



Scope of Work

Provision of Transitional Congregate Housing for HASA Clients EPIN: 06924P0011

Table of Contents

I. Program Background	
A. Program Purpose and Goals	
B. Target Population	
II. Program Expectations	
A. Case Management and Supportive Services	30%
B. Demonstration of Site Control and Facility Requirements	20%
C. Placement and Referrals	15%
D. Assessment and Service Planning	10%
E. Organizational Capacity and Staffing Plan	20%
F. Budget Management	5%
III. Basis for Contract Award and Procedures	
A. Proposal Evaluation	
B. Evaluation Criteria	
C. Contract Award	

IMPORTANT NOTE: This Request for Proposals is issued through PASSPort pursuant to the HHS Accelerator rule to those organizations prequalified in the relevant service areas.

Basic Information	
General Guidelines	To respond to this RFx and all other Human/Client Service RFx's, organizations must have: (i) a PASSPort account, and (ii) have an Approved HHS Prequalification application in PASSPort. Proposals and Prequalification applications will ONLY be accepted through PASSPort. If you do not have a PASSPort account or Approved PASSPort HHS PQL Application, please visit www.nyc.gov/passport to get started. • This is an open-ended RFx. Therefore, there is no prescribed due date for submission. All proposals will be reviewed by the Agency on an ongoing basis as they are received until all the Agency's needs have been addressed. • Please allow sufficient time to complete and submit proposals, which includes entering information, uploading documents, and entering log-in credentials. • Providers are responsible for the timely electronic submission of proposals. • Resources such as user guides and videos are listed on www.nyc.gov/passport. For more information about submitting a proposal through the PASSPort system, please visit nyc.gov/mocshelp
Anticipated Contract Term	The term for each contract will be five (5) years with one (1) option to renew for up to four (4) years unless the proposer requires a different term based on funding requirements. The anticipated contract start dates for services under this open-ended RFx are as follows: Group 1: anticipated contract start date of July 1, 2024 to apply for up to 680 units Group 2: anticipated contract start date of July 1, 2025 to apply for up to 120 units. The number of units is subject to change depending on the Agency's needs. Group 3: anticipated contract start date of July 1, 2028 to apply for up to 100 units. The number of units is subject to change depending on the Agency's needs. Group 4: anticipated contract start date of July 1, 2032 to apply for remaining units not awarded in the previous RFx releases, depending on the Agency's needs. Incumbent vendors under this transitional housing program should submit responses to this RFx at least 7 months before expiration of their current contracts so as to afford timely DSS review. Notwithstanding the above, proposers may submit proposals for units new to the City's housing portfolio, which review would be subject to budget appropriation and approval. The City reserves the right to add units and programs during the course of this RFx.

Anticipated Funding and Payment Structure	• Anticipated total maximum available funding: \$157,500,000 (\$31,500,000 annually). • Anticipated Number of Contracts: Will depend on proposed number of units and available funding. Additional funding may be added at a later date. • Anticipated Number of Units: 900 studios or one-bedroom units • Minimum number of units per site: 15 • Anticipated maximum available funding per unit per year: \$35,000 • DSS/HRA reserves the right to reallocate the number of units and award additional units based on the submitted proposals, the program budget, and the best interests of the City. • Payment structure: combination of line-item and utilization. The proposers will be expected to achieve a 95% occupancy rate within six (6) months or less of their contract being registered and maintain a minimum of 95% occupancy rate throughout the term of the contract. (See Budget Management section for more information.)
Subcontracting Information	• Subcontractors may be used with the Agency's prior approval. • All subcontractors must be fully approved by DSS/HRA prior to the commencement of the subcontractor's work. • Subcontracting is permitted; however, there must be one lead vendor. Strong partnerships with complementary community organizations and businesses are strongly encouraged. • Agency requirements as set forth in the Program Expectations and other sections of this RFx apply equally to any proposed subcontractor(s). • All contractors and subcontractors shall be subject to DSS/HRA approval before expenses are incurred and payments made.
Questions Regarding this RFx	• Questions regarding the RFx must be transmitted in writing to the Agency Contact Person contained in the View RFx tab. • Questions received at least one (1) day prior to the Pre-Proposal Conference will be answered at the conference. • Substantive information/responses to questions addressed at the conference will be released in an addendum to the RFx through PASSPort, unless in the opinion of the Agency, the question is of a proprietary nature.

