

**Date of Issue**  
January 3, 2006

**THE CITY OF NEW YORK**  
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

**Thomas R. Frieden, M.D., M.P.H.**  
**Commissioner**

**Lloyd I. Sederer, M.D.**  
**Executive Deputy Commissioner**  
**for Division of Mental Hygiene**

**REQUEST FOR PROPOSALS**  
**INTENSIVE CRISIS STABILIZATION & TREATMENT PROGRAM (ICST)**  
**PIN 07AO 008**

**Patricia A. Thomas**  
**Associate Commissioner**  
**Agency Chief Contracting Officer**

**THE CITY OF NEW YORK  
NEW YORK CITY DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE**

**REQUEST FOR PROPOSALS  
INTENSIVE CRISIS STABILIZATION & TREATMENT PROGRAM  
(ICST)  
PIN: 07AO 008**

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**SCHEDULE A – INSURANCE REQUIREMENTS**

**AUTHORIZED DEPARTMENT CONTACT PERSON**

Proposers are advised that the Authorized Department Contact Person for all matters concerning this Request for Proposals is:

<b>Name:</b>	<b>Karen L. Mankin</b>
<b>Title:</b>	<b>Contracting Officer</b>
<b>Address:</b>	<b>Office of the Agency Chief Contracting Officer New York City Department of Health and Mental Hygiene 93 Worth Street, Room 812 New York, NY 10013 Telephone #: (212) 219-5873 Fax #: (212) 219-5890 Email: <a href="mailto:kmankin@health.nyc.gov">kmankin@health.nyc.gov</a></b>



## **SECTION II - SUMMARY OF THE REQUEST FOR PROPOSALS**

### **A. Purpose of RFP**

The New York City Department of Health and Mental Hygiene (DOHMH) is seeking up to two appropriately qualified vendors to design and implement Intensive Crisis, Stabilization and Treatment (ICST) programs in Brooklyn and the Bronx. These programs will combine the features of both a Home Based Crisis Intervention program with that of a short-term clinic treatment program. Each program will provide services for up to twelve weeks to a minimum of 96 children and/or adolescents 5-17 years old (and their families) who present in an acute crisis and are at imminent risk for hospitalization. The goal of the program is to reduce symptoms, stabilize functioning and focus on root causes that are at the heart of the child's/adolescent's disequilibrium. By maintaining children and adolescents who present in crisis and need stabilization and ongoing clinical treatment in the community and diverting hospitalization whenever possible, these programs will bridge a needed service gap by providing continuity of treatment and longer-term care.

### **Background**

The Intensive Crisis, Stabilization and Treatment program is modeled after a similar program operating in Illinois (Screening, Assessment and Support Services [SASS]) that has been successful in enhancing access to care for at risk youth and families who may have previously utilized emergency room or hospital-based beds rather than obtain community based mental health services as they require them. The goal is to move services from the hospital to the community in the most appropriate, least restrictive environment.

### **B. Service Area Options**

- Service Option I - Borough of Brooklyn

The contractor would give priority to children and adolescents who reside in Brooklyn CDs 8, 9, 14, 16 and 17, inclusive.

- Service Option II - Borough of the Bronx

The contractor would give priority to children and adolescents residing in Bronx CDs 1-6 and 9, inclusive.

Proposers may propose to serve both boroughs. However, a separate and complete proposal must be submitted for each borough proposed. In the case that a proposer is eligible for award to serve more than one borough, the DOHMH reserves the right to determine, based on the proposer's demonstrated organizational capability and the best interest of the City, respectively, how many and for which borough(s) the proposer will be awarded a contract. In addition, DOHMH reserves the right to make awards in order to ensure that services are provided to those areas in each borough with the highest identified need for such services.

### **C. Anticipated Contract Term**

It is anticipated that the term of the contract(s) awarded from this RFP will be from July 1, 2006 to June 30, 2009. The contracts will include up to two (2) three-year options to renew. The DOHMH reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.

**D. Anticipated Maximum Available Annual Funding**

It is anticipated that a maximum of \$400,000 annually will be available for each program awarded from this RFP. Greater consideration will be given to proposers that propose more competitive prices in combination with a high quality program.

