



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

Andrew M. Cuomo, Governor
Arlene González-Sánchez, Commissioner

Statewide Medicaid Re-Design Team (MRT)
Permanent Supportive Housing (PSH) Initiative

Request for Proposals

DECEMBER 2012

December 20, 2012

Dear OASAS Treatment Provider:

I am pleased to announce a new funding opportunity available from the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) to eligible providers of chemical dependence treatment services in New York State. Proposals for the ***OASAS 2012 Request for Proposals Statewide Medicaid Re-Design Team (MRT) Permanent Supportive Housing (PSH) Initiative*** are being solicited to provide housing for single adults with addiction problems who are high frequency, high cost Medicaid services consumers. Many of these individuals are currently homeless, have histories of episodic homelessness, or are currently at high risk of becoming homeless.

The services package includes rental subsidies up to Department of Housing and Urban Development (HUD) Fair Market Rental rates in all jurisdictions of New York State. Services include housing counseling services, employment counseling services, and clinical supervision for the direct care staff. This initiative is intended to increase the total number of OASAS permanent supportive housing units in all jurisdictions that apply and are awarded grants under this initiative. The program scale of the OASAS MRT PSH Initiative is 25 units in large urban centers (counties with a city population of 50,000 or more). The program scale is ten units in all other jurisdictions.

The enclosed Request for Proposals (RFP) is seeking responses from OASAS-certified, not-for-profit treatment providers in New York State. It is expected that proposals will be awarded to operate at least 280 PSH units in State Fiscal Year 2012-13.

The RFP is posted on the OASAS website. Questions related to this RFP should be submitted in writing to OASAS and received no later than 12:00 p.m. on December 26, 2012. Bidders' Conferences will be held at the OASAS Albany Office on December 27, 2012 and New York City offices on December 28, 2012. Completed applications must be received at the 1450 Western Avenue, Albany offices of OASAS by 5:00 PM on January 30, 2013.

Sincerely,



Arlene González-Sánchez
Commissioner

Enclosure

**OASAS 2012
REQUEST FOR PROPOSALS**

**STATEWIDE
MEDICAID RE-DESIGN TEAM (MRT)
PERMANENT SUPPORTIVE HOUSING (PSH) INITIATIVE
FOR HIGH FREQUENCY,
HIGH COST MEDICAID CONSUMERS**

Andrew M. Cuomo
Governor

Arlene González-Sánchez
Commissioner

OASAS 2012 REQUEST FOR PROPOSALS

STATEWIDE MEDICAID RE-DESIGN TEAM (MRT) PERMANENT SUPPORTIVE HOUSING (PSH) INITIATIVE

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**NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES**

**2012 Request for Proposals
Statewide Medicaid Re-Design Team (MRT) Permanent Supportive
Housing (PSH) Initiative**

- **TARGET POPULATION:** Individuals with addiction problems who are high frequency, high cost Medicaid consumers.
- **PROGRAM COMPONENTS:** Rental subsidies and other occupancy costs for apartments, program supervision, housing counseling, and employment counseling.
- **FUNDING GOAL:** At least 100 units in New York City, at least 50 units in Metro New York (Long Island, Dutchess, Orange, Putnam, Rockland, Sullivan and Westchester), and at least 130 units in all other jurisdictions combined. Up to \$4.0 Million will be available in SFY 2012-13, and a full annualized amount of \$5.0 Million in SFY 2013-14.
- **GRANT PARAMETERS:** Up to \$20,000 net deficit funding per unit in New York City and Metro New York counties; up to \$15,000 net deficit funding per unit in all other jurisdictions.
- **PROGRAM SCALE:** Awards will be made in blocks of 25 units in all jurisdictions with cities of at least 50,000 population; awards in all other jurisdictions will be made in blocks of 10 units.
- **GEOGRAPHIC DISTRIBUTION:** This RFP is a Statewide Initiative. OASAS encourages program placement in those jurisdictions which currently do not have access to OASAS PSH programs.
- **ELIGIBLE APPLICANTS:** OASAS-certified agencies in good standing that provide services in New York State that demonstrate successful experience: (1) working with high frequency, high cost Medicaid services consumers; and (2) managing permanent supportive housing programs.
- **GRANT TIMELINE:** Applications are due January 30, 2013.

I. INTRODUCTION

A. The Devastating Interaction of Homelessness and Addiction on Primary and Behavioral Health

1. Chronic alcoholism and/or drug addiction is a major cause of both chronic, long-term homelessness and episodic homelessness.
2. The longer amount of time an individual or family remains homeless, the more severe addiction and co-occurring psychiatric problems become.
3. Homelessness also exacerbates chronic medical conditions that have potential for recurring episodes that require acute hospitalization, such as untreated diabetes, hypertension, and respiratory conditions.
4. Individuals with these chronic illness profiles who live in rural communities often have fewer housing as well as service options
5. One-half of all men, one-quarter of all women, and over 20 percent of all female heads of household who are admitted to Homeless Shelters or seek Emergency Housing at Social Services offices have histories of chronic alcoholism and/or drug addiction.

B. Evidence-Based Housing and Service Models Designed to Serve Individuals with Chronic Psychiatric, Addiction, and Medical Conditions

1. **Emergence of “Housing First” models.** In recent years, more providers have come to view the continuum of care **not as a sequential series of placements** but rather as a **menu of options**, any of which might be appropriate for any particular client. Among those options, housing first approaches are being tested that emphasize rapid placement in permanent housing with no or minimal transitional placements or service requirements. The *New York/New York III (NY/NY III)* housing programs have all used this approach in various modified forms.
2. **Housing Configurations** Four housing configurations for PSH are in common use today (Burt, 2008; Locke, Khadduri, and O’Hara, 2007):
 - a. **Single-site, all-PSH building**--project operates in only one building, usually of many more than eight units; all units occupied by project participants.
 - b. **Single-site, mixed-use building**--project operates in only one building, usually large, in which project participants occupy only a portion of units; can be accomplished through set-asides, master leasing, or other arrangements.
 - c. **Scattered-site**--usually these projects place tenants in apartments scattered throughout a community, but may also house a few tenants in units scattered throughout a large apartment building.
 - d. **Clustered-scattered**—project operates two or more small buildings of no more than six or eight units, and sometimes as few as 2-4 units; all units are

occupied by project participants, with project buildings usually on different blocks but in close proximity.

3. **Models for Connecting Services with Housing.** There are only a limited number of ways, in practice, that services come together with formerly homeless persons living in PSH. Configurations include:
 - a. **One agency does it all or almost all**--a single agency runs the housing and also provides the bulk of the services, including case management and care coordination.
 - b. **Two agencies do it (almost) all**--a partnership between a housing agency and a social services agency.
 - c. **A housing agency is the center**--a housing agency runs the housing, and each tenant has his/her own relationship with a care coordinator/service agency.
 - d. **A service agency is the center**--a single agency has the clients and provides the services, and negotiates with different housing providers (usually private landlords) to get its clients into apartments. The service agency often works in partnership with a Public Housing Authority (PHA) that administers tenant-based rent subsidies.

C. **Medicaid Re-Design Team (MRT) Affordable Housing Workgroup Context**

1. Charged in January 2011 with recommending changes that would reduce the dramatic growth in Medicaid spending in New York while maintaining or improving health outcomes for Medicaid beneficiaries, the Medicaid Re-Design Team identified increasing the availability of affordable and supportive housing for high-need Medicaid beneficiaries who are homeless, precariously housed or living in institutional settings as a significant opportunity for reducing Medicaid cost growth. There is strong and growing evidence in New York and around the country that a lack of stable housing results in unnecessary Medicaid spending on individuals in nursing homes and hospitals who cannot be discharged only because they lack a place to live, and on repeated emergency department visits and inpatient admissions for individuals whose chronic conditions cannot be adequately managed on the streets or in shelters.¹
2. The lack of appropriate affordable housing, especially in New York's urban areas, may be a major driver of unnecessary Medicaid spending. In New York City, for example, among high cost Medicaid beneficiaries with expected high future costs identified for participation in the Chronic Illness Demonstration Project, 15 -30 percent were homeless and even more were precariously housed or living in transitional settings. Similarly, approximately 10-15 percent of clients served through NYC's Managed Addiction Treatment Services (MATS) programs are homeless and over 60 percent are at risk of becoming homeless.
3. Targeted investments in affordable and supportive housing for high need, high cost Medicaid populations can be an effective strategy for addressing high

¹ Salit, S.A., Kuhn, E.M., Hartz, A.J., Vu, J.M., & Mosso, A.L. (1998). Hospitalization costs associated with homelessness in New York City. *The New England Journal of Medicine*, **338**, 1734-1740; Kushel, M.B., Perry, S., Bangsberg, D., Clark, R. & Moss, A.R. (2002). Emergency department.

