

New York State Office of Mental Health



**SUPPORTED HOUSING FOR ADULTS
WITH SERIOUS MENTAL ILLNESS**

Brooklyn

Medicaid Redesign Team

Request for Proposals (RFP)

October 2012

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Appendices

- Appendix A: [Transmittal Form](#)
Appendix B: [Operating Budget Form](#)
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Appendix C: [OMH Direct Contract Form](#)
Appendix D: [Criteria for Determining Serious Mental Illness](#)

1 Introduction and Background

1.1 Purpose of the Request for Proposal

Governor Cuomo established the Medicaid Redesign Team (MRT) by Executive Order upon taking office in January 2011, bringing together stakeholders and experts from throughout the state to work cooperatively to reform the system and reduce costs.

The full Medicaid Redesign Team has recognized the importance of supportive housing in managing health outcomes and costs and set aside \$75 million to expand access to supportive housing initiatives for high need and high cost Medicaid recipients. The MRT Affordable Housing Work Group agreed that significant savings could be generated by expanding opportunities for supportive housing to high-cost/high frequency Medicaid users. Accordingly, one recommendation, approved by the full MRT in December of 2011, allocated \$75 million in the Medicaid budget for transfer to various agencies to fund supportive housing programs. Funding across State agencies will be used to address supportive housing needs, including related services and supports, of the highest cost Medicaid users in the hopes of improving health outcomes and generating Medicaid savings.

An additional Medicaid initiative focuses on reconfiguring hospital care in Brooklyn. The effort will follow the recommendations of the Brooklyn Berger Commission Report.

Up to 350 units of Supported Housing designed to support the MRT Housing Recommendations and the Brooklyn Berger Commission Report are available through this RFP. Accordingly, the resources in this RFP are designated for individuals with serious mental illness as defined in Appendix D and who meet one or more of the following high need eligibility criteria:

- Individuals with a serious mental illness who are residents of Kingsboro Psychiatric Center or OMH-operated residential programs, relating to the restructuring of Kingsboro Psychiatric Center.
- Individuals residing in Brooklyn who have a mental illness and who are high users of Medicaid services.
- Individuals with a serious mental illness from Brooklyn who are being discharged from an Article 28 hospital or South Beach Psychiatric Center and are in need of supported housing or for whom housing would assist in a hospital diversion.
- Individuals with a serious mental illness identified as high users of Medicaid in need of supported housing who are referred by Brooklyn - Based Health Homes.

All individuals admitted to this housing must meet Health Home criteria and be enrolled in a Health Home. Within these groups, individuals being discharged from Kingsboro Psychiatric Center, or individuals residing in OMH State-operated residential facilities within the Kingsboro catchment area are eligible for priority access, and individuals with an Assisted Outpatient Treatment (AOT) order.

Agencies awarded the contract(s) will be required to maintain accurate reporting of all admissions and discharges through OMH's Child and Adult Integrated Reporting System (CAIRS), and any requirements the OMH may subsequently develop to ensure documentation of Medicaid savings. Agencies will be required to provide the Client Identification Number (CIN) of all residents to NYS OMH for Medicaid Spending Tracking. The OMH and Department of Health (DOH) will provide assistance in identifying target population members, including high users of Medicaid.

2 Proposal Submissions

2.1 Designated Contact/Issuing Officer

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. To avoid being deemed non-responsive, a bidder is restricted from making contact with any other personnel of OMH regarding the RFP. Certain findings of non-responsibility may result in rejection for a contract award. The Issuing Officer for this RFP is:

Susan Penn
Contract Management Specialist 2
New York State Office of Mental Health
Contracts and Claims-7th Floor
44 Holland Avenue
Albany, NY 12229

2.2 Letter of Intent

Agencies interested in responding to the Request for Proposals are encouraged to submit a Letter of Intent to Bid to the OMH Issuing Officer by October 22, 2012. The Letter of Intent to Bid shall be non-binding.

Please mail the Letter of Intent to the Issuing Officer:

Susan Penn
Contract Management Specialist 2
New York State Office of Mental Health
Contracts and Claims-7th Floor
44 Holland Avenue
Albany, NY 12229

Attn: Letter of Intent- High Service Medicaid Users-Brooklyn

2.3 Key Events/Timeline

RFP Release Date	10/09/12
Letter of Intent Due	10/22/12
Questions Due	10/29/12
Questions Posted on Website	11/12/12
Proposals Due*	11/19/12
Award Notification*	12/20/12
Anticipated Start Date*	01/01/13

***Estimated**

2.4 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by fax at (518) 402-2529 or by [e-mail](#) by 10/29/12. The questions and official answers will be posted on the OMH website by 11/12/12* and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone or in person.

