

# REQUEST FOR PROPOSALS

Issued by  
Public Health Solutions

On behalf of  
New York City Department of Health and Mental Hygiene  
Bureau of Alcohol and Drug Use Prevention, Care and Treatment

**Expanding Access to Buprenorphine Treatment in Primary Care**  
[Solicitation #: 2017.09.MAC.04.01]

Re-Issue Date: September 7, 2017

Proposals Due: October 12, 2017

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For a copy of this Request for Proposals, please go to: <https://www.healthsolutions.org/get-funding/>

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## Basic Information

<b>RFP Re-Release Date</b>	September 7, 2017
<b>Proposal Due Date</b>	October 12, 2017, 2:00pm EDT <i>NOTE: Please see Section 4, Proposal Submission Instructions on page 17 of this RFP. To ensure that you have a working portal login, and to familiarize yourself with the Public Health Solutions' CAMS Contracting Portal Proposal Upload area, you should create and test the portal login at least one week before the proposal due date.</i>
<b>Anticipated Contract Term</b>	Contracts will be awarded for 36-month term with the following budget periods: <ul style="list-style-type: none"> <li>• January 1, 2018 - December 31, 2018</li> <li>• January 1, 2019 - December 31, 2019</li> <li>• January 1, 2020 - December 31, 2020</li> </ul> Contracts may include options to renew, which may be exercised at the discretion of NYC DOHMH.
<b>RFP Contact</b>	Mayna Gipson, Public Health Solutions Email: <a href="mailto:superfp@healthsolutions.org">superfp@healthsolutions.org</a>
<b>Anticipated Funding and Payment Structure</b>	<ul style="list-style-type: none"> <li>• The total anticipated funding amount is \$1,050,000 annually, contingent upon the availability of funds. It is anticipated that seven (7) contracts will be awarded to primary care practices at \$150,000 each. However, NYC DOHMH and Public Health Solutions reserve the right to make additional awards and/or change the value of awards should different funding be available.</li> <li>• All payments will consist of milestone payments tied to the achievement of deliverables.</li> <li>• NYC DOHMH anticipates that the awarded applicants will generate revenue through third-party insurance (including Medicaid) payments to support the Nurse Care Manager position after the end of the contract.</li> </ul>
<b>Applicant Eligibility</b>	<ul style="list-style-type: none"> <li>• Primary care practices: <ul style="list-style-type: none"> <li>○ Federally Qualified Health Center (FQHC)</li> <li>○ FQHC Look-Alike</li> <li>○ Other non-profit Safety Net Providers (<i>at least 35% of the patient volume should be Medicaid eligible or uninsured</i>)</li> </ul> </li> <li>• All applicants must have at least four (4) primary care prescribers (MD, NP, or PA) who are currently not prescribing buprenorphine and will become waived to prescribe during the first six months of the contract.</li> <li>• All applicants must have the ability to bill Medicaid and/or commercial insurance for services.</li> </ul>
<b>Required Documents</b>	<ul style="list-style-type: none"> <li>• Proposal Checklist</li> <li>• Organization Information Cover Page</li> <li>• Proposal Narrative</li> </ul>

	<ul style="list-style-type: none"> <li>• Initiative Implementation Timeline</li> <li>• Organizational Chart</li> <li>• Resumes and/or Description of Qualifications for Key Staff Positions</li> <li>• Proposal Appendix (service sites)</li> <li>• Proposed Budget with Justification</li> <li>• Sustainability Plan</li> <li>• Letter of Support from Site Administration (<i>e.g., from the administrative or medical director of the site</i>)</li> <li>• FQHCs: Health Resources and Services Administration (HRSA) Notice of Grant Award</li> <li>• FQHC Look-Alikes: HRSA Look-Alike Designation Notice (<i>initial or renewal</i>)</li> <li>• Non-Profit Safety Net Provider: New York State License and Letter from the applicant’s Chief Financial Officer stating the Medicaid and/or uninsured patient volume</li> <li>• IRS Section 501(c)(3) Determination Letter, <i>if applicable</i></li> <li>• New York State Certificate of Incorporation</li> <li>• Current Board of Directors List</li> <li>• Board of Directors’ Statement</li> <li>• Government Contracting Experience/References</li> <li>• Copy of most recent Audited Financial Statement; if total expenditures associated with federal funding exceed \$750,000 a year, a Single Audit Report is required</li> </ul>
<p><b>Pre-Proposal Conference and Webinar (<i>Attendance is not required to apply</i>)</b></p>	<ul style="list-style-type: none"> <li>• There will be a Pre-Proposal Conference and Webinar (for those unable to attend in person) held for this RFP. Attendance at the Pre-Proposal Conference and Webinar is not mandatory; however, those organizations interested in submitting a proposal are strongly urged to attend.</li> <li>• The <b>Pre-Proposal Conference and Webinar</b> will be held on <b>September 25, 2017</b>, from <b>10:00am – 12:00pm EDT</b>. Please RSVP if you plan to attend in person via the RFP email address, <a href="mailto:buperfp@healthsolutions.org">buperfp@healthsolutions.org</a> . RSVP is not required, but it is encouraged.</li> <li>• <b>The Pre-Proposal Conference location is:</b>  <i>Public Health Solutions  40 Worth Street, 5th Floor, Conference Room 5.2  New York, NY 10013  Photo I.D. is required to enter the building  Subway Directions: #1 to Franklin Street; #2, 3, A, C, J or Z to Chambers Street; #4, 5 or 6 to Brooklyn Bridge/City Hall; E, N or Q to Canal Street; R or W to City Hall</i></li> <li>• <b>The Pre-Proposal Webinar link to register is:</b>  <a href="https://cc.readytalk.com/r/he33ensb9ssf&amp;eom">https://cc.readytalk.com/r/he33ensb9ssf&amp;eom</a>  <i>After you register at the webinar link, you will receive instructions via email on how to join the Pre-Proposal Webinar.</i></li> </ul>

