



Customized Assistance Services

Request for Proposals

Wellness, Comprehensive Assessment, Rehabilitation, and Employment (WeCARE) Program

EPIN: 09616I0013

Table of Contents

- I. Program Purpose and Background
- II. Program Expectations and Proposal Instructions
 - A. Assessment Process 20 points
 - B. Service Initiation and Service Tracks 20 points
 - C. Case Management Services 20 points
 - D. Organizational Structure and Staffing Plan 10 points
 - E. Management Information Systems (MIS) 10 points
 - F. Reporting, Monitoring and Quality Assurance 10 points
 - G. Service Site and Facilities 5 points
 - H. Budget Management 5 points
- III. List of Attachments
- IV. Basis for Contract Award and Procedures
 - A. Proposal Evaluation
 - B. Contract Award

IMPORTANT NOTE: This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

Basic Information

RFP Release Date	10/03/2017																					
Proposal Due Date	11/16/2017 by 2:00pm																					
Pre-Proposal Conference	Date: 10/11/2017	Time: 2:00pm	Place: 150 Greenwich Street (4 World Trade Center), 37th Floor, Bid Room, New York, NY 10007																			
	Please note security at 150 Greenwich Street (4 WTC) requires all visitors provide identification (with photo) to be admitted into the building. To expedite security processing, please send an email to Accoprocurements@hra.nyc.gov with the names of the individuals expected to attend from your organization no later than the day before the Pre-Proposal Conference. Please include RSVP and the title of the RFP in the subject line of the email. Please arrive at least fifteen (15) minutes early to ensure adequate time for security procedures. In addition, proposers should bring a copy of the RFP to indicate the purpose of the visit to the building.																					
Anticipated Contract Term	8/1/18-7/31/21 with one (1) option to renew for up to an additional three (3) years																					
Agency Contact Person	Giovanni Lombardi; lombardig@hra.nyc.gov																					
Anticipated Funding and Payment Structure	<ul style="list-style-type: none"> • Anticipated total maximum available funding: \$170,000,000 <ul style="list-style-type: none"> ○ The final total funding amount and regional allocations (see below) depend on the availability of funding and are subject to change. • Anticipated # of contracts: Four (4) contracts; one (1) contract for each Competition Pool/region. 																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Competition Pool /Region</th> <th style="text-align: center;">Anticipated # of Contracts</th> <th style="text-align: center;">Maximum Annual Funding</th> <th style="text-align: center;">Total Funding Over 3 Years</th> </tr> </thead> <tbody> <tr> <td>I: Bronx</td> <td style="text-align: center;">1</td> <td style="text-align: right;">\$15,866,666.56</td> <td style="text-align: right;">\$47,599,999.68</td> </tr> <tr> <td>II: Brooklyn</td> <td style="text-align: center;">1</td> <td style="text-align: right;">\$17,566,666.72</td> <td style="text-align: right;">\$52,700,000.16</td> </tr> <tr> <td>III: Manhattan & Staten Island</td> <td style="text-align: center;">1</td> <td style="text-align: right;">\$15,300,000.00</td> <td style="text-align: right;">\$45,900,000.00</td> </tr> <tr> <td>IV: Queens</td> <td style="text-align: center;">1</td> <td style="text-align: right;">\$7,933,333.38</td> <td style="text-align: right;">\$23,800,000.14</td> </tr> </tbody> </table>	Competition Pool /Region	Anticipated # of Contracts	Maximum Annual Funding	Total Funding Over 3 Years	I: Bronx	1	\$15,866,666.56	\$47,599,999.68	II: Brooklyn	1	\$17,566,666.72	\$52,700,000.16	III: Manhattan & Staten Island	1	\$15,300,000.00	\$45,900,000.00	IV: Queens	1	\$7,933,333.38	\$23,800,000.14	<ul style="list-style-type: none"> • Anticipated payment structure: <ul style="list-style-type: none"> ○ Year 1 of contract: 100% line-item reimbursement ○ Years 2 and 3 of contract: 70% line-item reimbursement and 30% performance-based milestone payments ○ Payment/Reimbursement would be based off invoice approval by HRA/CAS
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I: Bronx	1	\$15,866,666.56	\$47,599,999.68																			
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Competition Pools (Regions)	<ul style="list-style-type: none"> • I: Bronx • II: Brooklyn • III: Manhattan & Staten Island • IV: Queens <p>Note: A complete and separate proposal, including all required documents, must be submitted for each Region.</p>																					
Questions Regarding this RFP	<ul style="list-style-type: none"> • Questions regarding this RFP must be transmitted in writing to the Agency Contact Person. • Questions received prior to the Pre-Proposal Conference would be answered at the conference. • Substantive information/responses to questions addressed at the conference would be released in an addendum to the RFP to all organizations that are prequalified to propose to this RFP through the HHS Accelerator System, unless in the opinion of the Agency, the question is of a proprietary nature. 																					
Subcontracting Information	<ul style="list-style-type: none"> • Subcontracting is permitted with the approval of the City; however, there must be one lead agency. • Agency assumptions as set forth in the Program Expectations and other sections of the RFP apply equally to any proposed subcontractor(s). 																					

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Proposal Submission Instructions

General Guidelines	<ul style="list-style-type: none"> All Proposals must be submitted utilizing the Procurement Tab of the HHS Accelerator System at www.nyc.gov/hhsacceleratorlogin by providers with approved HHS Accelerator Applications, including Business Application and required Service Application(s) for the areas listed in the Services and Providers Tab. Proposals received after the Proposal Due Date and Time are late and shall not be accepted, except as provided under New York City’s Procurement Policy Board Rules, Section 3-16(o)(5). Please allow sufficient time to complete and submit Proposals, which includes entering information, uploading documents and entering log-in credentials. The HHS Accelerator System will only allow Providers to submit Proposals prior to the Proposal Due Date and Time. Providers are responsible for the timely electronic submission of proposals. It is strongly recommended that Providers complete and submit their Proposals at least 24 hours in advance of the Proposal Due Date and Time. Resources such as user guides, videos, and training dates are listed at www.nyc.gov/hhsaccelerator. For more information about submitting a proposal through the HHS Accelerator System, please contact info@hhsaccelerator.nyc.gov. 	
Proposal Details		
Basic Information	<ul style="list-style-type: none"> Enter Proposal Name 	
Competition Pool	<ul style="list-style-type: none"> Select Competition Pool 	
Provider Contact	<ul style="list-style-type: none"> Select member of your organization who would be the primary contact 	
Funding Request	<ul style="list-style-type: none"> Enter the total funding request 	
Question	<ul style="list-style-type: none"> Enter the Service Area you propose to serve 	
Site Information	<ul style="list-style-type: none"> Please indicate the site address of the organization 	
Proposal Documents		
Required Documents	Document Type	Description
	Proposal	Completed Structured Proposal Form
	Budget	Completed Proposal Budget Summary
	Key Staff Resumes	Resumes and/or Job Descriptions for Key Staff Positions
	Organizational Chart	Organizational chart showing how the proposed services fit into proposer’s organization
	Letters of Reference	Three (3) Letters of Reference
	Site Control	Deed, Lease Agreement, and/or Letter of Commitment with potential landlord
	Doing Business Data Form	Completed Doing Business Data Form
	Annual Report	Financial Audit Report or Certified Financial Statement
	Letter of Intent	Letter(s) of intent or agreement(s) from organizations that are subcontractor(s) are required.
Optional Documents	Certified Audit Report	Most recent A-133 Certified Audit Report (including the Federally Approved Indirect Rate Documentation and/or any documentation to support proposed rates for indirect costs)
Additional Requirements for Documents	<ul style="list-style-type: none"> Proposal document file size cannot exceed 12 MB. Proposal documents must be in one of the following file formats: Word (.doc, .docx), PDF (.pdf) or Excel (.xls, .xlsx). Only one document file can be added to each required document slot. If you need to combine documents, complete one of the following steps: <ul style="list-style-type: none"> For Word documents: Cut and paste contents of all resumes into one Word document. For PDF documents: Combine files into a single PDF. 	