2.5 Addenda to Request for Proposals

It is the bidder's responsibility to periodically review the OMH website to learn of revisions or addendums to this RFP. Changes to the RFP will also be posted in the NYS Contract Reporter. No other notification will be given.

2.6 Eligible Agencies

Agencies eligible to respond to this RFP are: (1) not-for-profit agencies with 501(c) (3) incorporation that have experience providing housing and mental health support services to individuals with serious mental illness in New York City, and who receive funding from OMH or the New York City Department of Health and Mental Hygiene (DOHMH) for those programs and who have an established partnership and / or collaborative agreement with at least one of the Health Homes serving the region. OMH licensed agencies in Tier III status or equivalent are not eligible to apply.

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 (as defined in Section 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 defined in Section 2.8; and
- Proposals from agencies that do not meet the eligibility requirements as defined in Section 2.6.

2.8 Instructions for Bid Submission and Required Format

Each proposal is required to contain:

1. Transmittal Form ([Appendix A](#));
2. Proposal Narrative;
3. Operating Budget Form ([Appendix B](#));
4. Budget Narrative ([Appendix B1](#)).

The Proposal Narrative should be concise (no more than 20 pages, not including attachments). The Operating Budget Form and Budget Narrative ([Appendix B](#) and [Appendix 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 may result in disqualification for non-responsiveness.

2.9 Packaging of RFP Responses

Please send one signed hard copy of the entire proposal package described in 2.8 above, as well as an agency identified flash drive that includes the proposal as one file (either Word or PDF), by U.S. mail or hand delivery to be received by 5:00 PM on the date listed above in Section 2.3. It must be sealed in an envelope or boxed and addressed to the Issuing Officer named above in 2.1. Bidders 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.

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

Susan Penn
Contract Management Specialist 2
New York State Office of Mental Health
Contracts and Claims-7th Floor
44 Holland Avenue
Albany, NY 12229
Attn: RFP Supported Housing for High Service Medicaid Users-Brooklyn

3 Administrative Information

3.1 Term of Contracts

Contracts will be written for a total period of five (5) years, with an initial period of one (1) year and four (4) annual renewals, dependent upon appropriated funding. OMH reserves the right to change the contract term for the first or second year so that it is more or less than 12 months in order to align the contract dates with OMH's New York City contract cycle (July 1 through June 30).

If an agency not previously awarded a contract as part of the original RFP evaluation +is awarded units through the reallocation process (see Section 4.3.2), the five (5) year contract term will commence on the award date. OMH reserves the right to change the first year's contract term, as stated above.

The OMH Direct Contract Form is available in [Appendix C](#).

3.2 Reserved Rights

OMH reserves the right to:

- Reject any or all proposals received in response to the RFP that are deemed non-responsive or do not meet the minimum requirements;
- 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 fails to conform to the requirements of the RFP;
- Seek clarifications of proposals for the purposes of assuring a full understanding of the responsiveness to the solicitation requirements;
- 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 the 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 New York State (NYS) Contract Reporter;
- Eliminate any non-material specifications that cannot be complied with by all of the prospective bidders;
- Waive any requirements that are not material;
- Negotiate any aspect of the proposal in order to assure that the final agreement meets OMH objectives;
- 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 a bidder's proposal and/or to determine a bidder's compliance with the requirements of the solicitation;
- Conduct a readiness review of each selected bidder prior to the execution of the contract as set forth in Section 4.4;
- Cancel or modify contracts due to the insufficiency of appropriations;

3.3 Debriefing

OMH 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. Written debriefing requests may be sent to the Designated Contact, as defined in Section 2.2.