<p><b>Questions Regarding this RFP / Deadline for Written Inquiries</b></p>	<ul style="list-style-type: none"> <li>• Questions regarding this RFP must be submitted by email to <a href="mailto:buperfp@healthsolutions.org">buperfp@healthsolutions.org</a> no later than <b>5:00pm</b> on <b>September 25, 2017</b>.</li> <li>• Responses to questions from the Pre-Proposal Conference and Webinar, as well as questions submitted via email, may be addressed in a supplement to the RFP. The Supplement will also include the pre-proposal conference and webinar presentation slides, and both will be posted on Public Health Solutions' website, <a href="https://www.healthsolutions.org/get-funding/">https://www.healthsolutions.org/get-funding/</a>, (click on 'Check Out Current RFPs'). An email notification will be sent to all individuals that have registered on Public Health Solutions' RFP website and downloaded the RFP, submitted questions via the RFP email and/or attended the Pre-Proposal Conference and Webinar.</li> <li>• Please note that not all written inquiries will receive written responses. NYC DOHMH and Public Health Solutions also reserve the right not to respond to questions received after <b>September 25, 2017</b>.</li> </ul>
<p><b>Notice of Intent to Respond</b></p>	<p>The Notice of Intent to Respond form is not mandatory; however, proposers interested in responding to this RFP are strongly urged to submit the form by the due date below so that Public Health Solutions may be better able to plan for the proposal evaluation process. Any information related to this RFP will be emailed to the individual(s) designated as the Proposal Contact Person. The form should be submitted by email to <a href="mailto:buperfp@healthsolutions.org">buperfp@healthsolutions.org</a> no later than <b>October 5, 2017</b>.</p>
<p><b>Other Requirements</b></p>	<p>Awarded applicants will be required to have a valid Vendor Number in the New York City Financial Management System (FMS). Awarded applicants that do not have an FMS Vendor Number may obtain one by completing the Payee Information Portal (PIP) Activation process.</p>

## Section 1 – Initiative Background and Purpose

The mission of the New York City Department of Health and Mental Hygiene (NYC DOHMH) is to protect and promote the health of all New York City residents. In accordance with this mission, NYC DOHMH is seeking to expand access to buprenorphine treatment in general practice settings and substance use disorder treatment programs.

### Background

Opioid misuse, including opioid use disorder (OUD) and overdose from heroin and opioid analgesics (including fentanyl), is a public health crisis in New York City. The rate of unintentional drug overdose death in NYC increased 143% from 2010 to 2016; in 2016 82% of overdose deaths involved an opioid.<sup>1</sup>

Although OUD has serious consequences, many New Yorkers do not receive effective treatment. Medication-assisted treatment such as buprenorphine or methadone is effective and achieves better long-term health and social outcomes than treatment without these medications. Specifically, these medications reduce mortality and drug use, and promote a return to social functioning, such as improved quality of life, employment, and personal relationships.

Buprenorphine is a partial opioid agonist, attaching to the same receptors in the brain as other opioids (e.g., opioid analgesics, heroin, methadone) blocking their effects and preventing withdrawal symptoms. Buprenorphine is long-acting and blocks the effects of any opioids taken after its administration.

Notably, buprenorphine is an effective overdose intervention that can be prescribed in the general practice setting after providers obtain a waiver, unlike methadone which can only be prescribed in specialized treatment settings.

Buprenorphine, however, remains inadequately available in Safety Net settings, leaving many individuals with OUD without the treatment they need. Several barriers hinder expansion of buprenorphine access in general practice settings, including limited provider time to manage and coordinate care for patients with OUD; unfamiliarity with using buprenorphine and managing OUD; and insufficient nursing, office, and institutional support.

In order to address these barriers, NYC DOHMH is seeking appropriately qualified applicants to expand access to buprenorphine treatment in primary care settings using the Nurse Care Manager (NCM) model of care. Applicants must be Federally Qualified Health Centers (FQHCs), FQHC look-alikes, or other Safety Net Providers (where at least 35% of patient volume is Medicaid or uninsured).

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<sup>1</sup> Paone D, Nolan ML, Tuazon E, Blachman-Forshay J. Unintentional drug poisoning (overdose) deaths in New York City, 2000-2016. Epi Data Brief (89); June 2017.

