later than November 16, 2009 and posted on the OASAS website. OASAS reserves the right to defer answering any question raised at the bidder's

conference until the date indicated below when answers to all questions will be initially posted on the OASAS website.

Applicants may submit written questions to be responded to at the non-mandatory bidder's conference prior to the actual conference; may bring written questions to the actual conference; or raise questions by phone, Webinar or in person during the actual conference. Written questions submitted prior to the actual bidder's conference may be sent by mail, email, or FAX to:

Bureau of Financial Management  
NYS Office of Alcoholism and Substance Abuse Services  
4<sup>th</sup> Floor, 1450 Western Avenue  
Albany, New York 12203-3526  
Email: [Applications@oasas.state.ny.us](mailto:Applications@oasas.state.ny.us)  
Fax: (518) 457-3562

All questions must be typed. Along with your question(s), provide your name, legal name of applicant entity, mailing address, email address, and fax number. Applicants **must** reference the *Clinical Case Management – Request for Proposals* in submission of questions. OASAS will not entertain questions via telephone or not submitted to the addresses above, **except** those questions asked during the actual non-mandatory bidder's conference. At the conclusion of the bidder's conference applicants have until the close of business (5 p.m.) on November 30, 2009 to submit follow-up written questions to the addresses above.

Questions will not be answered on an individual basis except during the actual bidder's conference. Written responses to all questions submitted in advance, at the actual bidder's conference, or by the follow-up question submission date of November 30, 2009 will be posted on OASAS's website ([www.oasas.state.ny.us](http://www.oasas.state.ny.us)) on December 21, 2009.

At the conclusion of the follow-up question submission deadline referenced above, **no further questions will be answered by OASAS.**

## **IX. Application Submission Requirements**

Completed application submissions under OASAS' *Clinical Case Management Services – Request for Proposals* **must be received by 3:00 p.m., January 11, 2010** in order to be considered. Application submissions received after this deadline date **will not be opened or considered.**

Interested applicants are provided two (2) options for submission of the OASAS *Clinical Case Management Services – Request for Proposals* applications; electronic submission or hard copy paper submission.

## Electronic Submission

Completed applications, containing all required components as described in Section VII of the OASAS *Clinical Case Management Services – Request for Proposals*, may be submitted electronically to OASAS by email file attachment or attachments to:

[Applications@oasas.state.ny.us](mailto:Applications@oasas.state.ny.us)

The email subject line **must** state – Electronic Submission of Clinical Case Management Services – Request for Proposals.

Application file attachments submitted electronically **must** be in PDF file format using the ‘fillable’ PDF *Clinical Case Management Services – Request for Proposals* application documents provided with this solicitation request; other attachments in PDF file format; or MS WORD file format attachments as specified in the Appendix G document instructions.

- ‘Fillable’ PDF RFP application documents and other attachments in PDF file format submitted to OASAS electronically **must** be named as follows:

[name] RockefellerRFPCCMproposal.pdf

For example: Appendix A RockefellerRFPCCMproposal.pdf

For example: Complete Proposal RockefellerRFPCCMproposal.pdf

- MS WORD file format attachments **must** be named as follows:

[name] RockefellerRFPCCMproposal.doc

For example: Vendor Responsibility Questionnaire  
RockefellerRFPCCMproposal.doc

MS WORD document file attachments requiring the applicant’s signature **must be converted and submitted in PDF file format.**

**All** OASAS *Clinical Case Management Services – Request for Proposals* ‘fillable’ PDF application documents; other documents in PDF file format; or MS Word file format documents **that require the signature** of the applicant **must be signed and then submitted in the PDF file format.** This may require the *Eligible Applicant* to complete the ‘fillable’ PDF application documents, print them out and sign those where a signature is

required, scan the entire package, and then include the scanned documents in PDF format in its electronic email submission to OASAS. OASAS **will not accept** RFP application document electronic submissions **that do not include** signatures as required.

Applicants electronically submitting their funding proposals **are not required** to submit hard paper copies to OASAS.

#### Hard Copy Paper Submission

Applicants using this option must submit **One original and Two copies** of their **Clinical Case Management Services – Request for Proposals** application submission containing all required components to the following address:

Clinical Case Management Services – Request for Proposals  
NYS Office of Alcoholism and Substance Abuse Services  
Bureau of Financial Management  
4<sup>th</sup> Floor, 1450 Western Avenue  
Albany, New York 12203-3526

Applicants using the hard copy paper submission option are encouraged to complete their funding proposal(s) using the ‘fillable’ PDF documents, print them out and submit them.

When OASAS receives an applicant funding proposal, either electronically or in hard copy paper submission format, in the timeframe and at the addresses specified above, it is considered to **be complete** and no additional funding proposal submissions, including corrections, will be accepted. OASAS Bureau of Financial Management staff will notify applicants that OASAS has received their funding proposal submission, by the submission deadline date specified above, via both email and hard copy written letter sent through the U.S. Postal Service within five business days.

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix A – Application Completeness Checklist**

The Appendix A document **must** be completed by checking (√) each applicable box below, providing the Applicant entity information requested, having the document signed and dated, and submitted to OASAS as described below. The Appendix A document may be completed by hand using blue or black pen if not being submitted electronically.

If the Appendix A document is included as part of the Applicant’s electronic submission package it **must** be submitted in PDF file format and **must** include a signature (please see Section IX of the *OASAS Clinical Case Management Services – Request for Proposals* for electronic submission requirements).

Application Completion Checklist Items

1. Application Completeness Checklist – Appendix A **(Required)** [ ]
2. Eligible Applicant Identification Form – Appendix B **(Required)** [ ]
3. Proof of Not-for-Profit Entity Status – Appendix C [ ]
  - Not-for-Profit documentation attached, if required [ ]
4. Description of Collaborative Consortium – Appendix D **(Required)** [ ]
  - Cooperative Agreement Document Attached [ ]
5. Non-Supplantation of Funding Attestation – Appendix E **(Required)** [ ]
6. Funding Proposal and Budget Presentation – Appendix F **(Required)** [ ]
  - Part 1 signed and dated [ ]
  - Part 2 signed and dated [ ]
  - Part 3 signed and dated [ ]
7. NYS Vendor Responsibility Questionnaire Status Document – Appendix G **(Required)** [ ]
  - If Item 2.(d) is checked on Appendix G, copy of Vendor Responsibility Questionnaire attached to Appendix G submission. [ ]

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix A – Application Completeness Checklist**

Application Completion Checklist Items (continued)

- If Item 2.(e) is checked on Appendix G, Vendor Responsibility Questionnaire has been submitted through the online OSC VendRep System. [ ]
  - If Item 2.(e) is checked on Appendix G, hard copy Paper Vendor Responsibility Questionnaire is attached to Appendix G submission [ ]
8. NYS Charities Registration Compliance Status – Appendix H **(Required)** [ ]
9. Non-Sectarian Services Certification – Appendix I **(Required)** [ ]
10. Closely Allied Entities Certification – Appendix J **(Required)** [ ]
11. Data Reporting Requirements Attestation – Appendix K **(Required)** [ ]

Printed Legal Name of Applicant Entity:
Printed Name of Applicant Entity Official Authorized to Submit Application:
Printed Title of Applicant Entity Official Authorized to Submit Application:
Signature of Applicant Entity Official Authorized to Submit Application & Date Signed:

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix B – Eligible Applicant Identification Form**

As indicated in Section VII of the *Clinical Case Management Services – Request for Proposals* document, applicants must complete the *Eligible Applicant Identification Form – Appendix B* document on the next page and submit it with their funding proposal application package following their Appendix A document. Appendix B provides essential identifying information to OASAS about the *Eligible Applicant* including telephone contact, email contact, and, most importantly, the contact information for the *Eligible Applicant's* clinical case management services case manager(s) supervisor in the event that OASAS needs to discuss problems, etc.

