

OASAS 2010 Request for Proposals:  
Specialized Chemical Dependence Services at Bayview Correctional Facility  
March 19, 2010

Bidders Conference Questions and Answers

Question 1      On page 17 of the RFP, it indicates that an LGU letter of support and local contractor commitment is required if you have a local contract agreement with an LGU. This requirement does not appear to be addressed elsewhere in the RFP. Can you please clarify this requirement?

**ANSWER:**      **This section was included in error. The RFP is a direct contract with OASAS; the LGU agreement is not needed.**

Question 2      How will individuals with identified mental health/psychiatric needs have those needs addressed?

**ANSWER:**      **Bayview has OMH staff in the facility (psychiatrist, licensed social workers) to evaluate, diagnose, counsel and provide medication therapy. OMH staff are members of the Team.**

Question 3      Will housing, mental health, and domestic violence issues be addressed only in transitional care?

**ANSWER:**      **In addition to addressing the women's chemical dependence needs, the Team will address all areas that may impact the successful reintegration back into the community. The Awardee will be responsible to make treatment recommendations, identifying available treatment in the community where the women will reside upon release.**

Question 4      Is it the OASAS provider's responsibility to monitor the discharged inmates' aftercare status for three months?

**ANSWER:**      **Yes, the provider is responsible for monitoring the status for three months post discharge.**

Question 5      The RFP indicates monitoring the client's aftercare for three months after release. Is that on OASAS?

**ANSWER:**      **No, the provider is responsible for monitoring the aftercare for three months.**

Question 6 Given that community-based treatment providers have differing admission protocols and procedures which do not necessarily facilitate admissions within 48 hours of inmate discharge, can any assistance from Parole, DOCS or OASAS be expected to facilitate this?

**ANSWER:** It is anticipated that, with very few exceptions, the inmate and provider will have significant advance notice of the inmates' release dates. This notice should facilitate discharge planning so as to schedule post release admissions within 48 hours of release.

Question 7 Will there be a transcript of the Bidder's Conference?

**ANSWER:** No.

Question 8 Will supervision have to be onsite?

**ANSWER:** It is anticipated that clinical supervision would be off-site in most instances. There may be occasions when on-site supervision may be necessary.

Question 9 Would there be administrative costs related to employee's supervision?

**ANSWER:** The RFP allows for reasonable costs associated with the employee's supervision. While Agency Administration is an allowable cost, the applicant would need to determine if additional administrative costs are necessary for the implementation of the proposed program.

Question 10 In terms of Part 822 group size, how would you like it to be?

**ANSWER:** OASAS will develop Part 1045 operating guidelines which will specify group frequency and size. It is expected that group size will be limited to no more than 15.

Question 11 In terms of staffing, how many groups? How many people?

**ANSWER:** The program calls for each inmate with an identified substance abuse issue to have one trauma informed relapse prevention group per week. Not all of the 40 women in the program will have a substance abuse issue. Please see answer to question 10.

Question 12 Is it two groups a day?

**ANSWER:** Currently, the program calls for groups to be held on one day, with assessments/individual meetings and Team meetings held on the other two days.

Question 13 Page 14, structuring the groups only two times a week. How do all inmates fit into the groups?

**ANSWER:** Please see answers to questions 10, 11, 12.

Question 14 This is not a 40-hour-per-week staff person?

**ANSWER:** The employee would be on-site at the Bayview CF three mornings each week. The nature of the program does not involve the counselor having a traditional caseload. The provider may submit a staffing proposal based on how they expect to provide services, have supervision, etc.

Question 15 Discuss the reasoning for the selecting of Part 822 providers with criminal justice experience?

**ANSWER:** The nature of the services to be provided at Bayview most resembles Part 822 services. Criminal justice experience was desirable due to that specific criteria being present with this patient population.

Question 16 Will this service require a valid Part 822 license? Or will a separate license be given?