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Section I – Program Background

A. Program Purpose

The Human Resources Administration's (HRA) Customized Assistance Services (CAS) is seeking qualified vendors to operate the new WeCARE (Wellness, Comprehensive Assessment, Rehabilitation, and Employment) Program (the "Program" or "WeCARE"). The WeCARE Program is a continuum of integrated services that evaluates the abilities, addresses the needs, and determines the functional capacity of Cash Assistance (CA) clients with medical and/or mental health condition(s) that may affect employability as well as other individuals identified by HRA who may have medical and/or mental health condition(s). Utilizing a clinical assessment, the WeCARE Program would establish functional capacity outcomes (FCO), which would determine the client's level of disability and ability towards achieving the goals of:

- Obtaining federal disability benefits for eligible individuals.
- Obtaining and retaining employment for individuals who have clinical conditions and are employable with accommodations.
- Obtaining necessary medical and/or mental health services for clients with unstable and/or untreated clinical conditions that affect employability.

In delivering the WeCARE Program, each successful vendor would provide a continuum of assessment, rehabilitative, and other services to individuals referred by HRA to actively assist in attaining a maximum level of functioning and self-sufficiency.

B. Background

Customized Assistance Services (CAS) helps Human Resources Administration (HRA) clients with health and/or mental health conditions, or substance use, reach the highest attainable level of functioning and self-sufficiency by providing comprehensive, integrated, individualized clinical and support services. CAS works with other components of HRA and with other governmental and non-governmental service providers to create new programs and to integrate and refine existing services so the clients it serves may achieve their maximum functional capacity.

CAS provides clinical expertise, recommendations, and direction to HRA in the fields of health, mental health, substance use and vocational rehabilitation. CAS staff members provide psychiatric evaluation and crisis intervention services, housing eligibility services and assistance in obtaining federal disability benefits. CAS manages contracts that serve individuals and families with medical, mental health, and/or substance use disorders. CAS programs provide clinically focused case management and utilize sophisticated clinical tracking and reporting systems.

Under CAS's Office of Rehabilitation Services, HRA operates the Wellness, Comprehensive Assessment, Rehabilitation, and Employment Program ("WeCARE Program"). The WeCARE Program provides a continuum of services to help Cash Assistance clients with medical and/or mental health conditions that affect their employability and the ability to attain their maximum levels of self-sufficiency. The current WeCARE Program has been in existence since 2004. With this RFP, CAS seeks partners to implement an enhanced design of the WeCARE Program that includes new operational efficiencies and a compensation structure that permits more line-item reimbursement of a Proposer's actual expenses.

Section II – Program Expectations and Proposal Instructions

A. Assessment Process

1. Program Expectations

- a. The Contractor or subcontractor(s) that would provide the services must have a minimum of five (5) years successful relevant experience providing the services as outlined in this section.

Program Overview

- b. The Contractor would design the program to offer a continuum of integrated services that would help individuals who may have medical and/or mental health condition(s) achieve one or more of the following goals:
 - i. Obtain federal disability benefits
 - ii. Obtain and retain employment
 - iii. Obtain the necessary medical and/or mental health services for unstable and/or untreated clinical conditions that affect employability
- c. The Contractor would design an assessment process for individuals who are Cash Assistance (CA) applicants and recipients, as well as other individuals designated by HRA, in order to determine one of the following Functional Capacity Outcomes (FCO):
 - i. No Limitations/Fully Employable: The individual's medical and/or mental health condition(s) do not present functional limitations that affect employability and/or participation in HRA work-related activities.
 - ii. Federal Disability Benefits (SSDI/SSI): The individual meets the Social Security Administration (SSA) requirements under the sequential evaluation process for assessing disability.
 - iii. Wellness: The individual has an unstable and/or untreated medical and/or mental health condition(s) that temporarily affects employability and/or participation in HRA work-related activities and requires wellness planning to treat and/or stabilize the condition(s).
 - iv. Vocational Rehabilitation Services (VRS): The individual is employable and able to participate in work-related activities after receiving vocational rehabilitation services including accommodations.
- d. Contractors would provide services to all individuals referred by HRA.
- e. Contractors would identify and address the need for language services and/or reasonable accommodations (RA).
- f. Contractor would provide services in a culturally competent manner.
- g. The Contractor would assist individuals/clients with obtaining outside clinical documentation when available and if appropriate, after obtaining all consents required by federal, state and local laws regulations and by HRA.
- h. Contractor would document in the relevant system all activities of the assessment process that would produce an assessment report.

Clinical Assessment

- i. The Contractor would design a Clinical Assessment to identify, comprehensively evaluate and summarize any medical, mental health, and psychosocial factors, including vocational, family, community, social, and/or educational factors affecting the functional capacity of individuals referred to the WeCARE Program.
- j. The Contractor would administer a Clinical Assessment, based on service needs and according to the guidelines outlined in the RFP, to the following:
 - i. Individuals initially referred to WeCARE by HRA.

- ii. Clients currently enrolled in WeCARE who haven't received a Clinical Assessment in a period of more than three hundred sixty-five (365) calendar days.
 - iii. Individuals re-referred to WeCARE by HRA after a disruption in services who haven't received a Clinical Assessment in a period of more than three hundred sixty-five (365) calendar days.
- k. The Contractor would ensure Clinical Assessments are completed by staff who are Qualified Health Professionals. Please see Attachment F – Definitions for a list of professions that meet the definition of a Qualified Health Professional (QHP).
- l. The Contractor would complete the following activities as part of the Clinical Assessment:
 - i. Review prior WeCARE documentation (when applicable).
 - ii. Review clinical documentation provided by the individual (when available).
 - iii. Interview the individual to obtain medical, mental health, substance use, vocational, educational, social history, etc.
 - iv. Include an additional review by a Review Physician (RP), a Medical Evaluation by an Evaluating Clinician (EC), or Additional Assessments including a psychiatric evaluation by a Psychiatrist or Licensed Psychologist, substance use assessment and laboratory testing when indicated.
 - v. Assess the need for any reasonable accommodations¹ and language services.
 - vi. Conduct the sequential evaluation process as defined by the SSA (Social Security Administration).
 - vii. Outline diagnoses.
 - viii. Identify functional limitations.
 - ix. Determine the individual's Functional Capacity Outcome (FCO).
 - x. Provide a written justification of the FCO.
- m. The Contractor would conduct a Clinical Re-assessment when:
 - i. The client has a change in their diagnosis.
 - ii. The client has a new diagnosis.
 - iii. An individual has been re-referred by HRA after a disruption in WeCARE services, but has received a Clinical Assessment or a Clinical Re-assessment during the prior three hundred sixty-five (365) calendar days.
- n. The Contractor, in conducting the Clinical Re-assessment, at a minimum would:
 - i. Review prior WeCARE documentation.
 - ii. Review newly submitted medical documentation provided by the client.
 - iii. Interview the client with a focus on any potential changes in medical, mental health, substance use, vocational, and/or other psychosocial factors since the prior clinical assessment.
 - iv. Include an additional review by a Review Physician, a Medical Evaluation by an Evaluating Clinician (EC), or Additional Assessments including a psychiatric evaluation by a Psychiatrist or Licensed Psychologist, substance use assessment or laboratory testing when indicated.
 - v. Assess the need for any reasonable accommodations and language services.
 - vi. Conduct the sequential evaluation process as defined by the SSA (Social Security Administration).
 - vii. Outline diagnoses.
 - viii. Identify functional limitations.

¹ Please see Attachment G – Reasonable Accommodations for additional information about reasonable accommodations.

- ix. Determine the client's Functional Capacity Outcome (FCO).
- x. Provide a written justification of the FCO.
- o. The Contractor would ensure a physician, titled Review Physician, reviews the associated documentation immediately following the conclusion of a Clinical Assessment or Clinical Re-assessment to determine and/or confirm the FCO in the following circumstances:
 - i. The QHP is unable to determine the FCO.
 - ii. The FCO determined is Fully Employable or VRS.
 - iii. The FCO determined differs from the FCO suggested by the decision support matrix (to be developed by HRA).

Please see Attachment F – Definitions for additional information regarding the decision support matrix.

