

**Office of Alcoholism and Substance Abuse Services
Request for Proposals**

Outpatient Treatment and Assessment Services

TABLE OF CONTENTS

I.	Introduction	2
II.	Eligible Applicants and Programs	2
III.	Definitions	3
IV.	Description of Services to be Funded	3
V.	Funding Availability and Award Parameters	5
VI.	Application Review Criteria	7
	• Threshold Review Criteria	7
	• Proposal Review Criteria	9
VII.	Application Components	13
VIII.	Bidder's Conference and OASAS Responses	17
IX.	Application Submission Requirements	18

APPENDICES

A.	Application Completeness Checklist	21
B.	Applicant Attestation of <i>In Good Standing</i>	23
C.	Eligible OASAS-Certified Part 822 Programs Attestation	25
D.	Non-Supplantation of Funding Attestation	27
E.	Funding Proposal and Budget Presentation	29
F.	NYS Vendor Responsibility Questionnaire Status Document	48
G.	NYS Charities Registration Compliance Status	52
H.	Non-Sectarian Services Certification	54
I.	Closely Allied Entities Certification	56
J.	IPMES Threshold Review Criteria Statement & Proof	58
K.	Data Reporting Requirements Attestation	60

ATTACHMENTS

1.	Identified Boroughs in the City of New York Estimated Annual Number of Diversions and Assessments	63
----	---	----

I. Introduction

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) announces its intention to provide State Aid funding over a multi-year period to successful eligible applicants under this Request for Proposals (RFP) solicitation. See Sections II and III below for definitions of what constitutes an eligible applicant. The State aid funding being made available through this RFP is designed to address anticipated demand for additional Part 822 outpatient chemical dependence treatment and associated assessment 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. Please see Section V – Funding Availability and Award Parameters for more information on the monies to be provided under this Request for Proposals.

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 in the City of New York, including outpatient services, as additional non-violent felony offenders in this jurisdictional area 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 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 that strive to keep individuals engaged in treatment and moving toward recovery, while addressing each individual's criminogenic issues.

II. Eligible Applicants and Programs

OASAS, through this Outpatient Treatment and Assessment Services – Request for Proposals, is seeking funding proposals from voluntary agencies that operate an Eligible OASAS-Certified Part 822 Program or Programs in the City of New York.

Applicants submitting funding proposals under this RFP must be *In Good Standing*, as defined in Section III below and the Part 822 Program or Programs requested to receive funding must be eligible, as defined in Section III below, to be considered by OASAS under this solicitation.

As mentioned in Section I above, OASAS intends to provide State Aid funding over a multi-year period to successful applicants under this Request for Proposals solicitation to support the provision of additional Part 822 chemical dependence outpatient treatment services, and associated assessment and recovery support

services in the four (4) boroughs of the City of New York identified on Attachment 1 (“identified boroughs”). Funding is not intended to supplant existing Part 822 chemical dependence outpatient treatment and associated assessment services but to broaden service potential and improve treatment and recovery outcomes.

III. Definitions

For the purposes of this Request for Proposals solicitation the following definitions apply:

Eligible OASAS-Certified Part 822 Program: Any voluntary agency located in any of the identified boroughs of the City of New York, that has a **valid two or three year, Part 822** operating certificate issued by the OASAS Commissioner.

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 OASAS-Certified Part 822 Program* under this RFP solicitation.

In Good Standing: For purposes of this RFP solicitation, the term *In Good Standing* shall mean the following with respect to the applicant entity eligible to submit a funding proposal:

1. The applicant has not initiated or been the subject of any bankruptcy case filed in any U.S. bankruptcy court that has not been fully discharged as of the due date of this RFP solicitation; and
2. All of the applicant’s OASAS operating certificates that are subject to a compliance rating have a current compliance rating of partial (two years) or substantial (three years) compliance.

If any one of the above is rated “no,” the applicant will not be classified as *In Good Standing*.

IV. Description of Services to be Funded

As indicated in Section I – *Introduction*, 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, including Part 822 outpatient chemical dependence services and associated assessments in the identified boroughs of the City of New

York, as certain non-violent felony offenders in this jurisdictional area 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.

Therefore, OASAS is seeking funding proposals from eligible applicants (as defined in Sections II and III of this RFP solicitation) to provide additional OASAS-Certified Part 822 Program treatment service capacity including associated assessments to meet the anticipated increase in demand for such services, in the identified boroughs of the City of New York, resulting from the Judicial Diversion Program created under the 2009 NYS Rockefeller Drug Law sentencing reform statute. The estimated number of people to be diverted annually into OASAS-Certified Part 822 Program treatment services in the City of New York, and the associated required assessments resulting from Rockefeller Drug Law reform diversion programs is provided in Attachment 1 of this solicitation for the four (4) identified boroughs.

It is not OASAS' intention to award funding to successful eligible applicants for funding proposals that **in aggregate** exceed the estimated annual additional Part 822 treatment and associated assessment services estimates provided in Attachment 1. OASAS further reserves the right to adjust funding awards based on actual Part 822 treatment services needs and associated assessments resulting from the full implementation of Rockefeller Drug Law reform judicial and other diversion programs.

The specific Part 822 services and budget criteria that must be addressed by 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 E – Funding Proposal and Budget Presentation* document included with this RFP application package.

In preparing funding proposals submissions, applicants should be aware that individuals referred by the criminal justice system are at risk of both relapse to active substance use disorders and recidivism if criminogenic risk and need is not appropriately assessed and treated. Recent research indicates that there are a number of “static factors” that are predictive of recidivism. Programming cannot change these “static factors”, but can address other predictive factors that influence an individual’s current behavior, values, and attitudes. Areas that can be impacted upon are called “criminogenic needs”. Briefly stated, they are: Substance Use, Family dysfunction, poor self-control, poor problem solving skills, anti-social associates, and anti-social attitudes and values. In addition, criminal justice involved individuals often have histories of trauma. Substance use disorders are often connected to criminal thinking and behavior and both addictions related and criminogenic factors must be treated simultaneously.