3.4 Protests Related to the Solicitation Process

Protests of an award decision must be filed within fifteen (15) business days after the notice of conditional award or five (5) business days from the date of the 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:

NYS Office of Mental Health
Commissioner Michael Hogan
44 Holland Avenue
Albany, New York 12229

4 Evaluation Factors for Awards

4.1 Evaluation Criteria

All proposals will be rated and ranked in order of highest score based on an evaluation of **each bidder's written submission as well as OMH internal reviews.**

The Evaluation will apply points in the following categories as defined in Section 5.5:

Technical Evaluation	
Population	15 points
Housing Implementation	35 points
Agency Performance: <ul style="list-style-type: none">• Bidder's Narrative• OMH Internal Reviews	30 points
Financial Assessment	20 points
Total Proposal Points	100 points

For a detailed description of evaluation criteria for the Technical Evaluation and the Financial Assessment components, see Section 5.5 (Proposal Narrative).

The OMH internal review will consist of an assessment of the bidder's organizational competency. This will include a review of the bidder's residential programs over the past two years. Previous OMH actions including, but not limited to, fines, revocations of operating certificates, limitations on operating certificates and/or repeat citations impacting client care will be reviewed in scoring agency performance.

Additional areas of organizational competence include: Supported Housing review forms, percentage of admissions from OMH Psychiatric Centers or OMH-operated residential programs; transition of residents to more independent housing; and accuracy and timeliness of CAIRS reporting. If an agency received an award of Supported Housing from a previous allocation, the agency's performance in filling the units within the contractual time frame and with the priority population specified will be rated. For housing providers under contract with the NYC Department of Health and Mental Hygiene, reviews conducted by DOHMH will be included in assessing the agency's organizational competency.

4.2 Method for Evaluating Proposals

Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components as described in Section 2.8. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Sections 2.6 and 2.7, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 working days.

Evaluation of proposals will be conducted in two parts: Technical Evaluation and Financial Assessment. OMH's evaluation committee, consisting of at least three evaluators, will review the technical portion of each proposal and compute a technical score. A financial score will be computed separately based on the operating budget and budget narrative submitted.

Evaluators of the Technical Evaluation component may then meet to discuss the basis of those ratings. Following the discussion, evaluators may independently revise their original score in any section. Once completed, final Technical Evaluation scores will then be recalculated, averaged, and applied to the final Financial Assessment score to arrive at final scores. Any proposal not receiving a minimum average score of 55 will be eliminated from consideration.

In case of a tie in the scoring process, the proposal with the highest score on the Agency Performance section will be ranked higher.

4.3 Process for Awarding Contracts

4.3.1 Initial Awards and Allocations

Proposals will be rated and ranked in order of highest to lowest score. Awards will be made based on score until all the units for the have been allocated.

In the interest of spreading these resources as broadly as possible, no one provider will initially receive more than 70 supported housing units. If there are units still to be distributed after allocations are made to all applicants with passing scores, the remaining units will then be distributed in awards of up to 25 additional units to the applicant with the highest score, not to exceed the amount of units requested by the agency. OMH will work its way down the list until all units are awarded. Agencies should note on the Transmittal Form the number of additional units they are willing to accept.

4.3.2 Reallocation Process

There are a number of factors that may result in some or all of the Supported Housing units allocated to one or more contractors being reallocated. This includes, but is not limited to, failure to develop the housing within the approved time frame, inability to find Supported Housing apartments and retention of residents in the housing. A contractor will be provided notification if any or all of the units allocated to it are reallocated.

To reallocate units, OMH will go to the next highest ranked proposal that did not get an initial award of units. If all agencies with passing scores received an initial award of units, OMH will go back to the top of the list. An award of up to 25 units will be

offered to the highest ranked agency. If the agency does not accept the award, OMH will work its way down the list.

4.4 Award Notification

At the conclusion of the procurement, notification will be sent to all successful and non-successful bidders. All awards are subject to approval by the NYS Attorney General and the Office of State Comptroller before an operating contract can be 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.

Upon receipt of an approved fully executed contract from NYS, contractors can begin to locate apartments appropriate for Supported Housing.

5 Scope of Work

5.1 Introduction

Governor Cuomo established the MRT by Executive Order upon taking office in January 2011, bringing together stakeholders and experts from throughout the state to work cooperatively to reform the system and reduce costs.