Medical Evaluation

- p. The Contractor would ensure an Evaluating Clinician (EC)² conducts a Medical Evaluation whenever:
 - i. The FCO cannot be determined on the basis of the Clinical Assessment or Clinical Re-assessment, which includes review of the assessment by the Review Physician.
 - ii. The individual disagrees with their FCO determination.
- q. The Contractor would perform the following activities as part of the Medical Evaluation:
 - i. Review all applicable clinical documentation (e.g. Clinical Assessment report, prior WeCARE documentation, clinical documentation provided by the individual/client, outside clinical documentation, and/or Review Physician report).
 - ii. Complete a standard medical review of systems.
 - iii. Conduct a standard physical examination.
 - iv. Re-assess the need for any reasonable accommodations.
 - v. Determine appropriate diagnoses.
 - vi. Conduct a new sequential evaluation process, as defined by the SSA (Social Security Administration).
 - vii. Make a final determination of the FCO.
 - viii. Provide a written justification of the FCO.
- r. The Contractor would conduct Medical Evaluations on the same day as the Clinical Assessment and would schedule a Medical Evaluation for a future date only if circumstances would not allow for the individual to be evaluated on the same day.
- s. The Contractor would ensure under no circumstances would the Medical Evaluation be conducted by the same physician who completed or reviewed the Clinical Assessment or Clinical Re-assessment.

Additional Assessments

- t. The Contractor would provide Additional Assessments which may include a psychiatric evaluation, substance use assessment, additional laboratory and/or other testing whenever:
 - i. The RP or EC request additional assessment(s) in order to assist in making the FCO determination.
 - ii. The RP finds the individual/client has a psychiatric condition only, with no co-occurring medical condition, that may affect employability and the FCO cannot be determined.
 - iii. The RP finds or suspects the individual/client has a substance use disorder that may require treatment or continued treatment if currently enrolled in substance use

² Please see Attachment F – Definitions for a list of professions that meet the definition for Evaluating Clinician.

treatment, including treatment at a higher level. The Contractor would refer the individual/client for a substance use assessment which will be provided by a CASAC (Credentialed Alcoholism and Substance Abuse Counselor) from HRA's SACAP (Substance Abuse Centralized Assessment Program) out-stationed at the WeCARE Program.

- iv. The EC has conducted a medical evaluation, but there is also a psychiatric condition(s) that may affect employability in addition to medical conditions and the FCO cannot be determined.
- v. The individual is a class member under the Brad H. settlement as identified to the vendor by HRA. These individuals must receive a same-day psychiatric evaluation as part of the settlement agreement. Please see Attachment F – Definitions for additional information about Brad H.
- u. Additional laboratory and other testing would be arranged by the Contractor and/or subcontractor and may consist of a Comprehensive Metabolic Panel (CMP), CBC (Complete Blood Count), EKG (Electrocardiogram), and/or other testing when required.

Reports

- v. The Contractor would complete one or more of the client-specific report(s) listed below after conducting an assessment, re-assessment, review and/or medical evaluations:
 - i. Clinical Assessment Report by QHP
 - ii. Clinical Re-assessment Report by QHP
 - iii. Review Physician Report by Review Physician
 - iv. Medical Evaluation Report
 - v. Psychiatric Evaluation Report
- w. The Contractor would complete all required components of the WeCARE assessment process (from the initial WeCARE referral to the FCO determination) within forty-five (45) calendar days of the initial WeCARE referral.
- x. The Contractor would specify which services, if any, in this section would be provided by a subcontractor.

2. Proposal Instructions:

- a. Complete Section II (A): Assessment Process, questions 1-8, of the WeCARE Program Structured Proposal Form, Attachment E.
- b. Attach letter(s) of intent or agreement(s) from subcontractor(s) that would provide services in relation to the proposed WeCARE Program, if applicable.

3. Evaluation:

- a. This section will be evaluated based on the quality of the proposed approach to Assessment Process and the extent to which the Contractor and subcontractor(s), if applicable, demonstrate successful, relevant experience based on the criteria listed in this section of the RFP. It is worth a maximum of **20** points in the Proposal Evaluation.

B. Service Initiation and Service Tracks

1. Program Expectations

- a. The Contractor or subcontractor(s) that would provide the services must have a minimum of five (5) years successful relevant experience providing the services as outlined in this section.
- b. The Contractor would enroll individuals who receive one of these FCO's: Federal Disability Benefits (SSDI/SSI), Wellness, or Vocational Rehabilitation Services (VRS), by initiating services within fourteen (14) calendar days after the date of the associated FCO made at the Clinical Assessment. The Contractor would schedule a Service Initiation Appointment on the same day as the initial Clinical Assessment or make an appointment for a future date. The Contractor

- would make best effort to provide same-day Service Initiation Appointments; however, that would depend on whether a Medical Evaluation or an Additional Assessment was needed and the type of FCO determined.
- c. The Contractor would refer clients who receive the FCO No Limitations/Fully Employable back to the appropriate HRA Job Center. These individuals will not be enrolled in the WeCARE Program.
 - d. The Contractor would, at minimum, complete the following tasks during the Service Initiation Appointment:
 - i. Assign a Case Manager
 - ii. Review the findings of the Clinical Assessment or the Clinical Re-assessment (if initiating services for a client who was formerly engaged in WeCARE services)
 - iii. Explain the FCO determination to the client
 - iv. Describe the WeCARE services the client will receive
 - v. Develop a Service Plan (SP)
 - e. The Contractor would refer the client for a Medical Evaluation, if during the Service Initiation Appointment, the client disagrees with their FCO following a Clinical Assessment or Clinical Re-assessment. Additionally, the Contractor would provide further review, by a Review Physician or an Evaluating Clinician, if the client brings new clinical documentation to the Service Initiation Appointment and the new information affects the FCO or Service Plan.
 - f. Contractor would document in the relevant system all activities of the Service Initiation Appointment and/or Service Tracks that would produce Service Initiation and/or Service Track reports.

Service Plan

- g. The purpose of the Service Plan (SP) is to outline the activities to be completed by the client and/or program staff to achieve the client's maximum level of functioning and self-sufficiency.
- h. During the Service Initiation Appointment, the Contractor would develop a Service Plan with goals related to the FCO, steps to achieve the goals, responsible parties (individual responsible for completion of each step), and timeframes for completion.
- i. The Contractor would complete the Service Plan with the client after:
 - i. Explaining the purpose of the Service Plan
 - ii. Requesting and incorporating the client's feedback, as appropriate
 - iii. Obtaining the client's signature
- j. The Contractor would update a client's Service Plan in any of the following situations:
 - i. Determination of an FCO, subsequent to the initial FCO, and irrespective of the determination
 - ii. Completion of the Individualized Vocational Assessment and Plan (IVAP)³
 - iii. Extension of a Wellness Plan
 - iv. Material change in the client's circumstance impacting qualification for federal benefits

SSDI/SSI Service Track

- k. The purpose of the SSDI/SSI Service Track is to assist all clients who have been assigned an SSDI/SSI FCO to obtain federal disability benefits.
- l. For clients who receive the FCO SSDI/SSI, the Contractor would at a minimum, during the Service Initiation Appointment complete the following actions:

³ Please see Attachment F – Definitions for a description of the Individualized Vocational Assessment and Plan (IVAP).

- i. Determine whether the client has a pending application with the Social Security Administration (“SSA”) for federal disability benefits.
 - ii. Determine whether the client has any previously determined or new reasonable accommodation needs, and if so, ensure that the needs are documented in the appropriate data system(s), and that accommodations have been provided to the client.
 - iii. Explain the role of the Authorized Representative (AR) and give the client the option of designating the Contractor as the Authorized Representative with the Social Security Administration (SSA). If the client agrees, the Contractor would complete Form SSA-1696-U4, Claimant’s Appointment of Representative (or similar form if revised by the SSA) with the client.
 - iv. Determine if the client has an outside AR assisting them with the federal disability benefits process and if so, confirm such with the AR. When clients have outside AR’s, the Contractor would take no further action on the federal disability application but would continue to provide case management and outreach as required.
- m. If an application for federal disability benefits does not exist, the Contractor would submit an application on behalf of the client and would:
- i. Complete a comprehensive electronic application and submit required paper documents to the SSA in accordance with all SSA requirements.
 - ii. Ensure the initial application contains the documentation necessary to establish a longitudinal history of clinical conditions, functional limitations, work history, employment history, and employment capabilities.
 - iii. Ensure the initial application contains the most recent Clinical Assessment(s), Wellness Plan Treating Physician’s Report(s), and any additional medical and/or mental health documentation provided by the client or a treating health/mental health care provider.
 - iv. Submit to the SSA any additional relevant medical documentation obtained from the client to supplement the initial application.
- n. If an application for federal disability benefits is pending, the Contractor would:
- i. Attempt to obtain a copy of application documentation from the client or the SSA.
 - ii. Determine how the application can be supplemented in order to improve the likelihood of an award of benefits, including determining if any information is missing that could help establish a longitudinal history of clinical conditions, functional limitations, work history, employment history, and employment capabilities.
 - iii. Gather any relevant medical documentation including the most recent Clinical Assessment(s), Wellness Plan Treating Physician’s Report(s), and any additional medical and/or mental health documentation provided by the client or a treating health/mental health care provider.
 - iv. Supplement the existing SSDI/SSI application by sending additional documentation to SSA.
- o. In preparation of an initial application for federal disability benefits, or to supplement the existing application, the Contractor would perform the following:
- i. If the client requires assistance in acquiring documentation, provide assistance including, but not limited to, contacting and communicating with relevant medical and other services providers by phone, fax, letter, etc. to ensure receipt of relevant documents.
 - ii. Assist clients with accessing treatment and complying with clinical examinations relative to supporting the client’s application for benefits.