Criminal justice involved individuals also have unique clinical needs which require specific programming. Examples of specific programming include but are not limited to:

- Specialized tracks focused on treating substance use disorders and criminogenic issues.
- Motivational Interviewing to improve engagement and develop person-centered treatment goals.
- Cognitive Behavioral Therapy to address criminal thinking and attitudes.
- Employment and vocational programming, housing, and other recovery support services.
- Recovery groups focused on addiction and criminal lifestyle.
- Trauma-informed and person-centered treatment culture and philosophy.
- Clinical and recovery support services for significant others and family members.
- Gender specific and culturally competent programming.

A critical value of this project is that it should be data driven. It is OASAS' expectation that applicants selected to provide additional Part 822 chemical dependence outpatient treatment and associated assessment services under this Request for Proposals will submit data regularly to OASAS and will identify quality indicators (i.e. IPMES retention, patient satisfaction) to improve program performance.

OASAS will verify successful applicant and Part 822 program compliance with the services criteria identified in Section VI 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

The enacted 2009-10 State Budget for OASAS includes up to \$615,000 in State Aid funding that can be awarded to successful applicants under this RFP to support the provision of additional Part 822 chemical dependence outpatient treatment and associated assessment services as described in Section IV above. OASAS anticipates that this State Aid funding will be annualized at a level of \$11.4 million in the enacted 2010-2011 State Budget. OASAS intends to use this State Aid funding to support the expanded outpatient treatment and assessment capacity needs (see Attachment 1) for the four identified boroughs **and** to address current or any subsequent demand for Part 822 outpatient chemical dependence treatment and associated assessment services capacity in other jurisdictional areas outside of the four identified boroughs of the City of New York 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 OASAS-Certified Part 822 Programs* to be funded under this RFP will depend on the size of the awards made and any monies used to address the need for additional Part 822

outpatient treatment **and** associated assessment 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.

OASAS also intends that such State Aid funding awards will be treated as ongoing base adjustments, when applicable, for the successful applicant's *Eligible OASAS-Certified Part 822 Program or Programs* selected by OASAS for funding under this RFP.

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 E application document and make funding award determinations consistent with the amount of available State appropriations. 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 outpatient diversions and assessments identified on Attachment 1. An applicant may only apply for an award in a borough in which it operates to provide Part 822 treatment and assessment services. In the event OASAS does not receive proposals sufficient to meet the number of estimated annual outpatient diversions and assessments 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 – *Outpatient Treatment and Assessment 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 Request for Proposals?
3. Does each OASAS-Certified Part 822 Program included in the application submission meet the eligibility criteria as defined in Section III of this Request for Proposals?

If more than one OASAS-Certified Part 822 Program is included only those that are deemed eligible will be considered. Ineligible program or programs will be disqualified from further consideration.

4. Is the application complete?

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

5. Is a completed, signed and dated *Applicant Attestation of In Good Standing* (Appendix B) included with the submitted application?
6. Is a completed, signed and dated *Eligible OASAS-Certified Part 822 Programs Attestation* (Appendix C) included with the submitted application?
7. Is a completed, signed and dated *Non-Supplantation of Funding Attestation* (Appendix D) included with the submitted application?
8. Is a completed, signed and dated *NYS Vendor Responsibility Questionnaire Status Document* (Appendix F) included with the submitted application?

If so indicated on the Appendix F, is a completed, signed, dated and notarized NYS Vendor Responsibility Questionnaire attached to Appendix F?

9. Is a completed, signed and dated *NYS Charities Registration Compliance Status* (Appendix G) included with the submitted application?
10. OASAS shall verify that at least 50 percent of the applicant's OASAS-certified services Program Reporting Units ("PRUs") were not flagged by the OASAS Integrated Program Monitoring and Evaluation System ("IPMES") for the last two fiscal years that IPMES reports have been generated.
11. OASAS shall verify that the applicant's Part 822 Program(s) specific PRU(s) proposed for funding under this RFP has/have not been flagged in IPMES for the last fiscal year an IPMES report has been generated.

If an applicant does not meet the IPMES threshold review criteria in #10 and/or #11 above, it can attempt to satisfy the criteria not met by submitting proof to OASAS with its proposal that addresses and meets **at least one** of the two following conditions, as applicable:

- a. During the six months following the **most recent** applicable fiscal year's IPMES performance reports, at least 50 percent of the applicant's OASAS-certified services PRUs, which **must** include the PRU or PRUs proposed for funding under this RFP, would no longer be flagged on IPMES, have submitted all of their data in a timely manner, and are not deficient on any retention or completion indices.

AND/OR

- b. The applicant has one or more OASAS-certified services PRUs that were flagged, but the applicant can demonstrate that due to extenuating structural or operational anomalies, these particular PRUs are not able to exceed one or more minimum standards and thus find it difficult to avoid being flagged.

If the applicant believes that it meets one or both of the two above conditions, it **must submit** statement and proof documentation to that effect with its application submission. That is, the statement and proof documentation should acknowledge that the applicant does not meet the IPMES threshold review criteria in #10 and/or #11 and provide proof that addresses conditions a. and/or b. The statement must include a complete description of how condition(s) a. and/or b. are met. **Whether an applicant actually meets either of these conditions shall be determined solely by OASAS.**

Applicants that wish to submit the above statement and proof documentation **must** do so using *Appendix J – IPMES Threshold Review Criteria Statements & Proof*.

NOTE: Extenuating structural or operational anomalies may include but are not limited to:

- Programs that exclusively treat people with physically handicapping conditions (e.g., deaf, TBI).
- Programs that, for reasons beyond their control, have been unable to fill program director or counseling vacancies.
- One or more of the applicant’s intensive residential PRUs always does poorly on the employment-related index because employment issues are addressed when the residents move into a step-down program (e.g., outpatient rehab, community residential).
- Programs that, through no fault of their own, have experienced a physical plant problem which caused them to lose capacity.

NOTE: A program is flagged on IPMES if it is deficient on three or more indices or has failed to submit all 12 required Monthly Service Delivery Reports (PAS-48N) for the relevant years.

NOTE: A program is deficient on an index if its performance falls below the minimum standard or the 25th percentile of its comparison group’s performance where no minimum standard has been established.