If the Appendix B document is included as part of the Applicant's electronic submission package it **must** be submitted in PDF file format and **must** include a signature (please see Section IX of the *OASAS Clinical Case Management Services – Request for Proposals* for electronic submission requirements).

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix B – Eligible Applicant Identification Form**

1. Printed Legal Name of Applicant Entity:	
2. OASAS Provider Number: (See Instructions)	3. Applicant Entity Street Address/P.O. Box:
4. City/Town/Village:	5. Postal Zip Code:
6. City of New York Borough of Street Address entered in Item 3 above:	
7. Applicant Entity Telephone Number:	8. Applicant Entity Email Address:
9. Printed Name of Clinical Case Management Services Supervisor to be contacted by OASAS:	
10. Telephone Number of Supervisor in Item 8:	11. Email Address of Supervisor in Item 8:
12. <b>If applicable</b> , Name of OASAS-Certified Program that Clinical Case Management Services are part of:	
13. OASAS PRU Number:	14. Program Street Address/P.O. Box:
15. City/Town/Village:	16. Postal Zip Code:
17. City of New York Borough of Street Address entered in Item 13 above:	
18. Program Telephone Number:	19. Program Email Address:
20. Printed Name of Applicant Entity Official Authorized to Submit Application:	
21. Printed Title of Applicant Entity Official Authorized to Submit Application:	
22. Signature of Applicant Entity Official Authorized to Submit Application & Date Signed:	

**OASAS Request for Proposals  
Clinical Case Management Services**

**Instructions for Completing Appendix B**

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant entity submitting an application under the *Clinical Case Management Services – Request for Proposals*. **Do not enter the common name or acronym.**
2. **OASAS Provider Number** – Applicant’s that receive OASAS State Aid funding support either through a direct contract agreement or through a local contract agreement with the New York City Local Governmental Unit (LGU) **must** enter the unique 5-digit number that identifies the Applicant entity 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.

Applicant’s that **do not** currently receive OASAS State Aid funding **must** enter **N/A** in the space provided for this Item.

- 3-5. **Applicant Entity Address** – Enter the mailing address, including zip code, where the administrative office of the Applicant entity is located.
6. **City of New York Borough** – Enter the name of the borough (Manhattan, Brooklyn, Queens, or Bronx) where the applicant entity address entered in Item 3 is located.
7. **Applicant Entity Telephone Number** – Enter the main telephone number, including area code, for the applicant entity administrative offices.
8. **Applicant Entity Email Address** – Enter the email address used by the Applicant entity to receive electronic correspondence.
9. **Printed Name of Clinical Case Management Services Supervisor** – Enter the printed name of the individual or individuals who will be supervising the provision of clinical case management services under the applicant’s *Clinical Case Management Services – Request for Proposals* funding proposal submission.

This individual or individuals **must** be able to respond to and quickly resolve problems in the provision of clinical case management services identified by OASAS **and must** be available and reachable by OASAS.

10. **Telephone Number of Supervisor** – Enter the telephone number, including area code, of the individual or individuals identified in Item 9. Please include cell phone number(s) where applicable. Please reference numbers to the first name of the individual or individuals.

**OASAS Request for Proposals  
Clinical Case Management Services**

**Instructions for Completing Appendix B**

11. **Email Address of Supervisor** – Enter the email address used by the individual or individuals identified in Item 9 to receive electronic correspondence. Please reference addresses to the first name of the individual or individuals.
12. **Name of OASAS-Certified Program** – Applicants that are proposing to provide clinical case management services under OASAS’ *Clinical Case Management Services – Request for Proposals* as part of **an existing** OASAS-Certified chemical dependence program, **must** enter the name of the program in the space provided.  
  
Applicants **not proposing** to provide clinical case management services under OASAS’ *Clinical Case Management Services – Request for Proposals* as part of **an existing** OASAS-Certified chemical dependence program, **must** enter **N/A** in the space provided; as well as entering **N/A** in Items 13 through 19.
13. **OASAS PRU Number** – Only those Applicants proposing to provide clinical case management services under OASAS’ *Clinical Case Management Services – Request for Proposals* as part of **an existing** OASAS-Certified chemical dependence program, **must** provide the OASAS assigned Program Reporting Unit (PRU) number for the program in the space provided.
- 14-16. **Program Address** – Only those Applicants proposing to provide clinical case management services under OASAS’ *Clinical Case Management Services – Request for Proposals* as part of **an existing** OASAS-Certified chemical dependence program, **must** enter the address, including zip code, of the program identified in Item 12.
17. **City of New York Borough** – Only those Applicants proposing to provide clinical case management services under OASAS’ *Clinical Case Management Services – Request for Proposals* as part of **an existing** OASAS-Certified chemical dependence program, **must** enter the name of the borough (Manhattan, Brooklyn, Queens, or Bronx) where the program address entered in Item 14 is located.
18. **Program Telephone Number** – Only those Applicants proposing to provide clinical case management services under OASAS’ *Clinical Case Management Services – Request for Proposals* as part of **an existing** OASAS-Certified chemical dependence program, **must** enter the main telephone number, including area code, for the program identified in Item 12.

**OASAS Request for Proposals  
Clinical Case Management Services**

**Instructions for Completing Appendix B**

19. **Program Email Address** – Only those Applicants proposing to provide clinical case management services under OASAS’ *Clinical Case Management Services – Request for Proposals* as part of **an existing** OASAS-Certified chemical dependence program, **must** enter the email address used by the program, identified in Item 12, to receive electronic correspondence.
- 20-22. **Applicant Entity Official** – Enter the printed name and title of the applicant entity official authorized to submit the *Clinical Case Management Services – Request for Proposals* application to OASAS. The printed name and title **must** be the same as entered on the Appendix A document.

This official must also sign and date the Appendix B document in the area provided.

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix C – Proof of Not-for-Profit Entity Status**

As referenced in Sections III, VI and VII of the OASAS *Clinical Case Management Services – Request for Proposals* document, applicants **that are not a voluntary agency or governmental entity** must demonstrate that they are a not-for-profit entity in order to be considered an *Eligible Applicant*.

Accordingly, the Appendix C document on the next page **must** be completed by all applicants, signed and dated, and included in the *Clinical Case Management Services – Request for Proposals* application proposal submission package. In addition, applicants that are not a voluntary agency or governmental entity must also attach documentation that establishes proof of their not-for-profit status (see Section III).

The Appendix C document and attached documentation, if required, is to be included after the Appendix B document in the funding proposal submission.

If the Appendix C document is included as part of the applicant's electronic submission package it **must** be submitted in PDF file format and **must** include a signature (please see Section IX of the *Request for Proposals* package for electronic submission requirements). The required documentation that establishes proof of not-for-profit status (see Section III) and **that must be** attached to Appendix C, **must also** be submitted in PDF format if submitting electronically.