**ANSWER:** As currently planned, Bayview Correctional Facility will operate under 1045 regulations when those are developed. Part 1045 Guidelines will be issued concurrently specific to reentry services described in the RFP.

Question 17 If this is not a full time position, what will the funding cover? How must this be justified?

**ANSWER:** Requested funding for this program should cover the services described in the RFP, including Personal Services, Fringe Benefits and associated Nonpersonal Service costs not covered by DOCS as indicated on page 10. The provider will not be providing treatment services beyond those services described in the RFP. The funding may include reasonable administrative costs, including supervision and backup staffing for the service.

Question 18 Is the OASAS case manager responsible for facilitating the treatment referrals?

**ANSWER: Yes.**

Question 19 Is there a possibility that the inmate will be released early?

**ANSWER: Yes, there are conditions under which an inmate can be release sooner than the “release date.” An inmate can receive a “Time Credit Allowance,” have the sentence overturned by a Judge or have “Loss of Good Time” restored or have a “Status Leave Change.” Each case is unique and determined by DOCS. However, this is rare. The majority of the women will remain incarcerated until their Conditional Release Date.**

Question 20 What is the process by which we will know that the inmates are guaranteed to be released?

**ANSWER: On a weekly basis, DOCS distributes an updated roster that includes inmate names, DIN #, arrival and release dates, county of conviction and the county to be released to.**

Question 21 Will there be weekly meeting with the providers?

**ANSWER: The Facility will have a weekly Team meeting, which will always include DOCS, Parole and the Provider. Additional programs may participate as indicated by the inmate’s individual service plan.**

Question 22 If the inmate is not following through, who will be responsible once the person is on parole?

**ANSWER: Parole has the responsibility for insuring the inmate’s compliance with the Parole Supervision requirements. The Provider may be consulted regarding treatment related issues.**

Question 23 Does Part 1045 require a Medical Director?

**ANSWER: No. Medical services are provided by DOCS.**

Question 24 What is the average caseload size?

**ANSWER:** The program does not involve a traditional caseload. The capacity of the program is 40, of which a portion will have substance abuse issues.

Question 25 The expectation is that the client will enter into a community-based treatment program. When this is not available, can we expect some support?

**ANSWER:** It is anticipated that with the volume of participants and the advanced notice of release date, there should not be a problem with accessing community based services.

Question 26 Is there anything to prevent the implementation of our own program?

**ANSWER:** Yes. The provider must comply with the program description and limitations described in the RFP.

Question What is the maximum period for follow-up once the inmate has been released?

**ANSWER:** OASAS has specified a minimum of three months post-release. Providers may propose a longer period if they desire.

Question 27 Reimbursement – is it based on units of service? If so, is there a way to calculate this?

**ANSWER:** Reimbursement is not based on units of service.

Question 28 Will we do a monthly voucher? Quarterly voucher?

**ANSWER:** Funding will be advanced on a quarterly basis consistent with Mental Hygiene Law, State Finance Law and current OASAS policy. The selected provider will be required to report the mid-year and annual expenses of the program using the Consolidated Fiscal Report (CFR) software for reconciliation against all payments made.

Question 29 Do we know what reporting will look like?

**ANSWER:** Reporting will resemble the PAS-48 service delivery report. Inmates will not be entered into the CDS system. Additional reporting documents for the outcome measures described in the RFP will be developed by OASAS and the Provider.

Question 30 Are we only expected to provide limited relapse prevention and trauma groups as part of a continuum of care and referrals to substance abuse treatment?

**ANSWER:** Assessments of the women as well as individual meetings as needed and participation in the weekly Team meeting to develop/monitor the inmates' Individual Service Plans are also a part of the service

Question 31 What IPMES will be used in the RFP and can we request a most recent one?

**ANSWER:** We will use the two most recent: 07/08–06/09 and 07/09–06/10.

Question 32 Does the IPMES waiver justification need to be included with the application?