Medicaid costs. A growing body of literature shows reductions in Medicaid and other health care spending when special needs individuals are placed in supportive housing.

D. MRT Workgroup Recommendations: Proposals for Investing in New Affordable Housing Capacity

- 1. Work with New York City to develop a NY/NY IV agreement and with other interested counties to make a similar commitment that will provide integrated funds for capital, operating expenses/rent and services in new supportive housing units targeting high-cost, high need users of Medicaid, especially those transitioning out of restrictive institutional settings. State housing and health and human services agencies should participate in the process. Key to expanding supportive housing opportunities across the state is the ability to ensure that units developed are available and accessible to individuals in need through sufficient funding for capital, operating costs (including rent subsidies), and related support services. A supportive housing program targeted to heavy Medicaid users is likely to return the greatest savings to the state, local and federal governments in terms of reduced hospitalizations, reduced lengths of stay in long term care facilities, and unnecessary Emergency Room visits as well as improved outcomes from supportive services provided in stable, affordable housing.*
- 2. Establish a formal mechanism to set aside a portion of Medicaid and non-Medicaid savings related to any reduction of inpatient hospital or nursing home capacity to a fund dedicated to housing development. It is important to recognize the connection between adequate and accessible supportive housing and adequate funding of services and Medicaid savings. A portion of any closure savings should be mandated to be invested in housing related programs. These savings should be reinvested in the development of new and rehabilitated housing, both scattered site and congregate, as well as the supports necessary to ensure that vulnerable populations receive the services they need to maximize expected outcomes. Many work group members were interested in exploring related, non-Medicaid savings to other public programs for reinvestment within the communities where the savings were recouped, if unmet needs were extant.*
- 3. A portion of the \$75 million in the SFY 2012-13 MRT funding allocation plan should be transferred for Capital grants to the Office of Mental Health (OMH), the Office of Temporary Disability Assistance (OTDA) and Homes and Community Renewal (HCR) for distribution through the Homeless Housing Assistance Program (HHAP), OMH programs, Housing Trust Fund and tax-exempt bond programs. The Office for People with Developmental Disabilities (OPWDD) programs should also be considered for investment. A portion of this funding should be allocated for immediate Operational funds for Rental Subsidies and Support Services, to OASAS, the AIDS Institute, OMH, OTDA, and OPWDD. This will allow the funding to leverage substantial additional public and private investment, will ensure quick distribution of the funds, and create integrated housing opportunities for people with mental illness, substance abuse, chronic illnesses and developmental disabilities.*

E. Lessons Learned From NY/NYIII PSH Programs for the Homeless

1. The NY/NY III program initiatives which target single adults with significant psychiatric and substance use problems have been operating efficiently and with strong positive outcomes for several years.
2. The rapid placement of single adults into Permanent Supportive Housing units has resulted in significant reductions in subsequent acute inpatient hospitalizations for psychiatric, alcohol and drug detoxification, and related medical emergencies.
3. Intensive case management and where applicable job placement and post-employment support have been key program elements, in concert with subsidized rental housing.
4. On the ground coordination between the City Department of Homeless Services (DHS), Human Resources Administration (HRA), Department of Health and Mental Hygiene (DOHMH) and State OMH and OASAS and all of our Non-Governmental Organization (NGO) partners, has resulted in an efficient and effective process from Outreach and Engagement to Referral and Placement, and then through ongoing access to support services.
5. The majority of the individuals we have included in these program efforts not only have been frequent users of Medicaid-covered emergency and acute inpatient care, but also are multiple users of Homeless Shelters and Rikers Island Jails.
6. The original conceptual dichotomy developed in 2005-06 which distinguished between individuals who are “active substance users” and those persons who are “treatment completers” has in reality blurred if not merged. The Columbia University Report, CASAHOPE – Housing Opportunities Program Evaluation – Papers # 1-3 from the National Center on Addiction and Substance Abuse at Columbia University in July 2011 found that of 350 “active users” who had been placed into NY/NY III housing, 70 percent of the substance users and 43 percent of the alcohol users reported significantly reducing their consumption as a result of now living in safe stable housing. The over 600 individuals who have been placed in PSH apartments as “treatment completers” had an average of three months attendance at a community-based outpatient addiction clinic prior to placement.

F. History of OASAS Involvement

1. OASAS and its voluntary agencies have served homeless persons with chronic addictions since the current treatment system was developed in the 1970s. State-operated Treatment Centers, the Addiction Crisis Centers that began in the late 1970s as Sobering-up Stations, the first Alcoholism Halfway Houses, and the first Therapeutic Communities in the 1960s and 1970s have all helped thousands of homeless individuals.
2. When the Department of Housing and Urban Development (HUD) began its highly effective Homeless Services grant programs in the early 1990s, OASAS

developed more Shelter Plus Care (S+C) grant programs than any other state addiction authority in the country. OASAS voluntary agencies became Sponsoring Agencies for the S+C program and direct providers of Supportive Housing Program (SHP) grant programs from HUD that led to more than 1,000 new Residential Treatment beds and more than 500 permanent supportive housing apartment units.

3. Since 2007-08, OASAS has greatly expanded its commitment to developing Permanent Supportive Housing for homeless individuals and families, as part of a broader effort to promote Recovery Support Services in addition to the more traditional prevention and treatment services already available in New York State.
4. OASAS now has a Housing Portfolio in NYC of approximately 1,000 apartment units, 125 units in Metro NY, and approximately 580 units in Upstate New York. The turnover rate for new placements is less than 20 percent; 200 units in NYC; less than 25 units in Metro NY; and 100 units in Upstate New York.

G. What is the OASAS Permanent Supportive Housing Program?

1. The **OASAS VISION** --- Safe, affordable housing and stable employment are critical to successful **long-term recovery** and to the effective intervention to stabilize the lives of individuals who are in cycles of crisis that lead to high frequency use of high Medicaid cost emergency care and inpatient hospital care. The **Housing Services Package** includes:
 - a. **Rental Subsidies** at the full HUD Fair Market Rental (FMR) for each community combined with the expectation that individuals and families participating in the Program will contribute financially to the actual rent due to landlords;
 - b. **Housing Counseling** services available not just during daytime hours, but in the evening and on weekends; and
 - c. **Employment Counseling** services that include custom job development, job coaching, post-employment support groups, and access to skills training geared toward career growth.
 - d. **Clinical Supervision** of the direct care staff on a weekly basis.

H. Have These Programs Been Successful? Program Outcomes

1. The OASAS Permanent Supportive Housing (PSH) Programs, comprised of three distinct “brands” of S+C, NY/NY III, and the Upstate PSH Program, are highly effective.
2. The **Statewide Occupancy Rate is 113 percent** (1,433 actual participants in a contracted unit total of 1,266 apartments), per an August 2011 point-in-time survey of data on this metric by the OASAS Housing Bureau of all OASAS housing providers.
3. The **Housing Retention Rate** is very promising --- just 17 percent (202/1,201) stay less than six months, while 37 percent (424/1,201) stay between 6-24 months, and 46 percent (525/-1,201) stay more than two years. This finding

reflects data reported on this metric to the Housing Bureau from the same August 2011 survey.

4. An analysis of those participants who **Leave the Program** finds that just 11 persons left in the first two months.
5. **Economic Status** --- 33 percent (294/883) are employed and another 15 percent (130/883) are full-time attending college, for a combined Rate of 48 percent (424/883).