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix C – Proof of Not-for-Profit Entity Status**

1. Printed Legal Name of Applicant Entity:
2. Voluntary Agency/Governmental Entity Status: As a duly authorized official of the Applicant Entity identified in Item 1 above, and by checking the appropriate box below, I certify that my agency is either a voluntary agency, as defined in Section III of the OASAS <i>Clinical Case Management Services – Request for Proposals</i> document, or a governmental entity and, therefore, not required to provide proof of not-for-profit entity status.  <input type="checkbox"/> Voluntary Agency <input type="checkbox"/> Governmental Entity  (if either box above is checked, <b>skip Item 3</b> and complete Items 4 and 5)
3. Applicant's Not-for-Profit Entity Status Description: As a duly authorized official of the Applicant Entity identified in Item 1 above, I certify that my agency is not a voluntary agency or governmental entity, but is a not-for-profit entity as defined in Section III of the OASAS <i>Clinical Case Management Services – Request for Proposals</i> document, and that I am attaching (as so checked) one of the four (4) acceptable not-for-profit proof documents to this Appendix C document submission.  <input type="checkbox"/> Proof of 501(c)(3) status from the Internal Revenue Service.  <input type="checkbox"/> Statement from the State taxing authority or State Secretary of State, or other similar official certifying that that my entity is a not-for-profit/nonprofit operating within the State, and that no part of its net earnings may lawfully benefit any private shareholder or individual.  <input type="checkbox"/> Certified copy of my entity' certificate of incorporation or similar document.  <input type="checkbox"/> Any of the three (3) above items, if that item applies to a State or national parent organization, together with a statement by the State or parent organization that the applicant entity is a local nonprofit affiliate.
4. Printed Name of Applicant Entity Official Authorized to Submit Application:
5. Signature of Applicant Entity Official Authorized to Submit Application & Date Signed:

**OASAS Request for Proposals  
Clinical Case Management Services**

**Instructions for Completing Appendix C**

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant entity submitting an application under the *Clinical Case Management Services – Request for Proposals*. **Do not enter the common name or acronym.**

The entry in Item 1 **must** be the same as that entered in Item 1 of Appendix B.

2. **Voluntary Agency/Governmental Entity Status** – Applicants that are a voluntary agency or governmental entity should check the appropriate box in Item 2, skip Item 3, and complete Items 4 and 5.
3. **Applicant's Not-for-Profit Entity Status Description** – Applicants that are not a voluntary agency or governmental entity must check **only one** of the four (4) boxes provided in this Item that describes the acceptable proof of not-for-profit entity status document attached to the Appendix C submission.
- 4-5. **Applicant Entity Official** – Enter the printed name of the applicant entity official authorized to submit the *Clinical Case Management Services – Request for Proposals* application to OASAS. The printed name **must** be the same as that entered for Item 20 on the Appendix B document submission by the Applicant.

This official must also sign and date the Appendix C document in the area provided.

## OASAS Request for Proposals Clinical Case Management Services

### Appendix D – Description of Collaborative Consortium

As referenced in Sections VI and VII of the OASAS *Clinical Case Management Services – Request for Proposals* document, the *Eligible Applicant* must describe the collaborative consortium established to monitor and oversee the clinical case management services proposed for funding under this RFP and provide written documentation demonstrating a cooperative agreement between all members of the consortium.

Accordingly, *Eligible Applicants* **must** complete, sign and date the *Appendix D – Description of Collaborative Consortium* document on the following page, attach a completed cooperative agreement to it, and submit both with their application package.

The Appendix D document and required attachment is to be included after the Appendix C document in the funding proposal submission.

If the Appendix D document is included as part of the applicant's electronic submission package it **must** be submitted in PDF file format and **must** include a signature (please see Section IX of the *Request for Proposals* package for electronic submission requirements). The required documentation demonstrating a cooperative agreement between all members of the consortium and **that must be** attached to Appendix D, **must also** be submitted in PDF format if submitting electronically.

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix D – Description of Collaborative Consortium**

1. Printed Legal Name of Applicant Entity:
2. Description of Collaborative Consortium: In the space provided below, describe how a consortium of community stakeholders will be organized quickly and effectively. The description must also address the following areas: <b>(attach one additional 8 ½ by 11 inch page if needed)</b> <ul style="list-style-type: none"><li>○ Description of the schedule for consortium meetings, leadership and the entity responsible for organizing.</li><li>○ A plan(s) for crisis intervention including how absconders will be addressed.</li><li>○ A plan(s) for resolving system barriers for access to needed services by individuals receiving clinical case management services.</li></ul> Attach a copy of the required cooperative agreement between consortium members to this Appendix D.
3. Printed Name of Applicant Entity Official Authorized to Submit Application:
4. Signature of Applicant Entity Official Authorized to Submit Application & Date Signed:

**OASAS Request for Proposals  
Clinical Case Management Services**

**Instructions for Completing Appendix D**

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant entity submitting an application under the *Clinical Case Management Services – Request for Proposals*. **Do not enter the common name or acronym.**

The entry in Item 1 **must** be the same as that entered in Item 1 of Appendix B.

2. **Description of Collaborative Consortium** – Provide a clear and concise description of how the collaborative consortium required under the OASAS *Clinical Case Management Services – Request for Proposals* will be quickly and effectively organized. Applicants must also attach a copy of the signed cooperative agreement between consortium members to the Appendix D.

As indicated, **one** additional 8 ½ by 11 inch page may be attached for Item 2. If an additional is attached it **must** include the following information at the **top** of the page:

- OASAS Request for Proposals – Clinical Case Management Services
- Appendix D
- Printed Name of Applicant Entity
- Item 2 Continuation Page

- 3-4. **Applicant Entity Official** – Enter the printed name of the applicant entity official authorized to submit the *Clinical Case Management Services – Request for Proposals* application to OASAS. The printed name **must** be the same as that entered for Item 20 on the Appendix B document submission by the Applicant.

This official must also sign and date the Appendix D document in the area provided.

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix E – Non-Supplantation of Funding Attestation**

The Appendix E document **must** be completed, signed and dated, and included in the *Clinical Case Management Services – Request for Proposals* application proposal submission package following the completed Appendix D document.

If the Appendix E document is included as part of the applicant’s electronic submission package it **must** be submitted in PDF file format and **must** include a signature (please see Section IX of the *Request for Proposals* package for electronic submission requirements).

1. Printed Legal Name of Applicant Entity:
2. As a duly authorized official of the Applicant Entity identified in Item 1 above, I certify and attest that under no circumstances shall OASAS State aid funding provided as the result of being selected for an award and/or awards under the OASAS <i>Clinical Case Management Services – Request for Proposals</i> be used to supplant and/or replace existing OASAS State aid or other funding such as Local Tax, Medicaid, and third party reimbursements for case management services that may be currently received by the <i>Eligible Applicant</i> , even if those services do not meet the clinical case management services required under this RFP.
3. Printed Name of Applicant Entity Official Authorized to Submit Application:
4. Signature of Applicant Entity Official Authorized to Submit Application & Date Signed:

**OASAS Request for Proposals  
Clinical Case Management Services**

**Instructions for Completing Appendix E**

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant agency submitting an application under the *Clinical Case Management Services – Request for Proposals*. **Do not enter the common name or acronym.**
2. **Attestation** – Self-Explanatory. See also Section VII of the *Request for Proposals* package.
- 3-4. **Applicant Entity Official** – Enter the printed name of the applicant official authorized to submit the *Clinical Case Management Services – Request for Proposals* application to OASAS. The printed name **must** be the same as that entered for Item 20 on the Appendix B document submission by the Applicant.

This official must also sign and date the Appendix E document in the area provided.

## OASAS Request for Proposals Clinical Case Management Services

### Appendix F – Funding Proposal and Budget Presentation

As set forth in Sections IV and VI of the OASAS *Request for Proposals – Clinical Case Management Services* package, the *Eligible Applicant* must prepare an *Appendix F – Funding Proposal and Budget Presentation* document that addresses all required items. The Appendix F must specifically address each of the Clinical Case Management Services Programmatic Review Criteria set forth in Section VI of this RFP. The completed Appendix F document **must** be signed and dated, and included in the *Request for Proposals – Clinical Case Management Services* application proposal submission package following the completed Appendix E document.

