Department of Homeless Services

Scope of Work

Medical Services at the PATH Intake Center

EPIN: 07126P0007

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Basic Information

General Guidelines	To respond to this Request for Proposals (RFP)/RFx and all other Human/Client service RFPs, 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 an approved PASSPort HHS Accelerator PQL Application, please visit nyc.gov/passport to get started. • 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 can be found within at www.nyc.gov/passport. If you need additional technical assistance with PASSPort, please contact the MOCS Service Desk at www.nyc.gov/mocshelp.
Anticipated Contract Term	January 1, 2027 to December 31, 2029 with one (1) 3-year renewal options
Anticipated Funding and Payment Structure	• Anticipated number of contracts: 1 • Total maximum contract amount: $4,942,950 for 3 years • The maximum annual budget will be $1,647,650 per year • Payment Structure: Line-item budget
Questions Regarding this RFP	• Questions regarding this RFP must be transmitted in writing to the Agency Contact Person. • Questions received 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 RFP to all organizations that are prequalified to propose to this RFP, unless in the opinion of the Agency, the question is of proprietary nature. • The Agency cannot guarantee a timely response to written questions regarding this RFP received less than one week prior to the proposal due date.
Subcontracting	• Subcontracting is permissible under the following conditions: • The proposer will identify any proposed subcontractor in the proposal. • Agency assumptions as set forth in the Program Expectations and other sections of this RFP apply equally to any proposed subcontractor(s). • All contractors and subcontractors shall be subject to DHS approval before expenses are incurred, and payments made. • Only one subcontractor will be permitted to work on this resultant contract. • If subcontractors are utilized, it should be limited to one subcontract, thus maximizing integration of care.

Proposal Documents		
Required Documents	**Document**	**Description**
	Key Staff Resumes	Key Staff Resumes and/or Job Descriptions
	Organizational Chart	Program Organizational Chart
	Proposal Budget Summary	Completed Proposal Budget summary, including Start-up budget (if applicable)
	Letters of Reference	Three (3) letters of reference from nongovernmental entities
	Annual Report	Financial Audit Report or Certified Financial Statement or a letter explaining why no financial statement is currently available
	Medical Linkages Agreements	Linkage agreement(s) from medical organizations providing services that support the achievement of program participants' service plan goals.
Optional Documents	**Community Linkages and Partnerships**	Linkage agreement(s) from organizations providing services that support the achievement of program participants' service plan goals.
	IRS Determination Letter [501(c)3]	IRS 501(c)(3) Determination Letter
Questions Regarding this RFP	Questions regarding this RFP must be transmitted in writing to the Agency Contact Person. Questions received 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 RFP to all organizations that are prequalified to propose to this RFP through the PASSPort system, unless in the opinion of the Agency the question is of proprietary nature. The Agency cannot guarantee a timely response to written questions regarding this RFP received less than one week prior to the proposal due date. If subcontractors are utilized, it should be limited to one subcontract, thus maximizing integration of care.	

Section 1 – Program Background

A. Program Goals and Objectives

The New York City Department of Homeless Services (DHS) is seeking an appropriately qualified medical provider to provide medical and behavioral health services at the Prevention Assistance and Temporary Housing (PATH) Family Intake Center, located at 151 East 151st 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 referred 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 151st 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 people. All families with children and pregnant people 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.

Section 2 – Clinical Expectations

A. Experience

1. Clinical Expectations:

a. The contractor would have at least five (5) years within the last seven (7) years of successfully 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.

b. The contractor would have at least five (5) years within the last seven (7) years of successfully 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.

c. 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.

d. The contractor would have the organizational capability to manage the delivery of services, administrative, and financial components of this program.

e. Greater consideration will be given to contractors who can provide integrated medical and behavioral health services on-site.

2. Evaluation:

a. This section would be evaluated based on the extent to which the proposer demonstrates relevant experience in operating the program based on the expectations listed in this section. It is worth a maximum of **20 percent** in the Proposal Evaluation.

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. If used, the MOU or subcontract would be subject to the review and approval of DHS. Providers who bill Medicaid or other insurance would report the revenues which they received in reimbursement to DHS or the shelter contractor and would subtract the reimbursement amount from their monthly invoice. Medical contractors would be eligible to receive a 5% fee, up to $100,000 per year, for reimbursements they receive from billing Medicaid and other insurances that are credited back to DHS in the manner above.

b. A senior Medical Provider staff would be identified and designated as the Medical Director.

c. The Contractor would provide health care services daily at PATH from 8:00 am to 12:00 am, including some evenings, weekends, and holidays or as determined by DSS Health Services Office (HSO).

d. The Contractor would collect and report information on patient visits, including information on the physical and behavioral health of each family member seen in the clinic, in accordance any with DSS HSO requirements.

e. 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.

f. The Contractor would conduct pregnancy testing if medically appropriate.

g. The Contractor would offer COVID-19 testing and other infectious disease testing as recommended by the US Preventive Service Task Force (PSTF) and client age, for example for HIV, HCV, HBV, and tuberculosis.

h. The Contractor would ensure that staff follows infection control guidance and HIPAA regulations.

i. The Contractor would provide episodic and acute/urgent care, as needed.

j. The Contractor would offer routine immunizations according to the NYC Department of Mental Hygiene (DOHMH)/Centers for Disease Control and Prevention (CDC) recommendations: including, hepatitis A and B, influenza, pneumococcal pneumonia, etc. and providing immunizations to children who are not up to date with their immunizations.