I. OASAS Housing Portfolio – Current Capacity and MRT Projections

1. The OASAS Housing Portfolio is now **1,476 occupied apartment units**, statewide. When both Rounds of NY/NY III Family Apartments come “on line”, the Housing Portfolio will grow to **1,611 units** statewide.
2. OASAS expects to fund **MRT Affordable Housing PSH** units for single adults who are high frequency, high cost Medicaid consumers in NYC and at least 15 other communities. By the end of SFY 2012-13, there will be at least **280 total units** awarded with at least 100 units in NYC, at least 50 in Metro NY, and at least 130 units Upstate.
3. By the end of SFY 2012-13, the OASAS Housing Portfolio will be 1,834 apartments statewide.

J. Target Population for the OASAS Statewide Medicaid Re-Design Team (MRT) Permanent Supportive Housing (PSH) RFP

1. Single adults with chronic psychiatric, addiction, and medical conditions who are high frequency, high cost Medicaid consumers. Many of these individuals have histories of chronic or episodic homelessness, and at present are either homeless or at high risk of returning to homelessness.
2. Single adults with this profile are prevalent not only in New York City, but in the suburban Metro New York counties on Long Island and in the Lower Hudson Valley, in the Upstate cities from Albany/Schenectady/Troy to Rochester and Buffalo, and in most of the rural counties in all geographic regions of New York State.
3. In all communities, a relatively small cohort of men and women are the focus of multiple public and private health and social services efforts to meet crisis after crisis. Much time, effort, and financial resources are expended, with minimal positive change.

II. ELIGIBLE APPLICANT AGENCIES

- A. OASAS, through its *2012 Request for Proposals - Statewide MRT Permanent Supportive Housing (PSH) Initiative*, is seeking funding proposals from **voluntary agencies and Local Governmental Units (LGUs) that operate OASAS-certified chemical dependence treatment providers in New York State** as follows:

<u>Program Type</u>	<u>OASAS Certification Part</u>
Chemical Dependence Withdrawal and Stabilization Services	Part 816
Chemical Dependence Inpatient Rehabilitation Services	Part 818
Chemical Dependence Residential Services	Part 819
Chemical Dependence Outpatient Treatment Programs	Part 822-4
Opioid Treatment Programs	Part 822-5 (formerly Part 828)

- B. Applicants are advised that only those programs with a valid OASAS operating certificate at the time of award will be eligible for funding through this Request for Proposals.
- C. For purposes of this solicitation the following definitions apply:
1. ***New York City*** means the following counties: Bronx County, Kings County, New York County, Queens County, and Richmond County.
 2. ***Metro New York*** means the following counties: Nassau County, Suffolk County, Westchester County, Rockland County, Orange County, Putnam County, Dutchess County, Ulster County, and Sullivan County.
 3. ***Upstate New York*** means all of the counties in New York State not identified in #1 and #2 above.
 4. ***Voluntary Agencies:*** As defined in New York State Mental Hygiene Law, section 41.03 paragraph 11, a voluntary agency “*means a corporation organized or existing pursuant to the not-for-profit corporation law for the purpose of providing local services.*” For profit or proprietary entities are **not eligible** to apply for funding.
 5. ***Local Governmental Unit:*** As defined in New York State Mental Hygiene Law, section 41.03 paragraph 5, local governmental unit “*means the unit of local government given authority in accordance with this chapter by local government to provide local services.*”
 6. ***OASAS Certified:*** Pursuant to Article 32 of the New York State Mental Hygiene Law, eligible applicants must possess operating certificates issued by the OASAS Commissioner to engage in the provision of *Chemical Dependence Residential Services* as defined in Part 819, *Chemical Dependence Outpatient Services* as defined in Part 822-4, and *Opioid Treatment Programs* as defined in Part 822-5 (formerly Part 828) of the *Official Compilation of Rules and Regulations* of the State of New York.

7. ***In good standing:*** all of a provider's operating certificates that are subject to a compliance rating have a current compliance rating of partial (two year) or substantial (three year) compliance.
8. ***High frequency, high cost Medicaid consumers:*** adult individuals who have received inpatient hospital care for detoxification from alcohol or any other psychoactive substance, acute psychiatric hospitalization, or acute hospitalization for a medical condition such as common co-occurring conditions of chronic addiction, namely diabetes, hypertension, emphysema, or other circulatory chronic diseases; received treatment in an emergency room of a general hospital for any of the substance use, psychiatric or medical conditions identified above. High frequency Medicaid consumers means at least two inpatient hospitalizations or at least five emergency room episodes in a 12 month period.

III. PROGRAM COMPONENTS AND PROGRAM REQUIREMENTS

A. Contractor Qualifications

1. The contractor shall have successful experience providing housing and/or services to the target population(s).
2. For those agencies that are applying to develop a congregate facility, the contractor shall have successful experience developing housing, as well as providing housing and/or services.
3. The contractor will be expected to link with a Health Home in its community and submit proof of such linkages. ,
4. The contractor shall submit proof of linkages with not-for-profit human services agencies in the community in which the proposed program will be located or readily accessible through public transportation, and who could serve as resources for and/or provide off-site services to program clients.

B. Agency Staffing and Training

1. The contractor shall ensure that the program has an appropriate staffing plan with sufficient numbers of staff with appropriate qualifications and training for the target population and salaries commensurate with these qualifications. The contractor would initially train staff and conduct ongoing training.
2. Program Directors overseeing housing counselors shall be required to have a graduate degree and experience with the target population or a Bachelor's degree with supervisory experience and experience serving the target population.
3. The contractor shall have the capacity to provide training to staff that would include, but not be limited to: health education and infectious disease prevention, nutrition, relationship skills, crisis intervention, counseling techniques and motivational interviewing, depression screening, street drugs

and their effects, symptoms of overdose and withdrawal, best practices in employment services, harm reduction and housing first service approaches, including safe injection, safe sex practices, availability of naloxone to prevent death from opioid overdose, addiction treatment and recovery, the stages of change model, and trauma and relapse prevention approaches.

C. How Potential Clients Will Be Referred to the OASAS MRT PSH Provider Agency

The eligibility of an individual seeking housing under the OASAS Statewide *MRT PSH Program* will be determined by Human Resources Administration (HRA) in NYC and by county Departments of Social Services in collaboration with Departments of Health in all other jurisdictions. An example of this process is the NYC procedures which utilize an electronic submission of the supportive housing application by the client or anyone acting on behalf of the client such as an outreach worker, case manager, shelter or drop-in center staff, etc. NYC Department of Homeless Services (DHS) is then responsible for placing approved applicants by sending *MRT PSH* provider agencies three eligible clients from which they will be required to select one participant.

D. MRT PSH Data Collection and Program Outcomes

It is critical that all MRT supportive housing efforts demonstrate the positive impact of housing and support services on each individual's pattern of Medicaid hospital inpatient and emergency room usage. Therefore, all MRT housing providers are required to participate as follows:

Successful applicants will be expected to collect and submit the Medicaid ID of the tenant to the State Department of Health and other identified state agencies. Since this Medicaid patient specific data is classified as confidential it must be transmitted in a secure format.

E. Support Services

To deliver the core services required for this Program Initiative, the contractor will be required to do the following:

1. In conjunction with each client, develop an individualized housing-related needs assessment and support services plan, including an action plan with clearly stated goals and outcomes. This work forms the basis for each participant's personal **Recovery Plan**. The Plan shall include a chosen path to recovery (involvement in formal mental health and/or substance abuse treatment, mutual help, Recovery Coaching, faith-based services). The Plan also shall be designed to assist the client to remain in housing while the type and intensity of services vary to meet the changing needs of the individual. Agreed upon services (other than the required housing counseling/case management) are to be encouraged but ARE NOT REQUIRED for remaining in the PSH apartment unit.
2. Encourage direct client participation into ongoing program implementation

and management, through regular community meetings, tenant advisory boards, or other means.

