



**ERIE COUNTY
REQUEST FOR PROPOSAL (RFP)
TO PROVIDE:**

**New York State Office of Alcoholism and Substance Abuse Services PART 816
Medically Supervised and Medically Monitored Withdrawal Service-Residential**

AND

Chemical Dependence Inpatient Rehabilitation Services- PART 818

RFP # 1411VF

Date: March 14, 2014

ELLERY REAVES, COMMISSIONER

DEPARTMENT OF MENTAL HEALTH

EDWARD A. RATH COUNTY OFFICE BUILDING

95 FRANKLIN STREET

BUFFALO, NEW YORK 14202

COUNTY OF ERIE, NEW YORK
REQUEST FOR PROPOSALS (“RFP”)

RFP# 1411VF

TO PROVIDE:

**New York State Office of Alcoholism and Substance Abuse Services PART 816
Medically Supervised and Medically Monitored Withdrawal Service-Residential**

AND

Chemical Dependence Inpatient Rehabilitation Services- PART 818

I. INTRODUCTION

The County of Erie, New York (the “County”) is currently seeking Requests for Proposals (RFP) from qualified providers for Medically Supervised and Medically Monitored Withdrawal Service-Residential as specified by the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) PART 816, and Chemical Dependence Inpatient Rehabilitation Services- PART 818

Qualified providers eligible to respond to this Request for Proposals must currently be certified (including Emergency Certification) by NYS OASAS as a treatment provider for at least one of the service levels for which proposals are being sought within this RFP.

Additionally, the provider determined to be the recipient of this RFP award must be able to operate the services referenced herein and seamlessly transfer services at the facility for existing consumers under the new management and implement services on July 1, 2014. **The recipient of the RFP must also apply for and be willing to operate both the Medically Supervised and Medically Monitored Withdrawal Service-Residential as specified by the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) PART 816, and Chemical Dependence Inpatient Rehabilitation Services-PART 818. Responses will be**

reviewed with this requirement and all applicants should therefore consider this and respond accordingly.

A. Medically Monitored and Medically Supervised Withdrawal Services-Residential, PART 816:

The selected provider will be expected to serve a capacity of 28 consumers within a bedded facility at 291 Elm Street in Buffalo, NY. The Medically Monitored program is certified by OASAS for 15 beds and the Medically Supervised Withdrawal Service is certified by OASAS for 13 beds.

Interested candidates should thoroughly review the Specific OASAS Regulations related to the two Chemical Dependency Withdrawal and Stabilization services, PART 816, contained in this RFP. These regulations can be found on the NYS OASAS website at the following link:
<http://www.oasas.ny.gov/regs/index.cfm>.

New York State OASAS will provide the following deficit funding to be contracted with the recipient of this award through the Erie County Department of Mental Health for the purpose of operating the services referenced herein:

Service Category (Program Code)	July 1, 2014 thru December 31, 2014	Anticipated Annualized Funding Beginning January 1, 2015 * subject to actual appropriation
Medically Supervised Withdrawal Service- Residential (3039)	\$250,425	\$500,850
Medically Monitored Withdrawal (3510)	\$387,602	\$775,204

B. Chemical Dependence Inpatient Rehabilitation Services, Part 818:

The selected provider will also be expected to serve a capacity of 25 consumers within a bedded facility at 291 Elm Street in Buffalo, NY.

Interested candidates should thoroughly review the Specific Regulations related to the Inpatient Rehabilitation service, PART 818, contained in this RFP. These can be found at the NYS OASAS website at the following link: <http://www.oasas.ny.gov/regs/index.cfm>. There is no New York State Deficit Funding from the NYS OASAS available for this service. However, the Erie County Department of Mental Health will provide up to \$200,000 annually, subject to annual review and appropriation, to assist the agency awarded this service to assist in offsetting the cost of providing access to care for those individuals who meet the level of risk supporting admission but are un/under insured.

C. General

In addition to the allocated funding identified above, services in the Medically Supervised Withdrawal Service and Chemical Dependence Inpatient Residential service are eligible to be billed to Medicaid. In all cases, providers are strongly encouraged to seek contracts with 3rd Party Insurers for the provision of these services as a critical component to supplement revenues. A component of your response, to be described later in this document, must detail a plan to produce such revenues

In addition, for all services for which proposals are being sought within this RFP, agencies should discuss how they expect to collaborate with Health Homes for the provision of care management services, i.e., provides in-reach, develop coordinated discharge/admission plans with Health Homes and identify/provide services and supports to ensure successful transition into the community. It is critical that agencies establish partnerships and/or collaborative agreements with at least one of the Health Homes serving Erie County. A list of designated Health Homes is available on the NYS Department of Health's website at:

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/.

PLEASE NOTE: APPLICATIONS THAT ARE NOT 100% COMPLETE AS SPECIFIED WITHIN THIS RFP, EXCEED THE SPECIFIED PAGE LIMITS OR, ARE NOT RECEIVED BY THE SPECIFIED DUE DATE AND TIME WILL NOT BE REVIEWED. ACCORDINGLY, PLEASE READ INSTRUCTIONS CAREFULLY SINCE CRITICAL INFORMATION IN THESE REGARDS MIGHT ONLY BE PRESENTED ONE TIME.