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 or behavioral health 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 would be completed anytime a client is referred to the ED, and would 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 would 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, in addition to the open clinic hours above.

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(s) 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 HSO, DHS, or designee, regarding containment of a communicable disease (isolation protocols), response to a family member's death, natural or man-made disaster, or other crises.

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 COVID-19, varicella (chickenpox), tuberculosis, seasonal or novel influenza, etc.

s. The Contractor would cooperate fully with all HSO, other DHS, DOHMH and Office of the Chief Medical Examiner ("OCME") investigations.

t. The Contractor would provide health education and promotion and make necessary referrals for treatment.

u. The Contractor would provide coaching for pregnant people: 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 parents of infants (0-12 months): safe sleep, Sudden Infant Death Syndrome (SIDS), importance of being up to date with immunizations, infant nutrition, post-partum depression, smoking cessation and the risks of secondhand smoking, infant development, shaken-baby syndrome, stress and motherhood, infant development, importance of increasing inter-pregnancy interval, and contraception.

w. The Contractor would distribute educational materials and provide coaching for 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 provide referral information via the list of homeless FQHC and public hospitals; refer clients for gynecologic exam and Pap smear test, as indicated and as per recommendation of U.S. Preventive Services Task Force, if the woman has not had an exam in two years or more.

y. The Contractor would refer clients for prenatal care if not yet begun. Assess current pregnancy status and Expected Date of Delivery (EDD) based on Last Monthly Period (LMP) to determine urgency of referral.

z. The Contractor would refer clients for pediatric follow-up and immunizations, as needed.

aa. 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.”

bb. The Contractor would refer clients to specialty care as needed.

cc. The contractor would link eligible clients and families to WIC.

dd. The Contractor would directly refer to the 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 would be sent via encrypted email to the designated staff at DOHMH and team after the client has been assigned to a shelter so that a current address can be included in the referral. (NPF Referral Form.)

ee. 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.

ff. The Contractor may also offer a medical recommendation about how an individual, with such a condition, may have special placement needs or may be dependent on others for daily care.

2. <u>Evaluation:</u>

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 25 percent in the Proposal Evaluation.

C. Behavioral Health Services

1. Clinical Expectations:

a. The Contractor would provide health promotion and referrals for mental health treatment. The Contractor 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.

b. The Contractor would provide de-escalation services, crisis intervention, management of referral to hospitals, as needed and if requested by PATH staff.

c. The contractor would perform appropriate substance use screening to identify and triage clients with a history or report current substance use.

d. 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.

e. The Contractor would refer to psychiatric outpatient services and substance abuse services, including medication for addiction treatment for opiate dependence (buprenorphine, methadone, naloxone) and injection drug use (referral to syringe exchange programs).

f. Through establishing and maintaining contacts with providers in NYC, the Contractor would provide a referral list and resources to community-based services.

g. The Contractor would promote health and wellness among clients through education and enhancement of motivation to initiate and maintain services.

h. For family members not in crisis, the Contractor would provide needed referrals, and, rarely, provide prescriptions, for those who may require them.

i. 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.

j. 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 for addiction treatment (MAT).

k. The Contractor would perform a Screening, Brief Intervention, and Referral to Treatment program (https://www.samhsa.gov/sbirt) for all adult family members.

l. The contractor would offer naloxone training and kits to all clients that report opioid use and family members, or anyone who wishes a kit.

m. The Contractor would make condoms available to clients.

n. 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 would 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.

o. The Contractor would participate in any additional0 Department-sponsored harm reduction initiatives, in collaboration with the Director of PATH.

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

D. 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 Contactor's Patient's Rights, as well as post a copy in places accessible to the families. Clients would be provided with information on how to address health care and safety concerns.
   b. Access to files: DHS 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, would be kept in the applicant's file. Upon the death of a family member, medical records would be forwarded, if requested, to DSS Health Services Office or summarized, as requested, by the Contractor, subject to all applicable laws.
   c. 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). 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.
2. **Evaluation:**
   a. This section would be evaluated based on the extent to which the proposer demonstrates a viable plan to maintain client record and confidentiality based on the expectations listed in this section. It is worth a maximum of **5 percent** in the Proposal Evaluation.

