

# Request for Proposals

## PATH Medical Services

EPIN: 071180003

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**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](http://www.nyc.gov/hhsaccelerator) to learn more.

## Basic Information

<b>RFP Release Date</b>	January 8, 2018
<b>Proposal Due Date</b>	February 28, 2018 by 2:00 pm
<b>Pre-Proposal Conference</b>	Date: January 31, 2018 Time: 10:00 am Place: 150 Greenwich Street, 37 <sup>th</sup> Floor, New York, NY 10007
	Please note security at 150 Greenwich Street requires that all visitors provide identification (with picture) to be admitted into the building. To expedite security processing, please send an email to <a href="mailto:Accoprocurements@hra.nyc.gov">Accoprocurements@hra.nyc.gov</a> with the names of the individuals expected to attend from your organization no later than the day before the Pre-Proposal Conference. <b>Please include RSVP and the title of the RFP in the subject line of the email.</b> 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 that would indicate the purpose of the individuals' visit to the building.
<b>Shelter Site Visits</b> (optional)	Date: January 12, 2018 Time: 10:00 am Place: 151 East 151 <sup>st</sup> Street, Bronx, NY 10451
<b>Anticipated Contract Term</b>	July 1, 2018 – June 30, 2021, with two, three-year renewal options
<b>Agency Contact Person</b>	Cinnamon Warner: <a href="mailto:accoprocurements@hra.nyc.gov">accoprocurements@hra.nyc.gov</a>
<b>Anticipated Funding and Payment Structure</b>	<ul style="list-style-type: none"> <li>• Anticipated total maximum available funding: \$2,860,218 (\$953,406 annually)</li> <li>• Anticipated number of contracts: 1</li> <li>• Anticipated Payment Structure: Line item budget</li> </ul>
<b>Minimum Provider Qualifications</b>	<ul style="list-style-type: none"> <li>• To propose for this RFP, the proposer must have a 501c3 IRS Determination letter to be eligible to propose.</li> </ul>
<b>Questions Regarding this RFP</b>	<ul style="list-style-type: none"> <li>• Questions regarding this RFP must be transmitted in writing to the Agency Contact Person.</li> <li>• Questions received prior to the Pre-Proposal Conference will be answered at the conference.</li> <li>• Substantive information /responses to questions addressed at the conference will 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 proprietary nature.</li> </ul>
<b>Subcontracting</b>	<p>Subcontracting is permissible under the following conditions:</p> <ul style="list-style-type: none"> <li>• The proposer will identify any proposed subcontractor in the proposal.</li> <li>• Agency assumptions as set forth in the Program Expectations and other sections of this RFP apply equally to any proposed subcontractor(s).</li> <li>• All contractors and subcontractors shall be subject to DHS approval before expenses are incurred and payments made.</li> </ul>

## Proposal Submission Instructions

<b>General Guidelines</b>	<ul style="list-style-type: none"> <li>All Proposals must be submitted utilizing the Procurement Tab of the HHS Accelerator system at <a href="http://www.nyc.gov/hhsacceleratorlogin">www.nyc.gov/hhsacceleratorlogin</a> 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.</li> <li>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).</li> <li>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.</li> <li>Providers are responsible for the timely electronic submission of proposals. <b>It is strongly recommended that Providers complete and submit their Proposals at least 24 hours in advance of the Proposal Due Date and Time.</b></li> <li>Resources such as user guides, videos, and training dates are listed on at <a href="http://www.nyc.gov/hhsaccelerator">www.nyc.gov/hhsaccelerator</a>. For more information about submitting a proposal through the HHS Accelerator system, please contact <a href="mailto:Help@mocs.nyc.gov">Help@mocs.nyc.gov</a>.</li> </ul>	
<b>Proposal Details</b>		
<b>Basic Information</b>	<ul style="list-style-type: none"> <li>PATH Medical Services</li> </ul>	
<b>Provider Contact</b>	<ul style="list-style-type: none"> <li>Select member of your organization who will be primary contact</li> </ul>	
<b>Funding Request</b>	<ul style="list-style-type: none"> <li>Enter the total funding request.</li> </ul>	
<b>Site Information</b>	<ul style="list-style-type: none"> <li>151 East 151<sup>st</sup> Street, Bronx, NY 10451</li> </ul>	
<b>Proposal Documents</b>		
<b>Required Documents</b>	<b>Document Type</b>	<b>Description</b>
	Proposal	Structured Proposal Form
	Key Staff - Resumes	Key Staff Resumes and/or Job Descriptions
	Organizational Chart	Program Organizational Chart
	Budget	Completed Proposal Budget summary, including Start- up budget (if applicable)
	Property Management Plan	Completed Property Management Plan
	Doing Business Data Form	Completed Doing Business Data Form
	IRS Determination Letter [501(c)(3)]	IRS 501(c)(3) Determination Letter
Linkages	From organizations providing community service, health services, subcontractors, and partners	
<b>Additional Requirements for Documents</b>	<ul style="list-style-type: none"> <li>Proposal document file size cannot exceed 12 MB.</li> <li>Proposal documents must be in one of the following file formats: Word (.doc, .docx), PDF (.pdf), and Excel (.xls, .xlsx).</li> <li>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"> <li>For Word documents: Cut and paste contents of all resumes into one Word document.</li> <li>For PDF documents: Combine files into a single PDF.</li> <li>For Printed documents: Scan the multiple documents into a single document.</li> </ul> </li> </ul>	