Proposal Documents

	Document Type	Description
Required Documents	Proposal Cover Letter	Completed Proposal Cover Letter using the template provided in PASSPort.
	Proposal Budget Summary	Completed Proposal Budget Summary
	IRS Determination Letter 501(c)(3)	Proof of Non-Profit status.
	Key Staff Resumes	Resumes and/or Job Descriptions for Key Staff Positions.
	Staffing Plan	The program staffing plan must include, at minimum, one (1) full-time Program Director, one (1) full-time Clinical Supervisor (i.e., Licensed Clinical Social Worker [LCSW] or a Licensed Mental Health Counselor [LMHC] or a licensed clinical supervisor with a specialty in Mental Health or substance use counseling), and one (1) Case Manager for every twenty (20) clients.
	Letters of Reference	Three (3) letters of reference from Non-Governmental entities.
	Organizational Chart	Program Organizational Chart, showing how the proposed services fit into Proposer's organization.
	Annual Report	Financial Audit Report or Certified Financial Statement or letter stating why no report or financial statement is currently available.
	Community Linkages and Partnerships	Linkage agreements from organizations providing services that support the achievement of participants' service plan goals. At minimum, linkages/referral for services must include HIV Primary Care, Care Coordination (i.e., Medical Case Management), Mental Health, Food & Nutrition, Substance Use Treatment Services, and Buprenorphine/Naloxone services/training.
	Site Control	Deed, purchase and sale agreement, executed long term lease or site control letter of intent from owner or landlord for City-owned property, other proof of ownership or site control for each site for a minimum of five (5) years.
Optional Documents	Rental Assistance	Letter from HPD or other funding source demonstrating rental assistance award.
	Map of Location	Map showing site of proposed location that includes transportation and nearby resources. Please label map as "Confidential"
Additional Requirements for Documents	- Proposal documents must be in one of the following file formats: Word (.doc, .docx), PDF (.pdf), and Excel (.xls, .xlsx). - If you need to combine documents, complete one of the following steps: - For Word documents: Cut and paste contents of all resumes into one Word document. - For PDF documents: Combine files into a single PDF. - For Printed documents: Scan the multiple documents into a single document.	

Section I – Program Background

A. Program Purpose and Goals

The Department of Social Services (DSS)/New York City Human Resources Administration (HRA) (“Agency”) is seeking qualified proposers to operate and maintain approximately 900 units of transitional congregate housing for single adults or adult couples who are clients of HRA’s HIV/AIDS Services Administration (HASA). Congregate housing refers to multiple housing units located within one building and transitional congregate housing is meant to be short-term and time limited. This housing model provides intensive case management and other social services as needed to assist clients in their transition to permanent housing. The contracted vendor will work with HASA clients to maximize their functional capacity, reduce morbidity and mortality by linking them to health, mental health and/or substance use treatment services, and monitoring their treatment adherence/compliance to clinical care. Although all 900 units are existing and incumbent vendors should re-propose, new units may be submitted for consideration, which would be subject to funding appropriation.

Under this program model, the proposer is expected to provide on-site intensive case management, housing search assistance, and support services to enable all eligible clients to achieve the skills and financial independence required for independent living. The proposer will maximize the client’s self-reliance and capacity for independence through referrals to employment programs for training and job placement. The proposer is expected to maintain a portfolio of studio and/or one-bedroom apartments under this program model.

B. Target Population

The target population that will be provided with transitional congregate housing and support services under this program is limited to single adults or adult couples enrolled in HASA. In addition, eligible HASA clients should meet the criteria of one or more of the following categories:

- Have documented clinical service needs including substance use, mental health disorder or diagnosis, and/or behavioral disorder.
- Be currently experiencing homelessness or living in medically inappropriate housing.
- Need supportive services to gain self-sufficiency and enhance independent living skills.

Clients who currently are homeless or at risk of homelessness will be given the highest priority consideration by HASA for referral into transitional supportive housing. Client referrals for transitional housing funded by this RfX will be made solely by DSS/HRA’s HASA program.

Note: Proposers may propose to provide services for more than one site. However, a separate and complete proposal must be submitted for each site proposed.