E. 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 (2) years or more experience providing services to homeless families, and low-income young children and adolescents. Staff would have appropriate cultural competencies for providing the proposed services and have opportunities for ongoing professional development and training.
   c. The contractor would employ and maintain adequate staffing to ensure operational success, including holidays.
   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, would 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 and the HSO.
- **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 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. DHS reserves the right to request copies of such licensure. Any physician providing services under this Agreement will be Board Certified in the appropriate specialty, unless otherwise agreed to by the Department's Chief Medical Officer.

i. Training responsibilities

- **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. As determined by the Mayor, the Office of Emergency Management or The Department of Mental Health and Hygiene (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. 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 combined maximum of **10 percent** in the Proposal Evaluation.

F. Data Monitoring and Reporting

1. Program Expectations:

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

b. The Contractor would participate in weekly meetings with the Director of PATH or other designated PATH staff. The Contractor would also work closely with PATH's Director of Intake or other designated PATH staff for individual case inquiries. The Contractor would meet monthly, at a minimum, with HSO. The Contractor would participate in these monthly meetings and any other meetings with HSO to discuss program planning, contract performance and clinical concerns.

c. The Contractor would attend all meetings, scheduled at mutual convenience, necessary to meet the Department' 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.

d. Reporting and Performance Evaluation Expectations:

i. The Contractor would report on clients served and activities, using electronic tools designed and provided by HSO, on a monthly basis.

ii. The contractor would report on clinical services, referrals and relevant outcomes and quality indicators as defined by DHS.

iii. Payment may be withheld for non-reporting and poor performance. Monthly reports are due by the 15th day of the following month.

iv. HSO 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. The contractor would collaborate with HSO on quality management activities, including surveys and program review as needed to understand the needs of the population to provide better services.

vii. The Contractor would collaborate with HSO on program development, evaluation and research projects. If the Contractor wants to work on research projects, these would be subject to approval by HSO, DSS Deputy Commissioner for research, and Director of PATH 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. **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 combined maximum of **10 percent** in the Proposal Evaluation

G. Medical Supplies and Waste Disposal

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**: 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. 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 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. **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 combined maximum of **5 percent** in the Proposal Evaluation.

H. 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 contractor would adopt strict fiscal controls to ensure finances are managed appropriately, including proper separation of duties, grant management to ensure sound financial controls, and financial transactions are authorized and documented appropriately.
   - **c.** The total maximum available funding for this contract is $4,942,950 for three (3) years ($1,647,650 annually).
   - **d.** The budget would fit within the DHS Model Budget criteria which would be outlined during budget negotiations. The contractor's proposed budget would remain within the total maximum available funding amount indicated. If necessary, proposers would demonstrate how an increase to the budget is based on a previously approved Indirect Cost Rate.

Community Hiring Requirements

e. Pursuant to Section 3502 of the New York City Charter, the Contract to be awarded from this solicitation would be subject to the Community Hiring requirements set forth in the rules promulgated under Title 74 of the Rules of the City of New York ("Community Hiring Rules"). The contract(s) awarded with a total/cumulative value more than three million dollars ($3,000,000) will require the Vendor to make best efforts to employ Income-Based Community Hires as defined under Section 1-02 of the Community Hiring Rules, in order to meet the workforce goal (the "Community Hiring Goal"). Any sub-vendor awarded to perform services or other obligation under a sub-agreement exceeding twenty thousand dollars ($20,000) in total dollar value would be required to make best efforts to extend offers of employment to Income-Based Community Hires. The Community Hiring Goal is to hire one Income-Based Community Hire for every five hundred thousand dollars ($500,000) in total value of the Contract(s) awarded. For credit towards the Community Hiring Goal, the Income-Based Community Hire hired by the Vendor or sub-vendor does not need to perform services under this Contract to be credited towards the fulfillment of the goal.

f. The contractor would furnish the Department on an annual basis an inventory of all furnishings, equipment, and supplies purchased with Department funds.

g. An amount equal to twenty-five percent (25%) of the total contract value will be included in the contract to eliminate the administrative burden of processing amendments for anticipated budgetary increases such as cost-of-living increases, changes in indirect cost rates and other funding increases. We expect to incorporate the allowance clause into the City's Standard Health and Human Services contract and expect that this change will drastically reduce contract delays and create a more efficient contract process.

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). For the purpose of responding to this RFP, proposers may budget up to an accepted indirect cost rate or use the 10% de minimis indirect cost rate.

2. 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. is worth a combined maximum of **10 percent** in the Proposal Evaluation.

Section 3 – 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 non-responsive 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 Contractors make presentations, as deemed applicable and appropriate. Although DHS may conduct discussions with Contractors submitting acceptable proposals, it reserves the right to award contracts based on initial proposals received, without discussion; therefore, the Contractor'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. Evaluation Criteria

• Experience	20 Percent
• Medical Services	25 Percent
• Behavioral Health Services & Harm Reduction	15 Percent
• Patient Record and Confidentiality	5 Percent
• Staffing Requirements and Training	10 Percent
• Data Monitoring and Reporting	10 Percent
• Medical Supplies and Waste Management	5 Percent
• Budget Management	10 Percent

C. 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, location, 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 or should funding increase, 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 Contractor, and a determination of both Contractor responsibility and administrative capability.