**E. Payment Structure**

Initially, the payment structure of the contract(s) awarded from this RFP will be based on a line-item reimbursable budget. However, the Department reserves the right to implement performance based outcome measures and related financial incentives and/or disincentives in lieu of a reimbursable budget payment structure. The Department will consider proposals to structure payments in a different manner and reserves the right to select any payment structure that is in the City's best interest.

**F. Minimum Qualification Requirement**

The following is the Minimum Qualification Requirement of this RFP. Proposals that fail to meet this requirement will be rejected.

- Pursuant to section 41.03(3) and 41.03(12) of the New York State Mental Hygiene Law, the proposer shall be a not-for-profit corporation.

## SECTION III : SCOPE OF SERVICES

### **A. Department's Goals and Objectives**

The Department's goals and objectives are to maintain children and adolescents in the community by providing intensive psychiatric services in order to divert children and adolescents from inpatient hospitalization when possible.

### **B. Department's Assumptions Regarding Contractor Approach**

The Department's assumptions regarding which approach will most likely achieve the goals and objectives set out above are:

#### **Contractor and Staff Qualifications**

##### **The contractor would:**

- Have successful experience providing mental health services to children and/or adolescents, preferably in a New York State Office of Mental Health (SOMH) certified program.
- Have successful experience establishing linkages to appropriate community resources that would include but not be limited to: Intensive Case Management (ICM), Supportive Case Management (SCM) and Blended Case Management (BCM) programs, Clinics and Day treatment Programs, Parent Resource Center and Family Support Programs, Children's Single Point of Access (CSPOA), and Coordinated Children's Service Initiative (CCSI).
- Ensure that the program is staffed by trained professionals licensed by NYS, where appropriate, to provide services as a clinic outpatient provider for children and/or adolescents.
- Submit a Prior Approval Review (PAR) to the State Office of Mental Health to become a certified clinic provider or would request an expansion of an existing program within thirty days of notification of contract award. Third Party billing is allowed.

#### **Services**

##### **The contractor would:**

- Serve a minimum of 96 children and/or adolescents and their families annually.
- Receive referrals that would include but not be limited to: In-patient, Emergency Rooms, Mobile Crisis, Comprehensive Psychiatric Emergency Programs (CPEP)s, Clinics, CSPOA, and others.
- Assess and see all children/adolescents and families referred to the program within 24 hours of initial contact.
- Provide emergency mental health services to children and families during non- business hours.
- Provide most services in the child or adolescent's natural environment.
- Ensure that therapists would meet an average 2 to 3 times per week with the child and/or family in the home and at other locations when appropriate for up to 12 weeks.
- Ensure that each therapist would work with approximately 8 clients/families at a time.
- Provide services that would include but not be limited to individual and family therapy, risk assessment, psychiatric evaluation and psychopharmacology, cognitive and behavior management training, skills training, parent effectiveness training, household management assistance, case management, entitlement assistance and school advocacy and referrals, as appropriate.
- Provide services that are ethnically, culturally and linguistically relevant for the target population.

## **Monitoring and Quality Improvement**

### **The contractor would:**

- Develop appropriate admission and exclusionary criteria to explain the reasons for referral to ICST rather than admission to an inpatient unit.
- Develop appropriate outcome indicators for successful treatment such as improvements in child and adolescent symptoms, decreased risk behaviors, improved communication and improved child and family functioning.
- Develop appropriate discharge criteria, including evidence of symptom reduction, and improved personal and family functioning including pre and post-treatment measures utilizing appropriate standardized instruments that will provide empirical evidence in support of the discharge criteria as being successful.
- Develop a monitoring system that tracks the length of the treatment in this program, the services received, the transitional linkage arrangements and the child or adolescent's retention rates in community programs for up to six months to ensure appropriate community linkages. Provide report to DOHMH semi- annually.
- Utilize their own appropriate procedures or diagnostic tools to assess the appropriateness of referrals to ICST as compared to inpatient care.
- Develop an appropriate plan for re-assessing current treatment modalities for children who require more than one re-admission to the program within a twelve (12) month period.

## **SECTION IV: FORMAT AND CONTENT OF THE PROPOSAL**

**Instructions:** Proposers should provide all information required in the format below. The proposal should be typed on both sides of 8 1/2" X 11" paper. Pages should be numbered. The proposal will be evaluated on the basis of its content, not length.