Proposal Review Criteria

Applicants passing the Threshold Review Criteria will have their *Funding Proposal and Budget Presentation – Appendix E* 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 funding proposal (Appendix E) provide specific and detailed information regarding the experience of the Eligible OASAS-Certified Part 822 Program in working with and addressing the chemical dependence outpatient treatment and other services needs of criminal justice individuals in the following areas? (*Maximum of 20 Points*)
 - Description of how the Program will address the criminogenic factors that can be modified to increase the likelihood that individuals will experience successful treatment outcomes and entry into sustained recovery and decrease the likelihood of re-offense. (*4 Points*)

- Description of how the Program plans to simultaneously address substance use disorders and criminogenic factors. (4 Points)
 - Description of how the Program will evaluate the unique needs of the criminal justice involved individuals to be served under this RFP. (4 Points)
 - Description of how the Program will integrate trauma informed treatment into its curriculum. (4 Points)
 - Illustration of the relational framework that addresses how the individual's alcohol and drug use is associated with their criminal behavior through specific curriculum and individualized treatment planning. (4 Points)
2. Does the applicant's funding proposal (Appendix E) provide specific and detailed information regarding the experience of the Eligible OASAS-Certified Part 822 Program in working with the local Drug Court(s) and other criminal justice entities and having good relationships with such as evidenced by the local Drug Court being supportive of the selection of the Program to provide services under this RFP? (10 Points)
 3. Does the applicant's funding proposal (Appendix E) provide specific and detailed information regarding the capability of the Eligible OASAS-Certified Part 822 Program to implement the additional Part 822 treatment and associated assessment services required by this RFP in an expeditious manner and in compliance with Part 822 requirements? (5 Points)
 4. Does the Program have sufficient treatment space and appropriate clinical and administration supervision for the additional services level proposed? (5 Points)
 5. Does the applicant's funding proposal (Appendix E) provide a description of the Eligible OASAS-Certified Part 822 Program's capacity to provide specific program components including, but not limited, to the following? (10 Points)
 - Specialized tracks focused on treating substance use disorders and criminogenic issues.
 - Motivational Interviewing to improve engagement and develop person-centered treatment goals.
 - Cognitive Behavioral Therapy to address criminal thinking and attitudes.

- Employment and vocational programming, housing, and other recovery support services.
 - Recovery groups focused on addiction and criminal lifestyle.
 - Trauma-informed and person-centered treatment culture and philosophy.
 - Clinical and recovery support services for significant others and family members.
 - Gender specific and culturally competent programming.
6. Does the applicant's funding proposal (Appendix E) adequately demonstrate that the Eligible OASAS-Certified Part 822 Program has procedures and protocols to ensure that individuals have access to medication assisted treatment if clinically indicated? (5 Points)
 7. Does the applicant's funding proposal (Appendix E) adequately demonstrate that the Eligible OASAS-Certified Part 822 Program has procedures and protocols to assist participants in complying with the provisions of Rockefeller Drug Law Reform court orders or stipulations including provisions of court reporting in a timely manner? (10 Points)
 8. Does the applicant's funding proposal (Appendix E) adequately demonstrate that the Eligible OASAS-Certified Part 822 Program's preliminary outcome measures and performance targets for the first full year of operation are clear, measureable and meaningful; and that at least one measure has been selected from each of the two outcome domains listed below? (10 Points)

- Program Quality

Retention in treatment (One, three, six months, and one year); and treatment completion.

- Participant Outcomes

Abstinence; improvements in employment; reduction in arrests; improvements in housing; and attendance at self-help meetings within the last 30 days at discharge.

NOTE: Applicants may propose preliminary outcome measures for each domain that are not listed above.

NOTE: A final set of outcome measures, including performance targets, will be developed by OASAS in consultation with successful applicants.

9. Does the applicant's funding proposal (Appendix E) adequately describe the Eligible OASAS-Certified Part 822 Program's internal processes and procedures that include line staff involvement and frequency of data reviews, and how the provider will use outcome measurement data to improve program performance? (5 Points)

Budget Presentation (Maximum Points Available = 20)

1. Does the applicant's Appendix E, Part 2 – Budget Presentation for each proposed Part 822 Program(s) fall within the following **annual** net deficit cost range to provide this RFP's required Part 822 treatment and associated assessment services to **one** Rockefeller Drug Law sentencing reform diverted individual?

Annual Net Deficit Cost Range = \$10,600 to \$18,500.

Scoring values are as follows:

- Budget Presentation submissions with an **annual** net deficit cost **below** \$10,600 per individual – **0 points**.
- Budget Presentation submissions with an **annual** net deficit cost **above** \$18,500 per individual – **0 points**.
- Budget Presentation submissions with an **annual** net deficit cost per individual of **between** \$10,601 and \$11,700 – **10 points**.
- Budget Presentation submissions with an **annual** net deficit cost per individual of **between** \$11,701 and \$16,700 – **20 points**.
- Budget Presentation submissions with an **annual** net deficit cost per individual of **between** \$16,701 and 18,500 – **10 points**.

Applicants are reminded that OASAS will review, evaluate, and score applicant funding proposals and budget presentations included in the RFP Appendix E application document and make funding award determinations consistent with the amount of available State appropriations. 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 outpatient diversions and assessments identified on Attachment 1. An applicant may only apply for an award in a borough in which it operates to provide Part 822 treatment and assessment services. In the event OASAS does not receive proposals sufficient to meet the number of estimated annual outpatient diversions and assessments 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 OASAS *Request for Proposals – Outpatient Treatment and Assessment Services* application components must be completed and included in the application proposal submission; unless a specific exemption is provided for below, in order for the application submission to receive a “yes” on the Section VI, Threshold Review Criteria #4 above.

Application Completeness Checklist (Appendix A)

Applicants must complete, sign and date the *Application Completeness Checklist* (Appendix A) document and submit it with its 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 #4 in Section VI above.

Applicant Attestation of In Good Standing (Appendix B)

As set forth in Section II of this RFP, an applicant must be *In Good Standing* (as defined in Section III) in order to be considered an eligible applicant.

Accordingly, an applicant submitting funding proposals under this RFP must complete, sign and date the *Appendix B – Applicant Attestation of In Good Standing* document and submit it with its application package. Failure to submit the Appendix B document will result in automatic disqualification of the applicant from consideration under this Request for Proposals solicitation.

To the extent that applicant information is in the custody and control of OASAS, OASAS will independently verify the *In Good Standing* status of applicants.

Instructions for completing Appendix B are included with the document.

Eligible OASAS-Certified Part 822 Programs Attestation (Appendix C)

Applicant funding proposals submitted under this RFP solicitation **must** be for an *Eligible OASAS-Certified Part 822 Program or Programs* as defined in Section III.