- iii. Facilitate the client's cooperation with consultative examinations when scheduled by the SSA and/or with other SSA appointments.
- iv. Obtain all required consents to obtain and release medical information in compliance with applicable federal, state and local laws and regulations and by HRA.
- p. The Contractor would submit a client's Initial Application to the SSA, or submit documentation to supplement the existing application, no later than forty-five (45) calendar days after the SSDI/SSI Service Initiation Appointment.
- q. HRA will refer the client to HRA's Disability Services Program (DSP) if the SSDI/SSI application submitted by the Contractor on behalf of the client is denied. DSP will assist the client in the appeal process and in these cases the Contractor would provide outreach to clients who miss their appointment with DSP.

Wellness Services Track

- r. The purpose of the Wellness Services Track is to assist all clients assigned a Wellness FCO with accessing the necessary medical and/or mental health services to stabilize untreated and/or unstable, temporary clinical condition(s) affecting employability.
- s. The Contractor, during the Service Initiation Appointment, which can also be conducted via phone if the client prefers, would establish a Wellness Plan (WP) that:
 - i. Addresses the findings of the Clinical Assessment and is consistent with the Service Plan (SP).
 - ii. Includes the diagnoses of all current medical and/or mental health conditions and specifies the condition(s) which are the focus of the Wellness Plan.
 - iii. Sets a ninety (90) calendar day time period for completion of the initial Wellness Plan.
- t. The Contractor would work with the client to set-up appointment(s) with current community clinical provider(s) responsible for treating the condition(s) that are the focus of the Wellness Plan. If a client does not have an existing clinical provider to treat the condition(s) that are the focus of wellness, the Contractor would offer a choice of at least three (3) clinical providers to the client and work with the client to set-up an appointment with the selected provider.
- u. The Contractor would complete the following actions during the ninety (90) calendar day time period of the Wellness Plan:
 - i. Make in-person or phone follow-up contact with the client at least once a month or more frequently, as needed, to provide support, measure progress, and to intervene as required to ensure successful completion of the WP.
 - ii. Collaborate with the client's treating clinician(s) to track the client's compliance with and response to treatment, to provide advocacy as needed, and to obtain health status updates.
 - iii. Ensure all release of information consents, as required by federal, state and local laws and regulations and by HRA, have been executed prior to communicating with clinical providers about the client.
- v. At the conclusion of the ninety (90) calendar day WP time period, the Contractor would:
 - i. Request clinical documentation from the client's treating clinician(s) regarding the status of the client's medical and/or mental health conditions and functional limitations.
 - ii. Ensure the documentation received from the treating clinician(s) is reviewed by a Review Physician or Evaluating Clinician, along with the most recent Clinical Assessment, documentation provided by the client (if applicable) and other available documentation.
 - iii. Make a determination as to whether the WP was successfully completed based on the clinical documentation from the treating clinician. A successfully completed WP is one

in which the client has complied and undergone treatment to the point where a FCO other than wellness can be determined. This does not necessarily indicate that the condition has been resolved or that ongoing treatment is not needed.

- iv. Assess the need for any reasonable accommodations.
- v. If the WP was successfully completed, assign the updated FCO of either VRS or No Limitations/Fully Employable and:
 - 1. Schedule the client with the VRS FCO for a Service Initiation Appointment, to be conducted and completed with the client within fourteen (14) calendar days after the post-wellness FCO determination, or
 - 2. Refer the individual with the No Limitations/Fully Employable FCO back to their Job Center.
- vi. If the WP was not successfully completed, extend the duration of the Wellness Plan an additional ninety (90) calendar days, as authorized by the Review Physician or Evaluating Clinician, or
- vii. If the WP was not successfully completed, and the client's functional limitations are expected to last for more than twelve (12) months, assign the updated FCO of SSDI/SSI and schedule the client for a Service Initiation Appointment to be conducted and completed with the client within fourteen (14) calendar days after the post-wellness FCO determination.
- w. The maximum duration of a Wellness Plan is one hundred eighty (180) calendar days and any additional extensions beyond that time period may be authorized upon HRA's prior written approval.

Vocational Rehabilitation Services (VRS) Service Track

HRA Cash Assistance recipients typically face multiple obstacles to successful employment and educational attainment, such as lack of work experience, higher education, and vocational skills needed in the competitive labor market. This is even more so for clients with disabilities. The purpose of the VRS Service Track is to assist clients identify an appropriate career pathway through the provision of individualized assessment of strengths, commitment, interests and barriers, work readiness, education, training, community service, job placement, reasonable accommodations, and/or other services and supports. While WeCARE's primary focus in this track is the tailored provision of individualized vocational rehabilitation, services should be provided within the framework of New York City's *Career Pathways* initiative to the extent practicable. See Attachment J and the NYC Career Pathways report:

<http://www1.nyc.gov/assets/careerpathways/downloads/pdf/career-pathways-full-report.pdf>.

- x. The Contractor would develop an Individualized Vocational Assessment and Plan (IVAP) based on a comprehensive vocational assessment conducted by a vocational assessment staff that would include, but not be limited to:
 - i. Standardized paper-pencil and/or computerized vocational assessments tools, such as the Test of Adult Basic Education Exam (TABE) /Spanish Assessment of Basic Education Exam (SABE), Reading-Free Vocational Interest Inventory, Career Scope, and Prove It
 - ii. Observation of work-related behaviors
 - iii. Structured interview(s)
- y. The Contractor would obtain and document, at minimum, the following information required to develop the client's IVAP: work experience, educational history, reading and math grade levels, vocational interests, aptitudes and skills, and work-related reasonable accommodations, as applicable.
- z. The Contractor would provide additional vocational assessments, including other types of standardized assessment tools and/or computerized assessment modules, when clients

- require further exploration and evaluation of their vocational needs, interests, aptitudes or skills as determined by a Certified Rehabilitation Counselor (CRC). Assessments to be used as additional vocational assessments would require HRA approval.
- aa. The Contractor would complete an IVAP for each client within no more than ten (10) calendar days after the initiation of the assessment. The IVAP would be prepared by a CRC based on the results of the vocational review and assessments (including any additional assessments) and would contain:
 - i. A report summarizing and interpreting all the assessment findings
 - ii. A list of the client's employment-related assets and limitations
 - iii. Vocational or educational goals; both long-term and short-term
 - iv. A description of the work-related activities related to the achievement of the goals
 - v. Designation of the respective responsibilities of the Contractor, the client, and any service providers or other partners identified in the IVAP
 - bb. The Contractor would explain the purpose of the IVAP, review the content, discuss the goals and work-related activities, request and incorporate feedback from the client, as appropriate, and obtain the client's signature to indicate agreement with the IVAP.
 - cc. The Contractor would link the client to work-related activities to start within two (2) calendar days after completing the IVAP. HRA work-related activities include:
 - i. Education: Formal instruction related directly to employment that is needed to increase employability and/or improve job opportunities including Adult Basic Education (ABE), English as a Second Language (ESL) instruction, and High School Equivalency (HSE) programs.
 - ii. Training: Formal instruction in the skills and knowledge directly related to preparing for an occupation, trade or vocation requiring training up to a four-year degree in programs aligned with New York City's *Career Pathways* initiative.
 - iii. Community Service: Structured assignments designed to improve employability through performing work for the direct benefit of the community in nonprofit organizations serving useful community purposes in fields such as health, social services, environmental protection, education, urban redevelopment, public recreation, public safety, and childcare.
 - iv. Job Readiness Activities: Activities that improve employability and are focused on preparing for work and seeking employment such as resume preparation, training in interview skills, instruction in workplace expectations, training in effective job seeking, life skills essential to workplace success, etc.
 - dd. Based on the IVAP, the Contractor would:
 - i. Assign clients with applicable work experience and strong job readiness skills directly to Job Development and Retention Services for up to twenty-eight (28) calendar days of full-time job search activities in lieu of the other HRA work-related activities described above. If the client doesn't become employed within the twenty-eight (28) calendar days, the Contractor would revise the IVAP and update the Service Plan and assign the client to the recommended services.
 - ii. Directly provide Job Readiness activities at the WeCARE Program site, including but not limited to:
 1. Resume development
 2. Interview skills
 3. Job search skills (instruction in seeking and obtaining employment)
 4. Job skills training (instruction/education to develop workplace competencies)
 5. Life skills training (e.g. budgeting, time management)