Section II – Program Expectations

A. Case Management and Supportive Services

1. Program Expectations:

- a. The proposers would have at least five (5) years of successful, relevant experience within the last ten (10) years, providing case management and supportive services within a congregate housing setting for persons who are diagnosed with HIV living within New York City and who have a history of a mental health condition, substance use disorder, or mental health condition with a co-occurring substance use disorder. Greater consideration will be given to proposers with more than five (5) years of experience providing services to this population.
- b. The proposers would provide transitional congregate housing units to eligible HASA clients with on-site case management, housing search assistance, and supportive services to each client residing at the facility. The expectation is that clients will reside in transitional housing for 180 days or less from the date of placement. However, housing, case management, housing search assistance, and other support services must be offered regardless of the client's length of stay.
- c. On-site services would be available, at minimum, five (5) days per week for a minimum of eight (8) hours per day. Such services would include, but are not limited to:
 - assistance with accessing and maintaining public benefits/entitlements.
 - assistance with accessing and maintaining medical, mental health, substance use services;
 - assistance with securing permanent housing, and
 - referrals for vocational, employment and other services
- d. The proposers would provide services in a secure environment to enable clients to learn the skills and have the resources and supports required for independent living. The intent is to transition clients to self-sufficiency and independent living in the community.
- e. The proposers would assist all clients in scheduling a screening for a 2010e supportive housing application with the client's assigned HASA center. Proposers would assist clients who apply for supportive housing with all aspects of the application process, including document collection and interviewing with potential supportive housing providers as well as completing or obtaining a psychosocial assessment, psychiatric evaluation or scheduling with a qualified clinician. Access the following link for more information: <https://www.nyc.gov/site/hra/help/hra-2010-e.page>
- f. The proposers would assist all clients in applying for all subsidized housing that they may qualify for and assist in searches for private-market housing. This includes assisting clients in all aspects of the application process, including document collection, liaising with real estate brokers/property management companies/landlords, and interviewing. All efforts to assist clients in finding permanent housing must be documented in the client's case record, including dates and outcomes of all housing search activities.
- g. The proposers would conduct an initial assessment within thirty (30) days of a client's placement, and quarterly reassessments thereafter, at minimum, to identify clinical, housing, and support service needs. These assessment and reassessments must include a review and discussion of the client's health, including but not limited to, access to medical care, HIV viral load, access to substance use and mental health treatment, and adherence to HIV and psychotropic medication.
- h. The proposers would develop an initial service plan with the client, which is updated quarterly at minimum, to document short and long-term goals related to clinical, housing, and support service needs identified in the assessment and reassessment.
- i. The proposers would document assessments, reassessments, and service plans in writing. Service plans must be signed by the client documenting agreement to the entire service plan, including goals.

- j. The proposer would teach and encourage life skills such as money management to promote self-sufficiency and achieve financial independence required for independent living.
- k. The proposers would identify and prepare clients for subsequent placement into permanent supportive housing, scatter site housing, or independent housing, by stabilizing clients and providing needed supports with the long-term goal of self-sufficiency.
- l. The proposers would assist clients with locating alternative housing options when a client's health necessitates it (e.g., nursing home), or the client expresses a voluntary desire to relocate.
- m. The proposers would utilize harm reduction strategies, when appropriate, to assist clients reduce and/or eliminate the negative impact and consequences of their substance use.
- n. The proposers would use the Motivational Interviewing (MI) approach to work with clients; encourage healthy eating habits; provide recreational programs; and assist with activities of daily living (ADLs), and other services necessary to help clients increase their capacity for independent living.
- o. If meals are provided, then the proposers would follow NYC Food Standards, as well as comply with licensing/certification requirements for staff and volunteers handling food. See the following for more information: <https://www.nyc.gov/site/foodpolicy/governance-initiatives/nyc-food-standards.page>
- p. The proposers would encourage and monitor client linkages with community-based organizations and would ensure client engagement in services, including utilization of medical, mental health, substance use treatment, and/or harm reduction services; and assistance with accessing and adherence to medical and medication regimens, on an ongoing basis.
- q. The proposers would refer clients to home care services, when needed.
- r. The proposers would assist clients with obtaining and maintaining all government benefits and services for which the client is potentially eligible.
- s. The proposers would assist clients who are incapacitated, unable to budget, and/or struggling to comply with their fiscal responsibilities by applying for voluntary Representative Payee Status, as appropriate.
- t. The proposers would provide services in a linguistically and culturally sensitive manner, including services that address concerns of clients who identify as LGBTQIA+, nonbinary, and gender non-conforming.
- u. The proposers would build and maintain linkages with community-based organizations that provide vocational training and job placement services.
- v. The proposer would ensure the program has a staffing plan that would support the provision of case management and support services outlined above. This includes, at minimum, one (1) full-time Program Director, one (1) full-time Clinical Supervisor (i.e., Licensed Clinical Social Worker [LCSW] or a Licensed Mental Health Counselor [LMHC] or a licensed clinical supervisor with a specialty in Mental Health or substance use counseling), and one (1) Case Manager for every twenty (20) clients.