Accordingly, an applicant submitting funding proposals under this RFP must complete, sign and date the *Appendix C – Eligible OASAS-Certified Part 822 Programs Attestation* document and submit it with its application package. Failure to submit the Appendix C document will result in automatic disqualification of the applicant from consideration under this Request for Proposals solicitation.

Instructions for completing Appendix C are included with the document.

Non-Supplantation of Funding Attestation (Appendix D)

The funding provided under the *Outpatient Treatment and Assessment Services – Request for Proposals* is not designed to: supplant (replace) current OASAS State aid funding for Part 822 treatment and assessment services; or supplant non-State Aid funding (e.g., Local Tax, Medicaid or other third party revenues) for Part 822 treatment and assessment services.

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

Instructions for completing Appendix D are included with the document.

Funding Proposal and Budget Presentation (Appendix E)

Applicants must complete, sign and date, and include in their submission package a separate *Funding Proposal and Budget Presentation* (Appendix E) for each *Eligible OASAS-Certified Part 822 Program* that funding is requested for under this RFP. The Appendix E must specifically address each of the Proposal Review Criteria set forth in Section VI of this RFP.

In addition, successful applicants will receive OASAS State Aid net deficit financial support (i.e. total cost for additional Part 822 services and assessments capacity **less** all anticipated third party reimbursements) based on a review of the program budget presentation included in Appendix E. See Section V and Section VI for more information on program budget presentation requirements.

Instructions for completing Appendix E are included with the document.

NYS Vendor Responsibility Questionnaire Status (Appendix F)

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 F) document in order not to be disqualified from funding consideration.

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

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

NYS Charities Registration Compliance Status (Appendix G)

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 G) 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 G 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/pdfs/statutes_booklet.pdf

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

Instructions for completing Appendix G are included with the document.

Non-Sectarian Services Certification Status (Appendix H)

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 H) document in the RFP submission package in order to be considered for funding.

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

Closely Allied Entities Certification (Appendix I)

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 I) document must be completed, signed and dated, and submitted with the RFP submission package.

Instructions for completing Appendix I are included with the document.

IPMES Threshold Review Criteria Statement & Proof (Appendix J)

Finally, and as described in Section VI – Threshold Review Criteria of this RFP, the applicant **must** meet both of the Integrated Program Monitoring and Evaluation System (IPMES) standards (threshold review criteria # 10 and #11) to be considered for award funding under this RFP, or submit statement and proof documentation that it satisfies condition a. and/or b., as applicable.

Therefore, applicants not meeting threshold review criteria #10 and/or #11 and wanting to submit statement and proof documentation under condition a. and/or b., must complete, sign and date, and include the *IPMES Threshold Review Criteria Statement & Proof* (Appendix J) document, including required attachments, in the RFP submission package.

OASAS will review the Appendix J and, at its sole discretion, determine if the applicant meets condition a. and/or b., and can be considered for funding under this RFP.

Instructions for completing Appendix J are included with the document.

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 applicants on October 15, 2009 to answer questions about its *Outpatient Treatment and Assessment Services – Request for Proposals* solicitation. Specific details about the bidder's conference regarding time, location, Webinar access, etc., will be posted on the OASAS website: www.oasas.state.ny.us no later than October 5, 2009. 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 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
4th Floor, 1450 Western Avenue
Albany, New York 12203-3526
Email: 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 *Outpatient Treatment and Assessment Services – 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 pm) on October 20, 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 October 20, 2009 will be posted on OASAS's website (www.oasas.state.ny.us) on October 27, 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' *Outpatient Treatment and Assessment Services – Request for Proposals* **must be received by 3:00 pm, November 17, 2009** 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 *Outpatient Treatment and Assessment 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 *Outpatient Treatment and Assessment Services – Request for Proposals*, may be submitted electronically to OASAS by email file attachment or attachments to:

Applications@oasas.state.ny.us

The email subject line **must** state – Electronic Submission of Outpatient Treatment and Assessment Services – Request for Proposals.

Application file attachments submitted electronically **must** be in PDF file format using the 'fillable' PDF *Outpatient Treatment and Assessment 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 F document instructions.

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

[name] RockefellerRFPOPproposal.pdf

For example: Appendix A RockefellerRFPOPproposal.pdf

For example: Complete Proposal RockefellerRFPOPproposal.pdf

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

[name] RockefellerRFPOPproposal.doc

For example: Vendor Responsibility Questionnaire
RockefellerRFPOPproposal.doc

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

All OASAS Outpatient Treatment and Assessment 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.** 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 **Outpatient Treatment and Assessment Services – Request for Proposals** proposal submission containing all required components to the following address:

Outpatient Treatment and Assessment Services – Request for Proposals
NYS Office of Alcoholism and Substance Abuse Services
Bureau of Financial Management
4th 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
Outpatient Treatment and Assessment 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 *Outpatient Treatment and Assessment Services – Request for Proposals* for electronic submission requirements).

Application Completion Checklist Items

1. Application Completeness Checklist – Appendix A **(Required)** []
2. Applicant Attestation of In Good Standing – Appendix B **(Required)** []
3. Eligible OASAS-Certified Part 822 Programs Attestation – Appendix C **(Required)** []
4. Non-Supplantation of Funding Attestation – Appendix D **(Required)** []
5. Funding Proposal and Budget Presentation – Appendix E
(A separate Appendix E is required for Each Proposed Part 822 Program) []
 - Part 1 signed and dated []
 - Part 2 signed and dated []
6. NYS Vendor Responsibility Questionnaire Status Document – Appendix F **(Required)** []
 - If Item 2.(d) is checked on Appendix F, copy of Vendor Responsibility Questionnaire attached to Appendix F submission. []
 - If Item 2.(e) is checked on Appendix F, Vendor Responsibility Questionnaire has been submitted through the online OSC VendRep System. []

-OR-

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix A – Application Completeness Checklist

Application Completion Checklist Items (continued)

- If Item 2.(e) is checked on Appendix F, hard copy Paper Vendor Responsibility Questionnaire is attached to Appendix F submission []
- 7. NYS Charities Registration Compliance Status – Appendix G **(Required)** []
- 8. Non-Sectarian Services Certification – Appendix H **(Required)** []
- 9. Closely Allied Entities Certification []
- 10. IPMES Threshold Review Criteria Statement & Proof – Appendix J **(Please refer to Section VI and Appendix J about instructions on whether required or not. Check only if required and submitted)** []
- 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
Outpatient Treatment and Assessment Services**

Appendix B – Applicant Attestation of In Good Standing

The Appendix B document **must** be completed, signed and dated, and included in the *Outpatient Treatment and Assessment Services – Request for Proposals* application proposal submission package following the completed Appendix A document.