- 6. Workplace reasonable accommodations, including obtaining appropriate rehabilitative devices or technology
- 7. Orientation to the legal rights of people with disabilities
- 8. Individual and/or group vocational counseling
- iii. Refer the client to an HRA approved education program in the community.
- iv. Refer the client to an HRA approved training program in the community.
- v. Refer the client to a Community Service placement.
- ee. The Contractor would develop appropriate Community Service sites to meet the vocational needs of clients, maintain a sufficient number of placement slots, and provide Workers' Compensation insurance coverage for all Community Service site clients. The Contractor would consider the reasonable accommodation(s) needs of clients prior to placement and would ensure reasonable accommodations are provided at the Community Service assignment.

Job Development and Retentions Services

- ff. The purpose of Job Development and Retention Services is to help clients obtain and maintain long-term unsubsidized employment of twenty (20) hours or more per week compensated at a minimum hourly rate determined at the discretion of HRA/CAS, but no less than the NYS minimum wage.
- gg. The Contractor would provide Job Development services utilizing a career pathways approach to all clients assigned to VRS except those clients engaged full-time in an educational or training assignment. Services would include, but are not limited to:
 - i. Development of job opportunities reflective of the skills, interests, functional limitations and reasonable accommodation needs of clients
 - ii. Job matching based upon the client's IVAP
 - iii. Job placement referrals that correspond to the skills and interests of the client and appropriately meet any reasonable and/or workplace accommodation needs
 - iv. Assistance with obtaining work appropriate clothing
 - v. Whenever possible, place clients in middle-skill jobs or jobs that have advancement potential that would put them on the path to a middle-skill, living-wage job.
- hh. The Contractor would provide employed clients with job retention services, as case appropriate, that would include, but not be limited, to the following:
 - i. Help in obtaining work supports including, but not limited to, Earned Income Tax Credit (EITC), SNAP, childcare, Transitional Medicaid, etc.
 - ii. Assisting the client in identifying and reinforcing positive factors that support job retention as well as identifying and addressing any issues negatively affecting retention.
 - iii. Contact the client's employer to resolve any issues that negatively impact on retention when appropriate and if the client signs a release of information form.
 - iv. Advising clients on career advancement by providing guidance and strategies for job promotion or skills building that may lead to opportunities to upgrade employment.
 - v. Linking clients to other community services to support ongoing self-sufficiency such as financial literacy, assistance with housing, child support programs for non-custodial parents, etc.
 - vi. Providing rapid re-employment services for clients that lose employment.
 - vii. Providing job retention support for a minimum period of three hundred sixty-five (365) calendar days after the date the client gains employment.
- ii. The Contractor would specify which services, if any, in this section would be provided by a subcontractor.

2. Proposal Instructions:

- a. Complete Section II (B): Service Initiation and Service Tracks, questions 9-17, of the WeCARE Program Structured Proposal Form, Attachment E.
- b. Attach letter(s) of intent or agreement(s) from subcontractor(s) that would provide services in relation to the proposed WeCARE Program, if applicable.

3. Evaluation:

- a. This section will be evaluated based on the quality of the proposed approach to Service Initiation and Service Tracks and on the extent to which the Contractor and subcontractor(s), if applicable, demonstrate successful, relevant experience based on the criteria listed in this section of the RFP. It is worth a maximum of **20** points in the Proposal Evaluation.

C. Case Management Services**1. Program Expectations**

- a. The Contractor or subcontractor(s) that would provide the services must have a minimum of five (5) years successful relevant experience providing the services as outlined in this section.
- b. The Contractor would provide case management services to each client throughout enrollment in the program including Clinical Assessments, Clinical Re-assessments and as needed. Services would be based on each client's individual needs and include, but not be limited to:
 - i. Providing support as needed to each client to ensure compliance with HRA's requirements related to Contractor's provision of WeCARE services.
 - ii. Assisting clients in obtaining necessary reasonable accommodations, as defined by program policy and in accordance with the Americans with Disabilities Act (ADA).
 - iii. Assessing, identifying and addressing barriers to compliance with requirements related to Cash Assistance or other HRA benefits, as well as with attendance and progress related to participation in the WeCARE Program.
 - iv. Arranging for a WeCARE Clinical Re-assessment or a Substance Use Assessment if changes are observed in a client's functioning related to medical, mental health, substance use, vocational, and/or other psychosocial issues.
 - v. Assisting clients with obtaining medical records or other documentation relevant to WeCARE services and the achievement of Service Plan goals.
 - vi. Maintaining on-going and appropriate contact with providers of relevant non-WeCARE services after obtaining all consents required by federal, state and local laws and regulations and by HRA.
 - vii. Assisting clients in obtaining childcare.
 - viii. Providing other case management interventions required for clients to attain maximum degrees of function and self-sufficiency, such as: identifying community-based resources and making referrals; offering education on relevant subjects including health related information; coordinating services with other providers, attending case conferences, and providing advocacy, etc.
 - ix. Providing outreach to re-engage clients in services and only after re-engagement efforts have been exhausted, discharge clients in accordance with HRA procedures.

Outreach Services

- c. The purpose of Outreach Services is to proactively assist clients in their compliance with the WeCARE Program and with requirements related to CA or other HRA benefits.

- d. The Contractor would identify barriers to compliance which may include medical and/or mental health conditions, needed reasonable accommodations and other factors that impede the client's ability to comply.
- e. The Contractor would assist clients by providing outreach interventions to address the identified barriers and to facilitate access to and encourage engagement in services. Outreach services interventions would include, but are not limited to:
 - i. Pre-Calling Services. The Contractor would make pre-appointment phone calls in order to engage clients and to keep appointments.
 - ii. Escalating Outreach. In cases of missed appointments or absences from work-related activities, the Contractor would use multiple methods of outreach and employ clear strategies to re-engage clients including making phones call, sending letters, and using other alternative methods of contact based on the client's needs.
- f. Outreach would be considered successful when the client reports for the appointments or returns to work-related activities any time prior to case closure.
- g. The Contractor would provide enhanced case management to clients who require additional support(s) while enrolled in the program.
- h. The Contractor would record all outreach activities in the appropriate systems including NYCWAY.
- i. The Contractor would specify which services, if any, in this section would be provided by a subcontractor.

2. Proposal Instructions:

- a. Complete Section II (C): Case Management Services, questions 18-21, of the WeCARE Program Structured Proposal Form, Attachment E.
- b. Attach letter(s) of intent or agreement(s) from subcontractor(s) that would provide services in relation to the proposed WeCARE Program, if applicable.

3. Evaluation

- a. This section will be evaluated based on the quality of the proposed approach to Case Management Services and the extent to which the Contractor and subcontractor(s), if applicable, demonstrate successful, relevant experience based on the criteria listed in this section of the RFP. It is worth a maximum of **20** points in the Proposal Evaluation.