## Objectives

The objectives of this RFP are to increase buprenorphine treatment for OUD by:

- Increasing the number of primary care providers (physicians, nurse practitioners, and physician assistants) who are trained and waived to prescribe buprenorphine.
- Increasing the number of patients receiving buprenorphine for treatment of OUD, in primary care settings where there is an unmet need for buprenorphine prescribing capacity and/or high morbidity and mortality from opioid use.
- Demonstrating the effectiveness of using a Nurse Care Manager in primary care settings to coordinate the care of patients receiving buprenorphine for treatment of OUD.

Funding pursuant to this RFP may not be used to purchase buprenorphine.

Through its Master Administrator, Public Health Solutions, NYC DOHMH seeks proposals from primary care providers to expand access to buprenorphine treatment and promote high quality care using the Nurse Care Manager (NCM) model, adapted from a similar successful initiative in Massachusetts.<sup>2,3</sup> In this model, a dedicated RN-level Nurse Care Manager (NCM) works with primary care providers (physicians, nurse practitioners, physician assistants) to provide team-based care, and manage the care and coordination of patients being treated for OUD. Together, the team will screen and assess patients; perform patient management, medication management, motivational counseling, follow-up care, and monitoring; and refer for more intensive treatment as necessary. The model also includes access to local physician mentors who are experienced in buprenorphine prescribing to provide additional support and case review as needed.

Applicants must be FQHCs, FQHC look-alikes, or other Safety Net Providers (where at least 35% of the patient volume is Medicaid or uninsured). Applicants must have at least four (4) primary care prescribers (MD, NP, or PA) who are currently not prescribing buprenorphine and will become waived to prescribe during the first six months of the contract. Applicants must be able to demonstrate an unmet need for buprenorphine prescribing capacity and/or substantiate high morbidity and mortality from opioid use in the geographic service area(s) where services would be provided.

It is anticipated that seven (7) contracts will be awarded. However, NYC DOHMH and Public Health Solutions reserve the right to make additional awards and/or change the value of awards should different funding become available.

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<sup>2</sup> Alford, D. P., LaBelle, C. T., Kretsch, N., Bergeron, A., Winter, M., Botticelli, M., & Samet, J. H. (2011). Five year experience with collaborative care of opioid addicted patients using Buprenorphine in primary care. *Archives of internal medicine*, 171(5), 425.

<sup>3</sup> LaBelle, C., Han, S.C., Bergeron, A. & Samet, J.H., Office-Based Opioid Treatment with Buprenorphine (OBOT-B): Statewide Implementation of the Massachusetts Collaborative Care Model in Community Health Centers, *Journal of Substance Abuse Treatment* (2015)

## Section 2 – Initiative Requirements

### I. Applicant Experience

- A. Applicants must be able to demonstrate the unmet need for buprenorphine prescribing capacity and/or substantiate high morbidity and mortality from opioid use in the geographic service area(s) where services would be provided. **Clearly indicate the location of your service site/physical presence and where you propose to deliver services.**
  - 1. Applicants should utilize the available qualitative and quantitative New York City and borough level data as well as their own data to demonstrate the unmet need in the geographic service area(s).
- B. Applicants must have at least three (3) years of successful experience managing and delivering primary care.
- C. Applicants must have demonstrated experience in the following:
  - 1. Offering operating hours that maximize accessibility to the patient population, including evenings and weekends.
  - 2. Collaborating effectively with governmental agencies.
  - 3. Serving underserved patients and geographic areas.
  - 4. Either co-location or established relationships with mental health treatment programs and/or substance use disorder treatment programs.
  - 5. Implementing successful innovative initiatives.
  - 6. Implementing a quality improvement initiative that improved outcomes for a particular disease or condition.
  - 7. Developing the capacity of clinicians and staff to screen and identify patients with behavioral health needs (e.g., SBIRT).
  - 8. Recruiting and retaining experienced clinicians.
  - 9. Reporting on data and/or outcomes.

### II. Initiative Services

- A. Applicants must identify a Buprenorphine Physician Champion to:
  - 1. Guide all aspects of integration of buprenorphine treatment at initiative sites, including working closely with Nurse Care Manager (NCM) and site leadership.
  - 2. Oversee all reporting and quality improvement efforts.
  - 3. Regularly interact with NYC DOHMH.
- B. Applicants must adopt the NCM model to expand access to buprenorphine in a primary care setting. The applicant will designate a NCM to work with primary care providers to deliver team-based care, and manage the care and coordination of patients being treated for opioid use disorders.

The NCM will:

  - 1. Support delivery of buprenorphine treatment, including engagement, assessment, intake, induction, stabilization, maintenance, and relapse prevention and care.
  - 2. Manage patients under the guidance of the waived prescriber with close clinical follow-up