3. Focus on the multiple service needs of the clients as well as those skills and services that the clients would require to remain stably housed in the community.
4. Coordinate all support services for each client directly with the contractor's own programs or through appropriate providers located nearby or at a central location that is readily accessible to public transportation.
5. Directly provide: housing counseling, personal assistance that emphasizes learning daily living skills, residential stability in housing, financial management education, and assistance in gaining access to appropriate public benefits and services (Entitlement Coordination), peer support, 24 hour/7 day on-call staffing.
6. Through linkages/referrals to appropriate providers located nearby or that are readily accessible through public transportation, comprehensively address clients' physical and behavioral needs in the areas of primary medical, mental health, and dental care, substance abuse counseling and treatment, domestic violence counseling and HIV/STD prevention services, treatment and support services (including access to condoms and rapid HIV/AIDS testing) as appropriate.
7. Make programming available during evenings and on weekends to accommodate the work, training, and/or treatment requirements of clients.
8. Focus on and promote each client's recovery to his or her fullest potential, by providing educational opportunities, job readiness skills, vocational training and employment placement and retention. Where feasible, actively seek qualified clients to employ as housing support staff.
9. Train staff in housing placement in order to assist clients who would like to move on to a more independent setting.
10. For individuals with substance abuse disorders, many of whom have been victimized or abused as children or later in life, ensure that all supportive services are trauma-informed in order to address the underlying issues of addiction.
11. Provide services in a culturally- and linguistically-competent and sensitive manner.
12. In cases where the provider agency is the lease holder for the apartment(s), a sub-lease that is in easily understandable language shall be provided to the client and a copy of such sub-lease must be maintained as part of the client file.
13. Require client to contribute 30 percent of their household income toward rent and utilities (electric and gas, at minimum).
14. Allocate contingency funds in the budget to cover events that may lead to non-payment of rent, such as hospitalization. The contractor should make

every effort to preserve the client's/family's housing in the event of hospitalization or relapse.

15. Establish appropriate procedures for terminating the client's sub-lease if a tenant does not comply with the sub-lease provisions and/or requires assistance beyond the scope of the program. In such circumstances, the contractor would identify alternate appropriate placement. Due process procedures and local jurisdiction landlord/tenant law would be followed. Programs are urged to develop a positive and effective means of transitioning clients to independent or other long-term permanent housing, as appropriate.
16. Track clients who have moved on from the program to non-supported independent housing or other placements by maintaining contact with such clients for a period of one year following their departure from the program. At a minimum, contact with the client would be made at six months and one year after departure.
17. If/when required by OASAS, conduct a consumer perception of care survey using a survey instrument. Failure to conduct the survey would result in liquidated damages under the contract.
18. Track, record, and report information to OASAS as required in the contract, including, but not limited to, client demographics, income source, place discharged to, and outcome data, including occupancy rate; housing retention; reduction in hospitalization; and reduction in rate of incarceration.
19. Focus on those skills and services that clients would require to achieve self sufficiency and the ability to eventually move into independent housing in the community, particularly educational, vocational training, and employment placement services.
20. Address the substance abuse recovery related needs of the clients as well as those skills and services that the clients would require to sustain sobriety and avoid relapse.
21. Focus on recovery planning and relapse prevention using individual counseling and support provided by substance abuse and mental health professionals and peer counselors.
22. Assist each client in planning for and locating appropriate independent housing or, where appropriate, other supportive housing placement. Although there would be no length of stay restrictions, the program should expect clients to move on.
23. Provide directly or through linkages the following support services for each client, including, but not limited to, peer counseling and advocacy; relapse prevention; crisis intervention; Alcoholics Anonymous, Narcotics Anonymous and similar groups, spirituality, social and community building activities, individual and group counseling, home visits, and recreation opportunities.

IV. OPERATING PROGRAM ASSUMPTIONS

A. Program Design

1. Many Program participants have had histories of previous treatment attempts, some successful and others not. It is critical that the Participant have options and choices in developing his/her personal **Recovery Plan**. While choices may include involvement in formal mental health and/or substance abuse treatment, other choices may focus on Recovery Support Services such as Recovery Coaching, involvement in activities at a local Recovery Support Center, involvement in mutual help meetings, or involvement in faith-based programs and services. The Housing Provider is expected to guide each Participant in identifying community-based resources that reflect his/her choices.
2. This Program is Permanent Supportive Housing, not certified residential treatment. The length of stay should be individualized and should be driven by client needs, interests, and development of strengths necessary for successful economic self-sufficiency and fully independent living (including establishment of positive family and social supports in the community).
3. Where possible, apartments that have an original lease between the sponsoring agency and a private landlord may be later “turn-keyed”, with a subsequent lease assumed by the client and held directly with the landlord. In such a situation, the sponsoring agency would locate and secure a replacement apartment to maintain the required number of apartments needed to serve 25 active Program participants.
4. All apartments must meet federal HUD Housing Quality Standards. Leases must be secured at the HUD 2012 FMR rates per month for a studio or a one bedroom apartment, as indicated.
5. A small cluster of apartments in one building is an acceptable practice in developing a Scatter-site Program.
6. Studio or one bedroom apartments can be clustered in several residential buildings or leased in one large apartment complex, as long as the PSH units comprise no more than 25 percent of the total number of apartments in that building.
7. If there is a program development opportunity to place all program apartment units or some percentage of that number, in a large building that is about to be ready for occupancy, Sponsoring Agencies may propose such an arrangement either from the outset of the Program or at a later date.
8. **Program Outcomes** – The Applicant should describe the agency Plan for Measuring Program Outcomes consistent with generally accepted criteria used by HUD for Homeless Housing programs and by OASAS for our PSH programs, as identified in the Evaluation section of this RFP, appropriate outcomes to be achieved in the following areas:
 1. Achieving stable recovery from abuse of alcohol and other substances of abuse, and psychiatric conditions, where applicable.

2. Achieving housing stability in a safe and supportive environment.
3. Improve life functioning and stability in terms of chronic medical conditions.
4. Achieving economic self-sufficiency.
5. Achieving positive reintegration to the community.

OASAS may use the Substance Abuse and Mental Health Services Administration (SAMHSA) Government Performance and Results Act (GPRA) Client Measurement Instrument to augment Client Outcome measurements listed above.

B. Questions and Answers Regarding Client Program Eligibility

1. Does the client need to have been homeless prior to treatment or at risk of homelessness?

Response: No, although many of these individuals will also have a history of chronic or episodic homelessness and currently be either homeless or at high risk of returning to homelessness. The client must have a history of high frequency, high cost Medicaid services that include emergency care and acute inpatient hospital care for psychiatric, addiction, or chronic medical condition-related service needs.

2. Where will the clients be found?

Response: Clients will be drawn from hospital emergency rooms, shelters, street outreach services, as well as from Care Coordination and Case Management interventions by Health Homes and Behavioral Health Organizations.

3. How will the referral process work for the various population options?

Response: OASAS expects that, through the coordination of the NYS Department of Health, for the MRT PSH Initiatives, the primary referral source will be the contracted agency that provides Care Coordination/Case Management to Behavioral Health Organizations and Health Homes in that Community Service Area. As an example, in NYC Referral Form used will be adapted from the HRA 2010e form now in use for NY/NY III programs.

4. Clarify the “clustering” of apartments in a single building.

Response: Because the scattered-site model seeks to emulate normal community living, OASAS prefers that units not be overly concentrated in a single building. If the provider has access to a number of apartments in a single building and wants to take advantage of economies of scale, it may cluster apartments, up to 25 percent of all apartments in that building.

5. Is there a limit to the length of stay in this supportive housing program?

Response: The individuals we are working with have complex and multiple problems, greatly exacerbated by homelessness and the risk of homelessness. The MRT PSH Initiative provides access to PERMANENT HOUSING --- this

effort is not a residential treatment program model. The programming goals for these clients are to ensure housing stability in a non-judgmental, safe, and supported environment; to enable them to sustain recovery and to transition to independent living outside of a supportive housing setting wherever and whenever possible; and to enable clients to achieve the maximum possible personal recovery, self-sufficiency, and integration into the workforce and the community.

6. Is it acceptable practice for “graduates” of these programs to remain in their apartments and take them over independently?

Response: Yes, OASAS prefers that graduates be allowed to retain their apartments rather than having to uproot themselves and move. The provider would then rent another apartment for the new incoming client. This is a “turn-key” approach that would effectively result in apartment units becoming permanent supportive housing units.

7. What should a provider do in the event a client is incarcerated or hospitalized?

Response: In general, the provider should strive to preserve the client’s housing for as long as possible if, by all indications, the client may return within a few months. OASAS expects providers to use the contingency funds (discussed further in the Budgeting Section below) to cover the client’s rent contribution for a minimum of three months.

8. If a client is in the hospital, but will be returning to his or her apartment, is that considered a vacancy?

Response: No, not if the client is returning. Where it is not clear or the absence is prolonged, the determination will be handled on a case-by-case basis, and providers should approach OASAS for guidance.