D. Organizational Structure and Staffing Plan

1. Program Expectations:

Organizational Structure

- a. The Contractor would have the capacity to integrate the WeCARE Program into the Contractor's overall operational plan that includes the ability and availability of executives at the Contractor's organization to play an effective role in developing, implementing, and overseeing the WeCARE Program services. Please see Attachment I - Performance History for statistics related to WeCARE Program.
- b. The Contractor would develop a staffing plan that outlines the organizational structure of the Contractor's staff and management responsible for the performance of the WeCARE Program services including any staff responsible for performing subcontracted services, as applicable.
- c. Contractor would respond expeditiously to fluctuations in the demand for WeCARE services and make adjustments to program components and staffing as required by HRA.

Staffing Plan

- d. The Contractor would employ direct care staff and maintain a reasonable client-to-staff ratio required for the effective delivery of services as agreed upon by HRA, including but not limited to:

- i. Qualified Health Professionals (QHP's)
- ii. Physicians
- iii. Physician Assistants
- iv. Nurse Practitioners
- v. Certified Rehabilitation Counselors
- vi. Licensed Psychologists
- vii. Case Managers
- viii. Supervisors and Managers

HRA reserves the right to approve the hiring of all QHPs, including physicians, whether employed by the Contractor or by subcontractors, as well as, to interview and approve the hiring of all executive and managerial WeCARE staff, and Key Staff, whether employed by the Contractor or by subcontractors. HRA would not withhold such approval unreasonably.

- e. The Contractor would hire staff who have the appropriate educational background, the required credentials and certifications as outlined in this RFP to provide services.
- f. The Contractor would hire supervisory staff who possess, at minimum, two (2) years supervisory experience and two (2) years of relevant subject matter experience and would give preference to potential non-supervisory staff with relevant subject matter experience.
- g. The Contractor would co-locate staff working in the roles of QHP, Review Physician, Psychiatrist, Psychologist and Evaluating Clinician in the same office.
- h. The Contractor would:
 - i. Maintain adequate staffing levels, and if applicable, adequate staffing levels of subcontractors at all times
 - ii. Promptly notify HRA of all proposed changes that affect managerial or supervisory responsibilities or staffing patterns, caseload ratios, or the qualifications of the staff performing WeCARE Program services and receive the HRA's approval prior to implementation
 - iii. Maintain a caseload ratio that permits the timely provision of services to all clients at any given point in time
 - iv. Maintain a supervisory ratio that provides regular oversight of and guidance to staff in delivering program services
 - v. Provide regular training to its staff on all aspects of the WeCARE Program including training on HRA policies, procedures and systems. The Contractor would ensure that all staff providing WeCARE Program Services receives appropriate training on an ongoing basis, including any training that the HRA provides or recommends

2. Proposal Instructions:

- a. Complete Section II (D): Organizational Structure and Staffing Plan, questions 22-24, of the WeCARE Program Structured Proposal Form, Attachment E.

3. Evaluation:

- a. This section will be evaluated based on the quality of the proposed approach to Organizational Structure and Staffing Plan based on the criteria listed in this section of the RFP. It is worth a maximum of **10** points in the Proposal Evaluation.

E. Management Information Systems (MIS)

1. Program Expectations:

Contractor's System(s)

- a. HRA anticipates providing an electronic comprehensive case management system to Contractors for managing all aspects of the program. The WeCARE case management system would include the capacity to enter all case activities, provide work flow/case tracking

functionality, and imaging and reporting functionality for the WeCARE Program that would be used in combination with other HRA systems (e.g., a contract and invoicing system and a milestone payment system). It is anticipated that this system would not be available until after the contract start date. While HRA's WeCARE case management system is under development, HRA expects the Contractor and/or subcontractor to have its own electronic case management system (with case activity, work flow/case tracking, imaging, and reporting functionality) in place to effectively deliver services to clients.

Requirements, applicable to both the Contractor and/or subcontractors, include:

- i. The system(s) would have the capability to systematically upload the data it collects on clients into HRA application databases, per HRA requested format and method of upload.
 - ii. The system(s) would record, track, monitor, and report on all WeCARE clients and staff.
 - iii. The system(s) would interface bi-directionally with HRA's systems.
 - iv. The system(s) would isolate all WeCARE client and program data from all other client and program data.
 - v. The system(s) would be approved by HRA prior to implementation.
 - vi. The system(s) would be operational by the program start date and fully operational within one hundred twenty (120) calendar days of the contract start date.
 - vii. Data and images would be the property of and would be provided electronically to HRA according to schedule outlined by HRA.
 - ix. The Contractor would make modifications to the system(s) requested by the HRA in a timely manner and obtain HRA's approval prior to implementation.
- b. The Contractor's and/or subcontractor's systems would also adhere to the following requirements:
- i. Meet all applicable information systems requirements stipulated in HIPAA statute and regulations.
 - ii. The system(s) would be scalable permitting expansion of the database, hardware devices, the number of users and its network(s).
 - iii. The system(s) would be an enterprise-wide information system(s) that permits the tracking of all WeCARE related activities.
 - iv. The system(s) would permit the entry and storage of individual/client-specific demographics (both current and history), case-tracking activities, and services provided related to each component of the WeCARE Program in a relational database.
 - v. The system(s) would generate client-specific, operational, management and statistical reports as outlined in section F. Reporting, Monitoring and Quality Assurance of the RFP.
 - vi. The Contractor would provide a database model of all data tables, including code tables, and a data dictionary, which includes but is not limited to the table and field name, field type, field length, and associated front-end system display form and control.
 - vii. HRA would provide functional specifications specifying the requirements for the major online forms and reports. The Contractor is also required to provide to HRA the related technical specifications and have these specifications programmed. When the Contractor designs WeCARE-related automated processes (e.g., forms, reports and interfaces), the Contractor would submit the related functional and technical specifications to HRA for approval.

- viii. The system(s) would permit the acceptance and loading of client-specific data and images from HRA and the transmission of data and images back to HRA.
- ix. The system(s) would permit the transfer of client data and images from one WeCARE Contractor's system(s) to another when authorized by HRA.
- x. The system(s) would include functionality that assures the entry of all data required by HRA in all forms.
- xi. The system(s) would discretely store each episode of client service as defined by HRA.
- xii. The system(s) would lock records so that only one user may update at one time.
- xiii. The system(s) would lock forms upon completion of services.
- xiv. The system(s) would permit full access by HRA designees to all WeCARE-related data forms, images and reports. Data access is to include direct access to the database to read and extract a copy of data.
- xv. The system(s) would collect electronic signatures within the system and make them able to be viewed in the system, on forms, reports and images. Sign-pads as specified by HRA would be required while the Contractor is using its own system(s). Once HRA's new case management system is implemented, sign pads would be used to capture signatures on manually scanned documents (e.g., receipts and consents) that would then be loaded into HRA's case management system.
- xvi. The system(s) would adhere to citywide policies, standards, and best practices for information security, application and system network architecture, disaster recovery, the secure storage and transmission of data and data retention. (Please see <http://www1.nyc.gov/site/doitt/business/it-security-requirements-contractors.page>)
- xvii. Once HRA's case management system becomes fully operational the Contractor would provide all electronic WeCARE data from its system(s) specified by HRA to be loaded into the new WeCARE case management system, after which the Contractor would use HRA's case management.

Imaging Services

- c. Until HRA's new case management system is available, the Contractor's and/or subcontractor's imaging services would be required to meet the requirements detailed below. Once HRA's case management system is available, HRA's system would automatically image and index documents created within HRA's system. Manually scanned documents would be transmitted to HRA's system following the same requirements below:
 - i. The Contractor would image, index and electronically transmit client documents, staff documents, and physical plant documents (described below) to an HRA designated Secure File Transfer Protocol (SFTP) site within the time period designated by HRA for each document type, which would be within twelve (12) calendar days for most document types.
 - ii. The Contractor would follow an HRA specified classification system that includes client-identifying data for client-specific documents and document type and date information for Electronic indexing.
 - iii. The Contractor would maintain a repository of all scanned documents transmitted to HRA and other specified documents during the period when the HRA's case management system is under development.
 - iv. All imaged documents would be in strict compliance with HIPAA statute and regulations, as well as all other applicable federal, state and local laws and regulations and all applicable HRA imaging policies and procedures.