- and ongoing communication with the waived prescriber by telephone, EMR, and team meetings.
3. Coordinate ongoing follow-up care, close telephone monitoring, relapse prevention and care, and support for patient self-management.
  4. Ensure the initiative follows state and federal guidelines, and collaborate as needed with other care staff, including prescriber, social worker/counselors, psychiatrists, pharmacy, and specialty care providers.
  5. Coordinate issues including obtaining medication history, prescription processing and refills, prior authorizations, insurance, concerns of diversion, safety, and behavioral health referrals.
  6. Champion buprenorphine prescribing with the care team and the rest of the organization.
  7. Participate in an 8-hour Nurse Care Manager training, regular booster trainings, and learning communities provided by NYC DOHMH.
  8. Collaborate with NYC DOHMH, including participating in NYC DOHMH-led evaluation.
- C. Applicants must use the NCM model and team-based care approach to:
1. Screen and assess patients;
  2. Perform patient management, medication management, follow-up care, and monitoring;
  3. Provide motivational counseling; and
  4. Refer patients for more intensive substance use disorder treatment or other services as necessary, such as harm reduction services, counseling or psychiatric services.
- D. Applicants' care teams must consult with local physician mentors (to be made available and coordinated by NYC DOHMH) who are experienced in buprenorphine prescribing to provide additional support and case review as needed.
- E. Applicants must offer operating hours that maximize accessibility to the patient population, including evenings and weekends as necessary.
- F. Applicants must participate in a Learning Community with other organizations funded under this initiative to share successful strategies, identify and promote best practices, and address barriers. The Learning Community will be coordinated by NYC DOHMH and will include regular webinars/conference calls and in-person meetings.
- G. Applicants must develop and implement an Initiative Implementation Timeline, which must include your proposed staffing plan, in order to meet or exceed the following major initiative implementation milestones according to these timeframes:
1. By the end of the first 12 months of the contract term (January 1, 2018 - December 31, 2018):
    - a. A minimum of four (4) trained and certified buprenorphine prescribers (physicians, nurse practitioners, or physician assistants) at each funded site, who were not actively prescribing prior to this contract (by 6-month mark in Year One); and
    - b. Initiation of buprenorphine treatment with the Nurse Care Manager model (at least 1 patient through induction).
  2. By the end of the second 12-month period (January 1, 2019 - December 31, 2019):
    - a. A minimum of 50 new patients being maintained on buprenorphine or aftercare.
    - b. All four (4) buprenorphine prescribers must have applied to SAMHSA and received authorization to increase patient limit to 100.

3. By the end of third 12-month period (January 1, 2020 - December 31, 2020):
  - a. A minimum of 100 patients being maintained on buprenorphine or aftercare (inclusive of Year Two patients who are still in treatment).
  - b. A minimum of four (4) additional new buprenorphine prescribers at each funded agency (by 6-month mark in Year Three)

*Note: In the first year of prescribing, individual providers are limited to treating no more than 30 patients at one time. In the second year, prescribers can (and are expected to) apply for a waiver to increase the limit to 100 patients at one time. For additional information about prescribing waivers and patient limits, see <https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management/increase-patient-limits>*

*In practices without a sufficient number of patients who are candidates for buprenorphine treatment, NYC DOHMH may be able to provide some assistance with patient recruitment.*

- H. Applicants must participate in NYC DOHMH-led initiative evaluation and potentially accept referrals for people who were recently incarcerated.

### III. Staffing Plan and Qualifications

- A. Applicants must develop and implement a staffing plan to ensure that qualified staff will provide the required clinical services, administrative functions, and data management and reporting functions.
- B. Applicants must employ the following clinical staff with credentials and capacities as follows:
  1. A minimum of **four prescribers** who hold the following credentials:
    - a. Actively licensed in New York State as a physician, physician assistant, or nurse practitioner.
    - b. Have or will obtain waiver of authority to prescribe any medication that is a schedule III, IV, or V and FDA approved for the treatment of opioid use disorder for the purpose of detoxification or maintenance treatment of patients with opioid use disorder. To be eligible for a waiver, prescribers must have a current State license (as described above in Section 2.III.B.1.a.), a valid DEA registration number, and one or more of the following:
      - i. Completion of an approved training course on the management of patients with opioid dependence (8 hours for physicians, 24 hours for nurse practitioners and physician assistants); **–OR–**
      - ii. Board subspecialty certification for addiction psychiatry (*American Board of Medical Specialties*), addiction certification (*American Society of Addiction Medicine*), or subspecialty board certification in addiction medicine (*American Osteopathic Association*) [physicians only]; **–OR–**
      - iii. Participation as an investigator in one or more trials that led to the FDA approval of buprenorphine or another Schedule III-V narcotic medication used for the maintenance or detoxification treatment of opioid addiction [physicians only].

*Note: For additional information about prescribing waivers and patient limits, see <https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management/increase-patient-limits>*