If the Appendix F document is included as part of the applicant's electronic submission package it **must** be submitted in PDF file format and **must** include signatures, as required (please see Section IX of the *Request for Proposals* package for electronic submission requirements).

The Appendix F document is in three (3) parts, all of which must be completed. Part 1 – Applicant Entity Identification confirms that the proposed clinical case management services under this RFP will be provided by the same entity identified in the applicant's Appendix B and the number of required FTE clinical case managers to be hired.

Part 2 – Funding Proposal is a required description of how the applicant's proposed clinical case management services specifically address Clinical Case Management Services Programmatic Review Criteria Items 2 through 8 that are detailed in Section VI of the *Request for Proposals* application package. **NOTE:** Clinical Case Management Services Programmatic Review Criteria, Item 1 is addressed by the applicant through completion and submission of the Appendix D document. Part 2 also includes a required attestation by the *Eligible Applicant* regarding the target population to be given first priority for services.

Part 3 – Budget Presentation is a required presentation of the annual operating budget needed by the *Eligible Applicant* to provide the proposed clinical case management services under this *Request for Proposals* solicitation, and that meets the budget presentation requirements described in Section VI.

Applicants should carefully review Sections IV, V and VI of the OASAS *Clinical Case Management Services – Request for Proposals* application package before completing the Appendix F document.

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix F – Funding Proposal and Budget Presentation**

**Part 1 – Applicant Entity Identification**

1. Printed Legal Name of Applicant Entity:
2. Confirmation of Appendix B Information: As a duly authorized official of the Applicant Entity identified in Item 1 above, I confirm that the proposed clinical case management services to be provided by my agency under the OASAS <i>Clinical Case Management Services – Request for Proposals</i> will be provided by the entity or OASAS-Certified Program previously identified in my agency's Appendix B document submission.
3. Number of FTE Clinical Case Management Services Case Managers to be Hired: Indicate in the space provided below the number of FTE clinical case managers to be hired under the applicant's funding proposal submission.  # of FTE Case Managers to be Hired:
4. Printed Name of Applicant Entity Official Authorized to Submit Application:
5. Signature of Applicant Entity Official Authorized to Submit Application & Date Signed:

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix F – Funding Proposal and Budget Presentation**

**Part 2 – Funding Proposal**

1. Printed Legal Name of Applicant Entity:
2. Description of Clinical Case Management Services Review Criteria (Items 2 through 8 in Section VI of the OASAS <i>Clinical Case Management Services – Request for Proposals</i> ): Provide brief, yet specific and detailed information that addresses each of the criteria below as described in Section VI of this RFP. <b>NOTE:</b> Each of the criteria below ties directly to Items 2 through 8 in Section VI.
3. Describe and demonstrate, in the space provided, the experience of the applicant in working with criminal justice populations and criminal justice stakeholders, including the following areas: (Item 3 continued on next page; <b>attach one additional 8 ½ by 11 sheet if needed</b> ) <ul style="list-style-type: none"><li>• Experience with substance abuse providers and community based recovery support systems.</li><li>• Experience in working with courts and other criminal justice entities.</li><li>• Description and provision of outcome data that reflects retention, successful completion of treatment, discontinued substance use, social connectivity, and increased employment.</li><li>• Description of the process for receiving referrals.</li><li>• Description of the process for communicating relevant information to courts and other criminal justice stakeholders.</li><li>• Description of the Applicant’s overall working relationship(s) with courts and other criminal justice entities.</li></ul>

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix F – Funding Proposal and Budget Presentation**

**Part 2 – Funding Proposal (continued)**

1. Printed Legal Name of Applicant Entity:
3. Continued.
4. Describe, in the space provided, how the clinical case manager(s) will work with services participants from engagement into clinical case management through termination of such services, including any planned post treatment follow-up. The description <b>must</b> address the nine (9) areas identified in Item 3 of Section VI of this OASAS <i>Clinical Case Management Services – Request for Proposals</i> . (Item 4 continued on next page; <b>attach one additional 8 ½ by 11 sheet if needed</b> )

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix F – Funding Proposal and Budget Presentation**

**Part 2 – Funding Proposal (continued)**

1. Printed Legal Name of Applicant Entity:
4. Continued.
5. Describe, in the space provided below, how the applicant is an unaligned and independent entity with the ability to provide clinically appropriate assessments, evaluations, and recommendations for appropriate services to participants receiving proposed clinical case management services under this RFP. The description <b>must</b> address the two (2) areas identified in Item 4 of Section VI of this OASAS <i>Clinical Case Management Services – Request for Proposals</i> . (Item 5 continued on next page; <b>attach one additional 8 ½ by 11 sheet if needed</b> )

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix F – Funding Proposal and Budget Presentation**

**Part 2 – Funding Proposal (continued)**

1. Printed Legal Name of Applicant Entity:
5. Continued.
6. Describe, in the space provide below, how the applicant's proposed clinical case management services staff education, experience and qualifications meet the requirements set forth in Section VI, Item 5 of the OASAS <i>Clinical Case Management Services – Request for Proposals</i> . Also demonstrate that clinical case manager(s) to be hired under this RFP have experience with models and theories of substance abuse disorders and criminogenic needs and risks, and describe and document the appropriate level of clinical supervision that will be provided. (Item 6 continued on next page; <b>attach one additional 8 ½ by 11 sheet if needed</b> )

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix F – Funding Proposal and Budget Presentation**

**Part 2 – Funding Proposal (continued)**

1. Printed Legal Name of Applicant Entity:
6. Continued.
7. Identify and describe, in the space provided below, the appropriate caseload size for the clinical case management services proposed, and provide a description of the underlying rationale for the caseload size. The rationale must include the average estimated length of time that services participants will remain on active caseload. (Item 7 continued on next page; <b>attach one additional 8 ½ by 11 sheet if needed</b> )

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix F – Funding Proposal and Budget Presentation**

1. Printed Legal Name of Applicant Entity:
7. Continued.
8. Describe and demonstrate, in the space provided below, the applicant's organizational capacity to manage programs by using outcome data to inform management decision making; describe how program outcomes will be measured and monitored; indicate how data will be collected and reported, including agreement to use the OASAS Case Management Monitoring System; and describe the staff responsible for measures. (Item 8 continued on next page; <b>attach one additional 8 ½ by 11 sheet if needed</b> )

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix F – Funding Proposal and Budget Presentation**

1. Printed Legal Name of Applicant Entity:
8. Continued.
9. Discuss, in the space provided below, the capability of the applicant to report on various participant and program outcome measures, including the seven (7) measures identified in Item 8 of Section VI of this OASAS <i>Clinical Case Management Services – Request for Proposals</i> . (Item 9 continued on next page; <b>attach one additional 8 ½ by 11 sheet if needed</b> )

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix F – Funding Proposal and Budget Presentation**

1. Printed Legal Name of Applicant Entity:

9. Continued.

10. Provide specific and detailed information regarding the capability of the applicant to implement the clinical case management services required by this *Request for Proposals* in an expeditious manner. Explain the specific factors, if applicable, prohibiting full implementation of services on January 1, 2010 such as staff recruitment difficulties, etc. **Clearly indicate the date when services will be fully implemented and operational.** (Item 10 continued on next page; **attach one additional 8 ½ by 11 sheet if needed**)

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix F – Funding Proposal and Budget Presentation**

