

New York State Office of Mental Health



INTEGRATED PHYSICAL AND BEHAVIORAL HEALTH CARE FOR THE ELDERLY

Request For Proposals

April 2011

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1. Introduction and Background

1.1 Purpose of the Request for Proposals

The New York State Office of Mental Health (OMH) is issuing this Request for Proposals (RFP) to invite eligible applicants to submit proposals for integrating physical and behavioral health care in either behavioral health care settings (*Model 1*) or physical health care settings (*Model 2*) to assist older adults with mental health and/or substance use disorders in New York State. The aims of these programs are to: (1) identify and treat physical and behavioral health disorders more effectively; (2) address related behavioral issues, such as smoking, overeating, and adherence to treatment, that have an impact on health care; and (3) address psychosocial issues, such as family caregiving, housing, and financial problems, that also have an impact on health care.

Primary care providers are very limited in their ability to identify and treat behavioral health disorders in older adults, and few of them have the time or the expertise to adequately address behavioral and psychosocial issues that often come to their attention. Also, physical illness is common among patients with serious mental illness but often not clearly recognized and made the object of treatment. It follows that good medical care should include coordination and collaboration among primary care and behavioral health care providers.

There has been much recent interest in the *medical home* model in which primary care physicians lead teams that provide all the patient's health care. Integrated physical – behavioral health care can be effectively provided if this team approach includes one or more behavioral health professionals whose task is to identify and provide direct treatment, as well as other interventions and referrals for behavioral and psychosocial problems related to the patient's health. An addition of one or more physical health professionals for patients who suffer from serious behavioral health disorders and are already receiving treatment in a behavioral health care setting may also be important. Many patients with severe behavioral health disorders see the behavioral health clinic as their medical home, the place where they have become the most comfortable in seeking medical care.

A medical home can be particularly helpful for the elderly, a vulnerable population, who receive most of their medical care from primary care physicians. The usual approach is the inclusion of behavioral health professionals in the primary care setting. But, the integration of primary care into behavioral health care settings may also address an important, though not necessarily large, segment of this population.¹

For a two-year grant period, OMH will award successful applicants a grant of up to \$100,000 for the first year, up to 50 percent of the first year's grant award for the second year, and programmatic and fiscal technical assistance from a Geriatric

¹ Much of the above is based on information in Hogan, M.F., Sederer, L.I., Smith, T.E., & Nossel, I.R. (2010). Making room for mental health in the medical home. *Preventing Chronic Disease* 7(6); Smith, T.E. & Sederer, L.I. (2009). A new kind of homelessness for individuals with serious mental illness? The need for a "mental health home." *Psychiatric Services* 60(4): 528-33; and Spencer, J. & Frodella, J. (2011). The medical care and psychosocial needs of older adults. *Mental Health News* 13(2): 1,6,16,42.

Technical Assistance Center. Contracts will be reconciled based on 24 months of revenues and expenses. The expectation is that these integrated programs will be sustainable and fiscally viable without OMH support by the end of the grant period. OMH anticipates awarding up to five (5) *Model 1* contracts to begin September 1, 2011 and a combination of up to 17 *Model 1* and/or *Model 2* contracts to begin July 1, 2012. See Section 4, 4.3 for more information on grant awards.

This RFP is made in accordance with Section 7.41 of the Mental Hygiene Law, which calls for OMH to establish a geriatric service demonstration program.

1.2 Availability of the RFP

The full RFP will be available on the OMH website at <http://www.omh.ny.gov/omhweb/rfp/> and advertised through the NYS Contract Reporter. An announcement regarding the RFP will also be emailed to members of the Interagency Geriatric Mental Health and Chemical Dependence Planning Council.

2. Proposal Submission

2.1 Letter of Intent

Agencies interested in responding to the Request for Proposal must submit a Letter of Intent to Bid to the OMH Central Office by May 13, 2011. The Letter of Intent to Bid shall be non-binding. Please mail the letter of intent to:

[Susan Penn](#)
New York State Office of Mental Health
Contracts and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229

2.2 Issuing Officer/Designated Contact

OMH has assigned an Issuing Officer for this project. The Issuing Officer or a designee shall be the sole point of contact regarding the RFP from the date of issuance of the RFP until the issuance of the Notice of Conditional Award. An offerer/bidder is restricted from making contact with any other personnel of OMH regarding the RFP to avoid being deemed non responsive. Certain findings of non-responsibility can result in rejection for a contract award.