### **A. Proposal Format**

#### **1. Proposal Cover Letter**

The Proposal Cover Letter form (Attachment A) transmits the proposer's Proposal Package to the Department. It should be completed, signed and dated by an authorized representative of the proposer.

#### **2. Program Proposal**

The Program Proposal is a clear, concise narrative that addresses the following:

##### **a. Experience**

Describe the successful relevant experience of the proposer, each proposed sub-contractor if any, and the proposed key staff in providing the program described in Section III - Scope of Services of this RFP. Specifically address the following:

- Describe the proposer's successful experience providing mental health services to children and/or adolescents and their families, highlighting experience working with children and/or adolescents who are in acute crisis and are at imminent risk for hospitalization.

In addition:

- Attach a listing of at least two relevant references, including the name of the reference entity, a brief statement describing the relationship between the proposer or proposed sub-contractor, as applicable, and the reference entity, and the name, title and telephone number of a contact person at the reference entity, for the proposer and each proposed sub-contractor if any.
- Attach for each key staff position a resume and/or description of the qualifications that will be required.

##### **b. Organizational Capability**

Demonstrate the proposer's organizational capability (i.e., programmatic, managerial and financial) to perform the services described in Section III – Scope of Services of this RFP.

Specifically address the following:

- Demonstrate the proposer's capability to serve a minimum of 96 clients through the proposer's current and/or planned infrastructure.
- Demonstrate that the proposer has established linkages with other not-for-profit organizations in the proposed borough that serve the target population of children and/or adolescents, include but not limited to: ICM, SCM and BCM programs, Clinics and Day treatment programs, Parent Resource Centers & Family Support programs, CSPOA, & Coordinated Children's Service Initiative (CCSI).

- Demonstrate the proposer’s capability to attract highly qualified professionals who meet the needs of ethnically, culturally and linguistically diverse populations.
- Demonstrate the proposer’s capability to ensure timely access to services within 24 hours after initial contact.
- Demonstrate that the proposer will develop and implement an effective monitoring and quality improvement process within 6 months of the contract start date.
- Demonstrate that the proposer has the capability to submit timely quarterly reports on quality improvement monitoring.
- Demonstrate that if selected for award the proposer has the capability to submit a PAR to the State Office of Mental Health to become a certified clinic provider or to expand an existing program within calendar days of notification of contract award.

In addition:

- State whether or not the proposer currently has any mental health programs licensed by the New York State Office of Mental Health and the status of the licenses.
- Attach a chart showing where, or an explanation of how, the proposed services will fit into the proposer’s organization.
- State whether or not the proposer has submitted separate proposals to provide more than one program. If yes, demonstrate the proposer’s organizational capability to successfully operate both proposed programs concurrently.
- Attach copy of the proposer’s latest audit report or certified financial statement, or a statement as to why no report or statement is available.

**c. Proposed Approach**

Describe in detail how the proposer will provide the services described in Section III – Scope of Services of this RFP and demonstrate that the proposer’s proposed approach will fulfill the Department’s goals and objectives. Specifically address the following:

- Describe and demonstrate the effectiveness of the proposer’s plan to provide services in the child and/or adolescent’s natural environment.
- Describe and demonstrate the effectiveness of the proposer’s plan to receive referrals and assess clients within 24 hours of initial contact.
- Describe and demonstrate how the proposer would ensure the provision of emergency mental health services to children/families during non-business hours.
- Describe and demonstrate the appropriateness of the proposer’s admission criteria for referral to ICST rather than admission to an inpatient unit.
- Describe and demonstrate the appropriateness of the proposer’s outcome indicators to measure successful treatment.
- Describe and demonstrate the effectiveness of the proposer’s approach for providing services that are ethnically, culturally and linguistically relevant for the target population.
- Describe and demonstrate the effectiveness of the proposer’s discharge criteria, including evidence of symptom reduction and improved personal and family functioning.
- Describe and demonstrate the effectiveness of the proposer’s post discharge plan to track the child or adolescent’s retention rates in community programs for up to 6 months and to ensure appropriate community linkages.
- Describe and demonstrate the effectiveness of the proposer’s plan to develop a monitoring system and report to the Department on this plan semi-annually.

- Describe and demonstrate how the proposer will ensure that treatment staff are appropriately trained and/or have the requisite experience serving children and/or adolescents.
- Describe and demonstrate the proposer’s plan for re-assessing current treatment modalities for children who require more than one re-admission to the program within a 12 month period.