2. Evaluation:

- a. This section will be evaluated based on the quality of the proposed approach and extent to which the proposer demonstrates successful relevant experience in case management and supportive services, according to the criteria listed in this section. It is worth a maximum of **30 percent** in the Proposal Evaluation.

B. Demonstration of Site Control and Facility Requirements

1. Program Expectations:

Site Control

- a. The proposers would demonstrate that they have control of the proposed site for a minimum of the initial five (5) year term of the contract at the time of proposal.
- b. The proposers would provide a Certificate of Occupancy, a Temporary Certificate of Occupancy, or a Letter of No Objection, at the time of award.
- c. DSS/HRA reserves the right to rescind selection of any apparent winner and award to the next rated available proposer if the apparent winner fails to provide a Certificate of Occupancy, a Temporary Certificate of Occupancy, or loses site control.

Facility Requirements

- a. The proposers would ensure that facilities:
 - i. Have a minimum of fifteen (15) units that are ready for immediate occupancy.
 - ii. Are located in neighborhoods that are in close proximity to public transportation and accessible to other amenities like grocery stores and other retail, pharmacies, health care, and other community-based services.
 - iii. Are situated in buildings with elevators or that have units located no higher than two (2) floors above ground level, and that are not in the basement/cellar.
 - iv. Are situated in buildings with common lounge areas.
 - v. Include studios or one-bedroom apartment units which are minimally equipped with beds, including mattress and box spring, dresser and side table in the bedroom; sofa and coffee table in the living room; table and chairs for the dining room; pots, pans, dishes, cups, utensils and a stovetop, microwave oven, cabinets, drawers, refrigerator (at least 4.2 cubic feet), and closet. The proposers would also provide pillows, bed linens, towels, shower curtain and hooks, etc.
 - vi. Have units that contain private full bathrooms for each studio or one-bedroom apartment. Proposals with units that do not contain private bathrooms will require a waiver by DSS/HRA. To request a waiver, attach a letter to the proposal that details the waiver request and outlines the bathroom ratio per unit for all units being proposed, and also includes information on how cleanliness and client safety will be maintained.
 - vii. Have housing units with a separate bedroom area with a minimum of 150 square feet of clear floor space.
- b. The proposers would ensure that any NYC Housing Preservation and Development (HPD) Maintenance Code or Department of Buildings (DOB) Environmental Control Board (ECB) violations are quickly corrected.
- c. The proposers would be in compliance with the Americans with Disabilities Act (ADA), the City of New York building codes, the New York State multiple dwelling laws, New York State Division of Housing and Community Renewal rent guidelines and legal rents, all other Housing Community Renewal rent guidelines and legal rents, and any other pertinent Federal, State and City regulations, including the DSS/HRA/HASA's Supportive Housing Programs Desk Guide (Attachment A).
- d. The proposers would ensure a fan is available to all clients throughout the year. Any eligible client must be allowed to install their own air conditioner, in keeping with NYC Department of Buildings guidelines. Proposers may seek an exemption in writing and submit supporting documentation if installing air-conditioning involves electrical or other building upgrades that