## **Section 1 – Program Background**

### **A. Program Goals and Objectives**

The Department of Homeless Services (DHS) is seeking an appropriately qualified medical provider to provide medical and behavioral health services at Prevention Assistance and Temporary Housing (PATH) Family Intake Center, located at 151 East 151<sup>st</sup> Street, Bronx, NY 10451. The description for this site is listed below in Section 1. B. Site Profile. The contractor selected through this RFP will provide the services in accordance with New York State Codes, Rules and Regulations, Title 18, Part 491 (18 NYCRR 491), DHS policies and procedures, and related court decrees.

DHS' overall goals and objectives with respect to this procurement are to provide targeted medical and behavioral assessment and services at this site, tailored to the population of families with children served at the Family Intake Center. All families that are new to PATH will meet with the medical provider to complete a short medical and behavioral health screening. If the client does not have a primary care provider or would like to see a new provider, referrals will be provided. There will be a strong emphasis on delivering services that can be provided during a one-time visit with the provider, such as immunizations for children who are not up-to-date, and starting clients on contraception. Clients will also be provided with health education and coaching on various areas relevant to the client population. The provider will also provide consultation, be required to assist in emergency situations, provide crisis intervention, and conduct assessments, both in the clinic and in other areas of PATH.

Providers are required to have services on site for clients. Those services are outlined below. Preference will be given to contractors who are able to provide integrated healthcare within their agency, thus minimizing the need for sub-contractors. If subcontractors are utilized, it should be limited to one subcontract, thus maximizing integration of care.

### **B. Site Profile**

Prevention Assistance and Temporary Housing (PATH) Family Intake Center,  
151 East 151<sup>st</sup> Street, Bronx, NY 10451

The New York City Department of Homeless Services, Division of Family Services provides temporary emergency shelter to homeless families with children younger than 21 years of age and pregnant women. All families with children and pregnant women must apply for shelter at DHS' PATH Family Intake Center, and verify that they do not have an alternative housing option. DHS firmly believes that families are best served in their communities through prevention efforts, and temporary emergency shelter should only be utilized as a last resort when families are experiencing an immediate housing crisis.

Clients arrive at PATH with a host of complex and interrelated challenges. However, they all have one thing in common: a lack of safe and affordable permanent housing. Families, upon arrival at PATH, are engaged to determine what prevention services were already explored by the family and what services might still be available in the community to help avoid shelter entry. These families are engaged through a team approach to prevention, involving DHS Social Workers, HRA's Homeless Diversion Unit, and Case Managers from HRA's Homebase homelessness prevention program. Through these coordinated efforts, DHS seeks to immediately divert families from shelter placement and help them maintain housing in the community whenever possible.

Families without alternate housing options in the community, to which they are willing and able to immediately return, proceed with the application process for emergency shelter. These families are assigned to emergency shelter placement on a conditional basis, pending the determination of their

application for temporary emergency shelter. During this conditional shelter stay, lasting a week to ten days on average, Family Intake staff makes phone calls, and conducts home visits to the primary tenants and landlords who most recently provided housing to the families applying for shelter. The information gathered by Family Intake staff regarding these prior addresses, including length of stay, number of bedrooms, number of occupants, sleeping arrangements, and any health or safety issues, is used to determine whether or not families will be determined eligible for temporary emergency shelter beyond the conditional placement already granted. Those ultimately determined ineligible for shelter because of an identified viable housing option are subsequently engaged for assistance in returning to the community.

In FY16, PATH handled nearly 38,000 applications from nearly 18,000 unique households, numbers which have remained steady since 2013.

## **Section 2 – Clinical Expectations and Proposal Instructions**

### **A. Experience**

#### **1. Clinical Expectations:**

- a. The contractor would have tax-exempt not-for-profit status under 501 (c) (3) of the internal revenue code.
- b. The contractor would have at least five years of successful demonstrated experience in operating medical and behavioral health (mental health and substance use) services. Preference will be given to providers who are able to deliver integrated medical and behavioral health services.
- c. The contractor would have at least five years of successful demonstrated experience in serving homeless and/or low-income clients and in-depth experience providing services to homeless families, and low income young children and adolescents. Preference will be given to providers of healthcare with homeless designation and providers with demonstrated success in caring for the homeless and achieving demonstrable positive outcomes.
- d. Personnel would have the appropriate qualifications in terms of appropriate degree, certification, and/or licensure, etc. and experience as needed to perform in their respective role, i.e., MD, NP, and LCSW, to effectively provide the requisite services to homeless clients.
- e. The contractor would have the organizational capability to manage the delivery of services, administrative, and financial components of this program.