Department assumptions regarding contractor approach represent what the Department believes to be most likely to achieve its goals and objectives. However, proposers are encouraged to propose an approach that they believe will most likely achieve the Agency’s goals and objectives. Proposers may also propose more than one approach. However, if an alternative approach affects other areas of the proposal such as experience, organizational capability or price, that alternative approach should be submitted as a complete and separate proposal providing all the information specified in Section IV of this RFP.

### **3. Price Proposal**

Proposers are encouraged to propose innovative payment structures. The Agency reserves the right to select any payment structure that is in the City’s best interest. For the purposes of comparison, proposers should submit a Price Proposal that meets the standards of Sections IV(3)(a) and IV(3)(b), below.

#### **a. Proposed Pricing**

The Price Proposal should include each of the following for providing the Scope of Services described in Section III of this RFP:

- The proposed price offering for each of the budget components in a line item budget included in the RFP as **Attachment B**.
- **Start-up** (non-recurring costs for the first three months of the program).
- Proposed annual operating expenses for a **typical full year**, which shall not exceed the maximum available annual funding level of \$400,000. Actual first year operating expenses will be pro-rated based on final contract negotiations and proposed phase-in schedules.
- The proposed net cost per unit of service (visits).

#### **b. Performance Outcome Measures and Financial Incentives and/or Disincentives**

List and describe proposed performance-based payment components (i.e., specific performance-based outcome measures and related financial incentives and/or disincentives, unit payments tied to outcomes, for providing the work to be performed by the proposer under the contract that could potentially be applied to the contract, in whole or part, as a reliable means for measuring and paying for success, as described in Section III – Scope of Services of this RFP. The Department’s determination regarding performance-based payment structure represents what the Department believes to be most likely to achieve its goals and objectives. However, proposers are encouraged to propose measures, incentives and disincentives that they believe will most likely achieve the Department’s goals and objectives in a cost-effective manner. Proposers may also propose more than one approach. While the proposer’s proposed performance-based payment components may not be scored by the Department’s Evaluation Committee, they will be considered by the Department in awarding the contract and structuring its payments to contractors.

#### **4. Acknowledgment of Addenda**

The Acknowledgment of Addenda form (Attachment C) serves as the proposer's acknowledgment of the receipt of addenda to this RFP that may have been issued by the Department prior to the Proposal Due Date and Time, as set forth in Section I(D), above. The proposer should complete this form as instructed on the Attachment.

#### **B. Proposal Package Contents ("Checklist")**

The Proposal Package should contain the following materials. Proposers should utilize this section as a "checklist" to assure completeness prior to submitting their proposal to the Department.

1. A sealed inner envelope labeled "Program Proposal," containing one original set and the stated number (in the parentheses) of duplicate sets of the documents listed below in the following order:
  - Proposal Cover Letter Form (Attachment A)
  - (Program) (Technical) Proposal
    - Narrative (4)
    - References for the Proposer and, if applicable, each Sub-Contractor (4)
    - Resumes and/or Description of Qualifications for Key Staff Positions (4)
    - Organizational Chart (4)
    - Audit Report or Certified Financial Statement or a statement as to why no report or statement is available (4)
  - Acknowledgment of Addenda Form (Attachment C)
2. A separate sealed inner envelope labeled "Price Proposal" containing one original set and (4) duplicate sets of the Price Proposal.
  - Price Proposal Form (Attachment B) (4)
  - Proposed Performance-Based Payment Structure
3. A sealed outer envelope, enclosing the two sealed inner envelopes. The sealed outer envelope should be labeled as follows:
  - The proposer's name and address, the Title and PIN # of this RFP and the name and telephone number of the Proposer's Contact Person.
  - The name, title and address of the Authorized Agency Contact Person, Karen L. Mankin.

## **SECTION V: PROPOSAL EVALUATION AND CONTRACT AWARD PROCEDURES**

### **A. Evaluation Procedures.**

Proposals accepted by the Department will be reviewed to determine whether they are responsive or non-responsive to the requisites of this RFP. Proposals that are determined by the Department to be non-responsive will be rejected. The Department's Evaluation Committee will evaluate and rate all remaining proposals based on the Evaluation Criteria prescribed below. The Department reserves the right to conduct site visits and/or interviews and/or to request that proposers make presentations and/or demonstrations, as the Department deems applicable and appropriate. Although discussions may be conducted with proposers submitting acceptable proposals, the Department reserves the right to award contracts on the basis of initial proposals received, without discussions; therefore, the proposer's initial proposal should contain its best programmatic and price terms.