- are a significant hardship. An exemption request must be made in writing to HASA. Clients must be permitted to take their air conditioner with them when vacating the unit.
- e. Heat must be available according to NYC Housing and Preservation Department's guidelines. Hot water must be provided three hundred sixty-five (365) days per year at a constant minimum temperature of one hundred twenty (120) degrees Fahrenheit. See the following:
[Heat and Hot Water Information - HPD \(nyc.gov\)](#)
 - f. The proposers would ensure that units are located in a building that meets the following security requirements:
 - i. Has a main entrance that securely self-locks;
 - ii. Has safety and security personnel on site, twenty-four (24) hours per day/seven (7) days per week/365 days per year;
 - iii. Has well-lit entrances.
 - g. The proposers would ensure that all security cameras are in operation twenty-four (24) hours a day, are kept in good operating order at all times, and are repaired expeditiously as needed. Daily footage for the cameras must be retained for at least fourteen (14) days.
 - h. The proposers would ensure that each unit is painted and meets all applicable provisions of State and municipal housing laws and would provide general apartment maintenance and make minor repairs in a timely manner. Please see Attachment A – HRA/HASA Supported Housing Programs Desk Guide, page 33, VI. Apartment Maintenance, A. and B.
 - i. The proposers would post the Fire Safety and Evacuation Plan on each floor, and smoke and carbon monoxide detectors would be installed in individual units. Refer to the following for additional information: <https://www.nyc.gov/site/fdny/business/all-certifications/plan-fs-evacuation.page>
 - j. The proposers would conduct monthly onsite habitability inspections for each housing unit to assess the condition of the apartment and compliance with the U.S. Housing and Urban Development (HUD) housing quality standards (HQS). Habitability inspections should be documented in writing. See the HUD website for more information: https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/hqs.
 - k. The proposers would maintain Pest Control Records, Sprinkler Test Records, Elevator Inspection Records and present, on-demand, to the DSS/HRA facility inspector at times of facility inspections. See the NYC Housing Preservation & Development website for more information: <https://www1.nyc.gov/site/hpd/services-and-information/inspections.page>.

2. Evaluation:

- a. This section will be evaluated based on the quality of the proposed approach and extent to which the proposer demonstrates successful relevant experience in site control and facility requirements, according to the criteria listed in this section. It is worth a maximum of **20 percent** in the Proposal Evaluation.

C. Placement and Referrals

1. Program Expectations:

- a. The proposers would have and demonstrate a minimum of five (5) years' experience with assessing client needs for placement and referral to supportive housing programs for persons living with HIV, who have a history of mental illness, substance use disorder, or mental illness with a co-occurring substance use disorder.

- b. The proposers would have five (5) years successful relevant experience providing transitional housing placements, as well as providing referrals to additional services.
- c. The proposers would develop and demonstrate successful strategies for engaging individuals who may be resistant to offered services.
- d. The proposers would accept ALL referrals, including emergency referrals for same-day placements, forwarded from DSS/HRA for each vacant unit. For non-same day referrals, the proposers have a maximum of one (1) business day from the referral date to provide a detailed justification for their assessment that the client doesn't meet admission criteria for the program. DSS/HRA reserves the right to disagree with the provider's decision and require immediate same-day placement of client.
- e. The proposers would work with the client during their transitional stay to identify appropriate permanent housing based on the client's functioning level and that meets the client's neighborhood preferences.
- f. The proposers would assist the client in moving from the transitional facility to the permanent housing placement and assist with transporting the client's possessions from the facility, provided the new residence is in New York City.
- g. The proposers would be responsible for identifying and securing permanent housing for the clients, as described above, including referrals to view permanent housing units.
- h. All units vacated by a client must be ready to be occupied by a new client within thirty (30) days of the date the previous occupancy ended. If this is not possible, written correspondence explaining the reasons for the delay must be submitted to DSS/HRA which includes the date the unit is expected to be ready for a new referral. The correspondence must be sent to DSS/HRA prior to the 30th day the unit is vacant.

2. Evaluation:

- a. This section will be evaluated based on the quality of the proposed approach and extent to which the proposer demonstrates successful relevant experience in placement and referrals, according to the criteria listed in this section. It is worth a maximum of **15 percent** in the Proposal Evaluation.

D. Assessment and Service Planning

1. Program Expectations:

- a. The proposers would have a minimum of five (5) years' experience providing assessment and service planning for individuals who are diagnosed with HIV or AIDS and have a history of mental illness, substance use disorder, or mental illness with a co-occurring substance use disorder living in transitional or permanent supportive housing programs.
- b. The proposers would conduct initial assessments and develop comprehensive service plans (CSPs) that identify mutually agreed upon short and long-term goals within thirty (30) days of placement. The proposers would demonstrate successful strategies for engaging individuals who may be resistant to offered services.
- c. The proposers would review and update the comprehensive service plan (CSP) and conduct reassessments, quarterly at minimum, to ensure services appropriately address the current needs of the client. Each subsequent CSP must contain a progress report which will be based on the goals set in the prior CSP. The progress report must cover the following service components: health care, including substance use and mental health treatments; access to and status of

financial public benefits/entitlements; financial management – including compliance with client rental payments; legal issues; education; and employment.