- c. Prescribers must be new to prescribing buprenorphine, meaning not having a buprenorphine prescribing waiver prior to this initiative, or having a waiver and never or rarely prescribed.
2. **One Buprenorphine Physician Champion:**
    - a. Champion must have or obtain a buprenorphine prescribing waiver. The Champion should be one of the four prescribers for this initiative, if the Champion is new to prescribing buprenorphine.
    - b. Champion should be a physician. A nurse practitioner may be considered from applicants whose primary care services are primarily delivered by nurse practitioners.
    - c. Up to 10% of funding award can support Champion’s administrative time related to this initiative.
  3. Funding award will support hiring **one FTE Nurse Care Manager (NCM):**
    - a. NCM must hold the following credentials:
      - i. Active New York State Registered Nurse license.
      - ii. At least two (2) years of experience working with populations with high poverty, chronic illness, and/or behavioral health issues.
    - b. NCM must be exclusively dedicated to this initiative.
- C. Applicants must ensure that staff complete the following training and development:
1. NCM:
    - a. An initial NYC DOHMH eight-hour Nurse Care Management training.
    - b. Four (4) NYC DOHMH “booster trainings” per year (quarterly) on topics relevant to this buprenorphine expansion initiative (e.g., Hepatitis C treatment and management, urine toxicology screening, relapse prevention, motivational interviewing, harm reduction, compassion fatigue).
    - c. Four (4) NYC DOHMH Buprenorphine in Primary Care Learning Communities per year (quarterly) on essential topics for buprenorphine treatment (e.g., assessing patients for buprenorphine treatment, polysubstance use, mental illness and buprenorphine treatment)
  2. Prescribers:
    - a. Within the first six months of the contract and prior to service delivery, completion of an approved training course on the management of patients with opioid dependence (8 hours for physicians, 24 hours for nurse practitioners and physician assistants), and receipt of waiver to prescribe buprenorphine.
    - b. Four (4) NYC DOHMH Buprenorphine in Primary Care Learning Communities per year (quarterly) on essential topics for buprenorphine treatment (e.g., assessing patients for buprenorphine treatment, polysubstance use, mental illness and buprenorphine treatment) [2 of the 4 prescribers must attend].

#### **IV. Initiative Monitoring, Data Management and Reporting**

- A. Applicants must participate in NYC DOHMH IRB-approved program evaluation (led by NYC DOHMH), including submitting de-identified patient rosters, conducting baseline surveys of patients at intake, and asking for patient consent to be contacted for program evaluation purposes. If applicant’s internal IRB must review and approve evaluation plan, applicant must

prepare and submit required documentation to IRB within the first three months of contract. DOHMH will provide supporting materials for applicant's internal IRB.

- B. Applicants must have systems and personnel in place to collect, analyze, and report out client-level clinical and initiative data, interpret reports, and perform initiative evaluations and quality assurance.
- C. In the first six months of each contract year, applicants are expected to conduct a Site Needs Assessment to identify internal barriers to initiative implementation.
- D. Applicants must develop and implement a plan to track retention in care at 6 and 12 months.
- E. For initiative monitoring and quality improvement, applicants must submit monthly reports to Public Health Solutions that include:
  - 1. Number of prescribers trained, waived, and prescribing buprenorphine
  - 2. Number of patients receiving buprenorphine
  - 3. De-identified patient demographic data
  - 4. De-identified patient roster, including phase of treatment and status in initiative
  - 5. Progress in attaining initiative goals and objectives
- F. Applicants must perform the required services in compliance with all established principles and ethics of the medical professions, and all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA). Applicants must comply with all confidentiality and privacy regulations as directed by NYC DOHMH.

## **V. Budget Management**

- A. The anticipated annual funding is \$150,000 per year for each contract. NYC DOHMH and Public Health Solutions reserve the right to change the value of awards should different funding be available.
- B. The payment structure of the contracts awarded through this RFP will be based on milestone deliverables. Deliverables and their corresponding monetary value will be established by NYC DOHMH and Public Health Solutions. The schedule of deliverables will be reviewed and finalized with the awarded applicants during the contracting process.
- C. Applicants must have the ability to bill Medicaid and/or commercial insurance for applicable services.
- D. Awarded funding will support the NCM position and Buprenorphine Physician Champion administrative time.
- E. NYC DOHMH anticipates that awarded applicants will generate revenue through third-party insurance (including Medicaid) billing. Awarded applicants are expected to be able to support the NCM position beyond the term of the contract to sustain the buprenorphine expansion efforts.
- F. Funding provided through this RFP may not be used to purchase buprenorphine.

- G. NYC DOHMH will provide access to trainings, technical assistance, and local physician mentors at no cost to the awarded applicants.

## Section 3 – Proposal Evaluation Criteria

### Proposal Narrative Instructions

- Your Proposal Narrative must address all of the following section components (or “questions”) in the order listed below. Label the beginning of each section as indicated (e.g., “A. Experience”, etc.) and include each question number; it is not necessary to repeat the question text.
- *The suggested length of the Proposal Narrative is a maximum of 15 pages, exclusive of attachments.*
- General instructions and additional requirements for the submission of a proposal can be found in Section 4 – Proposal Submission Instructions.

### Evaluation Criteria (Proposal Narrative)

#### A. Experience (20 points)

1. Describe the unmet need for buprenorphine treatment you will meet, using NYC and neighborhood-level data where possible. Describe the size of your clinic/facility/practice, including number of clinicians, staff, and patients. Clearly indicate the name and physical location where you are proposing to deliver services. Clearly identify the borough/neighborhood (geographic service area) that would be served under your application.
2. Describe your experience managing and delivering primary care. Indicate and demonstrate the number of years of such experience.
3. Describe your experience in all of the following areas:
  - Offering operating hours that maximize accessibility to the patient population, including evenings and weekends.
  - Collaborating effectively with governmental agencies.
  - Serving underserved patients and geographic areas.
  - Either co-location or established relationships with mental health treatment programs and/or substance use disorder treatment programs.
  - Implementing successful innovative initiatives.
  - Implementing a quality improvement initiative that improved outcomes for a particular disease or condition.
  - Developing the capacity of clinicians and staff to screen and identify patients with behavioral health needs (e.g., SBIRT).
  - Recruiting and retaining experienced clinicians.
  - Reporting on data and/or outcomes.