The Issuing Officer for this RFP is:

[Susan Penn](#)
New York State Office of Mental Health
Contract and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229

2.3 Key Events/Time Line

Event	Date
RFP Release	April 27, 2011
Deadline for Submission of Mandatory Letter of Intent to Bid	May 13, 2011
Deadline for Submission of Questions	May 13, 2011
Questions and Answers Posted on OMH Website	May 23, 2011
Proposals Due	June 6, 2011
Notice of Conditional Award for Phase I	July 1, 2011 Est.
Estimated Contract Start Date for Phase I	September 1, 2011 Est.
Notice of Conditional Award for Phase II	November 1, 2011 Est.
Estimated Contract Start Date for Phase II	July 1, 2012 Est.

2.4 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing by [e-mail](#) to the Issuing Officer or by fax at (518) 402-2529 by 5:00 PM on May 13, 2011. The questions and answers will be posted on the OMH website by 5:00 PM on May 23, 2011 and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone.

2.5 Addenda to the Request for Proposals

In the event it becomes necessary to revise any part of the RFP prior to the scheduled submission date for proposals, an addendum will be posted on the OMH website. It is the bidder's responsibility to periodically review the OMH website to learn of revisions or addendums to this RFP, as well as to view the official questions and answers. Changes to the RFP will also be posted in the NYS Contract Reporter. No other notification will be given.

2.6 Eligible Applicants

Eligible applicants are either: (1) not-for-profit agencies funded or licensed by OMH that operate outpatient physical or behavioral health programs for adults or (2) local government units in New York State. State-operated programs are not eligible to respond to this RFP. Agencies with health integration programs funded by previous OMH geriatric service demonstration project grants or with programs that participated in OMH consultation and support activities for health integration program grantees may not submit proposals in response to this RFP that would expand or enhance those programs.

Eligible applicants must be fiscally viable and in good standing with their local government unit and OMH. OMH licensed agencies with programs in Tier 3 status are not eligible.

2.7 Disqualification Factors

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee to review each proposal's submission for completeness (see Section 2, 2.8) and verify that all eligibility criteria have been met.

Proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals that do not comply with the RFP required format as specified in Section 2, 2.8; or
- Proposals from eligible applicants with OMH licensed programs that are in Tier 3 status.

2.8 Instructions for Bid Submission and Required Format

Each proposal is required to contain:

1. Agency Transmittal Form;
2. Summary;
3. Four-part Program Narrative;
4. Operating Budgets for Years 1, 2, and 3;
5. Complete Budget Narratives; and
6. Draft Contracts or Agreements with key partners if they will be providing necessary services at the request of the applicant.

The Operating Budget Form for Years 1, 2, and 3 and the Budget Narrative Form (see [Appendix B](#) and [B1](#)) are separate documents that appear in the RFP section of the OMH website and can be downloaded in PDF format. Bidders must NOT substitute their own budget format. **Failure to use the provided Operating Budget and Budget Narrative formats will result in disqualification for non-responsiveness.**

For the Summary and Project Narrative page limits (see Section 5, 5.3), a page is 8.5" x 11" in size and printed only on one side with a Times Roman or equivalent font size of not less than 12. Font size may be smaller in charts, tables, and graphs. Proposals that do not meet these formatting requirements will be screened out and returned without review. If a proposal includes appendices or attachments used to extend or replace any part of the Summary or Project Narrative, those appendices or attachments will be disregarded.

Bidders must submit seven (7) signed copies of the full proposal package by mail, delivery service, or hand delivery to be received by 5:00 PM on June 6, 2011; each package must include the required proposal components cited above in Section 2, 2.8.

Bidders mailing proposals should allow a sufficient mail delivery period to ensure timely arrival of their proposals. Proposals cannot be submitted via e-mail or fax. All proposals received after the due date and time cannot be accepted and will be returned unopened.

2.9 Packaging of RFP Responses

Proposals should be sealed in an envelope or boxed and sent to:

Susan Penn
New York State Office of Mental Health
Contracts and Claims Unit, 7th Floor
44 Holland Avenue
Albany, NY 12229
ATTN: RFP for Integrated Physical and Behavioral Health Care for the Elderly

3. Administrative Information

3.1 Term of Contract

The term of the agreement shall be for one year with the option to extend the contract for an additional one year period with grant funding of up to 50 percent of the first year's award, subject to available funding.