The County reserves the right to amend this RFP. The County reserves the right to reject any or all of the proposals, or any part thereof, submitted in response to this RFP, and reserves the right to waive formalities, if such action is deemed to be in the best interest of the County. The County reserves the right to request additional information from any proposer. Proposals received shall be considered to remain in effect for no less than 6 months and for no more than 18 months from date of receipt. The recipient of the RFP must also apply for and be willing to operate both the Medically Supervised and Medically Monitored Withdrawal Service-Residential as specified by the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) PART 816, and Chemical Dependence Inpatient Rehabilitation Services-PART 818.

Any award is contingent upon the NYS OASAS providing the expected level of funding and approving the relevant operating certificates. NYS OASAS and the Erie County Department of Mental Health make no guarantees of funding for these services in excess of that identified herein as state and county aid.

The Department intends to fund one (1) agency to provide all level of care identified under this RFP.

This RFP is not intended and shall not be construed to commit the County to pay any costs incurred in connection with any proposal or to procure or contract with any firm.

II. PROPOSAL PROCEDURES

A. ANTICIPATED SCHEDULE OF PROPOSAL

The following schedule is for informational purpose only. The County reserves the right to amend this schedule at any time.

Issue RFP: March 14, 2014

- The RFP and related attachments can be found and download at the Erie County Department of Mental Health Website at <http://www.erie.gov/health/mentalhealth/> .

Emailed Questions Due: March 24th, 2014

- All questions should be emailed to Victoria.Anetrini@erie.gov **by 5:00 p.m. March 24th, 2014**. Be sure to include “RFP” and the RFP number as the subject line in your email. To allow for the best response, questions should be clearly articulated. Only emailed questions received prior to March 24, 2014 at 5 p.m. will be provided with a response. No individual responses will be sent in response to emailed questions. Rather, responses to these questions will be addressed and posted on the Department of Mental Health website at: <http://www.erie.gov/health/mentalhealth/> .

Responses to questions will be posted on the

Erie County Department of Mental Health website: March 28th, 2014

Proposals Due: April 21st, 2014 prior to 3 p.m.

- We recognize that the response timeframe may be a short turn around, but respondents are encouraged to begin RFP development prior to the submission of any questions and all questions being answered.

Anticipated Selection Made: May 30th, 2014

Anticipated Initiation of RFP Services: No later than July 1, 2014.

B. APPLICATION REQUIREMENTS

1. Each proposal shall be prepared simply and economically avoiding the use of elaborate promotional materials beyond what is sufficient to provide a complete, accurate and reliable presentation. A ten point Font or larger, standard 8.5 inch by 11 inch paper and, margins no smaller than 0.75 inches are to be used for all materials (excepting for the Fonts, margins and paper size used on County provided forms). All documents are to include page numbers.

Proposals are to be packaged and ordered in the following manner:

- a) One page transmittal letter or memo on agency letterhead.
- b) ECDMH RFP Submission Package Checklist (Appendix A) on the top of entire submission package (after agency transmittal letter).
- c) Signed Agency Cover Sheet form (Appendix B). The original must have the original signature of the applicant organization's chief executive. Unsigned proposals will be rejected.

d) Proposal Narratives. These are to be limited to no more than ten (10) pages for each of the two service components. **One combined for the Medically Monitored and Medically Supervised Withdrawal Service-Residential, PART 816; and another for the Chemical Dependence Inpatient Rehabilitation Residential Service- PART 818.**

NOTE: The ten (10) page limit on the Proposal Narratives does not apply to the additional pages comprised by the required Submission Package Checklist, Agency Cover Sheet, Performance Outcomes, Budget Fiscal Modeling and other required application materials which may have their own page limit specifications.

- e) Budget: Applicants must attach to the Budget as described herein a budget narrative, such narrative not to exceed three (3) pages for each of the two service components. **One combined for the Medically Monitored and Medically Supervised Withdrawal Service-Residential, PART 816; and another for the Chemical Dependence Inpatient Rehabilitation Residential Service- PART 818.**
- f) Performance Outcomes. **One combined for the Medically Monitored and Medically Supervised Withdrawal Service-Residential, PART 816; and another for the Chemical Dependence Inpatient Rehabilitation Residential Service- PART 818.**
- g) County of Erie Standard Insurance Certificate (Appendix C)
- h) Copy of most recent audited financial statement, including management letter if issued

2. One (1) original and five (5) copies shall be submitted in a SEALED package:

Submission of the proposals shall be directed to:

**Ellery Reaves, Commissioner
Erie County Department of Mental Health
Erie County Edward A. Rath Building
95 Franklin Street Room 1237
Buffalo, New York, 14202**

All proposals must be delivered to the above office on or before April 21, 2014 at 3:00 p.m. Proposals received after the above date and time or are not complete will not be considered. The County is under no obligation to return proposals.

3. NO COMMUNICATIONS OF ANY KIND WILL BE BINDING AGAINST THE COUNTY, EXCEPT FOR THE DEPARTMENT OF MENTAL HEALTH FORMAL RESPONSES TO QUESTIONS, IF ANY, ADDRESSED ON THE WEB.

4. Proposers may be required to give an oral presentation to the County to clarify or elaborate on the written proposal. Those proposers will be notified to arrange specific times.

5. No proposal will be accepted from nor any agreement awarded to any proposer that is in arrears upon any debt or in default of any obligation owed to the County. Additionally, no agreement will be awarded to any proposer that has failed to satisfactorily perform pursuant to any prior agreement with the County. Finally, no agreement will be awarded to any proposer that is not in good standing at the time awards are made. In good standing means that all of a proposers NYS OASAS operating certificates that are subject to a compliance rating have at least partial (2 year) or substantial (3 year) compliance.