- d. The proposers would routinely monitor the client's health status, including mental health, to ensure services are in place and appropriate to the client's changing health and social needs. The proposers would track HIV clinical indicators (i.e., HIV viral load, CD4) of each client through laboratory test results or via client self-reporting, with the goal of assisting each client to achieve and maintain HIV viral suppression. Client viral loads, CD4 counts, and medical visits should be electronically reported to DSS/HRA on a quarterly basis, including utilizing a DSS/HRA web-based data reporting system. Reports should be made available to HASA upon request.
- e. The CSP should be used, in part, to identify clients who are able to live independently. The proposers would actively assist all clients who are ready and want to voluntarily transition out of supportive housing in locating permanent housing. For clients who are not yet ready to live independently, the CSP should identify any barriers to independent living. The proposers would develop a plan to address any barrier(s) identified, including referrals to permanent supportive housing programs.
- f. The proposers would maintain a good faith effort to engage the client every two (2) weeks at minimum, to discuss service needs, assist in housing search activities, and link them to appropriate services.
- g. The proposers would complete housing applications (e.g., CAPS survey, 2010e psychosocial & psychiatric evaluation, Housing Connect, etc.) for each client to assist in identifying permanent housing options. Ideally, housing applications should be completed within sixty days of initial client placement into the program. Individual client case records must clearly document all efforts taken to assist clients in finding permanent housing, including completion of a 2010e application and all housing search activities.
- h. The proposers would conduct an annual client satisfaction survey and provide completed surveys, and summary results to DSS/HRA. DSS/HRA retains the right to amend the language in surveys, as needed. Providers should implement program changes, as necessary in conjunction with DSS/HRA.

2. Evaluation:

- a. This section will be evaluated based on the quality of the proposed approach and extent to which the proposer demonstrates successful relevant experience in assessment and service planning, according to the criteria listed in this section. It is worth a maximum of **10 percent** in the Proposal Evaluation.

E. Organizational Capacity and Staffing Plan

1. Program Expectations:

Organizational Capacity

- a. The proposers would demonstrate the capacity to provide transitional congregate housing to the target population as evidenced by a minimum of at least five (5) years' successful relevant experience related to hiring, training, managing and evaluating staff performance for transitional housing programs.
- b. The proposers would maintain individual paper files and records for each client in a secured locked file cabinet to further ensure confidentiality in accordance with Article 27 F of the Public Health Law: <https://www.health.ny.gov/diseases/aids/general/about/confidential.htm>.

These files would be complete, current, and readily identifiable from other programs operated by the provider. When required, the proposers would provide the client progress reports electronically (PDF or otherwise), based upon an agreed schedule.

- c. The proposers would certify that they would hold all information, records, and data connected with individuals served under this program confidential. Such information, records, and data would not be disclosed by the proposers to any person, organization, agency or other entity except as authorized by law and with the prior written approval of the Agency and the client. Records would be maintained by the provider for a minimum of seven (7) years after the expiration of the contract.
- d. The proposers would maintain all documents and materials necessary for a quality assurance review and have the ability to submit any reports or quality assurance documentation electronically, including using DSS/HRA required systems to report data on a monthly basis.
- e. The proposers would convene community advisory board meetings, quarterly at minimum, with representation from program residents, neighborhood organizations, and whoever else deemed appropriate by the proposers. Attendance sheets would be kept and made available for the duration of the contract.
- f. The proposers would maintain a written admission policy that does not require sobriety and/or clean time prior to admission into the program or throughout the client's stay in the program.
- g. The proposers would be expected to achieve a minimum of 95% occupancy rate within six (6) months or less of the contract being registered and maintain a minimum of 95% annual occupancy rate throughout the term of the contract. Failure to meet the 95% occupancy rate after the first six (6) months of the contract year may result in a reduction of the reimbursement amount allowed under the contract if such failure is not due to DSS/HRA's inability to refer residents in a timely fashion or to provide sufficient numbers to achieve the required occupancy rate.