#### **2. Proposal Instructions:**

- a. Complete Section A of Attachment E: Structured Proposal Form, questions 1-4.
- b. Attach an IRS Determination Letter for 501(c)(3) status.

#### **3. Evaluation:**

- a. This section would be evaluated based on the extent to which the proposer demonstrates relevant experience to operate the program based on the expectations listed in this section. It is worth a maximum of **15 points** in the Proposal Evaluation. Greater consideration will be given to contractors who can provide integrated medical and behavioral health services on-site.

### **B. Medical Services**

#### **1. Clinical Expectations:**

- a. The provider would provide clinical services on-site as described below. The contractor may provide the services directly or via subcontract or MOU with an Article 28 organization. Greater Consideration will be given to providers who will provide the services directly and those who have or will obtain Article 28 designation. Providers who bill Medicaid or other insurances will report the revenues which they received in reimbursement to DHS or the shelter contractor and will subtract the reimbursement amount from their monthly invoice. Medical contractors will receive a 5% bonus, up to \$100,000 per year, for reimbursements they receive from billing Medicaid and other insurances.
- b. A senior Medical Provider staff would be identified and designated as the Medical Director for the Shelter.
- c. If used, the MOU or subcontract would be subject to the review and approval of DHS.

- d. The Contractor would provide health care services daily at PATH, from 8:00 A.M. to 12:00 midnight, including holidays.
- e. The Contractor would assess all new families applying for shelter, via the 2017 Health Screening (See **Attachment G**—PATH Healthcare Screening Questionnaire), which is comprised of questions on the physical and mental health of each family member. If a family member has any of the listed conditions, the family will be offered a targeted medical or mental health history and physical examination for the specific family member(s) with the finding in question.
- f. The Contractor would provide targeted medical evaluation of clients who screen positive for a medical condition based on the Health Screening form and those who screen positive on the Intake questionnaire.
- g. The Contractor would conduct pregnancy testing if medically appropriate.
- h. The Contractor would offer infectious disease testing as recommended by the US Preventive Service Task Force (PSTF) and client age, for example for HIV, HCV, HBV, and tuberculosis.
- i. The Contractor would provide episodic and acute/urgent care, as needed. This may include providing immunizations to children who are not up-to-date with their immunizations.
- j. The Contractor would offer routine immunizations according to DOHMH/CDC recommendations: including, hepatitis A and B, influenza, pneumococcal pneumonia, etc.
- k. The Contractor would screen for, and provide, counselling regarding contraception; provision of contraception, including implants, for those who are interested.
- l. The Contractor would assess urgent needs, as observed or requested by PATH staff, provide first aid as needed and arrange for transport to a local emergency department (ED) if the situation is a medical emergency. The Contractor would be taken by DHS staff to the area where the family member is having difficulty, if their assistance is requested by PATH staff.
- m. The Contractor would communicate with hospitals and other health care providers who care or have cared for the family as needed.
- n. In case of medical emergencies, if requested by PATH staff, the Contractor would assess family members, stabilize if possible, and provide medical guidance. These services may involve direct interaction with Emergency Medical Services (“EMS”) and follow-up while the patient is in a hospital’s ED. A written referral summarizing the presenting problem will be completed anytime a client is referred to the ED, and will be sent to the ED via EMS, faxed to the ED, and a follow up phone call made to the triage nurse. If necessary, the medical provider will speak to the ED attending.
- o. The Contractor would ensure 24/7 phone or email coverage by a medical provider for staff to discuss urgent needs for clients at PATH.
- p. The Contractor would review EMS calls made by PATH staff during the Contractor’s off-hours and will follow-up with the family member returning from the hospital.
- q. In the case of a communicable disease, the contractor would determine whether the family member should be isolated or wear a face mask while continuing their application process, or whether no precautions are needed. The Contractor would respond immediately to requests from the Department’s Medical Director or designee, regarding containment of a communicable disease (isolation protocols), response to a family member’s death, natural or man-made disaster, or other crisis.
- r. The Contractor would immediately alert the Department, and respond in a timely and appropriate fashion, as specified in Department protocols and DOHMH regulations, to communicable disease cases or outbreaks, such as chicken pox, tuberculosis, seasonal or novel influenza, etc.