6. Certified Minority Business Enterprise/Women's Business Enterprise (MBE/WBE) proposers should include the Erie County certification letter with the proposal. Such a letter will not be considered against the page limitation in 1.d. above.

7. If proposer is a Veteran Owned Business, proposer should include letter indicating company is 51% or more Veteran-owned. Such a letter will not be considered against the page limitation in 1.d. above.

8. Required with Submission (in addition to items previously described):

- Copy of the Board resolution authorizing submission of this proposal (a form is not provided). If as a result of the time constraints, it is not possible to have full Board approval, attach a letter from the Board President or Executive Committee authorizing this submission.
- Attestation that the agency will participate in and cooperate with the Erie County Department of Mental Health in ongoing System Reform efforts, including but not necessarily limited to intensive data review and analysis, provide and community learning community meetings, and trainings where required (a form is not provided).
- Disclosure of employees or officers who are currently a county employee or officer, or have been within one year prior to the date of response to this RFP (a form is not provided).
- Proposer Certification (Schedule A)

III. SCOPE OF PROFESSIONAL SERVICES REQUIRED and Funding

A. Medically Monitored and Medically Supervised Withdrawal Services-Residential, PART 816

Target Population:

The target population is defined as individuals, age eighteen (18) and over, who meet the eligibility criteria as defined by Part 816 of the OASAS regulations an excerpt of which states, “Chemical dependence withdrawal and stabilization services are designed to provide a range of service options, that are the most effective and appropriate level of care, to persons who are intoxicated or incapacitated by their use of alcohol and/or substance. The primary purpose of any chemical dependence withdrawal and stabilization service is the management and treatment of alcohol and/or substance withdrawal, as well as disorders associated with alcohol and/or substance use, resulting in a referral to continued care.” Part 816 further states, “Chemical dependence withdrawal and stabilization services can serve as the initial step in the recovery and rehabilitation process and must be provided in an atmosphere which is humane and protects the patient's dignity. The purpose of these services is the medical management of withdrawal and crisis stabilization. It is the expectation that withdrawal and stabilization services will fully establish linkages, including appointments for the next appropriate level of care. For purposes of this Part, the provider of withdrawal and stabilization services must develop procedures for linkages and follow-up appointments that are jointly agreed upon for continued treatment with the patient and a chemical dependence provider.”

Please refer to Pertinent NYS OASAS regulations including but not limited to, Part 816 for the full description of eligible consumers, definitions, service requirements, standards, etc.

Funding Availability and Requirements:

Service Category (Program Code)	July 1, 2014 thru December 31, 2014	Anticipated Annualized Funding Beginning January 1, 2015 * subject to actual appropriation
Medically Supervised Withdrawal Service- Residential (3039)	\$250,425	\$500,850
Medically Monitored Withdrawal (3510)	\$387,602	\$775,204

The provider determined to be the recipient of this RFP award must be able to operate the services referenced herein and seamlessly transfer services at the facility for existing consumers under the new management and implement services on July 1, 2014.

The selected provider will be expected to serve a capacity of 28 consumers within a bedded facility at 291 Elm Street in Buffalo, NY. It should be known that NYS OASAS has a State Aid Grant lien on the property. In addition, the provider of the service awarded thru this RFP must operate at 291 Elm Street in Buffalo, NY and it must be leased through the Alcohol and Drug Dependency Foundation, Inc.

To allow for the level of care to be optimized and offer some fiscal flexibility the 28 beds to be awarded are allowed, consistent with regulation and consumer need, the flexibility of being “swing” beds for step down and step-up options within the Medically Supervised and Medically Monitored service. This service is deficit funded through the NYS OASAS and as such, providers of this service are legally required to admit and serve individuals regardless of their ability to pay.

Interested candidates should thoroughly review applicable NYS OASAS regulations as well as Specific Regulations related to the two Chemical Dependency Withdrawal and Stabilization services, PART 816, contained in this RFP. These can be referenced at the NYS OASAS website.

PROGRAM NARRATIVE-20 Points

Most of the information described in this section is to be presented within the Program Narrative. **Unless otherwise indicated, there will be separate response required as outlined below: One combined for the Medically Monitored and Medically Supervised Withdrawal Service-Residential, PART 816; and another for the Chemical Dependence Inpatient Rehabilitation Residential Service- PART 818.** The rest is to be presented using designated forms. When required forms are used the information presented thereon may be incorporated in the scoring of that aspect of the narrative. If the following guidance is unclear as to whether requested information should be on a form or within the Narrative, please exercise care in completing the applicable form in order to assure that it is properly completed. If the applicant chooses to present the same or expanded information in both a form and the narrative there would be no scoring penalty for duplicative information, subject to forms being fully completed and, subject to applicable page count limits.

It is recommended that responses to each of the items below be clearly labeled within the narrative. This will help to assure that the reviewer/s will be able to readily identify the material responsive to each of these items for scoring purposes. The Department's actual experience with the applicant's performance will be weighed.