3.2 Reserved Rights

The Office of Mental Health reserves the right to:

- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under the RFP in whole or in part;
- Disqualify a bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals;
- Use proposal information obtained through 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, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- Prior to bid opening, amend the RFP specifications to correct errors or oversight, supply additional information, or extend any of the scheduled dates or requirements and provide notification to potential bidders via the OMH website and the NYS Contract Reporter;
- Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
- Waive any requirements that are 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;
- Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's proposal and/or to determine an offerer's compliance with the requirements of the solicitation; and

- Cancel or modify contracts due to the insufficiency of appropriations.

3.3 Debriefing Process

The Office of Mental Health will issue award and non-award notifications to all bidders. Non-awarded bidders may request a debriefing in writing regarding the reasons that their own proposal was not selected and/or disqualified within 15 business days of the OMH dated letter. OMH will not offer ranking, statistical, or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Debriefing requests must be made in writing (fax and e-mail is acceptable) and sent to the Designated Contact, as defined in Section 2, 2.2 of this RFP.

3.4 Protests of Award Outcome

Protests of an award decision must be filed within twenty (20) business days after the date of the notice of non award, or 5 business days from the date of a completed debriefing. The Commissioner or his designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest.

All protests must be in writing and must clearly and fully state the legal and factual grounds for the protest and include all relevant documentation. The written documentation should clearly state reference to the RFP title and due date. Such protests must be submitted to:

Michael F. Hogan, Ph.D.
Commissioner
New York State Office of Mental Health
44 Holland Avenue
Albany, NY 12229

4. Evaluation Factors for Awards

4.1 Evaluation Criteria

Evaluation of proposals will be conducted in two parts: Technical Evaluation and Financial Assessment (Cost). An independent evaluator will compute the Financial Assessment score using a weighted formula, and a committee consisting of at least three technical evaluators will complete the Technical Evaluation.

Each technical evaluator will independently review the technical portion of each proposal and compute a technical score. Evaluators of the Technical Evaluation component may then meet to provide clarity or review any questions an evaluator has about a particular section of a proposal. Following any such discussion, evaluators may independently revise their original score in any section, and will note changes on the evaluation sheet. Once completed, final Technical Evaluation scores will then be calculated, averaged, and applied to the final Financial Assessment score to arrive at final scores.

Any proposal not receiving a minimum average score of 70 will be eliminated from consideration. If necessary to break a tie, the proposal with the highest score in the “Project Narrative: Sustainability” component of the evaluation will be selected.

To be evaluated, proposals will be divided into two groups based on the model choice selected by each applicant on the required Agency Transmittal Form. Proposals to integrate physical health care into behavioral health care settings are *Model 1* proposals, and proposals to integrate behavioral health care into physical health care settings are *Model 2* proposals.

Proposals will then be selected for awards with either a Phase I or a Phase II start date (see Section 4, 4.3).

- For Phase I, up to five (5) awards will be made from the *Model 1* proposal group, based on the highest to lowest ranking passing scores achieved. These contracts will begin on or around September 1, 2011.
- For Phase II, the *Model 1* proposals not selected in Phase I and all of the *Model 2* proposals will be organized into five separate groups to coincide with one of the five OMH Field Office regions selected by each applicant on the required Agency Transmittal Form. In each of the four regions outside New York City, OMH anticipates making up to three (3) awards, and in New York City, up to five (5) awards. Regardless of model type, the highest scoring proposals in each region will be selected. If there are not enough passing proposals to choose from in a region, the next highest scoring proposal not yet selected will be selected regardless of regional location.

Scoring will be as follows:

Component	Maximum Points
Summary	5
Project Narrative: Population to be Served/Statement of Need	10
Project Narrative: Proposed Program/Approach	25
Project Narrative: Organization and Staffing	10
Project Narrative: Sustainability	30
Total Technical Score	80
Financial Assessment (Cost)	20
Total Proposal Score	100

4.2 Proposal Evaluation

4.2.1 Technical Evaluation

Points are applied in the evaluation of proposal responses to required descriptions and questions for the Summary and four-part Project Narrative in Section 5: Scope of Work.

4.2.2 Financial Assessment

Points are calculated by dividing the two-year funding request of the lowest bid received by the two-year funding request of the proposal being assessed and then multiplying the result by 20.