### **B. Evaluation Criteria.**

- Demonstrated quantity and quality of successful relevant experience. 40%
- Demonstrated level of organizational capability. 15%
- Quality of proposed approach. 45%

### **C. Basis for Contract Award.**

A contract will be awarded to the responsible proposer(s) whose proposal(s) (is)(are) determined to be the most advantageous to the City, taking into consideration the price and such other factors or criteria which are set forth in this RFP. In the case that a proposer is eligible for an award to serve more than one borough, the Department reserves the right to determine, based on the proposer's demonstrated organizational capability and the best interest of the City, respectively, how many and for which borough(s) the proposer will be awarded a contract. In addition, DOHMH reserves the right to make awards in order to ensure that services are provided to those areas in each borough with the highest identified need for such services. Contract award shall be subject to the timely completion of contract negotiations between the Department and the selected proposer(s).

## SECTION VI - GENERAL INFORMATION TO PROPOSERS

- A. Complaints.** The New York City Comptroller is charged with the audit of contracts in New York City. Any proposer who believes that there has been unfairness, favoritism or impropriety in the proposal process should inform the Comptroller, Office of Contract Administration, 1 Centre Street, 10<sup>th</sup> Fl. New York, NY 10007; the telephone number is (212) 669-2797. In addition, the New York City Department of Investigation should be informed of such complaints at its Investigations Division, 80 Maiden Lane, New York, NY 10038; the telephone number is (212) 825-5959.
- B. Applicable Laws.** This Request for Proposals and the resulting contract award(s), if any, unless otherwise stated, are subject to all applicable provisions of New York State Law, the New York City Administrative Code, New York City Charter and New York City Procurement Policy Board (PPB) Rules. A copy of the PPB Rules may be obtained by contacting the PPB at (212) 788-0010.
- C. General Contract Provisions.** Contracts shall be subject to New York City's general contract provisions, in substantially the form that they appear in "Appendix A—General Provisions Governing Contracts for Consultants, Professional and Technical Services" or, if the Agency utilizes other than the formal Appendix A, in substantially the form that they appear in the Agency's general contract provisions. A copy of the applicable document is available through the Authorized Agency Contact Person.
- D. Contract Award.** Contract award is subject to each of the following applicable conditions and any others that may apply: New York City Fair Share Criteria; New York City MacBride Principles Law; submission by the proposer of the New York City Department of Small Business Services/Division of Labor Services Employment Report and certification by that office; submission by the proposer of the requisite VENDEX Questionnaires/Certificates of No Change; and review of the information contained therein by the New York City Department of Investigation; all other required oversight approvals; applicable provisions of federal, state and local laws and executive orders requiring affirmative action and equal employment opportunity; and Section 6-108.1 of the New York City Administrative Code relating to the Local Based Enterprises program and its implementation rules.
- E. Proposer Appeal Rights.** Pursuant to New York City's Procurement Policy Board Rules, proposers have the right to appeal Agency non-responsiveness determinations and Agency non-responsibility determinations and to protest an Agency's determination regarding the solicitation or award of a contract.
- F. Multi-Year Contracts.** Multi-year contracts are subject to modification or cancellation if adequate funds are not appropriated to the Agency to support continuation of performance in any City fiscal year succeeding the first fiscal year and/or if the contractor's performance is not satisfactory. The Agency will notify the contractor as soon as is practicable that the funds are, or are not, available for the continuation of the multi-year contract for each succeeding City fiscal year. In the event of cancellation, the contractor will be reimbursed for those costs, if any, which are so provided for in the contract.
- G. Prompt Payment Policy.** Pursuant to the New York City's Procurement Policy Board Rules, it is the policy of the City to process contract payments efficiently and expeditiously.
- H. Prices Irrevocable.** Prices proposed by the proposer shall be irrevocable until contract award, unless the proposal is withdrawn. Proposals may only be withdrawn by submitting a written request to the Agency prior to contract award but after the expiration of 90 days after the opening of proposals. This shall not limit the discretion of the Agency to request proposers to revise proposed prices through the submission of best and final offers and/or the conduct of negotiations.
- I. Confidential, Proprietary Information or Trade Secrets.** Proposers should give specific attention to the identification of those portions of their proposals that they deem to be confidential, proprietary information or trade secrets and provide any justification of why such materials, upon request, should not be disclosed by the City. Such information must be easily separable from the non-confidential sections of the proposal. All information not so identified may be disclosed by the City.
- J. RFP Postponement/Cancellation.** The Department reserves the right to postpone or cancel this RFP, in whole or in part, and to reject all proposals.
- K. Proposer Costs.** Proposers will not be reimbursed for any costs incurred to prepare proposals.
- L. Charter Section 312(a) Certification.**