Please provide your response to the following as it applies to Medically Monitored and Medically Supervised Withdrawal Service-Residential, PART 816:

Raters will be basing their evaluation, in part, on how well you articulated your response to the questions. Clearly and specifically describe and/or provide the following:

- 1) Describe the services to be offered by this proposed program.
 - a. Indicate what treatment methods you will employ and describe the philosophical underpinnings to care;
 - b. Describe the agency's experience with and understanding of the client population;
 - c. Describe unique efforts that the agency has employed to engage and retain individuals in treatment;
2. Describe your admission and screening procedure to fulfill the following:
 - a. Provide timely access to the service by the provider community;
 - i. Include but do not limit your description to the days of the week, hours, any qualifiers on access;
 - ii. Marketing plan to ensure all aspects of the community are aware of and have access to the service;
 - b. Describe your referral and admission procedure that facilitates a person centered and humane experience;
 - c. Describe the protocols you will employ to ensure that the safe and effective clinical evaluation and management of alcohol and/or other substance specific withdrawal syndromes;
 - d. Describe what standardized withdrawal evaluation instruments will be utilized;
 - e. While your budget will model this out, describe to what extent (estimated percentage) you will serve the uninsured/underinsured population;
 - f. What will the procedure be for referring individuals who do not meet eligibility criteria;

- g. Utilizing data where possible, describe the present functional nature of your collaborative relationship with at least one Health Home in Erie County;
- h. Describe how will you quickly assess if an individual is a member of or eligible for Health Home;
 - i. What Erie County Health Home(s) are you affiliated;
 - ii. Describe how you plan to coordinate care with the Health Home throughout the treatment process and transition to aftercare;
- i. What is your plan to provide effective services to individuals for whom English is not the primary language;
- j. Utilizing data, Describe existing success in engaging significant others/family members in the treatment process? Describe your plans for doing so with this service;
- k. Describe any evidence based or promising practices that you will employ to enhance the rates of engagement, treatment success, and successful transition. What is your organizations experience with these? Include level of present training and readiness to employ such practices at start-up and/or plan with timelines to implement.
- l. What is your organizations history in serving special population or needs? Describe any special populations that you plan to serve and those best/promising practices that will be utilized.
- m. Performance:
 - i. Provide three years of historical data on your rates of engagement of consumers for this or a like service category. Be sure to provide the level of service. Data should be based on the % of referred and eligible consumers who are admitted and remain in the program for no less than 1 full day. If data is a variant on this provide a description.
 - ii. Provide three years of historical data on your rate of successful discharge of consumers for this or a like service category (describe like service category);

- iii. If available, provide data pertaining to re-hospitalization (physical or behavioral health) and/or Emergency Room Medical or Psychiatric) presentation within 30 days of discharge for this or a like service (describe like service category);
3. Describe your organizations experience in and capacity for providing all safety, food service, general housekeeping, and related services associated with operating a residential facility. Given the short turn around what is your plan for establishing this within the operating timeframe communicated in this RFP.
4. If applicable, Describe you plan to seamlessly transition services from the existing provider to the operation of the proposer within the required timeframe; describe how you will minimize any impact of existing consumers.

BUDGET NARRATIVE -20 Points

Utilizing the information previously provided provide a fiscal model for the next eighteen (18) months that minimally incorporates and describes the following:

1. Extent to which you have/will have negotiated rates specific to this specific service with various 3rd party insurers specific to this service;
2. Describe any lease discussions you have had with the building owners, Alcohol and Drug Dependency Foundation, Inc.;
3. Describe your plan to have the minimum staffing on site within the desired operating time frame as communicated within this RFP.
4. Describe the assumptions that result in your fiscal modeling. However, in addition, each of the following should be clearly and well delineated on an attached monthly budget worksheet covering an 18 month period:
 - Staffing mix consistent with regulatory requirements;

- Monthly utilization expectations that accounts for LOS expectations;
 - Monthly mix of Medically Supervised/Medically Monitored bed utilization;
 - Monthly Line Item Expected Expenditures;
 - Monthly Line Item Revenue Estimates indicating source and inclusive of payer and bed mix;
 - Monthly and accumulated YTD net profit/loss
5. Describe your experience with proactively monitoring and managing fiscal matters of new programming. Provide examples of how your organization has utilized fiscal/utilization and other data to stay in front of fiscal matters.

Performance Outcomes- 10 pts.

The following program outcomes are expected to be part of the contract. Provide your estimate for a reasonable and realistic performance rate. Provide a brief description of the basis for your proposed % of achievement. Data based on benchmarked and/or historical performance of the proposer's for this or like service is strongly encouraged.

Providers must be willing to collaborate with ECDMH, Community Connections of NY (CCNY), and NYS OASAS on data review and related Quality Improvement Practices. Your application indicates your agreement to do so.

- Subsequent to start up, expectation of a minimum 90% bed utilization (non-negotiable)
- % of referrals received that are admitted within:
 - 1 calendar day:
 - 2-3 calendar days:
- % of referrals that are admitted to Withdrawal Service:
- % of the total admitted to Withdrawal Service who are un/underinsured:
- % of those admitted who are HH enrolled who have the Health Home care manager participate in transition care planning:
- % of those admitted that successfully complete the program:
- % of those admitted that successfully transition (verified attendance) to the next level of care as identified on the individual's service plan:

- % of those that do not present at an Emergency Department (medical or behavioral) within 3 months of discharge:
- % of those that are not re-hospitalized (medical or behavioral) within 3 months of discharge:

Note: Subsequent to implementation, ECMDH may be able to assist in obtaining the data for the last two metrics.