9. Must providers adhere to the HUD FMR rates for rent or are they allowed to pay market rents? How should they calculate what portion of the maximum funding amount is the rental cost and what portion is for services?

Response: Refer to the *Program Model Operating Budget* section of this RFP for details. In general, a Rent Reasonable study could document the need for a monthly rent that exceeds the current HUD FMR rate, but relying heavily on that approach will seriously limit the funding resources for staffing, which are critical to the success of this Program Model.

10. Are providers supposed to pay the 30 percent client contribution if the client does not pay it?

Response: Providers are responsible for covering the client contribution if the client fails to pay. In the *Program Model Operating Budgets* Section of this RFP, Contingency funds are budgeted at \$500 per client, per year. That amount should cover two to three months of a single client’s rent contribution. The provider can make funds not spent on one client available for other clients.

11. Does the budget cover food, clothing, and other daily needs?

Response: No, but part of the provider's role is to link clients to community resources such as food pantries and assist them in applying for food stamps, public assistance, and other benefits for which they may be eligible.

12. How much funding will go toward start-up?

Response: Providers should propose a start-up funding amount of no more than three months of the annual budget.

C. Questions and Answers Regarding Single Site (Congregate) Models

1. Must there be full site control at time of application?

Response: Proposers should clearly describe their Housing Placement Plan --- such as small cluster Scatter-site rentals, one Single Site building, or a number of apartments in one large building, or a combination. OASAS strongly encourages Proposers to Partner with a Developer who is about to open a low-to-moderate-income building and is willing to commit to a long-term lease at FMR rates.

2. May the living arrangements be in suites, with shared bathrooms and common living space but individual bedrooms?

Response: OASAS does not encourage that configuration and prefers single adults to be housed in studios or one bedroom apartments.

V. MODEL PROGRAM OPERATING BUDGET GUIDELINES

The following presentation is intended as guidelines for applicant agencies. If required elements of supportive services are not funded by the grant, then the sponsoring agency will need to support such services through either another grant source or as a service match.

Budget projections are displayed which cover all components of the Operating Budget.

HUD FISCAL YEAR 2012 FAIR MARKET RENTAL RATES FOR ONE BEDROOM APARTMENTS IN NEW YORK STATE COUNTIES

County	City	One-Bedroom unit	Current OASAS PSH units
Five boroughs	New York City	Studio = \$1,183	yes
Nassau	N/A	Studio = \$1,233	no
Suffolk	N/A	Studio = \$1,233	yes
Westchester	Yonkers	Studio = \$1,139	no
Rockland	N/A	Studio = \$1,183	no
Orange	Newburgh	One Bdrm = \$971	yes
Putnam	N/A	\$1,280	no
Dutchess	Poughkeepsie	\$971	yes
Ulster	Kingston	\$971	yes
Sullivan	N/A	\$692	Yes
Columbia	Hudson	\$707	Yes
Greene	Catskill	\$644	Yes
Albany	Albany	\$713	Yes
Schenectady	Schenectady	\$713	Yes
Rensselaer	Troy	\$713	Yes
Saratoga	Saratoga	\$713	No
Warren	Glens Falls	\$667	No
Washington		\$667	No
Hamilton		\$610	No
Essex		\$643	No
Clinton	Plattsburgh	\$637	No
Franklin		\$605	No
St. Lawrence	Potsdam	\$597	No
Schoharie		\$713	No
Delaware		\$580	No
Otsego	Oneonta	\$716	No
Montgomery	Amsterdam	\$668	No
Fulton	Johnstown	\$565	No
Herkimer		\$599	No
Jefferson	Watertown	\$697	Yes

Lewis		\$568	No
Oneida	Utica	\$599	Yes
Oswego	Oswego	\$623	No
Onondaga	Syracuse	\$623	No
Madison		\$623	Yes
Cortland		\$620	Yes
Chenango		\$584	No
Broome	Binghamton	\$593	Yes
Tioga		\$593	No
County	Major City	One-Bedroom unit	Comments
Tompkins	Ithaca	\$825	No
Cayuga	Auburn	\$597	No
Chemung	Elmira	\$641	No
Steuben	Bath	\$595	No
Schuyler		\$560	No
Yates		\$579	No
Seneca		\$634	No
Ontario	Canandaigua	\$654	Yes
Wayne		\$654	Yes
Allegany		\$579	No
Livingston		\$654	No
Monroe	Rochester	\$654	Yes
Genesee	Batavia	\$662	No
Orleans		\$654	No
Cattaraugus		\$601	Yes
Chautauqua		\$598	No
Erie	Buffalo	\$599	Yes
Niagara	Niagara Falls	\$599	yes

NOTES:

- There are currently OASAS PSH programs in all five counties within the jurisdictional boundaries of NYC. The following other counties in New York State have access to OASAS PSH programs: Suffolk, Orange, Ulster, Dutchess, Sullivan, Columbia, Greene, Albany, Schenectady, Rensselaer, Oneida, Jefferson, Madison, Cortland, Broome, Ontario, Wayne, Monroe, Niagara, Cattaraugus, and Erie.

INSTRUCTIONS:

For your County, plug-in the HUD FMR for the one-bedroom apartment units in Table 1. Then use all of the other Line Items as they appear in the following examples. The client contribution is based on the public assistance shelter allowance tables for New York State, which reflect approximately \$200 per month payment for a single adult. The calculation below includes one month with no contribution secured, therefore, \$200 per month x 12 months = \$2,400 - \$200 = \$2,200.

NEW YORK CITY GUIDELINES

FMR Rental = \$1,183/month x 12 months = \$14,200 for Studio apartment
\$14,200/unit x 25 units = \$355,000

Client Contribution = \$2,200/unit x 25 units = \$55,000

The client contribution is based on the public assistance shelter allowance tables for New York State, which reflect approximately \$200 per month payment for a single adult. The calculation below includes one month with no contribution secured, therefore, \$200 per month x 12 months = \$2,400 - \$200 = \$2,200.

Net Lease Costs = \$300,000

Other Apt. Costs = \$600/unit x 25 units = \$15,000

OTPS (Supplies + Travel) = \$400/unit x 25 units = \$10,000

Staffing = PS+F:

1.5 FTE Housing Counselor = \$60,000 when FTE = \$40,000

0.5 FTE Weekend Counselor = \$20,000 when FTE = \$40,000

0.5 Job Counselor = \$20,000 when FTE = \$40,000

0.15 FTE Clinical Supervisor (6 hours/week) = \$9,000 when FTE = \$60,000

Total Salaries = \$109,000

Fringe = @ 25 percent for Housing Counselor+ Weekend Counselor+ Job Counselor = \$25,000

Total PS+F = \$134,000

All Direct Costs = (\$300,000 + \$15,000 + \$10,000 + \$134,000) = \$459,000

A&OH @ 5 percent = \$22,950

TOTAL COST = \$481,950

COST/UNIT = \$19,278 round to \$19,300

METRO NEW YORK GUIDELINES

County X

FMR Rental =
\$1,183 for studio
\$14,200 x 10 units
\$142,000

Client contribution =
\$2,200/client x 10 units =
\$22,000

Net Lease Cost =
\$120,000

Other Apt. Costs =
\$600 x 10 units =
\$6,000

**OTPS (supplies +
Travel) =**
\$400 x 10 units =
\$4,000

Staffing = PS+F = (refer to detail on next page)
\$62,000

All Direct Costs =
\$192,000

A&OH @5 percent =
=
\$9,600

TOTAL COST =
\$201,600

Cost/unit =
\$20,160

County Y

FMR Rental =
\$1,139 for studio
\$13,700 x 25 units
\$342,500

Client contribution
\$2,200/client x 25 =
\$55,000

Net Lease Cost =
\$287,500

Other Apt. Costs
\$600x 25 units =
\$15,000

OTPS =
\$400 x 25 units =
\$10,000

Staffing = PS+F
\$132,000

All Direct Costs =
\$444,500

A&OH @ 5 percent
=
\$22,200

TOTAL COST =
\$466,700

Cost/unit =
\$18,700

Downstate Staffing =

For a 10 unit program:

