

Clinical Case Management Services

Bidders Conference Questions – RFP NYC November 24, 2009

Question 1 Will this PowerPoint be available online?

ANSWER: Yes

Question 2 There is a typo in the PowerPoint. On page 19, it states, “90,000 for Downstate, not 99,000.”

ANSWER: \$90K was the average OASAS used to develop the cost model. However, proposals w/cost per CM between \$75-99K will be eligible for funding.

Question 3 Will OASAS release the names and organizational affiliations of those attending the November 24, 2009 Bidder's Conference?

ANSWER: We will not be releasing the names and organizations who attend.

Question 4 Is clinical case management intended to be based in outpatient substance abuse treatment programs as a companion to the outpatient procurement?

ANSWER: Clinical Case Management is not solely intended to be based in outpatient substance abuse programs as other entities are eligible to apply. It is anticipated that the Clinical Case Management entity will work closely with outpatient and other treatment providers.

Question 5 Are defender-based advocacy programs eligible entities?

ANSWER: Yes. See eligibility criteria, section III, p 4.

Question 6 If a case management program serves the entire City, all 5 boroughs, how do we describe/identify FTEs according to the allotment in the RFP?

ANSWER: Applicant must describe how it will provide services in each jurisdiction.

Question 7 Are the treatment courts considered a mandating agency?

ANSWER: Yes

Question 8 Should an agency that is applying to provide services in more than one borough in NYC send in an application for each borough or a single application? If the application is unfunded in one borough is it unfunded in all boroughs?

ANSWER: **Agencies wishing to apply for more than one borough should apply separately for each borough.**

Question 9 Do you have a standard font size, font style, line spacing and page layout for the application?

ANSWER: **No**

Question 10 Do you intend to make more than one award per borough?

ANSWER: **Depends on number of applications and quality.**

Question 11 Can you please reiterate the outcomes you are looking for?

ANSWER: **OASAS will assess both program and patient level outcomes. At the patient level, the target outcome is to engage patients in services to support recovery and reintegration into the community. At the program level, the target outcome is quality case management services provided to patients referred through the Criminal Justice System. Additional outcome measures used to oversee program operations may also be identified by the case management provider.**

Question 12 Are you interested in further funding case management services for other OASAS services?

ANSWER: **This procurement only addresses Clinical Case Management Services for individuals under the DLR.**

Question 13 Will participation be mandatory or voluntary for the clients?

ANSWER: **It is anticipated that in some circumstances, the courts, parole or other Criminal Justice agency may require an individual to participate in clinical case management.**

Question 14 Clarify page 19, scoring values?

ANSWER: **OASAS has developed cost bands for scoring the budget portion of the application. Page 19 states the number of points to be awarded to an application based on the amount requested for each clinical case manager requested:**

- Under \$75,000 or over \$99,000 per case manager—0 points
- \$75,000 to \$79,000 or \$95,000 to \$99,000 per case manager—10 points
- \$79,001 to \$82,999 or \$90,001 to \$94,999 per case manager—15 points
- \$83,000 to \$90,000 per case manager—20 points

Cost per case manager will be calculated by dividing the State Aid requested by the number of case managers proposed.

Question 15 Define the statement, “Contract Multi-Year Period.”

ANSWER: OASAS intends to develop contracts for up to a five-year period for these services with the successful applicants.

Question 16 Does one need to have consortium involvements in each borough?

ANSWER: Yes

Question 17 Please discuss how NYS Parole is involved in this RFP?

ANSWER: NYS Parole is not involved in this RFP.

Question 18 Discuss the revenue which can be obtained if there is no third-party billing.

ANSWER: Programs may seek to require self pay for some services.

Question 19 Discuss how OASAS views the case management program working within a treatment setting? Addressing conflict of interest, etc?

ANSWER: OASAS anticipates that the application will address issues such as conflict of interest by describing how providers will ensure that individuals are referred to the most appropriate services, and that referrals are not made only to the same agency.

Question 20 Discuss how a person who is enrolled in a treatment program can benefit from case management program and not receive duplicated services by being enrolled in both.

ANSWER: The purpose of the clinical case management program is to help individuals have access to services and support that are outside the normal scope of reimbursable treatment services. These can include transportation, support with entitlement applications, etc.

Question 21 At submission do you need a commitment of enrollment into a consortium?

ANSWER: Applications will be scored on how effective the agency is in establishing the consortium. Agencies that have commitments to the consortium would score higher than agencies that do not have commitments.

Question 22 Do you need a letter of participation or signature items?

ANSWER: A letter of participation or a signature on a consortium participation agreement form would satisfy the requirement.