**ANSWER:** Yes, but only if the program thinks that it will fail to meet IPMES Threshold criteria.

Question 33 Prospective IPMES is given to non-funded OASAS providers. How can we receive the most recent one?

**ANSWER:** There is no such thing as a Prospective IPMES. There are Prospective Work scopes that apply only to funded programs, but these are not involved in screening of applications. The most recent Prospective Work scopes for NYC-based programs were distributed in February. All programs have on-line access to their quarterly performance on IPMES measures utilizing the Program Performance Report available through the OASASAPPS website.

Question 34 Would the perspective IPMES/Work scope reports supersede the last report?

**ANSWER:** Program performance reflected on the Prospective Work scopes do not supersede, and are not included, in the IPMES performance aspect of Threshold screenings. However, a program may request a waiver if it believes that its performance in the time period following the last IPMES Report (for NYC-based programs this would be the period from July 2009-to-date) demonstrates performance significantly better than that reflected in the IPMES Report. This also requires up-to-date reporting.

Question 35 Will there be a provider cost range, to see what comes in if it does not go to the lowest bidder?

**ANSWER: The budget is one component of the proposal, accounting for 20 percent of the scoring.**

Question 36 Are we required to see each inmate daily?

**ANSWER: No, the provider is not required to see each inmate on a daily basis.**

Question 37 Do all the women live in the same space?

**ANSWER: Yes. All of the Reentry Women are housed on separate floor in a dormitory-like setting. Each inmate has her own room.**

Question 38 Is there a mix of women with varying needs?

**ANSWER: Yes, the women have a host of needs including but not limited to, reintegration with families, and children, medical issues, housing and vocational/educational needs.**

Question 39 Are all women expected to participate in the groups?

**ANSWER: Yes. Women are expected to participate to the extent identified in their treatment plan.**

Question 40 What is the utilization expectation?

**ANSWER: DOCS and Parole anticipate that the program will operate near full occupancy due to the small number (40) and anticipated length of the program (6 months)**

Question 41 Are all women expected to participate?

**ANSWER: The program is voluntary. Women may elect not to participate in the program.**

Question 42 What is the total expectation for staffing, generally one FTE with backup for vacations?

**ANSWER: The proposal should outline the provider's plan for meeting the program requirements, including back up and supervision.**

Question 43 Are we responsible for treatment plans, group notes?

**ANSWER:** The selected provider will be responsible for requirements identified in the Part 1045 guidelines developed specifically for this program. See page 4 of the RFP.

Question 44 Who will have access to the notes?

**ANSWER:** With proper consents in place, the Team will have access to the notes.

Question 45 What about confidentiality and record keeping?

**ANSWER:** Confidentiality releases authorizing the sharing of information among the Team will be completed by each inmate. The provider will contribute to the Individual Service Plan that will maintained by the DOCS staff.

Question 46 Are all materials kept on site?

**ANSWER:** Yes

Question 47 Are we allowed to attach one additional page to the appendices?

**ANSWER:** Yes, OASAS would prefer applicants attach up to one additional sheet where indicated on the appendices, however, applicants may attach more than one sheet where necessary to fully complete a submission.

Question 48 Is there a required font size, margins?

**ANSWER:** No, however, we ask that the proposal be submitted with standard formatting.

Question 49 Is there an exclusion criteria for women who are i.e., sex offenders, arsonist?

**ANSWER:** DOCS classification processes determine which inmates are eligible for the facility.

Question 50 Can we email the proposal?

**ANSWER:** No. Interested applicants should submit one original and four copies of a completed application containing all required components. See page 16 of the RFP.

Question 51 Are there any indirect costs?

**ANSWER:** OASAS does not recognize “indirect costs.” Providers may include reasonable administrative costs associated with the program. All allowable costs are outlined on pages 12-14 and 22 of the RFP.

Question 52 If this is a structured program on site three one-half days a week, does this exclude prorated unrelated costs?