0.75 FTE Housing Counselor = \$30,000 when FTE = \$40,000

0.25 Weekend Counselor = \$10,000 when FTE = \$40,000

0.25 Job Counselor = \$10,000 when FTE = \$40,000

0.075 (3 hours/week) Clinical Supervisor = \$4,500 when FTE = \$60,000

Total salaries = \$54,500

Fringe for Housing Counselor position @25 percent = \$7,500

PS+F = \$62,000

For a 25 unit program:

Multiply all staffing by two

1.5 FTE Housing Counselor = \$30,000 x 2 = \$60,000

0.5 FTE Weekend Counselor = \$10,000 x 2 = \$20,000

0.5 FTE Job Counselor = \$10,000 x 2 = \$20,000

0.15 FTE Clinical Supervisor = \$9,000

Total Salaries = \$109,000

For Fringe costs, add

25 percent Fringe costs for the now 0.5 FTE positions of Weekend Counselor and

Job Counselor = 25 percent of \$20,000 = \$4,000 + \$4,000 and

25 percent of the now 1.5 FTE Housing Counselor = \$15,000

All Fringe costs increase from \$7,500 to \$23,000

Total PS+F = \$132,000

UPSTATE GUIDELINES

County XX

FMR Rental =
 $\$597 \times 12 = \$7,200$
 $\$7,200 \times 10 \text{ units} =$
 $\$72,000$

Client contribution =
 $\$2,200 \times 10 \text{ units} =$
 $\$22,000$

Net Lease Cost =
 $\$50,000$

Other Apt. Costs =
 $\$600 \times 10 \text{ units} =$
 $\$6,000$

OTPS (supplies + travel) =
 $\$400 \times 10 \text{ units} =$
 $\$4,000$

Staffing = PS+F (refer to next page)
 $\$56,750$

All Direct Costs =
 $\$116,750$

A&OH @5 percent =
 $\$5,850$

TOTAL COST =
 $\$122,600$

Cost/Unit =
 $\$12,260$

County YY

FMR Rental =
 $\$654 \times 12 = \$7,850$
 $\$7,850 \times 25 \text{ units} =$
 $\$196,250$

Client contribution =
 $\$2,200 \times 25 \text{ units} =$
 $\$55,000$

Net Lease Cost =
 $\$141,250$

Other Apt. Costs =
 $\$600 \times 25 \text{ units} =$
 $\$15,000$

OTPS =
 $\$400 \times 25 \text{ units} =$
 $\$10,000$

Staffing = PS+F
 $\$120,000$

All Direct Costs =
 $\$286,250$

A&OH@5 percent =
 $\$14,300$

TOTAL COST =
 $\$300,550$

Cost/Unit =
 $\$12,000$

Upstate Staffing

For a 10 unit program:

0.75 FTE Housing Counselor = \$27,000 when FTE = \$36,000

0.25 FTE Weekend Counselor = \$9,000 when FTE = \$36,000

0.25 FTE Job Counselor = \$9,000 when FTE = \$36,000

0.1 FTE Clinical Supervisor (4 hours/week) = \$5,000 when FTE = \$50,000

Total salaries = \$50,000

Fringe @ 25 percent for Housing Counselor = \$6,750

Total PS+F = \$56,750

For a 25 unit program:

Multiply all staffing by two:

1.5 FTE Housing Counselor = \$54,000

0.5 FTE Weekend Counselor = \$18,000

0.5 FTE Job Counselor = \$18,000

0.15 FTE (6 hours/week) Clinical Supervisor = \$7,500

Total salaries = \$97,500

And for Fringe costs, add:

25 percent of Housing Counselor = \$13,500

25 percent for Weekend Counselor = \$4,500

25 percent for Job Counselor = \$4,500

All fringe Costs = \$22,500

Total PS+F = \$120,000

VI. FORMAT AND CONTENT OF THE PROPOSAL

A. Proposal Cover Letter

A Proposal Cover Letter will transmit the applicant agency's Proposal Package to OASAS. It should be completed, signed, and dated by an authorized representative of the applicant agency.

B. Agency Experience

Describe the successful relevant experience of the applicant agency, each proposed subcontractor, if any, and the proposed key staff, in providing the program described in the Support Services section of this RFP.

Specifically address the following:

1. Program Capability

- a.** Describe the proposer's successful experience providing services to the single adults with chronic psychiatric, addiction and medical conditions who are high frequency, high cost Medicaid consumers, who have histories of homelessness.
- b.** If the proposer has limited or no experience with the population described in 1a. above, describe the proposer's successful experience providing services to other populations who are high frequency, high cost Medicaid consumers as defined in Section II C. 8. and demonstrate the relevance of that experience to serving homeless substance abusers described in 1a. above. Include the specific nature of those populations and the services provided and when and where they are/were provided.
- c.** Describe the proposer's successful experience providing services in or related to supportive housing settings (either transitional or permanent). Include the specific nature of those services and when and where they are/were provided.
- d.** Describe the successful experience of the proposer and/or housing management agency, whichever is applicable, in managing the ongoing operations of a supportive housing project and/or other residential setting.
- e.** For congregate applicants, describe the successful experience of the proposer in developing residential housing in a congregate setting.
- f.** Include a letter of support in NYC either from the NYC Department of Health and Mental Hygiene (DOHMH) or the NYC Department of Homeless Services (DHS) or the NYC Homeless Continuum of Care (CoC). In all other jurisdictions, the letter of support should be obtained from the Local Governmental Unit (LGU) responsible for substance use services.
- g.** For each key staff position, attach a resume and/or description of the qualifications and experience that will be required. In addition, state extent of staff expertise in relevant cultures and languages.

2. Organizational Capability

Demonstrate the proposer's organizational (i.e., programmatic, managerial and financial) capability to provide an appropriate site and successfully perform the services described in the scope of services of this RFP. Specifically address the following:

- a. State whether or not the proposer has submitted or plans to submit multiple proposals to operate programs in more than one building site. If either is so, indicate the total number of separate programs for which the proposer has submitted and/or intends to submit a proposal and demonstrate the proposer's capability to successfully operate the total number of multiple proposed programs concurrently.
- b. Demonstrate that the proposer has an appropriate staffing plan with sufficient numbers of staff for the number of clients to be served and with salaries commensurate with these qualifications.
- c. Demonstrate that the proposer has an appropriate staff training program.
- d. Demonstrate that the proposer has an appropriate client record keeping and data management system, in view of both efficient internal management as well as meeting the *MRT PSH* evaluation and the other client-tracking and data-reporting responsibilities set forth under the heading, "Support Services".
- e. Demonstrate that the proposer has established effective linkages with other appropriate not-for-profit agencies and/or service-providers or others in the community in which the proposed program will be located or readily accessible through public transportation, who could serve as resources for and/or provide off-site services to clients. Be as specific as possible and attach copies of all relevant linkage agreements.
- f. Attach documentation demonstrating not-for-profit status.
- g. Attach a chart showing where, or an explanation of how, the proposed services would fit into the proposer's organization.
- h. Attach a copy of the proposer's financial audit or certified financial statement, or a statement as to why no report or statement is available.

C. Program Services

Describe in detail how the proposer will provide the services set forth in the section entitled, "Support Services" demonstrate that the applicant agency's proposed approach would fulfill OASAS' stated goals and objectives for this program initiative. Specifically address the following:

1. Describe and demonstrate the effectiveness of the applicant agency's approach for providing directly or through linkages the services set forth under the heading "Support Services".

2. Describe and demonstrate the effectiveness of measures that will be taken to ensure that services are provided in a culturally competent, linguistically appropriate, and sensitive manner.
3. State and justify each of the outcomes to be achieved by clients to be served and demonstrate how the program would effectively assist them to achieve those outcomes.
4. Describe and demonstrate the effectiveness of the applicant agency's approach to transitioning clients into permanent supported housing.
5. Describe and demonstrate that the applicant agency has actively participated in community- and city-wide consortia and networks appropriate to the needs of program participants.
6. Describe and demonstrate the emergency response plan including response to medical and psychiatric emergencies. Include in the program description an explanation of personnel training including assessing risk and safety, handling emergencies, coordinating with medical, mental health, law enforcement, and other professionals, and implementing health and safety procedures.