Question 23 How is $\frac{3}{4}$ Housing defined?

ANSWER: “Three-quarter House” housing is neither a New York State licensed or certified class of Transitional Housing under Community Residence regulations, nor is it considered Permanent Housing due to expected length of stay parameters.

Question 24 How does $\frac{3}{4}$ Housing fit into permanency?

ANSWER: If the individual is living in transitional housing, the Case Manager would have a role in helping that person secure Permanent Housing when appropriate.

Question 25 How are you defining permanency housing?

ANSWER: Consistent with the U.S. Department of Housing and Urban Development (HUD), definitions of housing type are:

- Permanent Housing is any residential setting available to an occupant where the expected length of stay is at least two years duration. Such housing is usually leased by the occupant (tenant) or by a voluntary agency with an accompanying occupancy agreement between the occupant and the voluntary agency holding that lease.
- Transitional Housing is any residential setting available to an occupant where the expected length of stay is less than two years duration. Transitional housing includes community residential programs in a congregate site that are licensed or certified by a state disability authority, such as OASAS or OMH; residential programs in a congregate site that are contracted by a federal agency, such as HUD or the Veterans Administration, or a state authority, such as Parole, but not licensed or certified by a federal or state agency.

Question 26 How do items fit in cost expenses?

ANSWER: Please refer to the Consolidated Fiscal Reporting (CFR) Manual for a more detailed description of the expense categories. You can access the CFR Manual at http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/CFR.html

Question 27 If a person does not fall under DLR would they be accepted into a case management program?

ANSWER: The procurement is for case management services for criminal justice involved individuals who are part of the DLR.

Question 28 Concerning the relationship between case management and courts. How can the differences or lack of views be addressed?

ANSWER: The consortium is designed to support collaboration amongst CJ, CD, and the stakeholders.

Question 29 NYS parole is referenced in the RFP. How is NYS Parole expected to be involved if parolees are to have no supervising responsibility?

ANSWER: NYS Parole is not involved in this RFP. It is anticipated that in some circumstances, the courts, parole or other Criminal Justice agency may require an individual to participate in clinical case management.

Question 30 Page 5, Description of Services, Para. 4 – Other supervision. A client may be from any one of the mandating agencies, including Parole? Please explain.

ANSWER: An individual may be under parole supervision.

Question 31 Because there are different entities, the client is accountable to the case management provider responsible or to one agency or multiple?

ANSWER: The role of the clinical case manager is to support and advocate for the individual. The client is ultimately accountable to the criminal justice agency that has supervision responsibility for them.

Question 32 Page 6, Para. 1, "Eligible Applicants," please clarify.

ANSWER: Please refer to Page 4, Section III Definitions for clarifications on Eligible Applicants, Voluntary Agency, and Not-for-Profit Entity.

Question 33 Clarify scoring values, page 19.

ANSWER: Please see answer to Question 14.

Question 34 Please explain, "Contract multi-year period, based upon budget funding."

ANSWER: Please see answer to Question 15.

Question 35 Will you provide the names of the attendees to the conference?

ANSWER: No

Question 36 Are there future plans to expand case management services to all offenders or just this pilot?

ANSWER: Currently, OASAS is funding only clinical case management services related to the Drug Law Reform. Future expansion is not currently under discussion, but may be possible in the future.

Question 37 Do you anticipate the participation to be completely voluntary or will it be a requirement?

ANSWER: It is anticipated that in some circumstances, the courts, parole or other Criminal Justice agency may require an individual to participate in clinical case management.

Question 38 If a treatment agency also provides the case management, how would OASAS envision the delivery of services?

ANSWER: OASAS envisions that the clinical case management services will be delivered in cooperation with the treatment agency, whether or not the treatment agency is also the case management entity. It is anticipated that the case manager and the treatment provider will collaborate on the treatment and case management planning for the individual.

Question 39 Can a treatment agency that provides long-term treatment be awarded the contract?

ANSWER: Yes. Eligible applicant is defined in Section III, page 4

Question 40 Attachment #2, last page. Clinical Case Management agreement. At submission, should the applicant have a list, or would a handful be acceptable?

ANSWER: List is not sufficient. Only signatories on Attachment 2 will be considered to have committed to participating in the consortium.

Question 41 Should a signature be next to each and every agency?

ANSWER: See Question 40.

Question 42 Does the applicant need a consortium for each borough?

ANSWER: Yes

Question 43 Are the instruments to measure/look at outcomes to be provided by OASAS?

ANSWER: Yes

Question 44 How are Three Quarter Houses defined as being successful?