1. Printed Legal Name of Applicant Entity:
10. Continued.
11. Target Population Attestation: As a duly authorized official of the Applicant Entity identified in Item 1 above, I certify that first priority for the proposed clinical case management services to be provided by my agency under the OASAS <i>Clinical Case Management Services – Request for Proposals</i> will be given to non-violent felony offenders with a current substance use disorder diagnosis affected by 2009 Rockefeller Drug Law sentencing reform.
12. Printed Name of Applicant Entity Official Authorized to Submit Application:
13. Signature of Applicant Entity Official Authorized to Submit Application & Date Signed:

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix F – Funding Proposal and Budget Presentation**

**Part 3 – Budget Presentation**

1. Printed Legal Name of Applicant Entity:		
2. Date Clinical Case Management Services will be fully Operational:	3. OASAS-Certified Program PRU #:	
<b>REQUESTED OPERATING BUDGET FOR PROPOSAL</b>		<b>ANNUAL OPERATING BUDGET</b>
<b>4. Gross Expense Budget</b> (see instructions for details): <b>Round Amounts to the nearest \$100.</b>		
Personal Services		
Fringe Benefits		
Non-Personal Services		
Equipment		
Property/Space		
Agency Administration		
<b>TOTAL GROSS EXPENSE BUDGET</b>		
<b>5. Revenue Budget</b> (see instructions for details): <b>Round Amounts to the nearest \$100</b>		
Patient Fees		
SSI and SSA		
Public Assistance (Safety Net & TANF)		
Medicaid		
Medicare		
Third Party Insurance/Private Pay		
Food Stamps		
Closely Allied Entity Contributions		
Donations		
Other: Specify:		
Specify:		
Specify:		
<b>TOTAL REVENUE BUDGET</b>		
<b>6. OPERATING BUDGET NET DEFICIT (Subtract Item 5 Total from Item 4 Total)</b>		
<b>7. OASAS State Aid Funding Requested</b>		
<b>8. Full-Time Equivalent (FTE) Staff Requested:</b>		
9. Printed Name of Applicant Entity Official Authorized to Submit Application:		
10. Signature of Applicant Entity Official Authorized to Submit Application & Date Signed:		

**OASAS Request for Proposals  
Clinical Case Management Services**

**Instructions for Completing Appendix F**

**Part 1 – Applicant Entity Identification**

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant agency submitting an application under the *Clinical Case Management Services – Request for Proposals*. **Do not enter the common name or acronym.**
2. **Confirmation of Appendix B Information** – Self Explanatory.
3. **Number of FTE Clinical Case Management Services Case Managers to be Hired** – Self Explanatory.
- 4-5. **Applicant Entity Official** – Enter the printed name of the applicant official authorized to submit the *Clinical Case Management Services – Request for Proposals* application to OASAS. The printed name **must** be the same as that entered for Item 20 on the Appendix B document submission by the Applicant.

This official must also sign and date the Appendix F, Part 1 document in the area provided.

**Part 2 – Funding Proposal**

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant agency submitting an application under the *Clinical Case Management Services – Request for Proposals*. **Do not enter the common name or acronym.**
- 2-10. **Self Explanatory.** As indicated, **one** additional 8 ½ by 11 inch page may be attached for each of the Items 3 through 10. Each additional page that is attached **must** include the following information at the **top** of the page:
  - OASAS Request for Proposals – Clinical Case Management Services
  - Appendix F
  - Printed Name of Applicant Entity
  - Item (reference specific Item) Continuation Page

Additional pages must be in PDF format to be included in an applicant's electronic submission.

11. **Self Explanatory.**

**OASAS Request for Proposals  
Clinical Case Management Services**

**Instructions for Completing Appendix F**

**Part 2 – Funding Proposal (continued)**

- 12-13. **Applicant Entity Official** – Enter the printed name of the applicant official authorized to submit the *Clinical Case Management Services – Request for Proposals* application to OASAS. The printed name **must** be the same as that entered for Item 20 on the Appendix B document submission by the Applicant.

This official must also sign and date the Appendix F, Part 2 document in the area provided.

**Part 3 – Budget Presentation**

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant agency submitting an application under the *Clinical Case Management Services – Request for Proposals*. **Do not enter the common name or acronym.**
2. **Date Clinical Case Management Services will be Fully Operational** – Enter the date, in the mm/dd/yyyy format in the space provided, that the clinical case management services to be provided by the applicant will be fully operational and require State aid funding from OASAS. This date **must** be the same as the date described in Item 10 of Part 2 of the Appendix F document.

During the implementation of the initiative, OASAS reserves the right to establish and approve an operational start date later than that proposed by the successful applicant to accommodate available funding and services needs.

3. **OASAS-Certified Program PRU #** - Only those Applicants proposing to provide clinical case management services under OASAS' *Clinical Case Management Services – Request for Proposals* as part of **an existing** OASAS-Certified chemical dependence program, **must** provide the OASAS assigned Program Reporting Unit (PRU) number for the program in the space provided. This **must** be the same number as entered in Item 13 of the Appendix B document.

Applicants **not proposing** to provide clinical case management services under OASAS' *Clinical Case Management Services – Request for Proposals* as part of **an existing** OASAS-Certified chemical dependence program, **must** enter **N/A** in the space provided.

**OASAS Request for Proposals  
Clinical Case Management Services**

**Instructions for Completing Appendix F**

Part 3 – Budget Presentation (continued)

**Requested Operating Budget for Proposal**

Requested operating budget amounts must represent **12-month, full annual costs**, revenues, net deficit and OASAS State aid funding requested. The full annual budget may be pro-rated based on the OASAS approved start date for implementation of the initiative. **(ALL AMOUNTS REQUESTED MUST BE ROUNDED TO THE NEAREST HUNDRED DOLLARS)**

Applicants are reminded that OASAS intends to make State Aid funding awards over a multi-year period to successful applicants under this *Request for Proposals – Clinical Case Management Services* based on an annual OASAS State Aid net deficit cost band fee range of **between \$75,000 and \$99,000 per proposed FTE clinical case manager position and associated clinical case management services costs** that is reflected in the applicant's Appendix F, Budget Presentation document on Line 7 – OASAS State Aid Funding Requested.

For example: If the applicant's funding application proposes the hiring of two (2) FTE clinical case manager positions with associated costs then its annual Budget Presentation **must** display a Line 7 – OASAS State Aid Funding Requested amount of between \$150,000 and \$198,000 in order to receive a score.

For example: If the applicant's funding application proposes the hiring of 1.50 FTE clinical case manager positions with associated costs then its annual Budget Presentation **must** display a Line 7 – OASAS State Aid Funding Requested amount of between \$112,500 and \$148,500 in order to receive a score.

4. **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

**OASAS Request for Proposals  
Clinical Case Management Services**

**Instructions for Completing Appendix F**

Part 3 – Budget Presentation (continued)

Applicants should note that the Budget Presentation PDF fillable document will automatically compute the “Total Gross Expense Budget” line if the document is completed in PDF fillable mode.

5. **Revenue Budget** – Applicants should refer to the CFR Manual for an explanation of each revenue category, and enter applicable annual projected amounts that they anticipate receiving to offset costs attributable to the provision of the clinical case management services identified in Part 2 of the Appendix F.

An entry **must** be made for each revenue category – enter \$0 in those instances where the revenue category does not apply or when no monies are anticipated to be received from the category.

Applicants should note that the Budget Presentation PDF fillable document will automatically compute the “Total Revenue Budget” line if the document is completed in PDF fillable mode.