- s. The Contractor would cooperate fully with all DHS, DOHMH and Office of the Chief Medical Examiner (“OCME”) investigations.
- t. A Care Coordinator would provide health education and promotion and make necessary referrals for treatment.
- u. The Contractor would provide coaching for pregnant women: healthy eating, prenatal vitamins, importance of breastfeeding, contraception and pregnancy spacing, post-partum depression, and linkage to prenatal care as needed.
- v. The Contractor would provide coaching for mothers of infants (0-12 months): safe sleep, SIDS, importance of being up-to-date with immunizations, infant nutrition, post-partum depression, smoking cessation and the risks of second hand smoking, infant development, shaken-baby syndrome, stress and motherhood, infant development, importance of increasing inter-pregnancy interval, and contraception.
- w. The Contractor would provide coaching for mothers/parents of all ages: healthy eating, importance of primary care and keeping medical and mental health appointments, contraception, stress management, child development, school support, positive discipline, access to early Intervention and other child mental health support, role of the DHS social workers.
- x. The Contractor would distribute educational materials.
- y. The Contractor would provide referral information via the list of homeless FQHC and public hospitals; use the DHS outpatient referral guide (See **Attachment I**-DHS outpatient referral guide).
- z. The Contractor would refer clients for gynecologic exam and Pap smear test, as indicated and as per recommendation of US PSTF, if the woman has not had an exam in two years or more.
- aa. The Contractor would refer clients for prenatal care if not yet begun, including WIC. Assess current pregnancy status and Expected Date of Delivery (EDD) based on LMP to determine urgency of referral. <http://www.webmd.com/baby/how-often-do-i-need-prenatal-visits>.
- bb. The Contractor would refer clients for pediatric follow-up and immunizations, as needed.
- cc. The Contractor would explain the role of Health Homes, provide Health Home enrollment information if eligible, and reinforce the importance of keeping medical appointments and of a “medical home.”
- dd. The Contractor would refer clients to specialty care as needed.
- ee. The Contractor would directly refer to the New York City Department of Health and Mental Hygiene (“DOHMH”) Nurse Family Partnership program, if applicable, and Newborn Home Visiting Program, either the DOHMH program or other similar program for women not eligible for the DOHMH program. The referral will be faxed to Florence Chery-Antoine at DOHMH after the client has been assigned to a shelter so that a current address can be included on the referral. Fax: (646) 364-0781, Phone: (646) 364-0726. (See **Attachment J**- NPF Referral Form.)
- ff. The Contractor would review and interpret medical documents and contact health care practitioners to inquire into a family member’s medical or mental health conditions if the condition could impact the family’s daily life and current housing placement.
- gg. The Contractor may also offer an opinion about how an individual, with such a condition, may have special placement needs or may be dependent on others for daily care.
- hh. At the request of the Director of PATH or other designated PATH staff, the Contractor would provide concise summaries of health conditions as identified through review of medical documents or direct inquiry with treating clinicians, including housing-related implications either in or out of shelter.
- ii. The Contractor would ensure that staff follows infection control guidance and HIPAA regulations.



**2. Proposal Instructions:**

- a. Complete Section B of Attachment E: Structured Proposal Form, questions 5-10.

**3. Evaluation:**

- a. This section would be evaluated based on the quality of the proposed plan to provide medical services based on the expectations listed in this section. It is worth a maximum **15 points** in the Proposal Evaluation.

**C. Behavioral Health Services**

**1. Clinical Expectations:**

- a. A Care Coordinator would provide health promotion and referrals for treatment. Work schedules would need to include one weekend day in order to have coverage on the weekends (see **Attachment H**–PATH Staffing Pattern). In addition, seven hours of psychiatric services will be made available for complex clients. If the seven hours of psychiatric hours are not used, the Contractor may be asked to evaluate other Family with Children Division clients.
- b. The Contractor would perform, on family members with a mental health or substance use issue identified during screening, or at the request of PATH staff, a targeted mental health evaluation and/or a substance use evaluation.
- c. A Care Coordinator would conduct outreach to families in need of further mental health evaluation to help facilitate appointment attendance. The Contractor would reach out to clients for appointment reminders. If a client misses the appointment, the contractor would reach out to the client to reschedule.
- d. For mental health evaluations, the provider can use their tool, but the information collected must be equivalent to the Department’s “Brief Psychiatric Assessment” form. For substance use evaluation, the DAST-10 will be used. Both forms are available in the Department’s electronic database.
- e. The Contractor would provide de-escalation services, crisis intervention, management of referral to hospitals, as needed and if requested by PATH staff.
- f. The mental health examination would include, at least, chief complaint or reason for evaluation, history of present illness (“HPI”), past medical and psychiatric history, substance use history, overdose history, history of self-harm, risk assessment for self – harm, trauma history, family history of mental illness, substance use, and suicide attempts, medication allergies; all current medications, past psychiatric medications; social history, and a full mental status examination.
- g. The DAST-10 will be used to identify and triage clients with a history or report of substance use, especially if the substance use issue may impact their ability to negotiate the application process and shelter or housing placement options. Both medical and psychiatric staff can perform the DAST-10, as needed.
- h. In case of psychiatric emergencies, if requested by PATH staff, the contractor would assess clients, deescalate and stabilize, if possible, and provide medical guidance, interact with EMS and ED staff, and manage the emergency. The Contractor would review EMS calls made by PATH staff during the Contractor’s off-hours and follow-up with the family member returning from the hospital.
- i. The Contractor would refer to psychiatric outpatient services and substance abuse services, including medication-assisted treatment for opiate dependence (buprenorphine, methadone, naloxone) and injection drug use (referral to syringe exchange programs).
- j. Following the behavioral health evaluation, the Care Coordinator would reach out to the Social Worker or Case Manager in the assigned shelter to ensure that a copy of the

evaluation is sent to the shelter Social Worker or Case Manager and ensure the client is connected in 15 days to community-based behavioral health service providers as recommended by the evaluation.