The full MRT has recognized the importance of supportive housing in managing health outcomes and costs and set aside \$75 million to expand access to supportive housing initiatives for high need and high cost Medicaid recipients. The MRT Affordable Housing Work Group agreed that significant savings could be generated by expanding opportunities for supportive housing to high-cost/high frequency Medicaid users. Accordingly, one recommendation, approved by the full MRT in December of 2011, allocated \$75 million in the Medicaid budget for transfer to various agencies to fund supportive housing programs. Funding across State agencies will be used to address supportive housing needs, including related services and supports, of the highest cost Medicaid users in the hopes of improving health outcomes and generating Medicaid savings.

An additional Medicaid initiative focuses on reconfiguring hospital care in Brooklyn. The effort will follow the recommendations of the Brooklyn Berger Commission Report.

The housing and services developed through this RFP will be based in Brooklyn and are designed to support the MRT Housing Recommendations and the Brooklyn Berger Commission Report. Accordingly, the resources in this RFP are designated for individuals with Serious Mental Illness as defined in [Appendix D](#) and who meet at least one of the following high need eligibility criteria:

- Individuals with a serious mental illness who are residents of Kingsboro Psychiatric Center or OMH-operated residential programs, relating to the restructuring of Kingsboro Psychiatric Center.
- Individuals residing in Brooklyn who have a mental illness and who are high users of Medicaid Services.

- Individuals with a serious mental illness from Brooklyn who are being discharged from an Article 28 hospital or South Beach Psychiatric Center and are in need of supported housing or for whom housing would assist in a hospital diversion.
- Individuals with a serious mental illness identified as high users of Medicaid in need of supported housing who are referred by Brooklyn - Based Health Homes.

All individuals admitted to this housing must meet Health Home criteria and be enrolled in a Health Home. Within these groups, individuals being discharged from Kingsboro Psychiatric Center, or individuals residing in OMH State-operated residential facilities within the Kingsboro catchment area are eligible for priority access, and individuals with an AOT order.

5.2 Health Home Partnerships

Agencies must work with Kingsboro Psychiatric Center (PC) and the Health Homes established for Kings County to target the appropriate housing for the population, i.e., provide in-reach, develop coordinated discharge/admission plans with PC staff, and identify/provide services and supports to ensure successful transition into the community. **It is required that agencies establish partnerships and/or collaborative agreements with at least one of the four Health Homes, including being a network member of a Health Home serving Kings County.** It is important to note, however, that establishing a partnership with a particular Health Home does not preclude Supported Housing agencies from being required to serve all individuals regardless of which Health Home they are assigned to. It is an expectation that agencies will work with all Health Homes regardless of established partnerships.

5.3 Appropriate Utilization of Supported Apartments Targeted for Priority Populations

5.3.1 Admissions

Contracted agencies must first use available supported apartments to serve the priority population any time referrals are available, meaning anytime an individual who is a high service Medicaid use individual is identified as both appropriate for and desirous of, moving into their own supported apartment. The contracted agency must work in collaboration with the catchment area psychiatric center and the Health Home to place high service Medicaid use individuals. If a contracted agency is not receiving referrals for high service Medicaid use individuals, they must notify the designated OMH Field Office for guidance.

In situations where such referrals are not immediately available, the contracted agency can make a supported apartment available to an individual who has already been residing in a more service-intensive OMH licensed and/or funded residential program for a time and who is ready for a more independent setting. This individual serves as a “proxy” for the new priority individual being discharged from a more service-intensive setting. When this proxy is used, the high service Medicaid user who moved to the OMH licensed residential program retains their priority access to future supported apartment vacancies. In the past, this arrangement was referred to as “backfill.”

5.3.2 Discharges

To a more service-intensive setting:

If a high service Medicaid use individual in a more-service intensive residential program requires discharge to a more service-intensive setting (i.e. psychiatric center, Article 28 hospital, prison, jail, nursing home, adult home) or dies within one year of their admission, the contracted agency is required to track and reserve this vacancy for another priority individual as long as there are eligible referrals.

To a less restrictive setting: If a high service Medicaid use individual residing in the more service-intensive unit is discharged to a less restrictive setting (i.e. Supported Apartment, Section 8, family, or other independent living), the contracted agency is not required to track and reserve this vacancy (in the OMH licensed residential program) for another high service Medicaid use individual. However, if at any time the Supported Apartment utilized by the proxy becomes vacant, the contracted agency is required to track and reserve this unit with another high service Medicaid use individual.