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 *Request for Proposals* package for electronic submission requirements).

1. Printed Legal Name of Applicant Entity:	
2. OASAS Provider Number:	3. Applicant Entity Street Address/P.O. Box:
4. City/Town/Village:	5. Postal Zip Code:
6. Applicant Entity Email Address:	
7. ATTESTATION: As a duly authorized official of the Applicant Entity identified in #1 above, I certify and attest that each of the following conditions apply:	
<ul style="list-style-type: none">• The Applicant Entity has not initiated or been the subject of any bankruptcy case filed in any U.S. bankruptcy court that has not been fully discharged as of the due date of OASAS’ <i>Outpatient Treatment and Assessment Services – Request for Proposals</i> solicitation.• All of the Applicant’s OASAS operating certificates that are subject to a compliance rating have a current compliance rating of partial (two years) or substantial (three years) compliance.	
8. Printed Name of Applicant Entity Official Authorized to Submit Application:	
9. Printed Title of Applicant Entity Official Authorized to Submit Application:	
10. Signature of Applicant Entity Official Authorized to Submit Application & Date Signed:	

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Instructions for Completing Appendix B

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant agency submitting an application under the *Outpatient Treatment and Assessment Services – Request for Proposals*. **Do not enter the common name or acronym.**
2. **OASAS Provider Number** – Enter the unique 5-digit number that identifies the Applicant agency and that is used for reporting purposes to OASAS. This number is the same as the **Agency Code** number used when submitting Consolidated Fiscal Report (CFR) documents.
- 3-5. **Applicant Entity Address** – Enter the mailing address, including zip code, where the administrative office of the Applicant agency is located.
6. **Applicant Entity Email Address** – Enter the email address used by the Applicant agency to receive electronic correspondence.
7. **Attestation** – Self-Explanatory. See also Section III of the *Request for Proposals* package.
- 8-10. **Applicant Entity Official** – Enter the printed name and title of the applicant official authorized to submit the *Outpatient Treatment and Assessment Services – Request for Proposals* application to OASAS.

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

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix C – Eligible OASAS-Certified Part 822 Programs Attestation

The Appendix C document **must** be completed, signed and dated, and included in the *Outpatient Treatment and Assessment Services – Request for Proposals* application proposal submission package following the completed Appendix B document.

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).

<ol style="list-style-type: none">1. Printed Legal Name of Applicant Entity: 2. ATTESTATION: As a duly authorized official of the Applicant Entity identified in #1 above, I certify and attest that under no circumstances shall OASAS State aid funding provided as a result of being selected for an award and/or awards under the OASAS <i>Outpatient Treatment and Assessment Services – Request for Proposals</i> be used to support services and expenses of any program except an <i>Eligible OASAS-Certified Part 822 Program or Programs</i> as defined in Section III of the <i>Request for Proposals</i>. 3. Printed Name of Applicant Entity Official Authorized to Submit Application: 4. Printed Title of Applicant Entity Official Authorized to Submit Application: 5. Signature of Applicant Entity Official Authorized to Submit Application & Date Signed:

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Instructions for Completing Appendix C

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant agency submitting an application under the *Outpatient Treatment and Assessment Services – Request for Proposals*. **Do not enter the common name or acronym.**
2. **Attestation** – Self-Explanatory. See also Section III of the *Request for Proposals* package.
- 3-5. **Applicant Entity Official** – Enter the printed name and title of the applicant official authorized to submit the *Outpatient Treatment and Assessment Services – Request for Proposals* application to OASAS. The printed name **must** be the same as entered for Item 8 of the Appendix B document.

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

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix D – Non-Supplantation of Funding Attestation

The Appendix D document **must** be completed, signed and dated, and included in the *Outpatient Treatment and Assessment Services – Request for Proposals* application proposal submission package following the completed Appendix C document.

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).

1. Printed Legal Name of Applicant Entity:
2. As a duly authorized official of the Applicant Entity identified in #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>Outpatient Treatment and Assessment 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 that is already available to support services and expenses of <i>Eligible OASAS-Certified Part 822 Programs</i> as they are defined in Section III of the <i>Request for Proposals</i> .
3. Printed Name of Applicant Entity Official Authorized to Submit Application:
4. Printed Title of Applicant Entity Official Authorized to Submit Application:
5. Signature of Applicant Entity Official Authorized to Submit Application & Date Signed:

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Instructions for Completing Appendix D

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant agency submitting an application under the *Outpatient Treatment and Assessment Services – Request for Proposals*. **Do not enter the common name or acronym.**
2. **Attestation** – Self-Explanatory. See also Sections III and VII of the *Request for Proposals* package.
- 3-5. **Applicant Entity Official** – Enter the printed name and title of the applicant official authorized to submit the *Outpatient Treatment and Assessment Services – Request for Proposals* application to OASAS. The printed name **must** be the same as entered for Item 8 of the Appendix B document.

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

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix E – Funding Proposal and Budget Presentation

Applicants **must** prepare a separate Appendix E – Funding Proposal and Budget Presentation for **each** *Eligible OASAS-Certified Part 822 Program* proposed for award funding under the *OASAS Outpatient Treatment and Assessment Services – Request for Proposals*. Completed Appendix E documents **must** be signed and dated, and included in the *Outpatient Treatment and Assessment Services – Request for Proposals* application proposal submission package following the completed Appendix D document.

If the Appendix E document(s) 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 E document is in two (2) parts: Part 1 – Funding Proposal is a required description of how the applicant's *Eligible OASAS-Certified Part 822 Program* addresses the specific Part 822 services criteria detailed in Section VI of the *Request for Proposals* application package. Part 2 – Budget Presentation is a required presentation of the proposed annual operating budget needed for the *Eligible OASAS-Certified Part 822 Program* to provide the outpatient treatment and assessment services under this *Request for Proposals* solicitation.