The Department has determined that the contract(s) to be awarded through this Request for Proposals will not directly result in the displacement of any New York City employee.

\_\_\_\_\_  
Agency Chief Contracting Officer

\_\_\_\_\_  
Date

**ATTACHMENT A**

**PROPOSAL COVER LETTER**

**INTENSIVE CRISIS STABILIZATION AND TREATMENT PROGRAM**

**PIN 07AO 008**

**Proposer:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Tax Identification #** \_\_\_\_\_

**Proposer's Contact Person:**

**Name:** \_\_\_\_\_

\_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Compliance with Minimum Qualification Requirement**

The proposer certifies that a copy of documentation demonstrating that the organization is incorporated as a not-for-profit is attached to this Attachment A.  Yes  No

**Proposer's Authorized Representative:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ATTACHMENT B**  
**NEW YORK CITY DEPARTMENT OF HEALTH**  
**AND MENTAL HYGIENE**  
**Budget Proposal Forms**

COMPLETE ALL LINES BELOW – USE “N/A” AS APPROPRIATE

<b>PROPOSER</b>	<b>PROGRAM</b>	<b>PIN #</b>

	<b>EXPENSE ITEM</b>	<b>START-UP</b> (one-time only)			<b>ANNUAL OPERATING</b>		
		# of FTEs	# of Persons	Budget	# of FTEs	# of Persons	Budget
	<b>PERSONAL SERVICE SUMMARY</b>						
1	Professionals						
2	Other Direct Service Staff						
3	Program Administration & Support Staff						
4	<b>Sum Ln(1-3) PS SUBTOTAL</b>						
<b>OTHER THAN PERSONAL SERVICE SUMMARY</b>							
5	Equipment						
6	Supplies & Materials						
7	Travel Expenses						
8	Occupancy						
9	Communication						
10	Fringe Benefits						
11	Other (specify on Schedule D - Explanation Page)						
12	<b>Sum Ln(5-11) OTPS SUBTOTAL</b>						
13	AGENCY ADMIN/OVERHEAD (Attach Methodology)						
14	<b>(Ln 4+Ln 12+Ln 13) TOTAL EXPENSES</b>						
15	<b>APPLICABLE CLIENT INCOME (Sched. C, Ln 6)</b>						
16	<b>BUDGET AGENCY CONTRIBUTION (Optional)</b>						
17	<b>(Ln 14 -[Ln 15+Ln 16] TOTAL CONTRACT AMT.</b>						

<b>THIS SECTION MUST BE COMPLETED FOR ANNUALIZED BUDGET</b>	
A. # Unduplicated Persons Served Annually:	
B. # Persons Served Per Month:	
C. # Units of Service Per Year (see note) ( <b>explain on Schedule D</b> )	
D. Gross Unit Cost (Ln 14/Ln C):	
E. Net Cost per Unit of Service (Ln 17/Ln C):	

Note: Agency Contribution: Other sources of revenue which shall be included in annual, on-going budget. It includes fund raising, grants, endowments, etc. It excludes funds targeted for a specific use by a governmental entity or other benefactor.

Start-Up: Includes all expenses required to make program operational (See Scope of Services).