III. SCOPE OF PROFESSIONAL SERVICES REQUIRED and Funding

B. Chemical Dependence Inpatient Rehabilitation Residential, PART 818

Target Population

The target population is defined as individuals, age eighteen (18) and over, who meet the eligibility criteria as defined by Part 818 of the OASAS regulations an excerpt of which states, the individual is, “unable to participate in, or comply with, treatment outside of a 24 hour structured treatment setting, based on one or more of the following factors:

- (i) the individual has accessed a less intensive level of care and has failed to remain abstinent;
- (ii) the individual's environment is not conducive to recovery;
- (iii) the individual has physical or mental complications and co-morbidities requiring medical management which may include, but not be limited to, psychiatric and/or developmental disability conditions; pregnancy; moderate to severe organ damage; or other medical problems that require 24 hour observation and evaluation; or
- (iv) the individual lacks judgment, insights and motivation such as to require 24 hour supervision.

Please refer to pertinent NYS OASAS regulations including but not limited to Part 818 for the full description of eligible consumers, definitions, service requirements, standards, etc.

Funding Availability and Requirements:

<p>Service Category (Program Code)</p>	<p>2014</p>	<p>Anticipated Annualized Funding Beginning January 1, 2015 * subject to actual appropriation</p>
<p>Inpatient Rehabilitation Service (3550)</p>	<p>Up to \$200,000, allocated by Erie County</p>	<p>Up to \$200,000, allocated by Erie County</p>

The funding displayed above for Inpatient Rehabilitation Service, PART 818 is to be utilized by the operator to enhance access to this level of service for individuals who are un/underinsured. The successful proposer will be required to work closely with the Erie County Department of Mental Health pertaining to access to and utilization of services for this population group.

The target population for this funding is individuals meeting the level of risk supporting admission to Inpatient Rehabilitation Service who are uninsured or underinsured. Reimbursement will be cost based fee for service against bed days capped at a predefined maximum daily fee and payment will be consistent with Deficit Funding Law. The agency should develop a plan for access to services for this target population if the total reimbursement is exhausted prior to the end of the year.

The provider determined to be the recipient of this RFP award must be able to operate the services referenced herein and to the extent this service is operating at the time of award, seamlessly transfer services at the facility for existing consumers under the new management and implement services on July 1, 2014.

The selected provider will be expected to serve a capacity of 25 consumers at 291 Elm Street in Buffalo, NY. It should be known that the facility has a lien on the property through the NYS OASAS. In addition, the provider of the service awarded thru this RFP must operate at 291 Elm Street in Buffalo, NY and it must be leased thru the Alcohol and Drug Dependency Foundation, Inc.

There is no deficit funding provided through the NYS OASAS for Inpatient Rehabilitation Residential Service. However, consistent with the parameters outlined above providers of this

service are expected to admit and serve individuals who do not have insurance or are underinsured.

Interested candidates should thoroughly review applicable NYS OASAS regulations as well as the Specific Regulations related to Chemical Dependence Inpatient Rehabilitation Residential Service, PART 818, contained in this RFP. These can be referenced at the NYS OASAS website.

PROGRAM NARRATIVE-20 Points

Please provide your response to the following as it applies to Chemical Dependence Inpatient Residential Service-Part 818:

Raters will be basing their evaluation, in part, on how well you articulated your response to the questions. Clearly and specifically describe and/or provide the following:

1. Describe the services to be offered by this proposed program.
 - a. Indicate what treatment methods you will employ and describe the philosophical underpinnings to care;
 - b. Describe the agency's experience with and understanding of the client population;
 - c. Describe unique efforts that the agency has employed to engage and retain individuals in treatment;
2. Describe your admission and screening procedure to fulfill the following:
 - a. Provide timely access to the service by the provider community;
 - i. Include but do not limit your description to the days of the week, hours, any qualifiers on access;
 - ii. Marketing plan to ensure all aspects of the community are aware of and have access to the service;
 - b. Describe your referral and admission procedure that facilitates a person centered and humane experience;
 - c. Describe the protocols you will employ to ensure that the safe and effective initial determination and level of care determination are made;

- d. While your budget will model this out, describe to what extent (estimated percentage) you will serve the uninsured/underinsured population;
- e. What will the procedure be for referring individuals who do not meet eligibility criteria;
- f. What is your plan for access to services for the Target Population if the maximum contracted fee for service reimbursement is spent prior to the end of the year:
- g. Utilizing data where possible, describe the present functional nature of your collaborative relationship with at least one Health Home in Erie County;
- h. Describe how will you quickly assess if an individual is a member of or eligible for Health Home;
 - i. What Erie County Health Home(s) are you affiliated;
 - ii. Describe how you plan to coordinate care with the Health Home throughout the treatment process and transition to aftercare;
- i. What is your plan to provide effective services to individuals for whom English is not the primary language;
- j. Utilizing data, Describe existing success in engaging significant others/family members in the treatment process? Describe your plans for doing so with this service;
- k. Describe any evidence based or promising practices that you will employ to enhance the rates of engagement, treatment success, and successful transition. What is your organizations experience with these? Include level of present training and readiness to employ such practices at start-up and/or plan with timelines to implement.
- l. What is your organizations history in serving special population or needs? Describe any special populations that you plan to serve and those best/promising practices that will be utilized.
 - i. Provide three years of historical data on your rates of engagement of consumers for this or a like service category. Be sure to provide the level

of service. Data should be based on the % of referred and eligible consumers who are admitted and remain in the program for no less than 3 full days. If data is a variant on this provide a description.