Staffing Plan

- a. The proposers would ensure that the program has an appropriate staffing plan with a sufficient number of staff to adequately serve the clients.
- b. The proposers would ensure the program has a staffing plan that would include, at minimum, one (1) full-time Program Director, one (1) full-time Clinical Supervisor (i.e., Licensed Clinical Social Worker [LCSW] or a Licensed Mental Health Counselor [LMHC] or a licensed clinical supervisor with a specialty in Mental Health or substance use counseling), and one (1) Case Manager for every twenty (20) clients.
- c. The proposers would ensure staff have the following minimum requirements:
 - i. The Program Director would have a bachelor's degree or five (5) years of demonstrated experience in providing services to persons living with HIV/AIDS, a mental health diagnosis and/or substance use disorder.
 - ii. The LCSW could be a mental health counselor or clinical supervisor, with a minimum of five (5) years' experience in mental health. Preferably, the experience would be providing mental health or substance use counseling to persons living with HIV/AIDS.
 - iii. The Case Manager would have a bachelor's degree or at least four (4) years of demonstrated experience in providing services to persons living with mental illness and/or a substance use disorder. The Case Manager must also have experience in assisting clients in completing necessary applications for subsidized housing, as well as assisting clients in housing search activities for private-market rentals.

- d. The proposers would ensure access, on an as needed basis, to direct service staff, including mental health counselors, substance use counselors, clinical supervisors, social workers, benefits and entitlement specialists, and case managers.
- e. The proposers would provide regular supervision, biweekly at minimum, of staff performance in the provision of client services.
- f. The proposers would provide training annually to all direct service staff to increase their knowledge and understanding of HIV/AIDS, mental illness, substance use disorders, and to increase staff competence, skills and sensitivity when working with and providing services to persons living with HIV/AIDS including motivational interviewing and harm reduction techniques.
- g. The proposers would ensure that all staff members who interact with clients or client records complete training in the following areas: Confidentiality of HIV/AIDS Information, Crisis Intervention, and LGBTQIA+ and Gender Non-Conformity Cultural Sensitivity. Each staff member must take refresher courses in these areas at least bi-annually. Proof of training would be available if requested by DSS/HRA staff.
- h. The proposers would provide opioid overdose prevention training during new hire orientations, and every two (2) years for all staff. Proof of training would be available if requested by DSS/HRA staff.

2. Evaluation:

- a. This section will be evaluated based on the quality of the proposed approach and extent to which the proposer demonstrates successful relevant experience in organizational capacity and staffing plan, according to the criteria listed in this section. It is worth a maximum of **20 percent** in the Proposal Evaluation.

F. Budget Management

1. Program Expectations:

- a. The proposers would have a minimum of five (5) years' experience managing contract budgets for the proposed population and provide a Budget Proposal Summary that fully describes how the proposer would operate the program with a budget based on the anticipated available funding and would not exceed the total maximum available funding amount available as outlined in this section.
- b. The proposers would operate the program with a budget based on the maximum unit rate of \$35,000.00.
- c. The proposers' costs would enable the effective delivery of services described in this RFx. Note: The proposer's cost cannot exceed the maximum unit rate for the program. Otherwise, the proposer would not be considered.
- d. DSS/HRA anticipates that the payment structure for contracts awarded under this RFx will be a combination of line item and utilization.
 - i. The proposers would be expected to achieve a minimum of 95% occupancy rate within six (6) months or less of the contract being registered and maintain a minimum of 95% annual occupancy rate throughout the term of the contract.
 - ii. If the proposer is unable to meet the minimum 95% occupancy rate after the first six (6) months of the contract year, and such failure to achieve the required occupancy rate is not due to the DSS/HRA's inability to refer a sufficient number of clients in a

timely fashion, then such failure would result in a reduction in the reimbursement amount allowed under the contract.