Applicants should carefully review Sections IV, V and VI of the *OASAS Outpatient Treatment and Assessment Services – Request for Proposals* application package before completing the Appendix E document.

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix E – Funding Proposal and Budget Presentation

Part 1 – Funding Proposal

1. Printed Legal Name of Applicant Entity:	
2. OASAS Provider Number:	3. Name of Proposed <i>Eligible OASAS-Certified Part 822 Program</i> (if same as Item 1, Enter “Same as Item 1” in space provided below):
4. Part 822 Program OASAS PRU #:	5. Part 822 Program PRU Street Address/P.O. Box:
6. Part 822 Program PRU City/Town/Village:	
7. Postal Zip Code:	
<p>8. Proposed Annual Number of People Receiving Part 822 Services and Proposed Number of Annual Assessments to be provided by the <i>Eligible OASAS-Certified Part 822 Program</i> under the <i>OASAS Outpatient Treatment and Assessment Services – Request for Proposals</i>:</p> <p style="text-align: right;"><u>Number</u></p> <ul style="list-style-type: none"> • Proposed Annual Number of People Receiving Part 822 Services. • Proposed Annual Number of Assessments. 	
<p>9. Provide brief, yet specific and detailed information regarding the experience of the <i>Eligible OASAS-Certified Part 822 Program</i> in working with and addressing the chemical dependence treatment and other services needs of criminal justice individuals in each of the following five (5) areas.</p> <p>a) Describe how the Program will address the criminogenic factors that can be modified to increase the likelihood that individuals will experience successful treatment outcomes and entry into sustained recovery and decrease the likelihood of re-offense. (Attach one additional 8 ½ by 11 sheet if needed)</p>	

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix E – Funding Proposal and Budget Presentation

1. Printed Legal Name of Applicant Entity:
9. a) Continued.
b) Describe how the Program plans to simultaneously address substance use disorders and criminogenic factors. (Attach one additional 8 ½ by 11 sheet if needed)

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix E – Funding Proposal and Budget Presentation

1. Printed Legal Name of Applicant Entity:
9. b) Continued.
c) Describe how the Program will evaluate the unique needs of the criminal justice involved individuals to be served under the OASAS <i>Outpatient Treatment and Assessment Services – Request for Proposals</i> . (Attach one additional 8 ½ by 11 sheet if needed)

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix E – Funding Proposal and Budget Presentation

1. Printed Legal Name of Applicant Entity:
9. c) Continued.
d) Describe how the Program will integrate trauma informed treatment into its curriculum. (Attach one additional 8 ½ by 11 sheet if needed)

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix E – Funding Proposal and Budget Presentation

1. Printed Legal Name of Applicant Entity:
9. d) Continued.
e) Illustrate the Program's relational framework that addresses how the individual's alcohol and drug use is associated with their criminal behavior through specific curriculum and individualized treatment planning. (Attach one additional 8 ½ by 11 sheet if needed)

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix E – Funding Proposal and Budget Presentation

1. Printed Legal Name of Applicant Entity:

9. e) Continued.

10. Provide brief, yet specific and detailed information regarding the experience of the *Eligible OASAS-Certified Part 822 Program* in working with the local Drug Court(s) and other criminal justice entities and having good relationships with such as evidenced by the local Drug Court being supportive of the Program to provide services under the *OASAS Outpatient Treatment and Assessment Services – Request for Proposals*. (**Attach one additional 8 ½ by 11 sheet if needed**)

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix E – Funding Proposal and Budget Presentation

1. Printed Legal Name of Applicant Entity:
10. Continued.
11. Provide specific and detailed information regarding the capability of the <i>Eligible OASAS-Certified Part 822 Program</i> to implement the Part 822 treatment and associated assessment services required by this <i>Request for Proposals</i> in an expeditious manner and in compliance with Part 822 requirements. Explain the specific factors, if applicable, prohibiting full implementation of services on or before January 1, 2010 such as staff recruitment difficulties, etc. Clearly indicate the date when services will be fully implemented. (Attach one additional 8 ½ by 11 sheet if needed)

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix E – Funding Proposal and Budget Presentation

1. Printed Legal Name of Applicant Entity:

11. Continued.

12. Indicate whether the Program has sufficient treatment space and appropriate clinical and administration supervision for the additional services level proposed. If additional physical plant space is needed by the Program to fully implement the services required by this *Request for Proposals*, this must be clearly stated in this Item, including a description of the additional space required; whether the additional space is currently available at the Program/PRU location specified in Items 5 – 7 above or new space needs to be obtained; anticipated cost to bring needed additional space into compliance with Part 822 requirements; and, if applicable, estimated cost to lease or acquire new space. **(Attach one additional 8 ½ by 11 sheet if needed)**

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix E – Funding Proposal and Budget Presentation

1. Printed Legal Name of Applicant Entity:
12. Continued.
13. Provide a brief, yet specific description of the <i>Eligible OASAS-Certified Part 822 Program's</i> capacity to provide specific program components including, but not limited, to those identified in Section VI, Proposal Review Criteria #5 of the <i>OASAS Outpatient Treatment and Assessment Services – Request for Proposals</i> . (Attach one additional 8 ½ by 11 sheet if needed)

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix E – Funding Proposal and Budget Presentation

1. Printed Legal Name of Applicant Entity:
13. Continued.
14. Describe the procedures and protocols that the <i>Eligible OASAS-Certified Part 822 Program</i> has in place to ensure that individuals have access to medication assisted treatment if clinically indicated. (Attach one additional 8 ½ by 11 sheet if needed)

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix E – Funding Proposal and Budget Presentation

1. Printed Legal Name of Applicant Entity:
14. Continued.
15. Describe the procedures and protocols that the <i>Eligible OASAS-Certified Part 822 Program</i> has in place to assist participants in complying with the provisions of Rockefeller Drug Law Reform court orders or stipulations including provisions of court reporting in a timely manner. (Attach one additional 8 ½ by 11 sheet if needed)

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix E – Funding Proposal and Budget Presentation

1. Printed Legal Name of Applicant Entity:

15. Continued.

16. Describe the *Eligible OASAS-Certified Part 822 Program's* preliminary outcome measures and performance targets for the first full year of operation and demonstrate that at least one measure has been selected from each of the two outcome domains specified in Section VI, Proposal Review Criteria #8 of the *OASAS Outpatient Treatment and Assessment Services – Request for Proposals*. **(Attach one additional 8 ½ by 11 sheet if needed)**