- ii. Provide three years of historical data on your rate of successful discharge of consumers for this or a like service category (describe like service category);
 - iii. If available, provide data pertaining to re-hospitalization (physical or behavioral health) and/or Emergency Room Medical or Psychiatric) presentation within 30 days of discharge for this or a like service (describe like service category);
3. Describe your organizations experience in and capacity for providing all safety, food service, general housekeeping, and related services associated with operating a residential facility. Given the short turn around what is your plan for establishing this within the operating timeframe communicated in this RFP. You may reference or build upon your response from earlier in this RFP.
 4. If applicable, Describe you plan to seamlessly transition services from the existing provider to the operation of the proposer within the required timeframe; describe how you will minimize any impact of existing consumers.

BUDGET NARRATIVE -20 Points

Utilizing the information previously provided provide a fiscal model for the next eighteen (18) months that minimally incorporates and describes the following:

1. Extent to which you have/will have negotiated rates specific to this service with various 3rd party insurers;
2. Describe you plan to have the minimum staffing on site within the desired operating time frame as communicated within this RFP.
3. Describe any lease discussions you have had with the building owners, ADDS Foundation, Inc.;

4. Display the daily fee for service cost; this cost will be used as a first step in determining the cost based cap for the maximum potential funding of \$200,000;
5. Describe the assumptions that result in your fiscal modeling. However, in addition, each of the following should be clearly and well delineated on an attached monthly budget worksheet covering an 18 month period:
 - Staffing mix consistent with regulatory requirements;
 - Monthly utilization expectations that accounts for LOS expectations;
 - Monthly mix of Medically Supervised/Medically Monitored bed utilization;
 - Monthly Line Item Expected Expenditures;
 - Monthly Line Item Revenue Estimates indicating source and inclusive of payer and bed mix;
 - Monthly and accumulated YTD net profit/loss

Performance Outcomes- 10 pts.

The following program outcomes are expected to be part of the contract. Provide your estimate for a reasonable and realistic performance rate. Provide a brief description of the basis for your proposed % of achievement. Data based on benchmarked and/or historical performance of the proposer's for this or like service is strongly encouraged.

Providers must be willing to collaborate with ECDMH, Community Connections of NY (CCNY), and NYS OASAS on data review and related Quality Improvement Practices. Your application indicates your agreement to do so.

- Subsequent to start up, expectation of a minimum 90% bed utilization (non-negotiable)
- % of referrals received that are admitted within
 - 1 calendar day:
 - 2-3 calendar days:
 - >3 calendar days:
- % of referrals that are admitted to Inpatient Rehabilitation Service:

- % of the total admitted to Inpatient Rehabilitation who are un/underinsured:
- % of those admitted who are HH enrolled who have the Health Home care manager participate in transition care planning:
- % of those admitted that successfully complete the program:
- % of those admitted that successfully transition (verified attendance) to the next level of care as identified on the individual's service plan:
- % of those that do not present at an Emergency Department (medical or behavioral) within 3 months of discharge:
- % of those that are not re-hospitalized (medical or behavioral) within 3 months of discharge:

Note: Subsequent to implementation ECMDH may be able to assist in obtaining the data for the last two metrics.

IV. STATEMENT OF RIGHTS

UNDERSTANDINGS

Please take notice, by submission of a proposal in response to this request for proposals, the proposer agrees to and understands:

- that any proposal, attachments, additional information, etc., submitted pursuant to this Request for Proposals constitute merely a suggestion to negotiate with the County of Erie and is not a bid under Section 103 of the New York State General Municipal Law;
- submission of a proposal, attachments, and additional information shall not entitle the proposer to enter into an agreement with the County of Erie for the required services;
- by submitting a proposal, the proposer agrees and understands that the County of Erie is not obligated to respond to the proposal, nor is it legally bound in any manner whatsoever by submission of same;
- that any and all counter-proposals, negotiations or any communications received by a proposing entity, its officers, employees or agents from the County, its elected officials, officers, employees or agents, shall not be binding against the County of Erie, its elected

officials, officers, employees or agents unless and until a formal written agreement for the services sought by this RFP is duly executed by both parties and approved by the Erie County Legislature, the Erie County Fiscal Stability Authority, and the Office of the Erie County Attorney.

In addition to the foregoing, by submitting a proposal, the proposer also understands and agrees that the County of Erie reserves the right, and may at its sole discretion exercise, the following rights and options with respect to this Request for Proposals:

- To reject any or all proposals;
- To issue amendments to this RFP;
- To issue additional solicitations for proposals
- To waive any irregularities in proposals received after notification to proposers affected;
- To select any proposal as the basis for negotiations of a contract, and to negotiate with one or more of the proposers for amendments or other modifications to their proposals;
- To conduct investigations with respect to the qualifications of each proposer;
- To exercise its discretion and apply its judgment with respect to any aspect of this RFP, the evaluation of proposals, and the negotiations and award of any contract;
- To enter into an agreement for only portions (or not to enter into an agreement for any) of the services contemplated by the proposals with one or more of the proposers;
- To select the proposal that best satisfies the interests of the County and not necessarily on the basis of price or any other single factor;
- To interview the proposer(s);
- To request or obtain additional information the County deems necessary to determine the ability of the proposer;
- To modify dates;

- All proposals prepared in response to this RFP are at the sole expense of the proposer, and with the express understanding that there will be no claim, whatsoever, for reimbursement from the County for the expenses of preparation. The County assumes no responsibility or liability of any kind for costs incurred in the preparation or submission of any proposal;
- While this is a RFP and not a bid, the County reserves the right to apply the case law under General Municipal Law § 103 regarding bidder responsibility in determining whether a proposer is a responsible vendor for the purpose of this RFP process;
- The County is not responsible for any internal or external delivery delays which may cause any proposal to arrive beyond the stated deadline. To be considered, proposals MUST arrive at the place specified herein and be time stamped prior to the deadline.