- iii. The Department would recoup funds to the extent that the proposer has been reimbursed in excess of this amount.
- e. DSS/HRA has determined the maximum unit price per year for transitional congregate units will be \$35,000. The maximum available funding for this open-ended RFX is \$105,000,000 annually.
- f. The proposers would seek and secure the use of non-DSS/HRA funding and in-kind contributions in their overall operating budget when applicable. Approximate how such funding would provide an offset to the negotiated annual budget amount.
- g. DSS/HRA understands that the selected proposer(s) may need financing for start-up costs. Proposer(s) should include this request in the proposal budget summary template and indicate the costs as startup expenses. Start-up funding is generally not available for existing operations and is limited to eligible costs incurred no earlier than 90 days prior to the operational start date. The maximum available start-up funding is 10% of the annual budget amount.
- h. All price and budget proposals should be prepared in accordance with The City of New York's Health and Human Service Cost Policy and Procedures Manual (Cost Manual): <https://www.nyc.gov/assets/hra/downloads/pdf/NYC-HHS-Cost-Policies-and-Procedures-Manual.pdf>. For the purpose of responding to this solicitation, proposers may budget up to an Accepted Indirect Cost Rate or use the 10% de minimis Indirect Cost Rate (ICR). At Contract Negotiations budgets will be adjusted to accommodate the provider's ICR rate and the NYC Invoice Policy when necessary.

2. Evaluation:

- a. This section will be evaluated based on the quality of the proposed approach and extent to which the proposer demonstrates successful relevant experience in budget management, according to the criteria listed in this section. It is worth a maximum of **5 percent** in the Proposal Evaluation.

Section III– Basis for Contract Award and Procedures

A. Proposal Evaluation

All proposals will be accepted by DSS/HRA on an open-ended basis. Proposals will be reviewed to determine whether they meet the requirements of this RFx. Proposals which DSS/HRA determines to be nonresponsive will be rejected. DSS/HRA Evaluation Committee will evaluate and rate all remaining proposals based on the Evaluation Criteria outlined in this RFx. DSS/HRA reserves the right to conduct site visits, to conduct interviews, and/or to request that proposers make presentations and/or demonstrations, as deemed applicable and appropriate. Although DSS/HRA 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 and budget financing terms.

This is an open-ended RFx; therefore, proposals will be accepted through PASSPort and reviewed on an ongoing basis until all the Agency's needs have been addressed.

B. Evaluation Criteria

A. Case Management and Supportive Services	30%
B. Demonstration of Site Control and Facility Requirements	20%
C. Placement and Referrals	15%
D. Assessment and Service Planning	10%
E. Organizational Capacity and Staffing Plan	20%
F. Budget Management	5%

C. Contract Award

Proposals will be reviewed and evaluated as they are received by HRA. Proposals will be evaluated pursuant to the criteria set forth in the RFx. Awards will be made to proposers whose proposals are technically viable, and whose prices do not exceed the maximum per unit cost of \$35,000.00 per year as set forth in the RFx. A contract will be awarded to the responsible proposer(s) whose proposal is determined to be the most advantageous to the City, while remaining within the maximum cost per unit as set forth in the RFx and depending on funding availability. HRA will select all technically viable proposals in descending order until the available number of units in this RFx is expended.

Should any additional funding become available prior to the beginning of the contract(s), the City reserves the right to renegotiate the contract(s) accordingly and in the best interests of the City. The City reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any, which may be determined by funding and/or leasing arrangements.

However:

- DSS/HRA reserves the right to determine, based on the proposer's capacity, geographic location, the proposer's demonstrated level of organizational capability, and in the best interests of the City, how many units the proposer will be awarded for a contract.
- DSS/HRA reserves the right to award more than the full amount of funding requested or less than the full amount of funding requested in the best interests of the City.

- DSS/HRA reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.
- In the case that a proposer is eligible for more than one contract award, DSS/HRA reserves the right to determine based on the proposer's demonstrated level of organizational capability, and the best interests of the City, respectively, to determine the number of awards that the proposer will receive.
- DSS/HRA reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any, as allowed by the New York City Procurement Policy Board Rules. During negotiations, the apparent winners are required to show documentation such as a long-term lease or mortgage which would allow the City to award the resultant contract(s) for a different term.
- The City reserves the right to award additional units based on funding appropriation and changes in program.

Contract Award shall be subject to:

- Demonstration that the proposer has site control of an appropriate program facility.
- Demonstration that the proposer has a site that is ready for immediate occupancy.
- Timely completion of contract negotiations between DSS/HRA and the selected proposer and a determination of both proposer's responsibility and administrative capability.
- DSS/HRA reserves the right, prior to contract award, to review and approve any proposed site already in existence.
- Final contract award shall be contingent upon submission of Certificate of Occupancy or Temporary Certificate of Occupancy or Letter of No Objection.