5.3.3 Administrative Issues

Children and Adult Integrated Reporting System (CAIRS)

On the CAIRS admission form there will be two mandatory questions:

Is this consumer a priority population individual? Yes/No

Is this consumer a Proxy for a priority population individual? Yes/No

5.3.4 Memorandums of Understanding (MOU)

Agencies planning to work with another specific OMH housing provider to identify proxy individuals and create vacancies for the priority population must submit an MOU that explains this agreement with each agency, including the number of units and specifics about how use of the units will be documented and tracked.

The designated OMH Field Office or designee must approve all referrals into the Supported Housing and/or the backfill bed prior to admission.

5.4 Objectives and Responsibilities

“Supported Housing” means scattered site apartments for which OMH funding provides rental assistance and a minimum level of housing-related support services for individuals with Serious Mental Illness. These services include assisting the resident in managing tenant/landlord relations and with transitioning to the new housing unit. In situations where a resident needs ongoing additional support to manage his or her symptoms, or assistance with living skills such as shopping, maintaining his or her living environment, medication management, and/or personal care services, the supported housing provider may assist in linking the resident with the entities that directly provide these additional services in coordination with the resident’s care manager (Health Home or Managed Long Term Care Plan). These additional support services could include both OMH and DOH wrap around services such as Assertive Community Treatment (ACT) services, Health Home Care Management services, clubhouse services, employment services, outpatient services such as Continuing Day Treatment, Personalized Recovery Oriented Services, Clinic Services,

Intensive Psychiatric Rehabilitation Treatment, Partial Hospitalization, medical services and certified home health/personal care services.

When possible, tenants should hold their own leases. Renting studio, one-bedroom and two-bedroom apartments scattered throughout the community is the norm. In instances where roommates are involved, the agency must facilitate cooperative arrangements on bill payments, division of household responsibilities and other matters.

Supported Housing is integrated housing that consists of scattered site apartments located in multiple buildings throughout the community. The goal is to provide individuals with a setting in which they live in their own apartments and are able to interact with non-disabled persons to the fullest extent possible.

There is no capital funding associated with this initiative to purchase or renovate an existing apartment building.

A contractor may use other government funding or agency funds to purchase and/or renovate a building. In this instance, contractors must be able to document that funding is adequate to pay the debt service, ongoing building maintenance and repairs. **Contractors must consult with the OMH New York City Field Office Housing Unit before purchasing a site or entering into a long-term lease.**

Supported Housing funding provides rent stipends, housing related support services, and contingency funds as specified in the Supported Housing Guidelines. There are no OMH licensing requirements. Contractors must comply with the OMH Supported Housing Guidelines. A copy of the OMH Supported Housing Guidelines is posted on OMH's website at [OMH Supported Housing Guidelines](#) as part of this RFP and should be reviewed prior to responding to the RFP.

In addition, all buildings in which apartments are located must have a valid Certificate of Occupancy unless the building predates issuance of Certificate of Occupancy. The OMH New York City Field Office monitors Supported Housing and conducts site visits to review compliance with the OMH Supported Housing Guidelines.

5.5 Reporting Requirements

Agencies that receive an allocation of housing resources under this RFP must agree to ensure that these units will only be filled with individuals meeting eligibility criteria set forth in Section 5.1. Within these groups, individuals being discharged from Kingsboro Psychiatric Center, or individuals residing in OMH State-operated residential facilities within the Kingsboro catchment area and individuals with an AOT order, are eligible for priority access.

Agencies must conform to all OMH fiscal reporting requirements as outlined in the "Aid to Localities Spending Plan Guidelines." These guidelines are available on the Internet at <http://www.omh.ny.gov/omhweb/spguidelines/>.

Agencies awarded a Supported Housing contract will be required to maintain accurate reporting of all admissions and discharges through OMH's CAIRS and comply with any requirements OMH may subsequently develop to ensure compliance and documentation of Medicaid savings.

Agencies will be required to provide resident's CIN numbers to NYS OMH for Medicaid Spending Tracking. The OMH and DOH will provide assistance in identifying target population members, including high users of Medicaid.

In addition, agencies will be required to provide updates on housing vacancies to the Center for Urban Community Services (CUCS) which publishes the "Vacancy and Information Update."

An agency must agree to submit the OMH Supported Housing Verification Form on an annual basis. Referrals for these supported housing units will need to be reviewed, tracked, and monitored by the Single Point of Access Program in NYC.

