



**MRT Evaluation RFP
Questions and Answers**

1. Would the evaluation also occur for any DSRIP 2.b.vi projects that receive funding allocations (for PPS's who included this project in their applications)?

No. The evaluation does not include DSRIP. This project is only for MRT Supportive Housing pilots and programs. Please refer to the MRT evaluation chart attached to this Q&A.

2. The RFP indicates that in addition to health services utilization and cost outcomes, DOH is interested in non-utilization outcomes. "These non-utilization outcomes could include health-related quality of life, functional health status, chronic disease management, measures of mental health or substance use, citizenship, etc. and would be finalized based on consultation among the evaluator, NYSDOH, and other key supportive housing and health stakeholders as identified by NYSDOH." One of the outcomes mentioned is "citizenship." Can you please clarify what is meant by that?

This item is in relation to possible community integration outcomes. However, bidders should propose the outcomes that they feel best relate to the project.

3. We understand that funding is contingent on state appropriations. Will that be a one-time appropriation for the three years of the project, or will that be annual appropriations?

Funding under this three-year project is subject to annual appropriations.

4. Several previous evaluations of supportive housing initiatives have been conducted in NYS including some which are ongoing. Will this evaluation be expected to collaborate with and build on those efforts and methods or diverge from them and occur in parallel?

This evaluation is for MRT supportive housing projects only. The evaluation should work in conjunction with DOH's existing evaluation efforts.

5. Are researchers at state-funded research institutes eligible to serve as subcontractors for this project?

Yes.

6. With respect to section II.A.1, can providers collect surveys/questionnaires directly from housed clients? Question domains could include functional assessment, quality of life, satisfaction with services, and behavioral health symptoms.

Yes.

7. On page 1, the RFP references existing and new MRT sites? What is the number of programs that are expected to participate in the evaluation?

Please see the MRT evaluation chart attached to this Q&A.

8. How many of the programs will be new and how many are existing?

Please see the MRT evaluation chart attached to this Q&A.

All programs under “Rental/Service Subsidies and Service and Operating” have been funded since the 2011-2012 State Fiscal Year. Pilots under “New Supportive Housing Pilot Projects” started in late 2014. Programs under this title that have been labeled as “in internal approval process” are expected to start in the summer of 2015. Programs labeled “in development” are estimated to start in the fall 2015.

9. How many individuals have been enrolled in each program to date, and what are the projected enrollment numbers over the next 18 months?

Please see the MRT evaluation chart attached to this Q&A. We do not have projections for over the next 18 months but the chart reflects the current enrollment and the maximum enrollment.

10. Can SPARCS data identify patients by payer, including dual-eligible?

Yes, please see the SPARCS guide:

https://www.health.ny.gov/statistics/sparcs/training/docs/sparcs_operations_guide.pdf

11. Can you say more about the evaluation goal of evaluating “the individual MRT supportive housing programs for effectiveness”? To what extent do you envision this evaluation to be multiple evaluations, one for each MRT program? For example, are you looking for separate cost analyses, other impact analyses, and implementation analyses for each program?

There should be an overall cost analysis and evaluation for MRT supportive housing as well as the programs individually. Subgroup/special needs or issues could also be considered in these analyses as determined by the evaluator.

12. What is the underlying target population for each program, and how do the programs identify and engage potential clients? To what extent is client identification data driven?

Please see the identified agency next to each pilot/program on the MRT evaluation chart attached to this Q&A. Each program is asked to target high-need, high-cost members. Specific targeting processes vary by agency, including the use of data to drive targeting. More information, such as the referral and targeting process, will be provided to the awardee. As part of the overall evaluation, the awardee will be asked to evaluate the effectiveness of agency/program-specific targeting.

13. What are the specific enrollment criteria for new clients in each program? Exactly how are these criteria used in practice to identify and accept clients?

MRT aims to target high-need, high-cost Medicaid users. Each agency has its own set of targeting and referral process aligned with this goal. More information such as the referral and targeting process will be provided to the awardee.

14. For each program, are there waitlists for slots, and are programs able to meet their enrollment targets? If there are waitlists, how large are they? Might it be possible to use waitlisted individuals as the comparison group, or even to randomly assign slots to waitlisted individuals?

Slots are generally filled as they become available; there are no waitlists kept for the programs.

15. What are the similarities and differences between the services that each program provides?

Please see the MRT evaluation chart attached to this Q&A.