#### B. Initiative Services (60 points)

1. Describe your plan to integrate the NCM model and team-based care approach to expanding access to buprenorphine into current practice.
2. Identify the Buprenorphine Physician Champion, and describe why this specific person has been identified.
3. Identify or describe your plan to identify at least four (4) new buprenorphine prescribers.

4. Describe your plan to screen and assess patients; perform patient management, medication management, follow up care, and monitoring; provide motivational counseling; and refer patients for more intensive treatment as necessary.
5. Describe your plan for meeting or exceeding the milestones according to the timeframes set out below (Section 3.B.8).
6. Describe your approach to working with local physician mentors and participating in the Learning Community.
7. Describe buprenorphine patient recruitment strategies.
8. Include an Initiative Implementation Timeline. Your proposed Timeline must address the following major initiative milestones at a minimum (described above in Section 2.II.G.).
  - a. Staff hired or identified (if already on-board) and trained (NCM, Champion, and prescribers)
  - b. By the end of the first 12 months of the contract term (January 1, 2018 - December 31, 2018):
    1. A minimum of four (4) trained and certified buprenorphine prescribers at each funded site, who were not actively prescribing prior to this contract (by 6-month mark in year 1); and
    2. Initiation of buprenorphine treatment with the Nurse Care Manager model.
  - c. By the end of the second 12-month period (January 1, 2019 - December 31, 2019):
    1. A minimum of 50 new patients being maintained on buprenorphine or aftercare.
    2. All four (4) buprenorphine prescribers must have applied to SAMHSA and received authorization to increase patient limit to 100.
  - d. By the end of third 12-month period (January 1, 2020 - December 31, 2020):
    1. A minimum of 100 patients being maintained on buprenorphine or aftercare (inclusive of Year Two patients who are still in treatment).
    2. A minimum of four (4) additional new buprenorphine prescribers at each funded agency (by 6-month mark in Year Three).

**C. Staffing Plan and Qualifications (10 points)**

1. Describe your approach to planning and managing staffing based on the expectations outlined above in Section 2.III., including employing staff with the necessary credentials, having the capability to refer patients to mental health services, ensuring the completion of staff training, and offering operating hours that maximize accessibility to the patient population. Attach the following:
  - Resumes and/or description(s) of qualifications for all key staff (NCM, Champion, and prescribers).
  - Organization Chart showing where the proposed services fit into your organization.
  - Explanation in narrative of how the proposed services fit into your organization.

**D. Initiative Monitoring, Data Management and Reporting (5 points)**

1. Describe your approach to participating in DOHMH-led evaluation, and submitting evaluation plans to your internal IRB, as needed.

2. Describe your approach to collecting, analyzing and reporting out clinical and initiative data, interpreting reports, and performing quality improvement and initiative evaluations.
3. Describe your approach to ensuring the submission of timely and complete monthly reports as indicated above in Section 2.IV.
4. Describe your approach to conducting the Site Needs Assessment.
5. Describe your plan to track retention in care at six and twelve months.
6. Describe how you will ensure that existing staff have the skills and experience to conduct data management and reporting, as described above in Section 2.IV.

**E. Budget Management (5 points)**

1. Applicants must complete and attach a Proposed Budget (using the template provided).
2. Your budget request should be the estimated cost of providing the proposed services for a full 12-month period -- for a full year of operation at capacity – *that is exclusive of any start-up period during which staff would be hired, services would be ramping up, etc.*
3. Include a narrative description for each line item (justification for each budgeted line item) based on the project expectations outlined throughout this RFP and consistent with your proposed approach.
  - Show the allocation of the proposed funding for this initiative, including the NCM and Champion salary as well as other expenses that will be supported by general operating funds, in-kind, or other grants as applicable.
4. *As a separate attachment, include your plan to ensure sustainability (Sustainability Plan) of this initiative following the end of the contract term.*



## Section 4 – Proposal Submission Instructions

The deadline for submitting a proposal is **October 12, 2017, 2:00pm EDT**. A complete proposal consists of all requested documents identified on the Proposal Checklist.

### Upload Proposal to CAMS Contracting Portal

One electronic copy of the Required Components of the Complete Proposal and one set of all the Required Administrative Documents identified on the Proposal Checklist must be uploaded to the CAMS Contracting Portal on Public Health Solutions' website at <https://mer.healthsolutions.org> by the proposal submission deadline. *You do **NOT** need to submit a hard-copy or submit via email. Use of the Contracting Portal is **REQUIRED**. Proposals sent by hard copy or email will **NOT** be considered as submitted.*

The current CAMS Contracting Portal <https://mer.healthsolutions.org> has been used by contractors for reporting expenditure (eMER) and/or narrative (ePNR) data. The same Contracting Portal will be used for uploading proposals for this RFP. In order to use the Contracting Portal to upload a proposal, you must have a current login.