**ATTACHMENT B  
NEW YORK CITY DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE**

**Schedule A  
Personal Service and OTPS Details**

PROPOSER	PROGRAM	PIN #

	EXPENSE ITEM	START-UP	ANNUAL
<b>1</b>	<b>Professionals (#FTEs for each position)</b>		
	<b>Sub-Total</b>		
<b>2</b>	<b>Other Direct Service Staff (#FTEs for each position)</b>		
	<b>Sub-Total</b>		
<b>3</b>	<b>Program Admin &amp; Support Staff(#FTEs for each position)</b>		
	<b>Sub-Total</b>		
<b>4</b>	<b>Equipment (Specify on Schedule B)</b>		
<b>5</b>	<b>Supplies and Materials</b>		
	Office		
	Program		
	<b>Sub-Total</b>		
<b>6</b>	<b>Travel Expenses</b>		
	Staff		
	Client		
	<b>Sub-Total</b>		
<b>7</b>	<b>Occupancy Expenses</b>		
	Costs (maintenance, cleaning, security, equipment, leases, etc.)		
	<b>Sub-Total</b>		
<b>8</b>	<b>Communication</b>		
	Telephone		
	Other (Explain)		
	<b>Sub-Total</b>		
<b>9</b>	<b>Fringe Benefits – Rate            %</b>		
	FICA		
	Health Insurance		
	Unemployment/Disability		
	Pension		
	Other (Explain)		
	<b>Sub-Total</b>		
<b>10</b>	<b>Other (Specify) [Includes equipment rentals]</b>		
	<b>Sub-Total</b>		

**ATTACHMENT B**

**NEW YORK CITY DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE**

**Schedule B**

**Equipment**

<b>PROPOSER</b>	<b>PROGRAM</b>	<b>PIN #</b>

<b>EQUIPMENT ITEM</b>		<b>START-UP</b>	<b>ANNUAL</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20	<b>Equipment Total:</b>		

**Schedule C  
Income**

<b>APPLICABLE INCOME</b>		<b>START-UP</b>	<b>ANNUAL</b>
1	SSI/SSD		
2	Third Party		
3	Client Fees		
4	Other (specify)		
5	<b>TOTAL INCOME:</b>		

ATTACHMENT B

NEW YORK CITY DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE

Schedule D

Explanation Page

<b>Proposer:</b>	<b>Program:</b>	<b>PIN:</b>

Use this page to explain any item on previous budget pages. Add additional pages if necessary.

Please explain in the table below how you calculated the **levels of service** reported on the Budget Proposal Summary page.

--

ATTACHMENT C

ACKNOWLEDGMENT OF ADDENDA  
PIN 07AO 008

COMPLETE EITHER PART I OR PART II, WHICHEVER IS APPLICABLE, AND COMPLETE AND SIGN PART III.

PART I. LISTED BELOW ARE THE DATES OF ISSUE FOR EACH ADDENDUM RECEIVED IN CONNECTION WITH THIS RFP:

ADDENDUM # 1, DATED \_\_\_\_\_, 20\_\_\_\_

ADDENDUM # 2, DATED \_\_\_\_\_, 20\_\_\_\_

ADDENDUM # 3, DATED \_\_\_\_\_, 20\_\_\_\_

ADDENDUM # 4, DATED \_\_\_\_\_, 20\_\_\_\_

ADDENDUM # 5, DATED \_\_\_\_\_, 20\_\_\_\_

PART II.

\_\_\_\_\_ NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS RFP.

PART III.

ORGANIZATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_

(Authorized Contact Person)

DATE \_\_\_\_\_

# The Bronx

## Neighborhood and Community Districts





# THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg  
Mayor

Thomas R. Frieden, M.D., M.P.H.  
Commissioner

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nyc.gov/health

## INTENSIVE CRISIS STABILIZATION AND TREATMENT (ICST)

PIN 07AO 008

### ADDENDUM # 1

To: Potential Proposers

From: Patricia A. Thomas  
Agency Chief Contracting Officer

Date: February 9, 2006

**THE RFP IS AMENDED TO EXTEND THE DUE DATE FOR THE SUBMISSION OF PROPOSALS TO FEBRUARY 24, 2006. THE TIME AND PLACE REMAIN THE SAME.**

The remainder of this addendum reflects information provided at the Pre-Proposal conference held on January 18, 2006 and responses to issues raised at that meeting.

**PLEASE READ THIS ADDENDUM CAREFULLY AS THERE HAVE BEEN SEVERAL CHANGES TO THE RFP.**

**SECTION II-SUMMARY OF THE REQUEST FOR PROPOSALS, F: Minimum Qualification Requirement is deleted and replaced with the following language, note that an additional minimum requirement has been added.**

#### **F. Minimum Qualification Requirements**

The following are the Minimum Qualification Requirements of this RFP. Proposals that fail to meet these requirements will be rejected.