- k. Through establishing and maintaining contacts with providers in NYC, the Care Coordinator would provide referral list and resources to community-based services
- l. The Care Coordinator would promote health and wellness among clients through education and enhancement of motivation to initiate and maintain services.
- m. For family members not in crisis, the Contractor would provide needed referrals, and, rarely, provide prescriptions, for those who may require them.

**When additional funds are available:**

- n. A LCSW would be available, 5 days a week, including one weekend day, to conduct Behavioral Health assessments for clients that endorse behavioral health issues during the Health Screening. The LCSW would work along with the care coordinator to coordinate care when the client is given a shelter placement.

**2. Proposal Instructions:**

- a. Complete Section C of Attachment E: Structured Proposal Form, questions 11-13.

**3. Evaluation:**

- a. This section would be evaluated based on the quality of the proposed plan to provide mental health services based on the expectations listed in this section. It is worth a maximum of **15 points** in the Proposal Evaluation.

**D. Harm Reduction**

**1. Clinical Expectations:**

- a. The Contractor would be, or become, a NY State-certified Opioid Overdose Prevention Program and provide such services at PATH and have all sufficient trained staff become Certified Overdose Prevention Responders to cover all shifts. The Contractor would provide training to PATH staff to ensure coverage in other areas of the building and during hours when the Contractor is not on-site.
- b. As applicable, the Contractor should also offer substance-using clients referrals to a range of service options in the community, including syringe exchange programs, detoxification services, residential rehabilitation, and outpatient services, including for medication-assisted therapy.
- c. The Contractor would perform a Screening, Brief Intervention, and Referral to Treatment program (<http://www.integration.samhsa.gov/clinical-practice/sbirt>) for all adult family members.
- d. The contractor would offer naloxone training and kits to all clients that report opioid use and family members.
- e. The Contractor would make condoms available to clients.
- f. For family members who are smokers, the Contractor would offer brief smoking cessation education, and for those ready to quit smoking, the Contractor would, as indicated, prescribe Nicotine Replacement Therapy (“NRT”). If not ready to quit smoking, current smokers will be referred to a medical provider or smoking cessation program and provided with the NYS Smokers Quitline number and website (1-866-NY-QUITS {697-8487}), [www.nysmokefree.com](http://www.nysmokefree.com).
- g. Clients who are overweight or obese, and parents of overweight children, should receive brief counseling about the impact of body weight on chronic diseases, mainly heart disease and diabetes. This counseling should also include nutrition and exercise information.

h. The Contractor would participate in any additional Department-sponsored harm reduction initiatives, in collaboration with the Director of PATH.

**2. Proposal Instructions:**

a. Complete Section D of Attachment E: Structured Proposal Form, questions 14-15.

**3. Evaluation:**

a. This section would be evaluated based on the quality of the proposed plan to provide harm reduction services based on the expectations listed in this section. It is worth a maximum of **10 points** in the Proposal Evaluation.

**E. Patient Record and Confidentiality**

**1. Clinical Expectations:**

a. **Patient's Rights and Privacy:**

The Contractor would maintain the confidentiality of all patient files in accordance with Federal, State, and local law. The Contractor would provide each family with a copy of the Contractor's Patient's Rights, as well as post a copy in places accessible to the families. Clients will be provided with information on how to address health care and safety concerns.

b. **Access to Files:**

The Department would have access to all files for audit purposes and for individual case review, as needed, and subject to applicable laws. A written request for release of medical information to the Department, and to outside care providers, would be requested at the onset of the client/family and Contractor relationship. All clinical information collected from clients directly, or from another medical office, will be kept in the applicant's file. Upon the death of a family member, medical records will be forwarded, if requested, to the Office of the Medical Director or summarized, as requested, by the Contractor.

c. **CARES Database:**

The Contractor would document findings from targeted medical and mental health evaluations in CARES, for all fields that exist in CARES. CARES is the Department's web-based, electronic case record system, to which the Contractor would have access, on-site. For any information obtained in hard copy from the family, the Contractor would scan the documents into CARES. Hard-copy family records, maintained on-site by the Contractor, will be stored in locked file cabinets in the PATH clinic. The Contractor's electronic health records must be kept on password protected computers and in a secured room.

d. All clinical information would be recorded in the Contractor's electronic medical record, including the mental health examination, substance use screening, any information regarding the presence or likelihood of communicable disease, acute health care conditions, and health education received, including safe sleep, safe sex, and smoking cessation counseling, and substance use referrals.

e. **Electronic Health Record:**

The Contractor would use an Electronic Health Record ("EHR") and ask clients to sign consent for participation in a Regional Health Information Organization (RHIO).

**2. Proposal Instructions:**

a. Complete Section E of Attachment E: Structured Proposal Form, questions 16-17.

**3. Evaluation:**

a. This section would be evaluated based on the extent to which the proposer

demonstrates a viable plan to operate the program based on the expectations listed in this section. It is worth a maximum of **10 points** in the Proposal Evaluation.