16. Are there any New York State DOH datasets, or datasets available from other agencies that have any indicator of homelessness, housing status, or receipt of housing-related services that can be merged with the listed datasets?

There is currently no database with housing/homeless data. The Salient System includes the housing status, cost, provider, encounters, Medicaid history, and services for MRT clients and other Medicaid recipients.

17. OMH and OASAS have program utilization data that is separate from Medicaid claims data. Can those databases be linked to individuals in supportive housing by agency and program, similar to the Medicaid claims data?

Once a contractor is selected, database access can be negotiated through DOH with the other agencies. At that time the contractor can discuss data linkages and abilities with the individual agencies.

18. Will the existing data sources maintained by NYSDOH be available free of charge to the Independent Evaluator or are there any charges related to data acquisition that must be included in the budget? (Section II: Scope of Work – A1. Data Sources)

The contractor will not be charged for data sources.

19. Will the data sources referenced in the RFP be provided with patient identifiers so as to allow linking between the data sources? (Section II: Scope of Work – A1. Data Sources).

Yes, as long as identifiers are available and reasonably related. MRT supportive housing data in Salient has identifiers and the ability to breakdown data by participant, provider, Medicaid history, housing program, etc.

20. What is the relationship between the state's effort to increase connections to Health Homes and the activities of these programs? More specifically, are the clients in these programs recruited from Health Homes, or are clients connected to a Health Home as part of the program services?

Some clients are recruited from Health Homes. More information on targeting and referral will be provided to the awardee.

21. Will the identifying information for each beneficiary in supportive housing be provided by NYSDOH directly or by each of the organizations running the programs? (Section II: Scope of Work – A1. Data Sources)

Information will be provided by DOH.

22. Is the evaluator required to evaluate the performance of each provider within each pilot project?

This will vary by pilot and will be determined by consultation between DOH and the awardee.

23. With respect to section III.B, does the 30 page limit apply to the whole Technical Proposal (i.e., including Transmittal Letter, Table of Contents, Executive Summary, Organization Description) or just to the Evaluation Proposal Narrative?

No. The 30 page limit applies to the written content items included in the technical proposal. The executive summary is an additional five pages.

24. The RFP states that the technical proposal is to be limited to 30 pages. Can staff resumes, references and detailed firm qualifications be included as an appendix?

Yes.

25. With respect to section III.C.1.8, do appendices (e.g., subcontractor summary) count toward the 30 page limit?

No.

26. Does a bibliography of citations within the proposal count toward the 30 page limit?

No.

27. How are MWBE designations applied to academic institutions?

MWBE designations are applied to academic institutions the same as all other applicants. Non-MWBE entities would need to subcontract or purchase from certified MWBEs in order to meet an MWBE goal.

28. If no subcontractors or suppliers are utilized, are MWBE preferences waived?

MWBE Form#2 – Utilization Waiver Requests must be submitted when no subcontractors or suppliers are utilized and such requests will be reviewed on a case by case basis.

29. Page 4 of the RFP states that the contractor would “Create and submit research protocol and get DOH Institutional Review Board (IRB) approval if deemed necessary by the DOH”.

a) Under what circumstances would IRB approval be required?

Any studies that are not strictly considered program evaluation and/or have any potential risks to human subjects must go through the IRB approval process. Please see the below link for more information:
<http://www.health.ny.gov/professionals/irb/index.htm>

b) Also, if IRB approval is required and will not be granted until month 6, would the contractor have any limitations in beginning parts of the evaluation that does not involve human test subjects prior to approval, such as analysis of pre-existing data?

The IRB meets every other month. There would be no limitations on the other aspects of the evaluation if there was a waiting period for IRB approval, as long as a protocol is reviewed by the IRB before subjects are recruited.

30. Page 4 of the RFP states that the contractor would “Deliver written report: Conduct interviews with stakeholders to determine MRT supportive housing strengths and weaknesses from stakeholders’ perspectives. Identify successful and non-successful programs and identify program strengths and weaknesses”.

a) Does the department have determined number of interviews they would like conducted or have a determined list of what stakeholders’ would be involved (i.e., pilot participants, agency staff, non-profit organizations)?

The DOH does not have a determined amount of interviews. The contractor should include what they think is scientifically sound in their B.1 Evaluation plan.

b) Is it anticipated that stakeholder interviews will take place throughout New York State?

Yes, the MRT programs are state-wide.

31. How many unduplicated individuals would be evaluated under this scope of work?

Please see the MRT evaluation chart attached to this Q&A.