5.6 Operating Funding

Funding for scattered site Supported Housing is a combination of client rent payments and OMH funds. Residents of Supported Housing are required to pay a minimum of 30 percent of their net income for rent and reasonable utilities. However, residents can choose to pay more than 30% of their income based on a personal decision to have an apartment beyond what is affordable with the 30% applied to the agency contribution, for example, selecting a different neighborhood or a one bedroom in a neighborhood where only two bedrooms are affordable within the Supported Housing allocations. Agencies must contact the NYC Field Office prior to a resident paying more than 30%.

Contractors will receive annual funding for units developed under this initiative through an OMH contract at the rate of \$14,493 per unit. This funding is for rent stipends, housing case management services and contingency funds, as specified in the Supported Housing Guidelines.

5.7 Proposal Narrative

When submitting proposals for funding under this RFP, the narrative must address all of the components listed below, in the following order:

5.7.1 Population

1. State your commitment to filling these units in coordination with the NYC Field Office, the Single Point of Access (SPOA), along with the state psychiatric center that is being targeted. Indicate what Brooklyn based Health Home(s) your agency is a network member.
If the agency is proposing to serve the target population through a backfill arrangement, provide the details of that arrangement. If agencies without a continuum of housing wish to backfill, they may partner with an OMH licensed housing provider. Submit a MOU between the agencies that will participate in this arrangement. Submit a MOU between the agency and the health homes that will participate in this agreement.
2. Describe in narrative form the characteristics of the High Service Medicaid Use population to be served in Supported Housing and/or "backfilled" into service intensive programs. Discuss such population characteristics as likely service history, present functional level, educational level, job history, forensic history, community living skills, existence of social supports, substance abuse history.

3. Describe in narrative form the service needs of the High Service Medicaid Use population, specific to the characteristics described in (2) above. Describe the approach that will be used to ensure the successful transition of individuals and their retention in the community.

5.7.2 Housing Implementation

1. List the types/categories of housing you currently have in each borough. Please note housing that is NY/NY I, II, or III. If your agency does not have established housing in Brooklyn, please explain how you propose to develop this housing.
2. Describe admission criteria and procedures including the information flow you would create to streamline and track referrals from health home care managers, including any necessary interface with HRA, OMH Field Office, and/or SPOA.
3. Describe the process your agency currently uses to develop an individualized community re-integration strategy that will address specialized needs of this population such as physical health needs (long term care) and mental health wrap around services and how this will be modified to work collaboratively with the health home care managers. Describe the services that will be provided directly by the sponsoring agency.
4. Explain how your agency will work with the health home to develop an integrated plan of care including mental health, physical health and substance abuse service if indicated and community supports necessary for the person to succeed in the chosen apartment. Describe how the housing service plan developed in collaboration with the health home care managers will be reviewed with the resident. Describe the role of the health home care manager and the role of the housing support staff. Describe how choice will be accommodated during the housing selection process. If an individual will share an apartment, explain how they will be “matched” and how “roommate” issues will be resolved. Include the agency’s policy regarding family re-unification.
5. Identify community-based resources that will be available to residents through referrals and/or linkage agreements. Indicate how these services support the residents’ recovery from mental illness and substance abuse. Describe how all services will take into account the cultural and linguistic needs of the individual. Explain how Health Homes will be used to support the service needs of the individual.
6. a. If proposing a “Backfill Arrangement,” describe the following 1 through 4 in detail as to how services will be provided in the more-service intensive housing setting. Bidders who have established the required continuum of housing by partnering with another agency as described in Section 5.2.4 above must describe what the role of each of the agencies will be in the backfill process.
 1. Explain how residents will be assisted to gain and utilize the skills and supports necessary for independent living and achieving normal life roles. Describe the assessment and support planning process. Describe your agency’s discharge planning procedures and explain how your agency will create a culture of transition to ensure that residents are engaged in a

process of moving towards more independent housing when backfilling to service intensive settings.