- If you have been named on a Contractor Contact Verification Form (CCVF) as an official contact for an existing contract with Public Health Solutions CAMS, then you already have a login on the CAMS Contracting Portal. If you do not know what your login is, please email [RFPlginrequest@healthsolutions.org](mailto:RFPlginrequest@healthsolutions.org)
- If you have *not* been named on a CCVF as an official contact for an existing contract, then a new login will need to be created for you. Please email [RFPlginrequest@healthsolutions.org](mailto:RFPlginrequest@healthsolutions.org) to request a login.

Please be aware that uploading a proposal will involve multiple files representing different required proposal documents. Please allow sufficient time for checking that you have included all necessary digital file attachments. **Please ensure that you have a working login, and familiarize yourself with the CAMS Contracting Portal Proposal Upload area, at least one week before the proposal submission deadline.**

***Note that proposals received after the deadline may be disqualified from funding consideration.***

It is the responsibility of the submitted organization to ensure delivery of the proposal to Public Health Solutions via the CAMS Contracting Portal by the proposal submission deadline. A confirmation of receipt of the required submission (via upload) will be sent by email.

***For all other things (submit questions, notice of intent, etc.), please email the RFP contact at [buperfp@healthsolutions.org](mailto:buperfp@healthsolutions.org)***

### Required Components of the Proposal

1. Proposal Checklist (completed and signed by the CEO/Executive Director/President)
2. Organization Information Cover Page (must be submitted in MS Word)
3. Proposal Narrative
4. Initiative Implementation Timeline
5. Organizational Chart
6. Resumes and/or Description of Qualifications for Key Staff Positions

7. Proposal Appendix (services sites in MS Excel worksheet)
8. Proposed Budget with Justification
9. Sustainability Plan - plan to sustain the buprenorphine expansion effort beyond the term of the contract
10. Proposal Format Form

### **Required Administrative Documents for all Applicants**

One set of the following documents must be submitted as a part of the complete proposal:

1. Letter of Support from Site Administration, e.g. from the Administrative or Medical Director of the site.
2. For Primary Care Practices: FQHC: HRSA Notice of Grant Award
3. FQHC look-alikes: HRSA Look-Alike Designation Notice (initial or renewal)
4. Safety Net Provider: New York State License and Letter from the applicant's Chief Financial Officer stating the Medicaid and/or uninsured patient volume.
5. \*Internal Revenue Service 501(c)(3) Determination Letter, if applicable
6. \*New York State Certificate of Incorporation (full copy, including any amendments)
7. \*Current Board of Directors List
8. Board of Directors' Statement – written on your letterhead and signed by the Chair/President or Secretary of the Board of Directors (see sample statement provided)
9. Government Contracting Experience/References (template provided)
10. \*Most recent audited Annual Financial Statement; if total expenditures associated with federal funding exceed \$750,000 a year, a Single Audit Report is required

*Note that you may transmit the Required Administrative Documents which are marked with an asterisk (\*), to Public Health Solutions via the NYC HHS Accelerator, New York City's contracting information system for health and human services. Organizations registered with the NYC HHS Accelerator must designate Public Health Solutions as a funder authorized to download the administrative documents. Please indicate on the Proposal Checklist whether you intend to transmit the asterisked (\*) Required Administrative Documents via the NYC HHS Accelerator or if you are including them with your submission via the CAMS Contracting Portal. For more information on the NYC HHS Accelerator and to register, go to:*

<http://www.nyc.gov/html/hhsaccelerator/html/home/home.shtml>

The following required forms must be downloaded from Public Health Solutions' RFP website ([www.healthsolutions.org/rfp](http://www.healthsolutions.org/rfp)):

1. Proposal Checklist
2. Proposal Narrative Form
3. Budget Form and Budget Instructions
4. Proposal Appendix (service sites in MS Excel worksheet)
5. Organization Information Cover Page
6. Government Contracting Experience/References
7. Board of Directors' Statement
8. Proposal Format Form

## 9. Notice of Intent to Respond Form

### **Proposal Format Guidelines**

- The suggested length of the Proposal Narrative is a maximum of 15 pages, exclusive of attachments.
- Proposal Narrative should be 1.5-spaced.
- Proposals should be submitted on 8½" x 11" format (attachments may differ as needed).
- Proposals should have 1" margins all around (headers and footers may appear outside of this margin).
- Suggested minimum font size is Times New Roman 12-point with the exception of any tables and any included supportive charts, which may use a font no smaller than 10-point.
- Each page of the Proposal Narrative should be consecutively numbered.
- Proposal Narrative should remain in the same sequence and format as provided; questions should not be renumbered or reordered, however the text of the question can be omitted.
- Each page of the Proposal Narrative should include as a header or footer the name of the organization submitting the proposal.

## **Section 5 – Proposal Evaluation and Basis of Contract Award**

### **A. Proposal Evaluation**

All proposals received will be reviewed to determine whether they are responsive or non-responsive to the requirements of this RFP. Proposals that are determined to be non-responsive or that do not meet the eligibility criteria as detailed in this RFP will be rejected. Each proposal will be reviewed by at least three reviewers independently. The reviewers' scores for each proposal will be averaged. The proposals will be ranked in order of highest to lowest score based on the responses to the narrative questions (Section 3 – Evaluation Criteria).