6. **Operating Budget Net Deficit** – Applicants should enter the amount obtained by subtracting **Total Revenue Budget** from **Total Gross Expense Budget** only if they are not using the PDF fillable Budget Presentation document. For applicants using the PDF fillable document, Item 7 is automatically calculated.
7. **OASAS State Aid Funding Requested** – Enter the amount of OASAS State aid funding being requested for the provision of the clinical case management services identified in Part 2 of the Appendix F. This amount **should equal** the **Operating Budget Net Deficit** amount.
8. **Full-Time Equivalent (FTE) Staff Requested** – Enter the number of FTE’s requested as part of this initiative.
- 9-10. **Applicant Entity Official** – Enter the printed name of the applicant official authorized to submit the *Clinical Case Management Services – Request for Proposals* application to OASAS. The printed name **must** be the same as that entered for Item 20 on the Appendix B document submission by the Applicant.

This official must also sign and date the Appendix F, Part 3 document in the area provided.

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix G – NYS Vendor Responsibility Questionnaire Status Document**

The Appendix G document on the next page **must** be completed, signed and dated, and included in the *Clinical Case Management Services – Request for Proposals* application proposal submission package following the completed Appendix F document.

If the Appendix G document is included as part of the applicant's electronic submission package it **must** be submitted in PDF file format and **must** include a signature. In addition, if the Applicant is required – based on completion of the Appendix G – to attach an actual completed *New York State Vendor Responsibility Questionnaire* and is including the actual Questionnaire as part of its electronic submission package, that document must also be signed and certified as required and submitted in PDF file format (please see Section IX of the *Request for Proposals* package for electronic submission requirements).

Applicants that are required to submit an actual *Vendor Responsibility Questionnaire* as part of their *OASAS Clinical Case Management Services – Request for Proposals* application submission should also refer to the Vendor Responsibility Questionnaire Submission Options section of the Appendix G instructions that follow the actual Appendix G document.

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix G – NYS Vendor Responsibility Questionnaire Status Document**

1. Printed Legal Name of Applicant Entity:
<p>2. Applicant Entity's NYS Vendor Responsibility Questionnaire Status (<b>check <u>only one of the following</u></b>):</p> <p>(a) <input type="checkbox"/> Applicant is an <b>existing</b> OASAS direct contract entity for the period July 1, 2009 through June 30, 2014 <b>and</b> submitted its <i>NYS Vendor Responsibility Questionnaire</i> electronically through the Office of the State Comptroller (OSC) online 'VendRep' system at the time it returned its signed contract agreement to OASAS for the period July 1, 2009 through June 30, 2014. <b>If this box is checked, skip to Items 6 &amp; 7 below.</b></p> <p>(b) <input type="checkbox"/> Applicant is an <b>existing</b> OASAS direct contract entity for the period July 1, 2009 through June 30, 2014 <b>and</b> submitted its <i>NYS Vendor Responsibility Questionnaire</i> in hard copy paper format to OASAS when it returned its signed contract agreement for the period July 1, 2009 through June 30, 2014. <b>If this box is checked, skip to Items 6 &amp; 7 below.</b></p> <p>(c) <input type="checkbox"/> Applicant <b>is not an existing</b> OASAS direct contract entity for the period July 1, 2009 through June 30, 2014 <b>and has</b> submitted its <i>NYS Vendor Responsibility Questionnaire</i> electronically through the Office of the State Comptroller (OSC) online 'VendRep' system. <b>If this box is checked, skip to Items 6 &amp; 7 below.</b></p> <p>(d) <input type="checkbox"/> Applicant <b>is not an existing</b> OASAS direct contract entity for the period July 1, 2009 through June 30, 2014 <b>and has</b> submitted its <i>NYS Vendor Responsibility Questionnaire</i> in hard copy paper format to <b>another</b> NYS agency. <b>If this box is checked, go to Item #3 below.</b></p> <p>(e) <input type="checkbox"/> Applicant <b>is not an existing</b> OASAS direct contract entity for the period July 1, 2009 through June 30, 2014 <b>and has never</b> submitted a <i>NYS Vendor Responsibility Questionnaire</i> either electronically or in hard paper copy. <b>If this box is checked, go to Item #4 or #5 below, whichever is applicable.</b></p>
3. <input type="checkbox"/> Applicant <b>checked box 2(d) above</b> and is providing a copy of its <i>NYS Vendor Responsibility Questionnaire</i> document submission to <b>another</b> NYS agency as an attachment to its Appendix F submission.
4. <input type="checkbox"/> Applicant <b>checked box 2(e) above</b> and is submitting its <i>NYS Vendor Responsibility Questionnaire</i> by <b>electronic submission</b> through the OSC 'VendRep' system.
5. <input type="checkbox"/> Applicant <b>checked box 2(e) above</b> and is submitting its <i>NYS Vendor Responsibility Questionnaire</i> by <b>hard copy paper or PDF electronic submission format</b> to OASAS as an attachment to its Appendix F submission.
6. Printed Name of Applicant Entity Official Authorized to Submit Application:
7. Signature of Applicant Entity Official Authorized to Submit Application & Date Signed:

**OASAS Request for Proposals  
Clinical Case Management Services**

**Instructions for Completing Appendix G**

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant agency submitting an application under the *Clinical Case Management Services – Request for Proposals*. **Do not enter the common name or acronym.**
2. **Applicant Entity’s NYS Vendor Responsibility Questionnaire Status** – This should be Self-Explanatory.

However, any applicant that needs more information should refer to Section VII of this Request for Proposals application package or to the Office of the State Comptroller (OSC) main web page on Vendor Responsibility requirements at:

<http://www.osc.state.ny.us/vendrep/index.htm>

3. **Applicant Checked Box 2(d)** – The applicant **must** attach a copy of the *NYS Vendor Responsibility Questionnaire* document that was submitted to another NYS agency to its Appendix G application submission under this *Request for Proposals*.

Applicants are reminded that an electronic submission of the *Questionnaire* document attached to an electronic submission of Appendix G **must** be signed and in PDF file format.

4. **Applicant Checked Box 2(e)** – This should be Self-Explanatory. The applicant is submitting the *NYS Vendor Responsibility Questionnaire* document electronically for the first time through the online OSC ‘VendRep’ system.
5. **Applicant Checked Box 2(e)** – This should be Self-Explanatory. The applicant is submitting the *NYS Vendor Responsibility Questionnaire* document for the first time as an attachment to its Appendix G application submission under this *Request for Proposals* in either hard copy paper format or electronic RFP application submission format.

Applicants are reminded that an electronic submission of the hard copy paper *Questionnaire* document attached to an electronic submission of Appendix G **must** be signed and in PDF file format.

**OASAS Request for Proposals  
Clinical Case Management Services**

**Instructions for Completing Appendix G**

- 6-7. **Applicant Entity Official** – Enter the printed name of the applicant official authorized to submit the *Clinical Case Management Services – Request for Proposals* application to OASAS. The printed name **must** be the same as that entered for Item 20 on the Appendix B document submission by the Applicant.

This official must also sign and date the Appendix G document in the area provided.

**Vendor Responsibility Questionnaire Submission Options**

Applicants checking Box 2(e) of the Appendix G document have two options for submission of the *NYS Vendor Responsibility Questionnaire*: online electronic completion and submission through the Office of the State Comptroller (OSC) VendRep system or in paper format as an attachment to the Appendix G document.

Applicants wishing to submit the required *NYS Vendor Responsibility Questionnaire* using the online OSC VendRep system should visit the web address shown below and follow the instructions.

[http://www.osc.state.ny.us/vendrep/login\\_vendors.htm](http://www.osc.state.ny.us/vendrep/login_vendors.htm)

Applicants wishing to submit the required *NYS Vendor Responsibility Questionnaire* in paper format as an attachment to the Appendix G document should visit the web address shown below to obtain and print out the *Questionnaire* document for completion.