Imaging Methods

- d. The Contractor's and/or subcontractor's case management system, while in use, would generate electronic images of all required system-generated documents.
- e. Documents that are not system generated (e.g., medical documentation) would be manually scanned by the Contractor.
- f. All manually and electronically scanned documents would be electronically indexed by the Contractor and transmitted to the HRA.
- g. The Contractor would maintain in its system(s) a repository of each manually scanned client document.

Categories of Scanned Documents

- h. The Contractor and/or subcontractor would categorize scanned documents as follows:
 - i. Client Documents: The Contractor would image all client-related documents, whether system generated or manually produced. These include but are not limited to documents related to the assessment, medical evaluation(s) (including psychiatric evaluations and laboratory results, when required), Vocational Rehabilitation Services, Wellness Plan process, Federal Disability Benefits Application process, outreach activities, and reasonable accommodations.
 - ii. Staff Documents: Staff documents to be imaged include, but are not limited to, qualified health care professionals' (including physicians'), current professional licenses and certifications and resumes.
 - iii. Physical Plant Documents: Physical plant documents to be imaged include, but are not limited to certificates of occupancy, licenses, and inspection certificates.

HRA Systems – Usage and Interface Requirements

- i. The Contractor and/or subcontractor would utilize and electronically interface with HRA's automated system(s) that support the WeCARE Program, including WeCARE Web (until HRA's case management system is fully operational), NYCWAY, Sequential Evaluation Tool, PaCS (Payment and Claiming System), ACCIS (Automated Child Care Information System), WISARD (Workforce Information System Automated Reporting Database), and other system(s) designated by HRA (Please see Attachment H - HRA Systems Supporting the WeCARE Program for a description of these systems). HRA system usage and interface requirements include:
 - i. Contractors and/or subcontractors would have computers, equipped with Internet Explorer 11 or above, and broadband Internet connection or better.
 - ii. Manually entering data into HRA systems.
 - iii. Electronically interfacing (bi-directionally) with the HRA's systems using file transfers which shall require the Contractor to store the HRA's unique client identifiers in its system(s). This may include electronic file transfers.
 - iv. The Contractor, in conjunction with HRA would establish a Virtual Private Network (VPN) tunnel to access HRA systems.
 - v. The Contractor would work with HRA staff to define, design, program, test, train and implement automated interfaces as required by HRA.
 - vi. The Contractor would send the required staff to HRA-provided training in the usage of HRA's systems.
- j. In addition to the major HRA systems listed in Attachment H – HRA Systems Supporting the WeCARE Program, Contractors and subcontractor(s) would use any system(s) identified by HRA as required to provide, manage and/or track services.

2. Proposal Instructions:

- a. Complete Section II (E): Management Information Systems (MIS), questions 25-27 of the WeCARE Program Structured Proposal Form, Attachment E.

- b. Attach letter(s) of intent or agreement(s) from subcontractor(s) that would provide services in relation to the proposed WeCARE Program, if applicable.

3. Evaluation:

- a. This section would be evaluated based on quality of the proposed approach to Management Information Systems (MIS) based on the criteria listed in this section of the RFP. It is worth a maximum of **10** points in the Proposal Evaluation.

F. Reporting, Monitoring and Quality Assurance

1. Program Expectations:

Reporting

- a. The Contractor and/or subcontractor(s), prior to the implementation of HRA's case management system, would generate and provide from its system(s) client-specific, operational, management, and statistical reports in compliance with HRA's requirements, including its prescribed deadlines.
- b. Once HRA's case management system is fully operational, HRA would generate most reports from its system. Exceptions include but are not limited to the Contractor and/or subcontractor providing monthly staffing and personnel reports. When the Contractor(s) requires additional reports, HRA may provide the reports or the data to the Contractor so that they may produce the reports.
- c. The Contractor's and/or subcontractor's system(s) would generate client-specific forms/reports that would include but not be limited to:
 - i. Assessment forms (e.g. Full QHP Assessment, Evaluating Assessments, Review Physician Report, Medical Evaluation, Psychiatric Evaluation)
 - ii. Service Plans
 - iii. Wellness Forms (e.g. Wellness Initial, Wellness Completion and Wellness Follow-up Forms)
 - iv. Individualized Vocational Assessment Plan (IVAP)
 - v. Federal Disability Forms
 - vi. Outreach Forms
- d. The Contractor's and/or subcontractor's system(s) would generate operational reports (that would be supplied to HRA upon request) that would provide managers, supervisors and staff with task lists of work activities in progress, completed and overdue on a detailed (e.g. by unit and worker) and summary level.
- e. The Contractor's and/or subcontractor's system(s) would generate monthly management reports that would include monthly and year-to-date information on all major operational components of the WeCARE Program, e.g. referrals, assessments, reasonable accommodations, VRS, Wellness, SSI/SSDI, Outreach, and placement and retention activities. These reports would delineate by Service Track, the number of activities performed, timeliness of performance and outcomes. There would also be a monthly staffing/personnel report which would list by job title: number of budgeted positions, positions on board, positions to be hired, and positions filled by former/current Cash Assistance recipients.
- f. The Contractor and/or subcontractor(s) would provide ad hoc reports and other materials, including electronic data upon request from HRA by the required due date.

Monitoring and Quality Assurance

- g. The Contractor would design and provide to HRA for its approval a detailed description of its Quality Assurance (QA) program, within two (2) months of the contract date. Upon approval from HRA, the Contractor would immediately implement the QA program.

- h. The Contractor would design a QA program that monitors performance in all services areas and activities including monitoring client satisfaction and creating and maintaining a plan for handling client grievances.
- i. The Contractor would maintain and adhere to a program of continuous quality improvement that assures standardized performance and quality care, including insuring that all staff continually implements all New York City and State recommendations relevant to the performance of the Services.
- j. The Contractor would make quality assurance a responsibility and a priority for all staff at all times.
- k. The Contractor would maintain all documents and materials necessary for quality assurance review and would submit to HRA as requested, including the ability to submit quality assurance information and documentation electronically.
- l. The Contractor, as requested by HRA, would report to HRA on any and all aspects of its Quality Assurance (QA) program.
- m. The Contractor would be subject to and cooperate with any independent outside organization that is retained by HRA to monitor and review the Contractor's performance of the Services as described, to assure the quality, effectiveness and integrity of the Services delivered by the Contractor ("Quality Review").
- n. The Contractor would participate in additional monitoring and evaluation of the program. This may include, but is not limited to: hosting site visits from HRA, researchers, press and others; surveys; interviews with staff and clients; organizing focus groups; administrative records review and other data collection and evaluation as determined by HRA.
- o. Upon the identification of issues through the Contractor's QA program, HRA or authorized outside QA organizations, the Contractor would develop and implement a Corrective Action Plan (CAP). If the plan does not succeed in correcting the issues, the Contractor would develop new/revised corrective actions.
- p. The Contractor would ensure oversight and quality assurance of services performed by subcontractors. The Contractor would be accountable for all activities performed by subcontractors and would provide appropriate monitoring and corrective action to ensure subcontractors are providing services appropriately and performing as required.

2. Proposal Instructions:

- a. Complete Section II (F): Reporting, Monitoring and Quality Assurance questions 28-30, of the WeCARE Program Structured Proposal Form, Attachment E.
- b. Attach letter(s) of intent or agreement(s) from subcontractor(s) that would provide services in relation to the proposed WeCARE Program, if applicable.

3. Evaluation:

- a. This Section will be evaluated based on the quality of the proposed approach to Reporting, Monitoring and Quality Assurance based on the criteria listed in this section of the RFP. It is worth a maximum of **10** points in the Proposal Evaluation.