## **F. Staffing Requirements and Training**

### **1. Clinical Expectations:**

- a. The contractor's proposed staff would have the appropriate clinical qualifications to effectively provide the requisite services to meet the needs of the target population.
- b. All staff members would have at least two years of experience providing services to homeless families, and low income young children and adolescents. Staff will have cultural competencies for providing the proposed services and also have opportunities for ongoing professional development and training.
- c. The contractor would employ and maintain adequate staffing to ensure operational success, including holidays. Please see **Attachment H** - PATH Staffing Pattern.
- d. DHS reserves the right to interview and review the credentials of key program staff, including the medical director, and to approve the contractor's employees who work in the shelter.
- e. The contractor would develop a staffing pattern that will ensure that team members have the necessary skills and training to achieve the program goals for this population.
- f. The Contractor, for every registered nurse, nurse practitioner, licensed practical nurse, physician, physician's assistant, social worker, health educator, medical assistant, and clerical staff assigned to this Agreement, will maintain and make available to the Department as needed, a staff file with the following documents:

- i. A signed statement of confidentiality, which has been approved by the Department.
- ii. Current certification/licenses, as required in accordance with City, State and Federal guidelines for the applicable clinician title.
- iii. Up-to-date certification in CPR, Infection Control, Right-to-Know, and Child Abuse Reporting.
- iv. Proof of completion of a pre-employment medical evaluation, including screening for Tuberculosis and immunity to chickenpox (Varicella Zoster Virus).

### **g. Staffing Patterns:**

- i. The Contractor would staff the medical program in accordance with the staffing requirements detailed in Anticipated Staffing Plan. Staff must be knowledgeable of cultural diversity and sensitive to the families served at PATH and to the special needs of family members who have experienced sexual and physical abuse.
- ii. The Contractor would not change the staffing pattern without the prior written approval of the Department.
- iii. The Contractor would provide, at all times, appropriate coverage for all medical staff on authorized and unauthorized leave, other than unplanned sick leave. For unplanned sick leave, the Contractor will attempt, to the best of its ability, to provide coverage for essential tasks.

### **h. Professional Licenses:**

- i. The Contractor would affirm that its staff meets the requisite professional licensure requirements of the State and City of New York and all services provided under this Agreement are in compliance with all applicable Federal, State and local laws and regulations, as well as meeting or exceeding accepted professional standards for such services. Any physician providing services under this Agreement will be Board Certified in the appropriate specialty, unless

otherwise agreed to by the Department's Medical Director.

i. **Training:**

- i. The Contractor would train all staff with direct client contact, including subcontractors, in mental health first aid, trauma-informed policies and procedures relevant to the staff's role, and crisis de-escalation techniques. The Contractor would attend all training required by DHS, whether provided by DHS, DOHMH or other entity. Providers must keep their staff trained and up-to-date in medical and behavioral health best practices related to the target population they serve.

j. **Citywide Emergencies:**

- i. During an emergency, as determined by the Mayor, the Office of Emergency management or DOHMH, the Contractor would allocate PATH medical staff as reasonably directed by the City. All efforts will be made to provide staff to cover PATH, as mass prophylaxis, among other interventions, may occur within the PATH setting. The Contractor would cooperate with DHS, and as needed with DOHMH, to participate in the response to the emergency, as required by the situation.

**2. Proposal Instructions:**

- a. Complete Section F of Attachment E: Structured Proposal Form, questions 18-20.
- b. Proposers should attach:
  - i. An organization chart specifically for the proposed program, indicating lines of supervision.
  - ii. A resume and/or description of the qualifications of proposed program staff. If resumes are not available, include the intended job descriptions with qualification requirements. Specify administrative, managerial and clerical positions and indicate whether staff members work full-time or part-time.

**3. Evaluation:**

- a. This section would be evaluated based on the quality of the proposed staffing plan to operate the program, based on the criteria in this section. It is worth a maximum of **10 points** in the Proposal Evaluation.

**G. Monitoring, Quality Management, and Performance Evaluation**

**1. Program Expectations**

**a. Reporting Structure:**

- i. The Contractor would report to the Department's Office of the Medical Director, and coordinate, daily, on operational issues, with the Director of PATH and designated PATH staff.

**b. Meetings:**

- i. The Contractor would participate in weekly meetings with the Director of PATH or other designated PATH staff. The Contractor will also work closely with PATH's Director of Intake or other designated PATH staff for individual case inquiries. The Contractor would meet quarterly, at a minimum, with the Office of the Medical Director.
- ii. The Contractor would participate in these quarterly meetings and any other meetings with the Department's Office of the Medical Director to discuss program planning, contract performance and clinical concerns. The Contractor would attend all meetings, scheduled at mutual convenience, necessary to meet the Department's contract management responsibilities and program goals. The Contractor would participate in periodic meetings with other Department medical providers as requested, which may focus on common problems, Department policies, City-wide initiatives, joint ventures with other city agencies, quality of care, and Department-wide operational issues.