OASAS' assumptions regarding **Programmatic Approach** represent what OASAS has identified as Best Practice, Evidence-based Programming. Applicant agencies, however, are encouraged to propose a different approach that they believe would most likely achieve OASAS' goals and objectives. Applicant agencies may propose more than one approach. If an alternative approach affects other areas of the proposal such as experience, organizational capability or price, that alternative approach should be submitted as a complete and separate proposal providing all the information specified in this section.

VII. APPLICATION REVIEW CRITERIA

A. Threshold Review Criteria

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

1. Was the application received by OASAS by the submission deadline date as set forth in the *OASAS 2012 Request for Proposals – Statewide Medicaid Re-Design Team (MRT) Permanent Supportive Housing (PSH) Initiative*?
2. Is the applicant entity eligible to apply as set forth in Section II A. Eligible Applicants of this RFP?
3. Is the Initiative Funding Request Form completed, signed, dated?
4. Did the NYC applicant include a Letter of Support from either the NYC DOHMH or the NYC DHS or the NYC CoC; did the applicant from any other jurisdiction include a Letter of Support from the applicable LGU?

B. Proposal Evaluation Criteria

1. Applications passing the Threshold Review Criteria will be read, reviewed, and rated by a team of OASAS staff using the eligibility review criteria specified below. The review team will consist of staff from the Bureau of Housing Services, the OASAS Field Office, and staff from the Office of the Medical Director.
2. The application will be evaluated on a complete, accurate, and signed Operational Funding Request. The budget narrative should adequately describe all expenses and revenue.

C. Evaluation Criteria

The four major Evaluation Criteria are as follows:

1. Demonstrated Successful Relevant Experience = 30 points
2. Demonstrated Organizational Capability = 15 points
3. Quality of the Program Approach = 30 points
4. Cost Effectiveness & Fiscal Viability = 25 points

1. Demonstrated Quantity and Quality of Successful Relevant Experience (Maximum 30 Points)

- a. Extent to which the applicant agency demonstrates that the agency has successful experience in providing services to chronically addicted single adults who are high frequency, high cost Medicaid services consumers and successful experience providing services to homeless populations. (15 points)
- b. Extent to which the applicant agency demonstrates that the agency (including partners, if any) has successful experience managing permanent supportive housing for individuals with substance abuse problems. (15 Points)

2. Demonstrated Organizational Capability (Maximum Total: 15 Points)

Extent to which applicant agency demonstrates the agency's programmatic and managerial capability to successfully meet the following standards: (15 Points)

- 1) Has an appropriate staffing plan with sufficient numbers of staff for the number of clients to be served and salaries commensurate with their qualifications.
- 2) Has an appropriate agency organizational structure as demonstrated by the attached agency organizational chart.
- 3) Has an appropriate staff training program.
- 4) Has an appropriate client record-keeping and data management system, in view of both (i) efficient internal management, and (ii) meeting other client tracking and data reporting responsibilities described in the Support Services of this RFP.

- 5) Already has a demonstrated linkage with a Health Home in the community of the applicant agency and demonstrates linkages with other appropriate service-providers and other community organizations that could serve as resources for and/or provide services to program participants.

3. Quality of Proposed Approach (Maximum Total: 30 Points)

- a. Extent to which the applicant agency demonstrates that its program approach will meet the following programmatic standards: (10 points)
 - 1) Has an appropriate plan to successfully secure leases for apartments that meet HUD Quality Standards and all appropriate New York State Codes and Local Housing Authority Codes.
 - 2) The applicant agency demonstrates an effective approach to preparing individuals to move into this housing.
 - 3) Applicant agency demonstrates a commitment to take effective measures to ensure that services are provided in a culturally competent and linguistically appropriate and sensitive manner.
 - 4) Applicant agency has an effective emergency response plan, including response to medical and psychiatric emergencies.
 - 5) Applicant agency demonstrates effective participation in community and citywide referral networks appropriate to meeting the needs of its participants.
- b. Extent to which the applicant agency demonstrates that its program approach will effectively provide, whether directly or through linkages, the services described in the Support Services section of the RFP. (10 points)
- c. Extent to which the applicant agency describes appropriate outcomes to be achieved in the following areas: (10 points -- the points are cumulative, for example, an applicant who documents 1, 2, 3, 4 and 5 would receive 10 points)
 - 3 points 1. Achieving stable recovery from abuse of alcohol and other substances of abuse.
 - 2 points 2. Achieving housing stability in a safe and supportive environment.
 - 2 points 3. Improve life functioning and stability in terms of chronic medical conditions.
 - 2 points 4. Achieving economic self-sufficiency.
 - 1 point 5. Achieving positive reintegration to the community.
 - 0 points Applicant agency does not describe any appropriate outcomes.

- 4. Cost Effectiveness & Fiscal Viability (Maximum Total: 25 Points)**
- a.** Extent to which the applicant agency's budget is comprehensive, appropriate and cost effective in the following four key areas: Staffing, OTPS, Administration and Revenue Projections. (20 points)
 - b.** Extent to which applicant agency demonstrates fiscal viability through review of agency's financial statement and review of history of OASAS contracts. (5 points)

**Instructions for Completing the Initiative Funding Request Form (IFR)
(Start-up and Annual Operating Budgets)**

PROVIDER INFORMATION

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the agency submitting the Initiative Funding Request on the IFR and on any additional pages that are attached. **Do not enter the common name or acronym.**
2. **Printed Name of Local Governmental Unit, if Applicable** – Print the complete name of the County or City of New York Local Governmental Unit (LGU) that administers the Applicant Entity’s local State Aid contract agreement. **Applicants that have a direct contract with OASAS for State Aid funding should leave this blank.**
3. **Applicant’s OASAS Provider Number** – Enter the unique five-digit number that identifies the agency and that is used for reporting purposes to OASAS. This number is the same as the *Agency Code* number used when submitting Consolidated Fiscal Report (CFR) documents.
- 4-6. **Applicant Address** – Enter the mailing address, including zip code, where the administrative office of the applicant entity is located.
7. **Date Prepared** – Enter the date the Initiative Funding Request Form (IFR) was prepared.
- 8-10. **Applicant Contact Person** – Enter the printed name and title, and the telephone number (including area code) of the person who can answer questions concerning the information provided on the IFR.

PART II – OPERATIONAL FUNDING REQUEST

1. **Date Initiative Expected to be Operational** – Enter the date, in the xx/xx/xxxx format, that the proposed initiative is expected to be operational and will require Aid to Localities funding from OASAS. 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.

Requested Operating Budget for Proposal

Requested operating budget amounts must represent:

Column A: the **start-up, part year costs**, net deficit and OASAS State aid funding requested for one-time costs necessary to start the program effort. Start-up costs include, but are not limited to the following: equipment; office supplies; furniture; rental deposits/securities; and staff recruitment.

Column B: the **12-month, full annual costs**, revenues, net deficit and OASAS State aid funding requested. Awards to the selected applicants will be prorated for the first fiscal period based on the initiative start date identified above. The full annual budget may be pro-rated based on the approved start date of the initiative.

ALL AMOUNTS REQUESTED FOR THE ADDITIONAL INITIATIVE FUNDING MUST BE ROUNDED TO THE NEAREST HUNDRED DOLLARS.

2. **Gross Expense Budget:** Applicants should refer to the Consolidated Fiscal Reporting (CFR) Manual for a more detailed general description of the following expense items which should be entered in Columns A and B:
 - Personal Services
 - Fringe Benefits
 - Non-Personal Services (i.e. Other than Personal Services (OTPS))
 - Equipment
 - Property/Space
 - Agency Administration

3. **Revenue Budget:** Applicants should refer to the CFR Manual for an explanation of each revenue category, and enter applicable start-up and annual projected amounts that they anticipate receiving to offset costs attributable to the initiative in Columns A and B.

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

4. **Net Operating Cost:** Enter the amount obtained by subtracting **Total Revenue Budget** from **Total Gross Expense Budget in Column A and B**.

5. **OASAS State Aid Funding Requested:** Enter the amount of OASAS State aid funding being requested for the initiative in Columns A and B. This amount **should equal the Operating Budget Net Deficit** amount.

6. **Full-Time Equivalent (FTE) Staff Requested:** Enter the number of FTE's requested as part of this initiative in Columns A and B.