Public Health Solutions and NYC DOHMH reserve the right to conduct site visits and/or interviews and/or to request that applicants make presentations or demonstrations, as Public Health Solutions and NYC DOHMH deem applicable and appropriate. Although discussions may be conducted with applicants submitting acceptable proposals, Public Health Solutions and NYC DOHMH reserve the right to award contracts on the basis of initial proposals received, without discussions; therefore, the applicant's initial proposal should contain its best programmatic and cost terms.

### **B. Basis For Contract Award**

Awards will be made to the applicants with the highest average score that offer an annual budget that is equal to or less than the full annual MRA for a 12-month contract period (\$150,000).

NYC DOHMH and Public Health Solutions reserve the right to skip over one or more applicants to ensure appropriate geographic distribution of service site locations.

Public Health Solutions and NYC DOHMH reserve the right, prior to contract award, to determine the length of the initial contract term and any option to renew.

Public Health Solutions and NYC DOHMH reserve the right to make additional awards and/or change the value of awards should different funding become available.

Public Health Solutions and NYC DOHMH reserve the right, prior to contract execution and during the term of the contract, to: change the contract amount, payment method, initiative service size, initiative type, and/or model depending on the needs of the system.

Contract awards shall be subject to timely and successful completion of contract negotiations between Public Health Solutions/ NYC DOHMH and the selected applicants.

## Section 6 – General Information

### Contract Monitoring

Public Health Solutions may conduct on-site project assessments, analyze data, review documentation of services, financial records, and conduct other reviews as necessary. NYC DOHMH may conduct site visits to review performance and project/initiative operations.

### Insurance Requirements

The following insurance requirements will be incorporated into final contracts with Public Health Solutions:

a. Acceptability of Insurers

All insurance under this Agreement must be placed with insurers with an A.M. Best rating of no less than A-7 or a Standards and Poor rating of no less than AA, unless Public Health Solutions approves the acceptance of insurance from an insurance company with a lower rating. The Contractor shall maintain on file with Public Health Solutions current Certificates of Insurance for the policies identified in subsection (b) below.

b. Types of Insurance

The Contractor shall obtain the following types of insurance with respect to the services to be performed under this Agreement:

- (i) Commercial general liability insurance (including products/completed operations, personal and advertising injury) with limits not less than \$1,000,000 combined single limit per accident for bodily injury and property damage. Coverage must be on an occurrence form basis. The policy must name Public Health Solutions and the New York City Department of Health and Mental Hygiene as additional insured. Coverage must be primary with respect to Public Health Solutions and must not contribute with or apply in excess of any coverage carried by Public Health Solutions or the DOHMH.
- (ii) Comprehensive automobile liability with limits not less than \$1,000,000 combined single limit coverage against bodily injury, liability, and property damage liability arising out of the use by or on behalf of the Contractor, or any person acting by, through or under the Contractor, of any owned, non-owned or hired motor vehicle. The policy must name Public Health Solutions and the New York City Department of Health and Mental Hygiene as additional insured. Coverage must be primary with respect to Public Health Solutions and must not contribute with or apply in excess of any coverage carried by Public Health Solutions or the DOHMH.
- (iii) (For non-medical services or services that are not provided by medical and health professionals) Professional liability insurance with limits not less than \$1,000,000 for any one occurrence, \$3,000,000 annual aggregate, covering all professional employees of the Contractor, as well as contracted employees of the Contractor, if these persons provide professional services under this Agreement. Coverage must be on an occurrence form basis. [If coverage is not available or is not written on an occurrence form, Claims-made policies will be accepted. All such policies shall have an extended reporting period option or automatic coverage of not less than two (2) years. If available as an option, the Contractor agrees to purchase the extended reporting period on cancellation or termination unless a new policy is effected with a retroactive date, including at least the

last policy year.] The policy must name Public Health Solutions and the New York City Department of Health and Mental Hygiene as additional insured. Coverage must be primary with respect to Public Health Solutions and must not contribute with or apply in excess of any coverage carried by Public Health Solutions or the DOHMH.

- (iv) (For medical services or services provided by medical and health professionals) Professional liability insurance with not less than \$2,000,000 for any one occurrence, \$4,000,000 annual aggregate, covering all professional employees of the Contractor, including but not limited to physicians, physician's assistants, nurses and other health professionals, as well as, or, any person or entity acting by, through or under the Contractor, written on an occurrence form. If coverage is not available or is not written on an occurrence form, a claims made form is acceptable provided that, in the event the Contractor's claims made policy is cancelled and not replaced or renewed, tail coverage for the maximum allowable period is purchased in order to ensure continuity of coverage. The policy must name Public Health Solutions and the New York City Department of Health and Mental Hygiene as additional insured. Coverage must be primary with respect to Public Health Solutions and must not contribute with or apply in excess of any coverage carried by Public Health Solutions or the DOHMH.
- (v) Workers' compensation, disability, and employers' liability insurance with limits not less than statutory limits of liability.
- (vi) If the Contractor receives an Advance, it shall purchase a fidelity bond in the amount of the Advance. This bond must be issued by an insurer duly licensed by the state and must name Public Health Solutions and DOHMH as loss payees. A copy of the fidelity bond must be provided to Public Health Solutions.
- (vii) Directors and officers liability insurance, whether the directors and officers are compensated or not.