**ANSWER:** Providers may include reasonable administrative costs associated with the program.

Question 53 If it is 15 inmates per group two days a week. What clinical decision is used to decide which inmates need additional counseling care?

**ANSWER:** Decisions will be made by the Team. DOCS will have on-site counseling staff that will be providing services.

Question 54 What percentage of the inmates will require additional counseling?

**ANSWER:** Exact percentages are unknown. The successful applicant must work with all inmates on an individual as needed basis, providing counseling services as it relates to an individuals treatment plan.

Question 55 Is Women’s Prison Association funded by OASAS?

**ANSWER:** No.

Question 56 Is WPA always present?

**ANSWER:** WPA is a member of the Bayview Administrative Team that meets in a bi-weekly conference call to discuss DOCS and Parole related issues.

Question 57 Is it ultimately the provider’s decision to determine the treatment referral?

**ANSWER:** No. The decision on the treatment referral is made in consultation with the Team.

Question 58 Is the Level of Care Determination done by the team? Is it done by DOCS?

**ANSWER: The provider will do the post-discharge level of care determination in consultation with the Team.**

Question 59 Can a copy of the Assessment Tool be made available prior to the submission of the RFP?

**ANSWER: We will post the Assessment Tool.**

Question 60 Are we obligated to use any other assessment tool?

**ANSWER: Not at this time.**

Question 61 Assessments must be done for 80 women a year. Is there a date that the assessment must be done by?

**ANSWER: Currently, it is agreed that the level of care determinations will be completed for all inmates (as identified in question # 62) to be within the first 60 days of admission into the program.**

Question 62 Will everyone be assessed?

**ANSWER: Not all women will receive a level of care determination. Based upon DOCS information to include: whether or not their crime(s) were alcohol or drug related (including self-reports), any drug/alcohol-related behavior during incarceration and ASAT/CASAT involvement will determine if the inmate will be assessed.**

Question 63 Are the assessments for strictly for substance abuse?

**ANSWER: The Standardized Reentry Assessment Form will also assess for co-occurring issues.**

Question 64 Will the LOC be determined while incarcerated or when released?

**ANSWER: The LOC will be completed while the women are still incarcerated and will be used as the basis for determining treatment needs upon release.**

Question 65 The provider is responsible for intakes, groups, LOC referrals, collaborating with the team and monitoring?

**ANSWER: Yes.**

Question 66 Will there be more inmates than we can accommodate?

**ANSWER:** No, it is a 40 bed program. There may be a waiting list, but the inmates will not be seen/ evaluated until formally admitted into the program.

Question 67 Will there be adjustments to the budget to provide for more staff?

**ANSWER:** It is not anticipated that there will be a need to add more staff.

Question 68 Will provider be required to travel with the parolee?

**ANSWER:** No. DOCS/Parolee staff will arrange transportation needs upon release, if required.

Question 69 Will Bidder's Conference attendance list be published on-line?

**ANSWER:** No.

Question 70 When the RFP indicates on page 5 that OASAS is "looking to fund one (1) staff member to fulfill the tasks," does that mean one full-time staff member? Or does OASAS envision the person being only part-time billable to this contract? The RFP only requires that the staff member be involved three days per week, with mornings required and afternoons allowed, but also asks for work that can be done off-site (referrals to community partners, etc.).

**ANSWER:** OASAS expects that in order to fulfill the responsibilities of the RFP, about one FTE would be appropriate. The provider should use this as a guideline when developing their proposal.

Question 71 Appendix D, Part II, question 3 requests that applicants include qualifications of staff member(s) and describe linkages with appropriate community-based service agencies. Can we therefore supplement this section with job descriptions, resumes, and/or linkage agreements with community-based service agencies or letters of support from other stakeholders?

**ANSWER:** Yes. The Appendix instructs applicants "to attach an additional page, if necessary." See answer to question #47.