4.3 Agency Recommended Award and Notification

A total of up to 22 awards will be made through this RFP in two phases:

- **Phase I**
With an estimated starting date of September 1, 2011, up to five (5) awards will be made to applicants with the highest scoring proposals in the State to integrate physical health care into behavioral health care settings (*Model 1*).
- **Phase II**
With an estimated starting date of July 1, 2012, up to 17 awards will be made to applicants with the highest scoring proposals in each OMH Field Office region to integrate physical health care into behavioral health care settings (*Model 1*) and/or behavioral health care into physical health care settings (*Model 2*). OMH anticipates that up to three (3) awards each will be made in Western New York, Central New York, Hudson River, and Long Island regions, and up to five (5) awards will be made in New York City. If there are not enough passing proposals to choose from in a region, the next highest scoring proposal not yet selected will be selected regardless of regional location.

Upon completion of the evaluation process, notification of conditional award will be sent to all successful and non-successful applicants. The award is subject to approval by the New York State Attorney General's Office and the New York State Office of State Comptroller before the contract is finalized.

OMH reserves the right to conduct a readiness review of the selected bidder prior to the execution of the contract. The purpose of this review is to verify that the bidder is able to comply with all participation standards and meets the conditions detailed in its proposal.

5. Scope of Work

5.1 Introduction

New York State enacted the Geriatric Mental Health Act on August 23, 2005. One provision of the law called for OMH to establish a geriatric service demonstration program to provide grants to support the provision of mental health services to the elderly. OMH awarded six such grants in 2007 to effectively implement Physical Health – Mental Health Integration programs involving the co-location of mental health specialists within primary care or involving the improvement of collaboration between separate providers.

Building on lessons learned, this RFP is largely intended for agencies that want to integrate physical and behavioral health care and are ready but need some seed money to begin implementing a sustainable integrated health program:

- The target population is older adults aged 55 years or older.
- Integrating behavioral health care into physical health care settings is one of two options the grant will fund because most people with behavioral health conditions – especially older adults – do not receive treatment, and those who do are treated primarily by general practitioners; additionally, such integration increases access, decreases stigma, has positive outcomes, and appears to be cost effective.
- Integrating physical health care into behavioral health care settings is the other of the two options the grant will fund because medical illness is prevalent among those with serious behavioral health conditions, yet it is often untreated or poorly treated and contributes to accelerated mortality; additionally, integration increases access to physical health care and improves overall health outcomes.
- In addition to physical and behavioral health disorders, behavioral and psychosocial issues that have an impact on health care are to be identified and addressed.
- Assessment, treatment, and any associated care management services are to be integrated or very highly coordinated.
- Behavioral health staff are to be part of the physical health staffing pattern, as physical health staff are to be a part of the behavioral health staffing pattern.
- Sustainability is a key factor because funding is intended only for integrated health programs that will be sustainable and fiscally viable without OMH support by the end of the two-year grant period.

5.2 Objectives and Responsibilities

As noted in Section 1, 1.1, the aims of Integrated Physical and Behavioral Health Care for the Elderly are to: (1) identify and treat physical and behavioral health disorders more effectively; (2) address related behavioral issues, such as smoking, overeating, and adherence to treatment, that have an impact on health care; and (3) address psychosocial issues, such as family caregiving, housing, and financial problems, that also have an impact on health care.

A. Program Requirements

Each proposed Integrated Physical and Behavioral Health for the Elderly program is required to:

- **Serve the Target Population**
Designed to assist older adults with mental health and/or substance use disorders in New York State, the target population is older adults aged 55 or older.
- **Provide Assessment Services**
In a physical health care setting, patients are assessed for the presence of a behavioral health disorder. Effective behavioral health screening instruments – such as the Patient Health Questionnaire-9, the Generalized Anxiety Disorder-7, and the Alcohol Use Disorders

Identification Test-C – may be used, followed by a comprehensive assessment for those who screen positive. In a behavioral health care setting, clients are screened for the presence of basic physical signs and symptoms that may indicate the need for medical care, using common tests – such as Fasting Blood Sugar, Complete Blood Count, Liver Function, and Kidney Function tests – and followed by a Review of Systems and Physical Exam by an appropriate medical professional for those who screen positive. In both settings, behavioral and psychosocial issues affecting the patient’s course of care or treatment are identified and assessed. An integrated individualized care or treatment plan that addresses both physical and behavioral health needs is formulated.