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

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

VIII. Funding Availability and Awards

OASAS will review and evaluate funding proposals submitted by eligible applicant entities according to the criteria set forth in Section VIII of this RFP. Agencies whose applications receive a final score of 70 or higher will be eligible to receive an award under this RFP. OASAS will identify successful applicants based on the highest ranking score. OASAS will select a successful applicant, in its sole discretion, based on consideration of a number of factors, including but not necessarily limited to amount of available State appropriation authority. Awards will be made until the funds for this RFP are committed.

If an award is made pursuant to this RFP, only the acceptance in writing by the OASAS Associate Commissioner, Division of Fiscal Administration or a designated duly authorized representative, with the approval of the Attorney General and the Office of the State Comptroller, shall constitute a contract between a successful applicant and the State of New York.

This RFP, all information submitted in the successful applicant's proposal and any revisions thereto, any follow-up questions and answers, and any RFP addenda, amendments or clarification will be included as part of the successful applicant's contract.

Neither OASAS nor the State of New York is liable for any expenditure incurred or made by an applicant until a contract is signed and approved.

OASAS will provide written notification to the successful applicant and all applicants not selected to receive funding under the RFP.

OASAS expects to send award letters within 30 days from the due date of applications.

OASAS intends to enter into multiyear agreements with the initial agreement being for a period of up to 5 years, subject to funding availability and appropriations.

ADDENDA TO THE RFP

In the event that it becomes necessary to revise any part of the RFP an addendum will be posted on the OASAS website.

DESIGNATED CONTACT AGENT

OASAS has designated a Contact Agent who shall be the exclusive OASAS contact from the time of issuance of the RFP until the issuance of the Notice of Award (restricted time period). Applicants may not communicate with any other personnel of OASAS regarding this RFP during the restricted time period.

The designated contact agent is:

Judy Monson
New York State Office of Alcoholism
and Substance Abuse Services
1450 Western Avenue, Room 205
Albany, New York 12203-3526
JudyMonson@oasas.ny.gov
Phone: (518) 485-2145
Fax: (518) 485-1332

BIDDERS' CONFERENCE

A Bidders' Conference will be held in Albany on December 27, 2012 from 11:00 a.m. until 1:00 p.m. at OASAS' offices located at 1450 Western Avenue, Albany, New York 12203 and in NYC on December 28, 2012 from 11:00 a.m. until 1:00 p.m. at 501 Seventh Avenue, New York, New York 10018 from 11:00 a.m. until 1:00 p.m. Attendance is not mandatory.

INQUIRIES RELATED TO THE RFP

Any questions or requests for clarification about this RFP must be submitted in writing by 12:00 p.m. on December 26, 2012 and must be directed to the designated contact agent referenced above. All inquiries must be typed and include your name, organization, mailing address, email address, and fax number. Please reference the Statewide Medicaid Re-Design Team (MRT) Permanent Supportive Housing (PSH) Initiative RFP. To the degree possible, each inquiry should cite the RFP section to which it refers. Inquiries may be submitted only by mail, e-mail or facsimile. OASAS will not entertain inquiries via telephone, made to anyone other than the designated contact agent or received after the deadline date. Inquiries will not be answered on an individual basis. Written responses to inquiries submitted by the deadline date and all questions asked at the Bidders' Conference will be posted on the OASAS website (www.oasas.ny.gov) on or about January 2, 2013.

APPLICATION SUBMISSION PROCESS

Interested applicants should submit, in a sealed envelope, **ONE ORIGINAL AND FOUR COPIES** of a completed *OASAS 2012 Request for Proposals – Statewide Medicaid Re-Design Team (MRT) Permanent Supportive Housing (PSH) Initiative* application and the **Initiative Funding Request Form (IFR)** to the following address:

James Carroll
Bureau of Financial Management
Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany NY 12203-3526

The cover of the sealed envelope should be labeled “OASAS 2012 Request for Proposals Statewide Medicaid Re-Design Team (MRT) Permanent Supportive Housing (PSH) Initiative”.

All applications must be received by 5 p.m. **January 30, 2013**. Applicants who are mailing proposals should allow a sufficient mail delivery period to ensure timely arrival of their proposals. Proposals cannot be submitted via e-mail or facsimile. All proposals received after the due date and time cannot be accepted and will be returned unopened.

DEBRIEFING

A debriefing is available to any APPLICANT that submitted a proposal in response to this RFP. (“*Bidder*”). A Bidder will be accorded fair and equal treatment with respect to its opportunity for debriefing. A debriefing shall be requested in writing by the unsuccessful Bidder within five (5) business days of OASAS notifying the unsuccessful Bidder that another vendor was selected.

An unsuccessful Bidder’s written request for a debriefing shall be submitted to the designated contact agent referenced above by electronic mail, facsimile or first class mail. The debriefing shall be scheduled within 7 business days of receipt of written request by OASAS or as soon after that time as practicable under the circumstances. The debriefing may be by telephone, videoconference or in person, at the sole discretion of OASAS.

VENDOR RESPONSIBILITY

Pursuant to New York State Finance Law section 163(3) (a) (ii), State agencies are required to ensure that contracts are awarded to responsible vendors. A determination of responsibility includes, but is not limited to, an affirmative review of an applicant’s qualifications, legal authority, financial stability, integrity and past contract performance. A vendor responsibility review, including completion of a vendor responsibility questionnaire, will be required of any successful applicant. OASAS requires a successful applicant to formally communicate any changes in its responsibility disclosure. Failure to disclose any changes provides OASAS with the right to terminate the contract for cause.

OASAS recommends that applicants file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at http://www.osc.state.ny.us/vendrep/vendor_index.htm or go directly to the VendRep System online at <http://portal.osc.state.ny.us>.

Applicants must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at (866) 370-4672 or (518) 408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at www.osc.state.ny.us/vendrep or via contacting OASAS or the Office of the State Comptroller's Help Desk for a copy of the paper form.

IRAN DIVESTMENT ACT

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Applicant/Contractor (or any assignee) certifies that it is not on the "Entities Determined To Be Non-Responsive Bidders/Offerers Pursuant to The New York State Iran Divestment Act of 2012" list ("Prohibited Entities List") posted on the OGS website at: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf> and further certifies that it will not utilize on such Contract any subcontractor that is identified on the Prohibited Entities List. Additionally, Applicant/Contractor is advised that should it seek to renew or extend a Contract awarded in response to the solicitation, it must provide the same certification at the time the Contract is renewed or extended.

During the term of any Contract awarded hereunder, should OASAS receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, OASAS will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then OASAS shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Contractor in default.

OASAS reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

RESERVED RIGHTS

OASAS reserves the right to:

- Reject any or all proposals received in response to this RFP;
- Not make an award to any applicant who is not in Good Standing at the time a contract is awarded.

- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under this RFP in whole or in part;
- Make awards based on geographical or regional consideration to best serve the interests of the State;
- Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of this RFP;
- Seek clarifications and revisions of proposals;
- Use proposal information obtained through site visits, management interviews and the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to the bid opening, amend the RFP to correct errors of oversights, or to supply additional information as it becomes available;
- Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- Change any of the scheduled dates;
- Eliminate any mandatory, non-material specification that cannot be met by all of the prospective bidders;
- Waive any requirement that is not material;
- Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- Utilize any and all ideas submitted in the proposals received;
- Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder's proposal and/or to determine a bidder's compliance with the requirements of the solicitation.
- Cancel or modify contracts due to the insufficiency of appropriations.

**APPENDIX A - OASAS 2012 REQUEST FOR PROPOSALS – STATEWIDE MEDICAID RE-DESIGN TEAM (MRT)
 PERMANENT SUPPORTIVE HOUSING (PSH) INITIATIVE
 INITIATIVE FUNDING REQUEST (IFR) FORM
 (Start-up and Annual Operating Budgets)**

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

PART II – OPERATIONAL FUNDING REQUEST

1. Date Initiative expected to be operational:		
REQUESTED OPERATING BUDGET FOR PROPOSAL	(Column A) PROPOSED START-UP OPERATING BUDGET	(Column B) ANNUAL OPERATING BUDGET
2. 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		
3. 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		
4. NET OPERATING COST		
5. OASAS State Aid Funding Requested		
6. Full-Time Equivalent (FTE) Staff Requested:		
Applicant Official:		
Printed Name:	Printed Title:	
Signature:	Date:	