**c. Reporting, Monitoring and Performance Evaluation:**

- i. The Contractor would report on clients served and activities, using electronic tools designed and provided by DHS, on a monthly basis.
- ii. The contractor would report on clinical services, referrals and relevant outcomes as defined by DHS.
- iii. Payment may be withheld for non-reporting and poor performance. Monthly reports are due by the 15<sup>th</sup> day of the following month.
- iv. DHS would monitor the contractor and evaluate service delivery based on site visits and ongoing data and service reporting. DHS reserves the right to terminate or reassign the contract if the contracted services are not provided according to the requirements expressed in the RFP.
- v. The Contractor would report on staff productivity, new hires, and replacements for staff that left the agency.
- vi. Once Article 28 certification has been obtained, the Contractor would report to the Department the receipt of all Medicaid revenue, attributable to medical services, on a monthly basis. Such reporting will be in a format that will enable the Department to track the medical services provided to applicants with active Medicaid eligibility.

**d. Quality Management:**

- i. The medical provider would establish a quality management program and collect clinical indicators, as developed by DHS.
- ii. The medical provider would enter clinical data into CARES and also analyze the indicators, include the indicators as part of the monthly report to DHS and review the performance indicators with their staff.
- iii. The contractor would collaborate with DHS on quality management activities, including surveys and program review as needed to understand the needs of the population in order to provide better services.
- iv. The Contractor would collaborate with the Department's Medical Director, on program development, evaluation and research projects. If the Contractor wants to work on research projects, these would be subject to approval by the Department's Medical Director, DSS Deputy Commissioner for research, Director of PATH, and Institutional Review Board, before implementation. All training programs, including, but, not limited to teaching of medical and

nursing students and/or offering internships/rotations to Physician Assistants, Nurse Practitioners, or Medical/Psychiatric Residents, must be approved by the Department's Medical Director before implementation.

**2. Proposal Instructions:**

- a. Complete Section G of Attachment E: Structured Proposal Form, questions 21-23.

**3. Evaluation:**

- a. This section would be evaluated based on the extent to which the proposer demonstrates a plan to establish a quality management program and meet reporting requirements based on the expectations listed in this section. It is worth a maximum of **10 points** in the Proposal Evaluation.

**H. Performance Incentive/Disincentive Program, Liability Insurance**

**1. Program Expectations:**

- a. The Department reserves the right to modify its performance incentive/disincentive program and liquidated damages assessments at any time, with reasonable notice to the Contractor. The Contractor should be assessed liquidated damages as follows:
  - i. \$100 per day if, after the first month of this Agreement, there are vacancies in the approved staffing pattern or at any time a position becomes vacant during the term of the contract and there is no replacement or temporary coverage after a month.
  - ii. \$100 for each incident, other than unplanned sick leave, at the Department's direction, or during a natural or man-made disaster, that the contracted level of medical professional staff (Licensed Practical Nurse, Registered Nurse, Nurse Practitioner, Physician's Assistance, Medical Doctor) is not provided for an entire shift. An additional \$150 dollars shall be assessed for each such incident that is not reported, within two hours of the start of the shift, to the Department's Agency Medical Director or her designee.
  - iii. \$100 for each incident, when Contractor staff, when requested by PATH staff, during operational hours, fails to assist in the referral for emergency care or interacting directly with EMS or providing a written referral, as feasible, to EMS.
  - iv. 5% of the monthly invoice, if during that month, the Contractor does not meet the benchmark for response time for 90% of referrals made to the clinic. The response time will be determined, in consultation with the Director of PATH, after the first quarter of the first contract year.
- b. The Department reserves the right to deduct from any monies due or to become due the Contractor any liquidated damages assessed.

**c. Medical Liability Insurance:**

The Contractor would maintain Medical Professional Liability insurance, identifying the City as additional insureds, applicable to the services covered by this Agreement. The amount of this coverage shall be one million dollars (\$1,000,000) per occurrence, three million dollars (\$3,000,000) in the aggregate with a one million-dollar (\$1, 000,000) umbrella policy, such limits to be solely applicable to claims arising from this Agreement. Upon obtaining such coverage, the Contractor would provide a certificate to the Department, evidencing such coverage from the insurer providing this coverage, which contains a representation that it is a true and accurate statement of the policy's coverage binding on the insurer. Such policy(ies) of insurance shall be obtained from a company(ies) duly licensed to do business in the State of New

York, shall provide that in the event of cancellation thereof, the Department shall be notified at least thirty (30) days in advance thereof, and defend the Department and the City, including the agents, servants and employees of the Department and the City, in connection with all claims, loss or damage (including attorney fees).

**2. Proposal Instructions:**

a. Complete Section H of Attachment E: Structured Proposal Form, question 24.

**3. Evaluation:**

a. This section will be evaluated based on the extent to which the proposer demonstrates a plan to meet performance expectations as listed in this section. It is worth a maximum of **5 points** in the Proposal Evaluation.