[http://www.osc.state.ny.us/vendrep/forms\\_agency\\_vresp.htm](http://www.osc.state.ny.us/vendrep/forms_agency_vresp.htm)

Applicants using the paper format option must use either the Not-for-Profit Questionnaire PDF Version or the Not-for-Profit Questionnaire MS Word Version located at the above web address.

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix H – NYS Charities Registration Compliance Status**

The Appendix H document **must** be completed, signed and dated, and included in the *Clinical Case Management Services – Request for Proposals* application proposal submission package following the completed Appendix G document.

If the Appendix H document is included as part of the applicant’s electronic submission package it **must** be submitted in PDF file format and **must** include a signature (please see Section IX of the *Request for Proposals* package for electronic submission requirements).

1. Printed Legal Name of Applicant Entity:		
2. NYS Charities Registration Compliance Status: Is the Applicant Entity in #1 above presently registered with the New York State Attorney General’s Charities Bureau as a charitable organization? <b>(check one box)</b>		
<input type="checkbox"/> Yes <b>(complete Items 3 – 8 below, including checking the box in Item 6)</b> <input type="checkbox"/> No <b>(complete Items 7 – 8 below, and attach documentation indicating the reason(s) for your exemption)</b>		
3. Valid NYS Charities Registration #:	4. Charities Registration Date:	5. Most Recent Filing Date:
6. <input type="checkbox"/> As a duly authorized official of the Applicant Entity identified in #1 above, I certify that my agency has timely filed with the Attorney General’s Charities Bureau all required periodic or annual written reports. The Charities Registration Number entered in Item 3 above is current and has not been revoked or rescinded nor has any action been taken or omitted which would cause my agency’s registration to be revoked or rescinded.		
7. Printed Name of Applicant Entity Official Authorized to Submit Application:		
8. Signature of Applicant Entity Official Authorized to Submit Application & Date Signed:		

**OASAS Requests for Proposals  
Clinical Case Management Services**

**Instructions for Completing Appendix H**

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant agency submitting an application under the *Clinical Case Management Services – Request for Proposals*. **Do not enter the common name or acronym.**
2. **NYS Charities Registration Compliance Status** – Applicants **must** check either the Yes or No box. If the Yes box is checked, applicants must complete Items 3 – 8 on the Appendix H document. If the No box is checked, applicants must complete Items 7 – 8 only **and** attach documentation to the Appendix H that indicates the reason(s) why the Applicant Entity is exempt from Charities Registration requirements.

Applicants may refer to Section VII of this *Request for Proposals* application package for additional information or to the Office of the Attorney General (OAG) main web page on Charities Registration requirements at the following address:

<http://www.oag.state.ny.us/bureaus/charities/about.html>

3. **Valid NYS Charities Registration #** - Enter the Charities Registration number assigned to the Applicant by the Office of the Attorney General Charities Bureau.
4. **Charities Registration Date** – Enter the date in mm/dd/yyyy format that the Applicant registered with the Office of the Attorney General Charities Bureau.
5. **Most Recent Filing Date** – Enter the date in mm/dd/yyyy format that the Applicant filed required periodic and annual written reports with the Office of the Attorney General Charities Bureau.
6. **Certification Statement** – The box in Item 6 **must** be checked by the Applicant if the Yes box in Item 2 of the Appendix H document was checked.
- 7-8. **Applicant Entity Official** – Enter the printed name of the applicant official authorized to submit the *Clinical Case Management Services – Request for Proposals* application to OASAS. The printed name **must** be the same as that entered for Item 20 on the Appendix B document submission by the Applicant.

This official must also sign and date the Appendix H document in the area provided.

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix I – Non-Sectarian Services Certification**

The Appendix I document **must** be completed, signed and dated, and included in the *Clinical Case Management Services – Request for Proposals* application proposal submission package following the completed Appendix H document.

If the Appendix I document is included as part of the applicant’s electronic submission package it **must** be submitted in PDF file format and **must** include a signature (please see Section IX of the *Request for Proposals* package for electronic submission requirements).

1. Printed Legal Name of Applicant Entity:
2. Non-Sectarian Services Certification: As a duly authorized official of the Applicant Entity identified in #1 above, I certify that the services to be provided under the OASAS <i>Clinical Case Management Services – Request for Proposals</i> are secular health-related services provided to people without regard to religious background or preference; in any setting in which they can be reached and for the furtherance of the public health and welfare generally; and further, that the services are not mandated or supplementary portions of any educational curriculum or religious exercise, program or practice of the Applicant Entity, and do not directly or indirectly favor or foster any single sectarian view or religion.
3. Applicant Entity Status:  [ ] Applicant <b>is</b> a Sectarian Entity.  [ ] Applicant <b>is not</b> a Sectarian Entity.
4. Printed Name of Applicant Entity Official Authorized to Submit Application:
5. Signature of Applicant Entity Official Authorized to Submit Application & Date Signed:

**OASAS Request for Proposals  
Clinical Case Management Services**

**Instructions for Completing Appendix I**

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant agency submitting an application under the *Clinical Case Management Services – Request for Proposals*. **Do not enter the common name or acronym.**
2. **Non-Sectarian Services Certification** – Self-Explanatory.
3. **Applicant Entity Status** – Please check the box that indicates whether the Applicant entity is or is not a sectarian entity.
- 4-5. **Applicant Entity Official** – Enter the printed name of the applicant official authorized to submit the *Clinical Case Management Services – Request for Proposals* application to OASAS. The printed name **must** be the same as that entered for Item 20 on the Appendix B document submission by the Applicant.

This official must also sign and date the Appendix I document in the area provided.

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix J – Closely Allied Entities Certification**

The Appendix J document **must** be completed, signed and dated, and included in the *Clinical Case Management Services – Request for Proposals* application proposal submission package following the completed Appendix I document.

If the Appendix J document is included as part of the applicant’s electronic submission package it **must** be submitted in PDF file format and **must** include a signature (please see Section IX of the *Request for Proposals* package for electronic submission requirements).

1. Printed Legal Name of Applicant Entity:												
2. Closely Allied Entities Certification: As a duly authorized official of the Applicant Entity identified in #1 above, I certify that the information provided in Item 3 and, if applicable, in Item 4 below is correct.												
3. Relationship with Closely Allied Entity: Does the Applicant Entity identified in #1 above have a relationship with any entity, which meets the criteria of a closely allied entity (CAE), as defined in OASAS Local Services Bulletin No. 1999-02, or latest update: <input type="checkbox"/> Yes ( <b>complete Items 4 – 6</b> ) <input type="checkbox"/> No ( <b>complete Items 5 – 6</b> )												
4. Closely Allied Entity Identification & Compliance Check: If the Yes box is checked in Item 3 above, identify each CAE entity in the spaces provided below and, by checking the box next to each identified CAE entity certify that, in accordance with OASAS policy on CAE’s, as delineated in OASAS Local Services Bulletin No. 1999-02, or latest update, that: <ul style="list-style-type: none"> <li>• Amounts included in the Applicant’s OASAS approved annual budget and State aid expenditure reimbursement claims, for Applicant expenditures involving any and all transactions with a CAE, including the leasing of property and/or the purchase of goods and/or services from a CAE, are/will be restricted to the lesser of the actual cost to the CAE or fair market value of the transaction, in accord with OASAS policy.</li> <li>• All funds available to the Applicant, through fund raising activities carried out by a CAE on behalf of the Applicant, are/will be reflected in the Applicant’s OASAS approved annual revenue budget, in accord with OASAS policy.</li> <li>• Documentation is/will be maintained to fully demonstrate compliance with OASAS policy.</li> </ul> <table border="1" style="width: 100%; margin-top: 10px; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 80%;"><u>CAE Name</u></th> <th style="text-align: center;"><u>Compliance</u></th> </tr> </thead> <tbody> <tr> <td style="border: none;">_____</td> <td style="text-align: center;">[ ]</td> </tr> <tr> <td style="border: none;">_____</td> <td style="text-align: center;">[ ]</td> </tr> <tr> <td style="border: none;">_____</td> <td style="text-align: center;">[ ]</td> </tr> <tr> <td style="border: none;">_____</td> <td style="text-align: center;">[ ]</td> </tr> <tr> <td style="border: none;">_____</td> <td style="text-align: center;">[ ]</td> </tr> </tbody> </table>	<u>CAE Name</u>	<u>Compliance</u>	_____	[ ]	_____	[ ]	_____	[ ]	_____	[ ]	_____	[ ]
<u>CAE Name</u>	<u>Compliance</u>											
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5. Printed Name of Applicant Entity Official Authorized to Submit Application:												
6. Signature of Applicant Entity Official Authorized to Submit Application & Date Signed:												