G. Service Site and Facilities

1. Program Expectations

- a. The Contractor would operate and maintain at least one (1) service delivery site within the proposed Region. For Region III – Manhattan and Staten Island, two (2) service delivery sites will be required; at least one (1) facility for each borough.
- b. The Contractor would ensure the site(s) and facilities, including subcontractor's site(s) and facilities conform to all applicable federal, state and local laws and regulations regarding the

- operation of such facilities, and provide all of the equipment, amenities, and ancillary services necessary to facilitate the clients' compliance with WeCARE Program requirements.
- c. The Contractor would ensure each service delivery site is operated with the necessary facilities and equipment to adequately support clients, Contractor's staff, and any staff out-stationed by HRA, including but not limited to sufficient space, furnishings, computer hardware and software, adequate technology for reliable internet access, telecommunications equipment and access, as well as, staff work stations and common areas where classes, group meetings, and other activities can be conducted.
 - d. The Contractor would ensure the site servicing the Region is accessible, within one quarter mile, to public transportation. (For information on Cash Assistance population densities, please see http://www1.nyc.gov/assets/hra/downloads/pdf/facts/cash/ca_pop_census.pdf)
 - e. The Contractor would operate a service delivery site that complies with all Americans with Disabilities Act requirements.
 - f. The Contractor would provide the necessary reasonable accommodations for clients who require them.
 - g. The Contractor would have a plan for serving at least one-third of the capacity of a site that is, for any reason, unavailable for the delivery of WeCARE services for two (2) or more weeks, at one (1) or more alternative locations.
 - h. Contractors would ensure facilities meet the following requirements:
 - i. Have proof of site control as demonstrated by possession of a valid Certificate of Occupancy, deed, lease agreement or letter of commitment from a landlord, owner, seller or public agency providing a site to the Contractor for the time period services are to be performed under this RFP. Service sites may be co-located with other service provider facilities with the prior approval of HRA.
 - ii. Be operational within sixty (60) calendar days after the contract start date and be fully operational and deemed acceptable by HRA within one hundred twenty (120) calendar days after the contract start date.
 - iii. Be open for operation during normal working hours on City business days or obtain prior approval for closures, providing adequate and timely notice to HRA.
 - iv. Be compliant with all applicable New York City and State Sanitary Codes.
 - v. Provide adequate heat, ventilation and air conditioning, as seasonally appropriate.
 - vi. Allow for exterior and interior program signage.
 - vii. Provide sufficient daily seating capacity in all areas.
 - viii. Provide adequate space and equipment for clients engaged in program activities.
 - ix. Provide an appropriately equipped children's space.
 - x. Provide sufficient space for all staff out-stationed by HRA staff or other staff as designated by HRA.
 - xi. Provide adequate privacy protections for client and staff interaction.
 - xii. Provide an appropriately equipped break/lunchroom, including sink, microwave oven and refrigerator, for clients receiving vocational services.
 - xiii. Provide a secured refrigerator for client medications.
 - xiv. Provide extermination services as needed.
 - xv. Provide adequate security including a security plan updated no less than yearly for Contractor and subcontractor staff, HRA staff and clients in the case of adverse events.
 - i. The Contractor would ensure that all subcontractor(s) service delivery sites and facilities comply with all HRA standards listed in this RFP.

2. Proposal Instructions:

- a. Complete Section II (G): Service Site and Facilities, question 31-35 of the WeCARE Program Structured Proposal Form, Attachment E.
- b. Attach proof of site control for the initial three (3) year duration of the contract.

3. Evaluation:

- a. This section will be evaluated based on the quality of the proposed approach to operate and maintain the Service Site and Facilities based on the criteria listed in this section of the RFP. It is worth a maximum of 5 points in the Proposal Evaluation.

H. Budget Management**1. Program Expectations:**

- a. The Contractor or subcontractor(s) that will provide the services must have a minimum of five (5) years successful relevant experience managing contract budgets for programs serving similar populations outlined in this RFP.
- b. The anticipated maximum available funding amounts for the contracts awarded from this RFP are listed in "Basic Information" chart on page 2 of this RFP.
- c. The Contractor would operate the program with a budget based on the anticipated available funding and would not exceed the annual funding amount available.
- d. The Contractor would not claim Medicaid reimbursement for WeCARE Services provided.
- e. The Contractor would ensure the proposed costs enable the effective delivery of services and would adopt strict fiscal controls to ensure that finances are managed appropriately.
- f. The payment structure for these contracts will be as follows;
 - i. Contract Year 1: HRA would reimburse a contractor for actual and allowable expenses incurred and paid by the contractor during the first year of the contract term, up to a maximum of one hundred percent (100%) of the contract value as set forth in the Proposal Budget Summary.
 - ii. Contract Years 2 and 3: HRA would reimburse a contractor up to seventy percent (70%) of actual and allowable line-item expenses incurred and paid by the contractor. In addition, HRA would reimburse the remaining actual line-item costs, up to thirty percent (30%), on the achievement of milestones mutually agreed upon by the parties and set forth in the Proposal Budget Summary.
 - iii. The Contractor would be required to submit supporting documentation (vendor invoices, proof of payment, salary statements, etc.) for all program-related expenses paid in the prior month. In addition the Contractor would provide verification of all required supporting documentation demonstrating milestone achievements.
- g. Performance-based payments are measured in the manner described in Attachment D - Proposal Budget Summary of this RFP and payments would be made for the milestones listed below:
 - i. SSI – Initial Applications
 - ii. SSI – Supplemented Applications
 - iii. 30 Day Unsubsidized Employment
 - iv. 90 Day Unsubsidized Employment
 - v. 180 Day Unsubsidized Employment
 - vi. 365 Day Unsubsidized Employment

Please see Attachment I - Performance History for statistics relevant to the milestones listed above.

- h. Performance measures, outcomes and operational budgets are subject to change at the discretion and/or written approval of HRA/CAS. This includes the right to adjust a Contractor's not-to-exceed amount to account for performance.

2. Proposal Instructions:

- a. Complete Section II (H): Budget Management, questions 36-38, of the WeCARE Program Structured Proposal Form, Attachment E.
- b. Complete and attach the Proposal Budget Summary (Attachment D). For performance-based milestones, enter the proposed estimated quantity to be achieved and a proposed monetary amount to be paid for the achievement of each milestone.
- c. Attach the most recent audit report. Any proposed overhead/indirect rate, must be actual and auditable and supported by documentation, a certified A-133 audit is preferred.

3. Evaluation:

- a. This section will be evaluated based on the quality of the proposed budget and approach to operate and manage the budget based on the criteria listed in this section of the RFP. It is worth a maximum of 5 points in the Proposal Evaluation.

Section III – List of Attachments

*All attachments for this RFP can be found in the RFP Documents tab in the HHS Accelerator system.

Attachment A – General Information and Regulatory Requirements

Attachment B – Doing Business Data Form

Attachment C – Questions and Answers about the Doing Business Data Form

Attachment D – Proposal Budget Summary

Attachment E – Structured Proposal Form

Attachment F – Definitions

Attachment G – Reasonable Accommodations

Attachment H – HRA Systems Supporting the WeCARE Program

Attachment I – Performance History

Attachment J - New York City Career Pathways

Section IV – Basis for Contract Award and Procedures

A. Proposal Evaluation

All proposals received no later than the submission deadline will be reviewed to determine whether they are responsive or non-responsive to the requirements of this RFP. The Proposals will be ranked in order from highest to lowest technical score. Proposals that are determined by HRA to be non-responsive will be rejected. HRA's Evaluation Committee will evaluate and rate all remaining proposals.

HRA reserves the right to conduct site visits and/or interviews and/or to request that proposers make presentations and/or demonstrations, as the Agency deems applicable and appropriate. Although discussions may be conducted with proposers submitting acceptable proposals, the Agency 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 terms.

B. Contract Award

Proposals will be evaluated pursuant to the criteria set forth in the RFP. A separate and complete proposal must be submitted for each Region/Competition Pool proposed. Each Region will be considered a separate competition. Proposals will be ranked in descending order of their average technical scores. HRA will award up to four (4) contracts, one (1) contract for each Region/Competition Pool, to the highest technically rated proposal(s) which are determined to be the most advantageous to the City, taking into consideration the price and such other factors or criteria set forth in the RFP.

In the event that a proposer is eligible for more than one (1) contract award, HRA reserves the right to determine, based on the proposer's demonstrated organizational capability, capacity and the best interests of the City, how many and for which proposed Regions/Competition Pools and at what level of services a contract would be awarded, as well as the dollar amount for each such contract. All funding and regional allocations depend on the availability of the funding and are subject to change. HRA also reserves the right to reallocate service targets for proposers between service areas due to service demand, vendors' performance, and vendors' capacity and in the best interest of the City before award or during the course of the contract.

Once the highest rated proposer is determined for each Region/Competition Pool, negotiations may include capacity reductions or increases versus the proposed capacity.

The contract award shall be subject to the timely completion of contract negotiations between the Agency and the selected proposer and a determination of both proposer responsibility and administrative capability.