**I. Medical Supplies and Equipment**

**1. Clinical Expectations:**

**a. Medical Supplies and Medications:**

The Contractor would provide all needed medical supplies and access to emergency medications and prescriptions, as available and as the budget allows. The Contractor shall store these supplies in a locked, secure, area in the PATH clinic.

**b. Waste Disposal:**

The Contractor would arrange for the disposal, from the clinic and other PATH areas, of infectious waste and potentially infectious waste, as those terms are defined by the New York State Public Health Law and the Administrative Code of the City of New York, respectively. The Contractor would ensure that staff follows Federal, State and local infection control and infectious waste removal laws, rules and regulations. The Contractor would also comply with the disposal contractor's infectious waste removal procedures and guidelines.

**c. Equipment:**

- i. An inventory listing all equipment, supplies and furnishings at the PATH would be provided and reviewed jointly by the Department and the Contractor, prior to the commencement of this Agreement.
- ii. The Contractor would thereafter maintain and as necessary replace all equipment and furnishings, but, only, to the extent funds are available in its Budget for this purpose. The Contractor would provide the Department, on a yearly basis, an inventory of the equipment and furnishings at each site. The purchase of equipment and furnishings will be approved in advance by the Department, unless, in the reasonable determination of the Contractor, emergency replacement or purchase is warranted, and funds are available in the Budget.

**2. Proposal Instructions:**

a. Complete Section I of Attachment D: Structured Proposal Form, questions 25-26.

**3. Evaluation:**

a. This section will be evaluated based on the extent to which the proposer demonstrates a viable plan based on the expectations listed in this section. It is worth a maximum of **5 points** in the Proposal Evaluation.



## **J. Budget Management**

### **1. Program Expectations:**

- a. DHS anticipates that the payment structure for contracts awarded under this RFP will be line-item budget reimbursement.
- b. The total maximum available funding for this contract is \$2,860,218 for three years (\$953,406 annually).

### **2. Proposal Instructions:**

- a. Proposers should complete and attach the Proposal Budget Summary (Attachment D).
  - i. If a Start-Up Budget is required, proposers must also complete the Start-Up Budget Summary tab and include a separate Budget Narrative justifying all costs
- b. Complete Section J of Attachment E: Structured Proposal Form, question 27.

### **3. Evaluation:**

- a. This section will be evaluated based on the extent to which the proposer demonstrates a viable budget to operate the clinic based on the expectations listed in this section. It is worth a maximum of **5 points** in the Proposal Evaluation.

### **Section 3 – 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 to Proposers
- Attachment B – Doing Business Data Form
- Attachment C – Question and Answers about the Doing Business Data Form
- Attachment D – Proposal Budget Summary
- Attachment E – Structured Proposal Form
- Attachment F – Client Code of Conduct (CCC) and Process
- Attachment G – PATH Healthcare Screening Questionnaire
- Attachment H– PATH Staffing Pattern
- Attachment I – DHS outpatient referral guide
- Attachment J– NPF Referral Form

## **Section 4 – Basis for Contract Award and Procedures**

### **A. Proposal Evaluation**

All proposals received by DHS will be reviewed to determine whether they are responsive or non-responsive to the requirements of this RFP. Proposals which DHS determines to be nonresponsive will be rejected. DHS Evaluation Committees will evaluate and rate all remaining proposals based on the Evaluation Criteria outlined in this RFP. DHS reserves the right to conduct interviews and/or to request that proposers make presentations, as deemed applicable and appropriate. Although DHS may conduct discussions with proposers submitting acceptable proposals, it 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. Greater consideration will be given to contractors who are able to enhance the volume of services offered by incorporating Medicaid-funded behavioral health services into their program and that can provide integrated medical and behavioral health services on-site.

### **B. Contract Award**

A contract award will be made to the responsible Proposer whose proposal is determined to be the most advantageous to the City, taking into consideration the price and such other factors or criteria which are set forth in the RFP.

Proposals will be ranked in descending order of their overall average technical scores and DHS will establish a shortlist through a natural break in scores for technically viable proposals. Awards will be made to the highest rated vendors whose proposals are technically viable and whose prices do not exceed the conditions set forth in the RFP. However:

- DHS reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.
- DHS reserves the right, prior to contract registration and during the term of the contract, to change the shelter's program size, program type, model and/or gender of its population depending on the needs of the shelter system.
- Should funding not be available for any of the program's components and/or services, DHS reserves the right to make all necessary changes to the scope of services of the contract to be awarded from this RFP.
- Should a change to the scope of services be required, the Contractor will ensure a smooth transition to the new program model where relevant, including the potential transfer of existing clients to more appropriate program settings.
- DHS reserves the right to incorporate additional services into the shelter, including but not limited to an increase in program size, reduction of the per diem rate, or the imposition of financial disincentives if a program fails to meet program targets set by DHS.
- The actual total maximum annual available funding for the contract awarded from this RFP will be negotiated between the Agency and selected Proposer prior to contract award.

Contract Award shall be subject to timely completion of contract negotiations between DHS and the selected proposer, and a determination of both contractor responsibility and administrative capability.