- **Provide Treatment Services**

In a physical health care setting, behavioral health treatment services, when indicated, include appropriate pharmacological, counseling, and psychotherapeutic interventions that address identified behavioral symptoms and disorders; for example, treatment services may involve brief interventions by the behavioral health professional, medication from the primary care provider, or referral to affiliated providers of treatment services. In a behavioral health care setting, indicated physical care should be readily available from an on-site physical health professional, such as a primary care physician or nurse practitioner, with easy referral to collaborative outside specialists when necessary. In both settings, behavioral and psychosocial issues are addressed when they have an impact on health care.

- **Integrate Care**

In both settings, physical and behavioral health treatment and any associated care management services are deliberately integrated or coordinated through multidisciplinary collaboration and teamwork. In a physical health care setting, results of behavioral health treatment and follow-up – including referral for treatment outside the physical health care setting – are included or summarized in an integrated physical health care record by the behavioral health professional or physical health care provider. Entries should also address any interaction between the patient’s behavioral health problems and physical health care. In a behavioral health care setting, results of physical health treatment and follow-up are similarly documented in an integrated behavioral health care record.

- **Add Specialty Staff**

In a physical health care setting, programs are to add one or more behavioral health professionals to the team whose capability and workload permit them to address mental health and substance use disorders and, when indicated, behavioral and psychosocial issues that have an impact on health care. In a behavioral health care setting, similarly, programs are to add one or more physical health professionals to the team to appropriately address the physical health assessment and treatment needs of its clients in an integrated manner.

- **Be Sustainable**

OMH grant funding and technical assistance aims to support the planning and operation of an integrated program that is capable of becoming sustainable; for example, the program should employ staff with the credentials needed to bill and be reimbursed for services, paying for itself through direct billing, cost savings for the sponsoring institution(s), or other sources appropriate to a sustainable business plan. Program planning, implementation, and operation must demonstrate progress toward the long-term survival and continued effectiveness of a fully implemented program in the context of changes in such areas as staffing, leadership, funding, external systems, and new problems.

B. Cultural Considerations

Knowledge, information, and data from and about individuals, families, communities, and groups in the geographic area to be served should be used to address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population. The information should be utilized to adapt clinical standards and practices, skills, services approaches, techniques, and outreach to support the beliefs, values, preferences, and life circumstances of diverse cultural communities represented by individuals who receive services.

C. Other Considerations

Successful applicants are required to collect, manage, and report a set of project performance data to OMH. Data produced by grantees in connection with their responsibilities under the grant shall belong to OMH but may be used by the grantee for educational or research purposes, as long as all other legal requirements for the use of such data have been satisfied and with the permission of OMH.

With other grantees, successful applicants will also have the ability to participate in the programmatic and fiscal technical assistance offerings of a Geriatric Technical Assistance Center and will be required to participate in monthly conference calls and quarterly learning collaborative meetings that involve travel to Albany, New York.

5.3 Requirements for Submission

Proposals submitted for funding under this RFP must include all of the following components in the following order. Proposals missing any of the required proposal components will not be considered. See Section 2, 2.8 for additional information on proposal format and content.

A. Agency Transmittal Form

B. Summary

(no longer than one page)

Describe the proposed program concisely, include its goals, objectives, overall approach (including population to be served and key partnerships), anticipated outcomes, and deliverables.

Key partners are contractual or collaborative agencies, organizations, funding entities, and/or citizens groups with a significant role in carrying out the program.

C. Project Narrative

(no longer than a total of seven pages for 1 through 4 below)

1. Population to be Served/Statement of Need

This section should be used to describe the need for developing Integrated Physical and Behavioral Health Care for the Elderly in the geographic area(s) to be served, including the problems that the proposal intends to address by implementing the program. The description should include, but need not be limited to, the following:

- Demographic data, with source citations, on the specific population to be served;
- Data on the physical and behavioral health needs of those to be served;
- Significant recurring needs related to behavioral and psychosocial issues that have an impact on the health care of those to be served;
- Issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the population to be served that will need to be addressed; and
- Problems that the proposal intends to address by implementing the program.