**OASAS Request for Proposals  
Clinical Case Management Services**

**Instructions for Completing Appendix J**

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant agency submitting an application under the *Clinical Case Management Services – Request for Proposals*. **Do not enter the common name or acronym.**
2. **Closely Allied Entities Certification** – Self Explanatory.
3. **Relationship with Closely Allied Entity** – The Applicant **must** check one of the boxes in Item 3. If the Yes box is checked, the Applicant must complete Items 4 – 6 on the Appendix I document. If the No box is checked, the Applicant should skip Item 4 and complete Items 5 – 6 on the Appendix J document.

OASAS Local Services Bulletin No, 1999-02 can be viewed on the OASAS web site at the following web address:

<http://www.oasas.state.ny.us/mis/bulletins/lb99-02.cfm>

4. **Closely Allied Entity Identification & Compliance Check** – Item 4 **must** be completed if the Applicant checked the Yes box in Item 3 on the Appendix I document. Enter the name of each closely allied entity (CAE) that the Applicant has a relationship with in the spaces provided and check the box next to each entered name to indicate that the CAE is in compliance with OASAS policy.
- 5-6. **Applicant Entity Official** – Enter the printed name of the applicant official authorized to submit the *Clinical Case Management Services – Request for Proposals* application to OASAS. The printed name **must** be the same as that entered for Item 20 on the Appendix B document submission by the Applicant.

This official must also sign and date the Appendix J document in the area provided.

## OASAS Request for Proposals Clinical Case Management Services

### Appendix K – Data Reporting Requirements Attestation

As indicated in Section VII of the OASAS *Clinical Case Management Services – Request for Proposals* package, it is anticipated that the 2009 enacted sentencing law reforms will result in additional data reporting requirements for many OASAS-Certified providers including successful applicants under this *Request for Proposals*, and the use of a new Consent Form for the release of information on those individuals participating in sentencing law reforms. Additional data reporting requirements and the specifics of the new Consent Form are not yet fully determined but are expected to be minimal and primarily focused on tracking sentencing law reform individuals from their initial engagement with the criminal justice system (Drug Courts, other Court parts, District Attorneys, Probation, Parole, Shock and Willard) through their anticipated diversion to or other supervised placement in OASAS-Certified treatment services.

OASAS is committed to notifying in a timely manner all impacted providers, including successful applicants under this *Request for Proposals*, of any additional data or other reporting requirements that are developed, including specifics of the new Consent Form. OASAS is also committed to working with providers to minimize the additional data reporting requirement burden that may result, and to fully explain such requirements; including use of the new Consent Form.

Accordingly, the Appendix K document **must** be completed, signed and dated, and included in the *Clinical Case Management Services – Request for Proposals* application proposal submission package following the completed Appendix J document.

If the Appendix K document is included as part of the applicant's electronic submission package it **must** be submitted in PDF file format and **must** include a signature (please see Section IX of the *Request for Proposals* package for electronic submission requirements).

**OASAS Request for Proposals  
Clinical Case Management Services**

**Appendix K – Data Reporting Requirements Attestation**

1. Printed Legal Name of Applicant Entity:
2. Attestation: As a duly authorized official of the Applicant Entity identified in Item 1 above, I understand that 2009 enacted NYS sentencing law reforms may require additional, but as not yet fully determined, data reporting requirements, and the use of a new Consent Form for the release of information on those individuals participating in sentencing law reforms including those individuals to receive services under the OASAS <i>Clinical Case Management Services – Request for Proposals</i> .  Therefore, I certify and attest that my agency will comply with any such additional data reporting requirements and use of the new Consent Form.
3. Printed Name of Applicant Entity Official Authorized to Submit Application:
4. Signature of Applicant Entity Official Authorized to Submit Application & Date Signed:

**OASAS Request for Proposals  
Clinical Case Management Services**

**Instructions for Completing Appendix K**

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant agency submitting an application under the *Clinical Case Management Services – Request for Proposals*. **Do not enter the common name or acronym.**
2. Self-Explanatory.
- 3-4. **Applicant Entity Official** – Enter the printed name of the applicant official authorized to submit the *Clinical Case Management Services – Request for Proposals* application to OASAS. The printed name **must** be the same as that entered for Item 20 on the Appendix B document submission by the Applicant.

This official must also sign and date the Appendix J document in the area provided.

**OASAS Request for Proposals  
Clinical Case Management Services**

**Attachment 1 – Identified Boroughs in the City of New York Estimated Annual  
Number of Diversions and Required Full-Time Equivalent Clinical Case Managers**

City of New York Borough	Estimated Annual Diversions to Treatment	Required FTE Clinical Case Managers
• Manhattan	331	11.00
• Brooklyn	94	3.00
• Bronx	152	5.00
• Queens	<u>83</u>	<u>2.50</u>
<b>Borough Totals</b>	<b>660</b>	<b>21.50</b>

**OASAS Request for Proposals  
Clinical Case Management Services**

**Attachment 2 – Sample Cooperative Agreement Document**

As described in Section IV of the *OASAS Clinical Case Management Services – Request for Proposals*, a collaborative consortium must be established by *applicants* to oversee the clinical case management services to be provided in response to the RFP. A written cooperative agreement between all members of the collaborative consortium must be included with Appendix D and submitted as part of the application package. On the next page is a sample of a written cooperative agreement document that is acceptable for use by applicants in their funding proposal submission.

**Clinical Case Management Services  
CONSORTIUM AGREEMENT TO PARTICIPATE**

I, THE UNDERSIGNED, AGREE TO PARTICIPATE IN THE CONSORTIUM ESTABLISHED TO ADDRESS ROCKEFELLER DRUG LAW SENTENCING REFORM.

Co-Chair Name:	Date	Agency Name:	Judge
Co-Chair Name:	Date	Agency Name:	Applicant Entity
Name:	Date	Agency Name:	District Attorney
Name:	Date	Agency Name:	Local Dept. of Social Services
Name:	Date	Agency Name:	Public Defender
Name:	Date	Agency Name:	NYS Division of Parole
Name:	Date	Agency Name:	County Court
Name:	Date	Agency Name:	Law Enforcement
Name:	Date	Agency Name:	Intensive Residential
Name:	Date	Agency Name:	Community Residential Contact
Name:	Date	Agency Name:	Outpatient
Name:	Date	Agency:	Vocational
Name:	Date	Agency:	Housing