EVALUATION

The following criteria, not necessarily listed in order of importance, will be used to review the proposals. The County reserves the right to weigh its evaluation criteria in any manner it deems appropriate:

- Proposer's demonstrated capability to provide the services.
- Evaluation of the professional qualifications, background and resume(s) of individuals involved in providing services.
- Proposer's experience to perform the proposed services.
- Proposer's financial ability to provide the services.
- Evaluation of the proposed cost/s. It should be noted that while cost is not the only consideration, it is an important one.
- A determination that the proposer has submitted a complete and responsive proposal as required by this RFP.

- An evaluation of the proposer’s projected approach and plans to meet the requirements of this RFP.
- The proposer’s presentation at and the overall results of any interview conducted with the proposer.
- Proposers MUST sign the Proposal Certification attached hereto as Schedule “A”. Unsigned proposals will be rejected.
- Proposers may be required to give an oral presentation to the County to clarify or elaborate on the written proposal.
- No proposal will be accepted from nor any agreement awarded to any proposer that is in arrears upon any debt or in default of any obligation owed to the County. Additionally, no agreement will be awarded to any proposer that has failed to satisfactorily perform pursuant to any prior agreement with the County.

CONTRACT

After selection of the successful proposer, a formal written contract will be prepared by the County of Erie and will not be binding until signed by both parties and, if necessary, approved by the Erie County Legislature, the Erie County Fiscal Stability Authority and the Office of the County Attorney. NO RIGHTS SHALL ACCRUE TO ANY PROPOSER BY THE FACT THAT A PROPOSAL HAS BEEN SELECTED BY THE COUNTY FOR SUBMISSION TO THE ERIE COUNTY LEGISLATURE AND/OR THE ERIE COUNTY FISCAL STABILITY AUTHORITY FOR APPROVAL. THE APPROVAL OF SAID LEGISLATURE AND/OR AUTHORITY MAY BE NECESSARY BEFORE A VALID AND BINDING CONTRACT MAY BE EXECUTED BY THE COUNTY.

The term of the contract shall be for an approximately 6 month period commencing on or about July 1, 2014, and terminating December 31, 2014, The County, in its sole discretion may

extend the agreement beyond its initial term for up to an additional year at one-year periods at the same prices and conditions.

INDEMNIFICATION AND INSURANCE

The proposer accepts and agrees that language in substantially the following form will be included in the contract between the proposer and the County:

“In addition to, and not in limitation of the insurance requirements contained herein the Consultant agrees:

- (a) that except for the amount, if any, of damage contributed to, caused by or resulting from the negligence of the County, the Consultant shall indemnify and hold harmless the County, its officers, employees and agents from and against any and all liability, damage, claims, demands, costs, judgments, fees, attorneys' fees or loss arising directly or indirectly out of the acts or omissions hereunder by the Consultant or third parties under the direction or control of the Consultant; and
- (b) to provide defense for and defend, at its sole expense, any and all claims, demands or causes of action directly or indirectly arising out of this Agreement and to bear all other costs and expenses related thereto.

Upon execution of any contract between the proposer and the County, the proposer will be required to provide proof of the insurance coverage described in Schedule “B”.

Insurance coverage in amount and form shall not be deemed acceptable until approved by the County Attorney.

INTELLECTUAL PROPERTY RIGHTS

The proposer accepts and agrees that language in substantially the following form will be included in the contract between the proposer and the County:

All deliverables created under this Agreement are to be considered “works made for hire”. If any of the deliverables do not qualify as “works made for hire”, the Consultant hereby assigns to the County all right, title and interest (including ownership of copyright) in such deliverables and such assignment allows the County to obtain in its name copyrights, registrations and similar protections which may be available. The Consultant agrees to assist the County, if required, in perfecting these rights. The Consultant shall provide the County with at least one copy of each deliverable.

The Consultant agrees to indemnify and hold harmless the County for all damages, liabilities, losses and expenses arising out of any claim that a deliverable infringes upon an intellectual property right of a third party. If such a claim is made, or appears likely to be made, the Consultant agrees to enable the County’s continued use of the deliverable, or to modify or replace it. If the County determines that none of these alternatives is reasonably available, the deliverable will be returned.

All records compiled by the Consultant in completing the work described in this Agreement, including but not limited to written reports, source codes, studies, drawings, blueprints, negatives of photographs, computer printouts, graphs, charts, plans, specifications and all other similar recorded data, shall become and remain the property of the County. The Consultant may retain copies of such records for its own use.]

NON-COLLUSION

The proposer, by signing the proposal, does hereby warrant and represent that any ensuing agreement has not been solicited, secured or prepared directly or indirectly, in a manner contrary to the laws of the State of New York and the County of Erie, and that said laws

have not been violated and shall not be violated as they relate to the procurement or the performance of the agreement by any conduct, including the paying or the giving of any fee, commission, compensation, gift, gratuity or consideration of any kind, directly or indirectly, to any County employee, officer or official.

CONFLICT OF INTEREST

All proposers must disclose with their proposals the name of any officer, director or agent who is also an employee of the County of Erie. Further, all proposers must disclose the name of any County employee who owns, directly or indirectly, an interest of ten percent or more in the firm or any of its subsidiaries or affiliates.