- Pursuant to section 41.03(3) and 41.03(12) of the New York State Mental Hygiene Law, the proposer shall be a not-for-profit corporation.
- **Proposer must be licensed as a clinic provider under sections 587 and 588 of the New York State Codes, Rules and Regulations.**

**Explanation for the change:** The Department has determined that there is a need to expeditiously begin the ICST services to children. Therefore, the time required to process and approve a proposer's application for a full clinic license would delay the provision of these services.

**SECTION III-SCOPE OF SERVICES, B: Contractor and Staff Qualifications 4<sup>th</sup> bullet.** The words "...become a certified clinic provider or would..." are deleted. The bullet now reads as follows:

- Submit a Prior Approval Review (PAR) to the State Office of Mental Health to request an expansion of an existing program within thirty days of notification of contract award. Third Party billing is allowed.

**SECTION IV- FORMAT AND CONTENT OF THE PROPOSAL, A. 2a Experience, 1<sup>ST</sup> paragraph.** The words "each sub-contractor, if any" are deleted. The paragraph now reads as follows:

- Describe the successful relevant experience of the proposer and the proposed key staff in providing the program described in Section III - Scope of Services of this RFP.

**2a Experience 1<sup>st</sup> bullet .** The words "...highlighting experience working with children and/or adolescents who are in acute crisis and are at imminent risk for hospitalization." are deleted. The bullet now reads as follows:

- Describe the proposer's successful experience providing mental health services to children and/or adolescents and their families.

Under the words, **In addition,** 1<sup>st</sup> bullet. The words relating to the "sub-contractor " in this bullet are deleted. The bullet now reads as follows:

- Attach a listing of at least two relevant references, including the name of the reference entity, a brief statement describing the relationship between the proposer and the reference entity, and the name, title and telephone number of a contact person at the reference entity, for the proposer.

**SECTION IV 3.a. Price Proposal 3<sup>rd</sup> bullet , 1<sup>st</sup> sentence, The words “less 26% of Medicaid revenue.” have been added The bullet now reads as follows:**

**Proposed annual operating expenses for a typical full year, which shall not exceed the maximum available annual funding level of \$400,000 less 26% of Medicaid revenue. Actual first year operating expenses will be pro-rated based on final contact negotiations and proposed phase-in schedules.**

**An additional bullet has been added to this section as follows:**

Proposers will be required to estimate their potential Medicaid billings and reduce the available funding by 26% of these billings. The net will be the annual DOHMH contract budget amount. See example below under A, 5.

**SECTION IV 4 B, 1 Proposal Package Contents (“Checklist”), 4<sup>th</sup> bullet, References for the Proposer. The words “and, if applicable, each Sub-Contractor” are deleted.**

**IN ADDITION:**

**A) Issue: Several questions were raised relating to COPS eligibility, billing, reimbursement, rate setting and rate maximization.**

**Clarification:**

- 1) This will not be a COPS designated program, therefore no additional COPS funding will be available.
- 2) The program will be required to bill Medicaid at their Medicaid rate
- 3) The rate may be adjusted to reflect the increased volume of Medicaid service.
- 4) Since this a Medicaid billable program, the maximum available reinvestment funding of \$400,000 will be reduced accordingly, by 26% (state share of Medicaid) of the Medicaid revenue generated.
- 5) The example below depicts how the 26% reduction would look in a potential proposed budget:

Anticipated Medicaid billing	=	\$100,000
DOHMH withholds 26%	=	\$26,000
Net DOHMH annual contract	=	\$374,000
Gross budget	=	\$474,000

**B) Issue: There were several questions regarding whether or not case management services are billable and, if so, at what rate and if there is an educational/professional requirement (i.e. bachelors level or higher) for case managers.**

- Answers:**
- 1) Case management services are billable if included on the contactor's operating certificate.
  - 2) The Prior Approval Review (PAR) will need to include the information on the provision of case management services.
  - 3) The provision of case management and requirements must be consistent with the service definition found in 14NYCRR 587.4(c)(3).
  - 4) The rate will be the allowable level set by Medicaid.