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix E – Funding Proposal and Budget Presentation

1. Printed Legal Name of Applicant Entity:
16. Continued.
17. Describe the <i>Eligible OASAS-Certified Part 822 Program's</i> internal processes and procedures that include line staff involvement and frequency of data reviews, and how the provider will use outcome measurement data to improve program performance. (Attach one additional 8 ½ by 11 sheet if needed)

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix E – Funding Proposal and Budget Presentation

1. Printed Legal Name of Applicant Entity:
17. Continued.
18. Printed Name of Applicant Entity Official Authorized to Submit Application:
19. Signature of Applicant Entity Official Authorized to Submit Application & Date Signed:

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix E – Funding Proposal and Budget Presentation

Part 2 – Budget Presentation

1. Printed Legal Name of Applicant Entity:	
2. Date Outpatient Treatment & Assessment Services will be fully Operational:	3. Part 822 Program OASAS PRU #:
REQUESTED OPERATING BUDGET FOR PROPOSAL	ANNUAL OPERATING BUDGET
4. Gross Expense Budget (see instructions for details): Round Amounts to the nearest \$100.	
Personal Services	
Fringe Benefits	
Non-Personal Services	
Equipment	
Property/Space	
Agency Administration	
TOTAL GROSS EXPENSE BUDGET	
5. Revenue Budget (see instructions for details): Round Amounts to the nearest \$100	
Patient Fees	
SSI and SSA	
Public Assistance (Safety Net & TANF)	
Medicaid	
Medicare	
Third Party Insurance/Private Pay	
Food Stamps	
Closely Allied Entity Contributions	
Donations	
Other: Specify:	
Specify:	
Specify:	
TOTAL REVENUE BUDGET	
6. OPERATING BUDGET NET DEFICIT (Subtract Item 3 Total from Item 2 Total)	
7. OASAS State Aid Funding Requested	
8. Full-Time Equivalent (FTE) Staff Requested:	
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
Outpatient Treatment and Assessment Services**

Instructions for Completing Appendix E

Part 1 – Funding Proposal

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant agency submitting an application under the *Outpatient Treatment and Assessment Services – Request for Proposals*. **Do not enter the common name or acronym.**
2. **OASAS Provider Number** – Enter the unique 5-digit number that identifies the Applicant agency and that is used for reporting purposes to OASAS. This number is the same as the **Agency Code** number used when submitting Consolidated Fiscal Report (CFR) documents.
3. **Name of Proposed *Eligible OASAS-Certified Part 822 Program*** – Enter the name of Program proposed for funding under the *OASAS Outpatient Treatment and Assessment Services – Request for Proposals*. If the name is the same as the Applicant Entity name in Item 1, enter “Same as Item 1”.
4. **Part 822 Program OASAS PRU #** - Provide the OASAS assigned Program Reporting Unit (PRU) number for the Program proposed for funding under the *OASAS Outpatient Treatment and Assessment Services – Request for Proposals*.
- 5-7. **Part 822 Program PRU Address** – Enter the address, including zip code, of the Part 822 Program PRU where services under this *Request for Proposals* will be provided.
8. **Proposed Annual Number of People Receiving Part 822 Services and Proposed Number of Annual Assessments** – Self Explanatory.
- 9-17. **Self Explanatory.** As indicated, **one** additional 8 ½ by 11 inch page may be attached for each of the Items 9 through 17. Each additional page that is attached **must** include the following information at the **top** of the page:
 - OASAS Request for Proposals – Outpatient Treatment and Assessment Services
 - Appendix E
 - Printed Name of Applicant Entity
 - Item (reference specific Item) Continuation Page

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Instructions for Completing Appendix E

Part 1 – Funding Proposal (continued)

- 18-19. **Applicant Entity Official** – Enter the printed name of the applicant official authorized to submit the *Outpatient Treatment and Assessment Services – Request for Proposals* application to OASAS. The printed name **must** be the same as entered for Item 8 of the Appendix B document.

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

Part 2 – Budget Proposal

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant agency submitting an application under the *Outpatient Treatment and Assessment Services – Request for Proposals*. **Do not enter the common name or acronym.**
2. **Date Outpatient Treatment and Assessment Services will be Fully Operational** – Enter the date, in the mm/dd/yyyy format in the space provided, that the additional services to be provided by the Part 822 Program/PRU identified in Items 3-7 of Part 1 will be fully operational and require State aid funding from OASAS. This date **must** be the same as the date described in Item 11 of Part 1 of the Appendix E document.

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

3. **Part 822 Program OASAS PRU #** - Provide the OASAS assigned Program Reporting Unit (PRU) number for the Program proposed for funding under the *OASAS Outpatient Treatment and Assessment Services – Request for Proposals*. This **must** be the same number as entered in Item 4 of Part 1 of the Appendix E document.

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)**

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Instructions for Completing Appendix E

Part 2 – Budget Proposal (continued)

4. **Gross Expense Budget** – Eligible LGU 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

5. **Revenue Budget** – Eligible LGU 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 outpatient treatment and assessment services by the Part 822 Program/PRU.

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.

6. **Operating Budget Net Deficit** - Enter the amount obtained by subtracting **Total Revenue Budget** from **Total Gross Expense Budget**.

7. **OASAS State Aid Funding Requested** – Enter the amount of OASAS State aid funding being requested for the provision of the outpatient treatment and assessment services by the Part 822 Program/PRU. 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 *Outpatient Treatment and Assessment Services – Request for Proposals* application to OASAS. The printed name **must** be the same as entered for Item 8 of the Appendix B document.

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

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix F – NYS Vendor Responsibility Questionnaire Status Document

The Appendix F document on the next page **must** be completed, signed and dated, and included in the *Outpatient Treatment and Assessment Services – Request for Proposals* 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 a signature. In addition, if the Applicant is required – based on completion of the Appendix F – 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 Outpatient Treatment and Assessment Services – Request for Proposals* application submission should also refer to the Vendor Responsibility Questionnaire Submission Options section of the Appendix F instructions that follow the actual Appendix F document.

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix F – NYS Vendor Responsibility Questionnaire Status Document

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

Instructions for Completing Appendix F

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the Applicant agency submitting an application under the *Outpatient Treatment and Assessment 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 F 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 F **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 F 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 F **must** be signed and in PDF file format.