2. Describe how staff will be trained and supervised to integrate rehabilitation and recovery principles in the operation of the residence. Describe the support and professional development activities that will be made available to direct care staff.
 3. Describe the resources and supports that will be used to help individuals who desire more independent housing.
 4. Describe the services and supports that will be available on-site through the agency, as well as those that will be provided by other agencies through service agreements and other linkages.
6. b. If the applicant is not proposing backfill, describe the following:
1. What resources does your agency have to meet the needs of individuals who move directly into Supported Housing.
7. Provide a staffing plan. Note if these proposed units will be part of the agency's current Supported Housing, and if so, explain the impact on staffing ratios. Include a description of the roles and responsibilities of each staff member. Indicate the skills and experience each staff member will be expected to have. Describe initial and ongoing staff training and supervision. Describe the use of peer to peer services and supports that will be available.
8. Describe resident assessment procedures and the development of a person-centered, strengths-based support plan developed in coordination with the health home care manager. Attach a copy of any resident assessment tools and a sample support plan. Describe the process of support planning that will incorporate strategies to engage and motivate residents towards their recovery and provide an appropriate response to residents who are at risk of relapsing and/or begin not taking their medications. Discuss methods for ensuring integrated services for residents with co-occurring substance dependence/use disorders. Describe how residents will be assisted when a mental illness or substance use relapse occurs. Explain the process for handling resident emergencies after hours and on weekends. Describe your agency's procedures to minimize the use of 911 calls.
9. Attach a copy of the proposed lease or sublease agreement. For sublease arrangements, provide the rent collection and rent arrears procedure. Describe the supports provided by the agency to appropriately ensure rent payment is made on time by residents. Provide the policy and procedure for terminating tenancy. Include a description of the range of interventions that would be used to prevent someone from losing their housing. Attach the grievance procedure that will be provided to residents. Explain how residents are empowered to provide input into Supported Housing practice on a formal and informal basis.

5.7.3 Agency Performance

1. Describe the agency's experience and approach in providing recovery-oriented housing and/or mental health services to persons with mental illness, including helping these individuals achieve their rehabilitation and recovery goals.
2. Current licensed OMH housing agencies must note their agency's ability to target OMH priority populations, average length of stay and ability to transition individuals into independent housing. OMH and DOHMH Supported Housing agencies should indicate occupancy levels and ability to accept OMH and /or DOHMH priority populations.

OMH providers base your response on the most recently published Residential Program Indicators Report. Also, please note that OMH agencies will be evaluated on the timeliness of CAIRS reporting.

DOHMH providers must attach the most recent audit conducted for their housing programs.

3. Note: The OMH internal review will consist of an assessment of the bidder's organizational competency. This will include a review of the bidder's residential programs over the past two years. Previous OMH actions including, but not limited to, fines, revocations of operating certificates, limitations on operating certificates and/or repeat citations impacting client care will be reviewed in scoring agency performance. Additional areas of organizational competence include: Supported Housing review forms, percentage of admissions from OMH Psychiatric Centers or OMH-operated residential programs; transition of residents to more independent housing; and accuracy and timeliness of CAIRS reporting. If an agency received an award of Supported Housing from a previous allocation, the agency's performance in filling the units within the contractual time frame and with the priority population specified will be rated.

For housing providers under contract with the NYC Department of Health and Mental Hygiene, reviews conducted by DOHMH will be included in assessing the agency's organizational competency.

5.7.4 Financial Assessment

1. Describe how client and, when applicable, non-client rent will be calculated. Explain how your agency plans to utilize contingency funds. Highlight other sources of funding, if any. Describe how your agency manages its operating budget.
2. Attach an operational budget. Include start-up costs in Year 1 of the budget and assume a full year of operating funds (see [Appendix B](#)). The start-up should include the amount needed for the establishment of the units, including cost of staffing, broker fees, security deposits, furniture, moving expenses and other expenses. Show sources of income including client "rent" and OMH funding. Bidders should list staff by position, full-time equivalent (FTE), and salary.

3. Also, bidders must complete a Budget Narrative which should include the following:

- detailed expense components that make up the total operating expenses;
- the calculation or logic that supports the budgeted value of each category;
- description of how salaries are adequate to attract and retain qualified employees; and
- a description of how apartment rental assumptions are calculated within the geographic area in which they are located.

Use the Operating Budget Form ([Appendix B](#)) and the Budget Narrative ([Appendix B1](#)) to submit with your proposal. The Operating Budget Form ([Appendix B](#)) is a separate document on the RFP section of the OMH website and can be downloaded in PDF format. Do **not** substitute your own budget format.

Failure to complete the Operating Budget using the correct form may be cause to reject your proposal for non-responsiveness.