ANSWER: The dimension of housing being a positive “recovery environment” applies to either Permanent or Transitional Housing. For example, an individual who is living in a Permanent Supportive Housing apartment funded by OASAS or OMH would experience a positive recovery environment; while a person living in permanent housing leased by a family member or friend where substance use and/or criminal activity is occurring would be living in an environment that threatens his/her recovery. Again, living in a licensed Transitional Housing program contributes toward recovery; while living in a transitional setting which has many more residents than the Certificate of Building Occupancy allows, usually with inadequate on-site supervision, is an environment that threatens his/her recovery.

Question 45 Page 19, Budget question. Bands versus associate costs. Please explain the differences? How do items fit in?

ANSWER: All associated costs for operating clinical case management services should fit within the bands outlined on page 19 and should be budgeted using the form in Appendix F, page 54. Instructions for completing the form are on pages 56-58.

Question 46 Is the proposal predicated upon an application for another RFP? See the statement on page 10 – Conflict of Interest – Case Manager Entity.

ANSWER: No. This is an assurance against a Case Management Entity exclusively self referring for treatment.

Question 47 Is it acceptable that CCM services will be resumed upon transition See page 7.

ANSWER: Application should describe services before, during and after residential stays.

Question 48 Can CCM services be disrupted, not a continuous stream based on the level of care?

ANSWER: See Question 47

Question 49 Good standing is noted in the PowerPoint, but not in the RFP

ANSWER: Good standing criteria does not apply to the CCM RFP.

Question 50 Is there a percentage allotted for indirect costs?

ANSWER: There is no fixed percentage amount for indirect costs. These costs should be included within the budget proposal and fit within the cost bands described for Question 14.

Question 51 Will cases be flagged with a specific code to manage population and utilization?

ANSWER: Cases will be referred through the consortium. Clinical Case Management data will be tracked separately from the CDS system.

Question 52 Should the program apply for each borough independently or consolidate?

ANSWER: Agencies should apply for each borough separately.

Question 53 How are providers going to identify the clients that need this service?

ANSWER: It is anticipated that the provider will work with the consortium to identify those individuals who are appropriate for clinical case management services.

Question 54 Explain the budget for CMS vs. the RFP on the outpatient?

ANSWER: The budget submitted for this procurement is separate from any application submitted under the Outpatient RFP. The budget ranges identified in this procurement are based on the number of case managers a Service Provider proposes to fund to meet the estimate identified for the borough the applicant will operate in.

Question 55 If an agency has two offices in two boroughs, do they submit two applications?

ANSWER: One application, separate description of services and consortium (only one appx plus separate budgets and Attachment 2 for each consortium)

Question 56 Is there a conflict of interest between outpatient RFP and CMS RFP?

ANSWER: No.

Question 57 Can someone leave residential treatment and go into CMS without interrupting services?

ANSWER: The intent of the Clinical Case Management program is that individuals transitioning from one level of care to another will have their transition facilitated by the Clinical Case Manager.

Question 58 Does "operate" defined as a location or as long as you provide services?

ANSWER: Location.

Question 59 Tracking individual outcomes very specific. Is there going to be a way to capture these folks?

ANSWER: OASAS plans to utilize the MATS reporting system to track progress and outcomes for the Case Management population.

Question 60 In the RFP, it lists on page 3 as an eligible applicant "other not-for-profit, non-OASAS certified agencies,..." Does this mean that the not-for-profit must NOT be an OASAS-certified agency in order to be eligible? Please clarify.

ANSWER: As defined on page 4, a voluntary agency, as defined in New York State Mental Hygiene Law, "means a corporation organized or existing pursuant to the not-for-profit corporation law for the purpose of providing local services." If a not-for-profit agency provides any OASAS service, it is a voluntary agency. Any not-for-profit entity that is not a voluntary agency which wishes to apply for this procurement must demonstrate its not-for-profit status.

Question 61 As a provider of Clinical Case Management services, are we allowed to refer clients to our own services, as long as we have a protocol that specifies when it is appropriate to refer to our own services and when it is better to refer to others?

ANSWER: Yes.

Question 62 Page 14: If we choose to pursue multi-boroughs, are separate proposals required? If there is one proposal for multiple boroughs, and OASAS determines not to award all the boroughs submitted by the applicant, will OASAS award the boroughs individually or is the multi borough submission regarded as one submission?

ANSWER: Agencies must submit separate budget, Attachment 2 and plan for services each borough.

Question 63 Page 14: Does 'operate' mean having a physical location or just that we provide services in that borough?