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Instructions for Completing Appendix F

- 6-7. **Applicant Entity Official** – Enter the printed name of the applicant official authorized to submit the *Outpatient Treatment and Assessment Services – Request for Proposals* application to OASAS. The printed name **must** be the same as entered for Item 8 of the Appendix B document.

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

Vendor Responsibility Questionnaire Submission Options

Applicants checking Box 2(e) of the Appendix F 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 F 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

Applicants wishing to submit the required *NYS Vendor Responsibility Questionnaire* in paper format as an attachment to the Appendix F 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

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
Outpatient Treatment and Assessment Services**

Appendix G – NYS Charities Registration Compliance Status

The Appendix G document **must** be completed, signed and dated, and included in the *Outpatient Treatment and Assessment 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 (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? (check one box)		
<input type="checkbox"/> Yes (complete Items 3 – 8 below, including checking the box in Item 6) <input type="checkbox"/> No (complete Items 7 – 8 below, and attach documentation indicating the reason(s) for your exemption)		
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
Outpatient Treatment and Assessment 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 *Outpatient Treatment and Assessment 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 G document. If the No box is checked, applicants must complete Items 7 – 8 only **and** attach documentation to the Appendix G 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 G document was checked.
- 7-8. **Applicant Entity Official** – Enter the printed name of the applicant official authorized to submit the *Outpatient Treatment and Assessment Services – Request for Proposals* application to OASAS. The printed name **must** be the same as entered for Item 8 of the Appendix B document.

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

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix H – Non-Sectarian Services Certification

The Appendix H document **must** be completed, signed and dated, and included in the *Outpatient Treatment and Assessment 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. 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 Outpatient Treatment and Assessment Services – Request for Proposals 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: <input type="checkbox"/> Applicant is a Sectarian Entity. <input type="checkbox"/> Applicant is not 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
Outpatient Treatment and Assessment 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 *Outpatient Treatment and Assessment 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 *Outpatient Treatment and Assessment Services – Request for Proposals* application to OASAS. The printed name **must** be the same as entered for Item 8 of the Appendix B document.

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

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix I – Closely Allied Entities Certification

The Appendix I document **must** be completed, signed and dated, and included in the *Outpatient Treatment and Assessment 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. 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 (complete Items 4 – 6) <input type="checkbox"/> No (complete Items 5 – 6)												
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"> • 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. • 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. • Documentation is/will be maintained to fully demonstrate compliance with OASAS policy. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <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>											
_____	[]											
_____	[]											
_____	[]											
_____	[]											
_____	[]											
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
Outpatient Treatment and Assessment 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 *Outpatient Treatment and Assessment 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 I 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 *Outpatient Treatment and Assessment Services – Request for Proposals* application to OASAS. The printed name **must** be the same as entered for Item 8 of the Appendix B document.

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

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix J – IPMES Threshold Review Criteria Statement & Proof

As indicated in Section VI of the OASAS *Outpatient Treatment and Assessment Services – Request for Proposals*, there are two IPMES threshold review criteria (Items 10 and 11 of Section VI) that the applicant must meet in order to be considered for funding under this *Request for Proposals*. If an applicant fails to meet the IPMES threshold review criteria it can attempt to satisfy the criteria by submitting a statement and proof to OASAS with its application submission that it meets one or both of the two conditions specified in Section VI.

This Appendix J document **must** be used by an applicant to submit required statement and proof documentation to OASAS if applicable. Applicants who meet the IPMES threshold review criteria in Section VI of this *Request for Proposals* **are not** required to complete and submit Appendix J.

If an applicant completes the Appendix J document it must be signed and dated, and included in the *Outpatient Treatment and Assessment 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. Submission of IPMES Threshold Review Criteria Statement & Proof Documents: As a duly authorized official of the Applicant Entity identified in #1 above, and as provided for in Section VI of the OASAS *Outpatient Treatment and Assessment Services – Request for Proposals*, my agency is submitting required statement and proof documentation that it satisfies the following condition or conditions in order to meet the IPMES threshold review criteria of Section VI.

Condition a. **(If checked, attach required statement and proof documentation)**

Condition b. **(If checked, attach required statement and proof documentation)**

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
Outpatient Treatment and Assessment 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 *Outpatient Treatment and Assessment Services – Request for Proposals*. **Do not enter the common name or acronym.**
2. **Submission of IPMES Threshold Review Criteria Statement & Proof Documents** – The Applicant must check one or both of the boxes in Item 2 to indicate which condition or conditions it is attaching required statement and proof documentation for.

Applicants should refer to Section VI of the OASAS Outpatient Treatment and Assessment Services – Request for Proposals package for a complete discussion of the IPMES threshold review criteria and the two conditions that the Applicant can attempt to meet.

The Applicant must attach the required statement and proof documentation to its Appendix J application submission. If the documentation attached to the Appendix J document is included as part of the applicant's electronic submission package it must be submitted in PDF file format (please see Section IX of the *Request for Proposals* package for electronic submission requirements).

- 3-4. **Applicant Entity Official** – Enter the printed name of the applicant official authorized to submit the *Outpatient Treatment and Assessment Services – Request for Proposals* application to OASAS. The printed name **must** be the same as entered for Item 8 of the Appendix B document.

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

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

Appendix K – Data Reporting Requirements Attestation

As indicated in Section VII of the OASAS *Outpatient Treatment and Assessment 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 *Outpatient Treatment and Assessment Services – Request for Proposals* application proposal submission package following the completed Appendix I or 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
Outpatient Treatment and Assessment 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>Outpatient Treatment and Assessment 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
Outpatient Treatment and Assessment 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 *Outpatient Treatment and Assessment 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 *Outpatient Treatment and Assessment Services – Request for Proposals* application to OASAS. The printed name **must** be the same as entered for Item 8 of the Appendix B document.

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

**OASAS Request for Proposals
Outpatient Treatment and Assessment Services**

**Attachment 1 – Identified Boroughs in the City of New York Estimated Annual
Number of Diversions and Assessments**

City of New York County	Estimated Annual Outpatient Diversions	Estimated Annual Assessments
• New York County	257	514
• Bronx County	119	238
• Kings County	74	148
• Queens County	<u>66</u>	<u>132</u>
Borough Totals	516	1,032