2. Proposed Program/Approach

This section should provide a clear and concise description of how the proposed program will address the problems described in the Statement of Need above and how it will provide integrated physical and behavioral health care services. The description should include, but need not be limited to, the following:

- The capability and experience of the applicant in providing culturally competent physical and/or behavioral health care for older adults while also addressing behavioral and psychosocial issues that affect an elderly patient's course of care or treatment;

- How services provided will take into account the beliefs, values, preferences, and life circumstances of different cultural groups in the population to be served;
- How physical and behavioral health screening and assessment services will be provided, including the identification and assessment of behavioral and psychosocial issues that have an impact on health care, and who will provide them;
- How an integrated individualized care or treatment plan that addresses both physical and behavioral health needs will be formulated;
- How physical and behavioral health treatment services will be provided, who will provide them, and how behavioral and psychosocial issues will be addressed when they have an impact on health care;
- Identification of those who will be providing necessary services at the request of the applicant and a description of the arrangements for such services [When those who will be providing necessary services at the request of the applicant are key partners (not part of the applicant organization), draft contracts or agreements that describe the arrangements for such services must be submitted as part of the RFP and will be used in scoring this section.];
- How physical and behavioral health care for the elderly will be different when the new program is in place; and
- The estimated number of individuals to be served and number of services to be provided for each of the two years of the grant period and for the year following grant funding.

3. Organization and Staffing

This section should describe and demonstrate organizational capability to implement and operate the proposed program. Information provided should clearly delineate the roles and responsibilities of both applicants and key partners and include, but need not be limited to, the following:

- An organizational chart and description of organizational structure, lines of supervision, and management oversight for the proposed program;
- Roles, qualifications, expertise, and professional licensure/certification of key personnel;
- Based on the population to be served, a description of patient/client flow and the number and type of staff necessary to meet their needs, including specialty staff, i.e., behavioral health professional(s) in a physical health care setting or physical health professional(s) in a behavioral health care setting;
- The extent to which specialty staff will function as members of the team; and
- How the clinical record will document care in an integrated way, including entries and summaries of physical and behavioral health treatment and follow-up and any interaction between physical or behavioral health problems and care.

4. Sustainability

This section should describe and demonstrate organizational capability to make the program sustainable and fiscally viable and should include, but need not be limited to, the following:

- A Viability Plan that includes an analysis of the following for each of the two years of the grant period **and** for the year following grant funding: (1) Volume – the number of individuals to be served by the program annually and the total number of their annual visits or encounters; (2) Case/payor mix – the full range and total mix, by percentage, of Medicare and other insurance providers with coverage applicable to one or more of the individuals to be served by the program for physical and behavioral health care; (3) Staff – the extent to which the program employs clinical staff who have the credentials needed to bill and be reimbursed for services covered by Medicare and/or other payors and are approved to do so; and (4) Services – the extent to which the program reviews applicable payor benefit packages for covered services, customizes encounter billing forms to include them, and utilizes approved staff to deliver program services that are reimbursable.
- A workplan, including anticipated costs and revenue based on your three yearly budgets (see Section 5, 5.3D), that identifies steps or phases through which the program will move to become sustainable by the end of the grant period; and
- Anticipated technical assistance needs.

D. Operating Budgets and Budget Narratives

Be sure to use the required budget formats (see [Appendix B](#) and [B1](#)) to develop the yearly Operating Budgets and Budget Narratives. Do not substitute your own budget formats.

- **Develop yearly Operating Budgets for Year 1 and Year 2**, the two-year grant period. OMH will award successful applicants a grant of up to \$100,000 for the first year and up to 50 percent of the first year's grant award for the second year. Contracts will be reconciled based on 24 months of revenues and expenses so that revenues generated in the first year may be applied to expenses in the second year. These budgets will be used to assess proposal cost (see Section 4, 4.2.2), as well as sustainability (see Section 5, 5.3C4).
- **Develop a yearly Operating Budget for Year 3**, the year following grant funding. OMH expects these integrated programs to be sustainable and fiscally viable without OMH support by the end of the two-year grant period. This budget will be used to evaluate sustainability (see Section 5, 5.3C4).

- **Complete Budget Narratives** for all of the detailed expense components that make up total operating expenses in each budget and include the calculation or logic that supports the budgeted value of each category.

E. Draft Contracts or Agreements

When those who will be providing necessary services at the request of the applicant are key partners (not part of the applicant organization), draft contracts or agreements that describe the arrangements for such services must be submitted as part of the RFP and will be used in scoring Section 5, 5.3C2.

6. Appendices

[Appendix A: Agency Transmittal Form](#)

[Appendix B: Operating Budget Form for Years 1, 2, and 3](#)

[Appendix B1: Complete Budget Narrative](#)

[Appendix C: Direct Contract Forms and Instructions](#)