ANSWER: Physical (See Question 58)

Question 64 Must all program referrals remain within the 12-member consortium group, or can referrals be made to other organizations/entities?

ANSWER: Referrals should be made to those services that best meet the needs of the individual. Those service providers could be within the consortium or outside.

Question 65 Please clarify the reporting process. If an individual is mandated to participate (by NYS Parole, for instance) who would we be required to report to, and what outcomes would be required?

ANSWER: Through the consortium, the Clinical Case Management entity would establish the reporting process.

Question 66 What are the data reporting elements and instruments that will be required?

ANSWER: OASAS will be using the MATS data reporting system.

Question 67 What is the expectation for the linkage agreement with the Local Department of Social Services (New York City Human Resource Administration)? In NYC, HRA requires that a substantially completed proposal be submitted for review with three weeks response period for all support letter/agreements. There will not be sufficient time to obtain this support prior to submission.

ANSWER: There is no requirement for NYC LGU or HRA review.

Question 68 If we are considering serving two counties, should we submit two separate applications or one single application covering both service areas?

ANSWER: One application, separate budget and consortium for each county. Successful application could be for one or both counties.

Question 69 What is the anticipated time frame for the vendor to reach full census of population to be served?

ANSWER: The time frame to reach full census should be described on application.

Question 70 Please clarify your expectations for program start up. In the narrative section you state the program should start as quickly as possible, but on the F dorm, question 10, you mention full implementation of services on January 1, 2010 (Page 52 of the RFP).

ANSWER: Originally expected January 1st implementation. Given the current best estimate of procurement timeline, expected start date of April 1, 2010

Question 71 Expected start date?

ANSWER: April 1, 2010

Question 72 Please clarify what specific measurements should be used to document outcomes listed on Page 11 of the RFP. Additionally, what discharge criteria should be used for these outcomes given the varying activity requirements of participants?

ANSWER: 1. Case management providers will be trained in the use of the designated needs assessment (used to identify patient goals) and the data collection tools that provide the information necessary for OASAS to analyze patient outcomes. While most of the data will be collected by the case management service providers, OASAS will also access information in the OASAS Client Data System to assess some aspects of patient participation and progress in treatment. The outcomes identified by OASAS are not to the exclusion of additional outcome measures identified as important to individual case management providers in terms of both program operations and patient outcomes. OASAS will offer technical assistance to selected providers interested in developing program specific outcome measures beyond those provided here. Patient level measures include but are not limited to: transition between levels of care; treatment completion; case management program completion; and quality of life. Program level measures include case manager to patient ratio; average length of stay and patient discharge status.

2. Discharge criteria are a combination of case manager clinical assessment of patient progress and continued benefit from case management services and goal attainment.

Question 73 What kinds of linkages is OASAS expecting? For example:
Uniform eligibility criteria and application forms?
Joint referrals?
Shared medical records and care plans (with appropriate provisions for client confidentiality)?
Interagency service delivery teams?
Cross-agency case management (e.g., case management teams or regular case conferences)?
Cross-training of service providers?
Shared treatment protocols?
Shared tools for measuring client satisfaction?
Co-location of services at one site?

ANSWER: OASAS is looking for those agencies who have or are able to develop treatment referral linkages, relationships with referring criminal justice entities, and linkages to other supports (housing, vocational, etc.)

Question 74 In addition to CCM salaries and fringe benefits, what counts as "associated clinical case management services costs?"

ANSWER: Appendix F, pages 54-58 outline the budget categories including line item expenses, including personal services, fringe benefits, non-personal services, equipment, property/space and agency administration. For a more detailed description of the expense categories, please refer to the Consolidated Fiscal Reporting (CFR) Manual at http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/CFR.html

Question 75 Regarding the budget categories on p. 54, what kinds of costs are "Non-Personal Services."

ANSWER: Please refer to the Consolidated Fiscal Reporting (CFR) Manual for a more detailed description of the expense categories. You can access the CFR Manual at http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/CFR.html

Question 76 What kinds of "agency administration costs" are allowable?

ANSWER: See answer to Question 75.

Question 77 Do clinical supervision and data management services qualify as allowable costs?

ANSWER: If these services are necessary for the provision of services outlined in the RFP, they would be allowable costs. However, for scoring purposes, total costs will be viewed on a case manager basis, as outlined on Page 19. If your proposal is for two case managers, your total requested State Aid funding will be divided by two to determine the cost per case manager.

Question 78 Are pre-trial defendants included in the estimated annual diversions to treatment listed in Attachment 1 of the RFP?

ANSWER: Pretrial defendants were not included in the estimated annual diversions.