There shall be no conflicts in existence during the term of any contract with the County. The existence of a conflict shall be grounds for termination of a contract.

COMPLIANCE WITH LAWS

By submitting a proposal, the proposer represents and warrants that it is familiar with all federal, state and local laws and regulations and will conform to said laws and regulations. The preparation of proposals, selection of proposers and the award of contracts are subject to provisions of all Federal, State and County laws, rules and regulations.

CONTENTS OF PROPOSAL

The New York State Freedom of Information Law as set forth in Public Officers Law, Article 6, Sections 84 et seq., mandates public access to government records. However, proposals submitted in response to this RFP may contain technical, financial background or other data,

public disclosure of which could cause substantial injury to the proposer's competitive position or constitute a trade secret. Proposers who have a good faith belief that information submitted in their proposals is protected from disclosure under the New York Freedom of Information Law shall:

a) insert the following notice in the front of its proposal:

“NOTICE

The data on pages ___ of this proposal identified by an asterisk (*) contains technical or financial information constituting trade secrets or information the disclosure of which would result in substantial injury to the proposer’s competitive position.

The proposer requests that such information be used only for the evaluation of the proposal, but understands that any disclosure will be limited to the extent that the County considers proper under the law. If the County enters into an agreement with this proposer, the County shall have the right to use or disclose such information as provided in the agreement, unless otherwise obligated by law.”

and

b) clearly identify the pages of the proposals containing such information by typing in bold face on the top of each page " *** THE PROPOSER BELIEVES THAT THIS INFORMATION IS PROTECTED FROM DISCLOSURE UNDER THE STATE FREEDOM OF INFORMATION LAW.**"

The County assumes no liability for disclosure of information so identified, provided that the County has made a good faith legal determination that the information is not protected from disclosure under applicable law or where disclosure is required to comply with an order or judgment of a court of competent jurisdiction.

The contents of the proposal which is accepted by the County, except portions "Protected from Disclosure", may become part of any agreement resulting from this RFP.

SCHEDULE "A"

PROPOSER CERTIFICATION

The undersigned agrees and understands that this proposal and all attachments, additional information, etc. submitted herewith constitute merely an offer to negotiate with the County of Erie and is NOT A BID. Submission of this proposal, attachments, and additional information shall not obligate or entitle the proposing entity to enter into a service agreement with the County of Erie for the required services. The undersigned agrees and understands that the County of Erie is not obligated to respond to this proposal nor is it legally bound in any manner whatsoever by the submission of same. Further, the undersigned agrees and understands that any and all proposals and negotiations shall not be binding or valid against the County of Erie, its directors, officers, employees or agents unless an agreement is signed by a duly authorized officer of the County of Erie and, if necessary, approved by the Erie County Legislature and Erie County Fiscal Stability Authority and the Office of the County Attorney.

It is understood and agreed that the County of Erie reserves the right to reject consideration of any and all proposals including, but not limited to, proposals which are conditional or incomplete. It is further understood and agreed that the County of Erie reserves all rights specified in the Request for Proposals.

It is represented and warranted by those submitting this proposal that except as disclosed in the proposal, no officer or employee of the County of Erie is directly or indirectly a party to or in any other manner interested in this proposal or any subsequent service agreement that may be entered into.

Proposer Name

By: _____
Name and Title

Appendix A	
Submission Completeness Checklist	
RFP # 1411VF New York State Office of Alcoholism and Substance Abuse Services PART 816 Medically Supervised and Medically Monitored Withdrawal Service-Residential AND Chemical Dependence Inpatient Rehabilitation Services- PART 818	
Agency:	
Item:	Proposer Check to Verify Inclusion:
One (1) original and five (5) copies Submitted by deadline of	
ECDMH RFP Submission Package Checklist	
One page transmittal letter or memo	
Signed Agency Cover Sheet form	
Two Proposal Narratives limited to 10 pages each. One combined for Medically Supervised/Medically Monitored and another for Inpatient Rehabilitation.	
Budget narrative no more than 3 pages and the attached related budget. One combined for Medically Supervised/Medically Monitored and another for Inpatient Rehabilitation.	
Performance Outcomes. One combined for Medically Supervised/Medically Monitored and another for Inpatient Rehabilitation.	
If Applicable, Certification letter indicating Certified Minority Business Enterprise/Women's Business Enterprise (MBE/WBE)	
If Applicable, proposer company is 51% or more Veteran owned.	

Copy of the Board resolution authorizing submission of this proposal	
Attestation to participate in/cooperate w.ECDMH/ MH SRVCS system reform efforts	
Disclosures of any employees/officers who are currently or where a cnty employee w/n 1yr of response to RFP	
Standard Erie County Insurance Certificate (Appendix C)	
Most recent Audited Financial Statement and Management Letter, if issued.	
Proposer Certification A	

**New York State Office of Alcohol and Substance Abuse Services
PART 816 Medically Supervised and Medically Monitored Withdrawal Service-Residential
AND
Chemical Dependence Inpatient Rehabilitation Services- PART 818**

ERIE COUNTY DEPARTMENT OF MENTAL HEALTH RFP # 1411VF	
<u>AGENCY COVER SHEET FORM - APPLICANT INFORMATION</u>	
Please refer to the instructions within the RFP for completing Appendix B (This is to be the top sheet for the entire application package.)	
Organization Name	
Mailing Address	
Primary RFP Contact	
Alternate RFP Contact	
Leadership	

Chief Executive Officer Signature (as identified above)

date

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