32. Section 1.B, Overview, Project Background: Does NYSDOH keep a list of participating individuals (members) in the pilot projects?

Yes. Salient data software will be used for this type of data breakdown.

33. Proposal Requirements, Minimum Eligibility Requirements: Can the experience of proposed subcontractors count towards the two minimum eligibility requirements related to (1) research and evaluation of programs and healthcare, and (2) working with data and healthcare cost analysis?

No.

34. Will MRT grantees be required to collect data if it is part of the approved evaluation plan?

Yes. All programs and pilots will participate and provide data as needed by the contractor of the RFP.

35. Please clarify if there are any pre-contract requirements for NY state vendors that apply to bidders in this solicitation. For example, is the Vendor Responsibility Questionnaire, mentioned on page 15, required to be completed by vendors? Are there any other requirements?

All bidders should fill out the Vendor Responsibility Questionnaire. Please also see the minimum eligibility requirements on page 6 of the RFP.

36. On page 7, the RFP indicates that the subcontractor transmittal letter should include the percentage of work the subcontractor will be providing. Does DOH have a cap for subcontractor percentages, or an expectation that the prime contractor will have half or more of the work?

There is a subcontracting cap of 50% of the total cost.

37. Is the funding limit inclusive of indirect or F & A costs? What is the allowable indirect rate?

This is not a cost reimbursed contract but fee based price proposal. The fees provided in the price are what would be charged to the Department of Health irrespective of the bidder's cost.

| Medicaid Redesign Team (MRT) Supportive Housing Programs and Pilots for Evaluation | | |
|--|---|--|
| Capital Projects | Project Description | Units |
| Capital Funding: HCR | Funding provides capital funding to expand supportive housing units for high-cost Medicaid populations. This funding is provided statewide to high-cost Medicaid populations. | There are 195 complete units as of March 2015. 195/876 |
| Capital Funding: HHAP | Funding provides capital funding to expand supportive housing units for high-cost Medicaid populations. This funding is provided statewide to high-cost Medicaid populations. | There are 70 complete units as of March 2015. 70/325 |
| Access to Home Program | Access to Home program to provides home modifications (i.e. ramps, lifts, handrails, etc.) to high-cost Medicaid members. These modifications enable individuals to remain in their homes or transition back to their homes. | TBD |
| Rental/Service Subsidies & Service & Operating | | Number of Participants |
| New York State Supportive Housing Program (NYSSHP) | NYSSHP provides operating funding for supportive housing programs that serve homeless persons with disabilities such as mental illness, chemical dependency, and/or HIV/AIDS. This funding continues the 2013-14 commitment to ensure that providers do not lose operating funds. (OTDA) | 4112 |
| OPWDD Rental Subsidies and Supports | Funding is used to develop a full continuum of housing options which are community based and relocate individuals with developmental disabilities currently living in certified settings into more independent, less restrictive housing settings. These may include non-certified housing alternatives with supports as well as other evidenced based models and partnerships in housing alternatives. For service proposals that are approved, agencies would be required to develop support systems, and establish emergency on-call supports during hours when staff are not on duty. This funding continues the 2013-14 commitment to ensure that individuals do not lose rental subsidies and service supports. (OPWDD) | 55 currently housed out of 180 possible. |
| OASAS Rental Subsidies and Supports | Funding is provided statewide to fund rental subsidies and service supports to single adults who are high-cost Medicaid consumers and are chronically addicted and homeless or at risk of becoming homeless. Funding is provided statewide to fund rental subsidies with intensive case management, job development and counseling services and clinical supervision of direct service staff. This funding continues the 2013-14 commitment to ensure that individuals do not lose rental subsidies and service supports. (OASAS) | 290 housed out of 300 possible |
| AIDS Institute Rental Subsidies and Service Supports | Funding is provided for long-term tenant based rental assistance and/or supportive housing services. Program recipients may receive a rental subsidy as necessary, and be assisted to secure and maintain safe affordable housing by a supportive housing counselor. Supportive housing counselors will assist Health Home care management personnel maintain connections to housing clients, identify potential medical and psychosocial issues to minimize harmful consequences and promote rapid problem resolution. This funding continues the 2013-14 commitment to ensure that individuals do not lose rental and service supports. (DOH AIDS Institute) | 606 |
| OMH Rental Subsidies - Brooklyn | Funding is used to develop up to 350 units of supported housing in Brooklyn for single individuals with a mental illness who are high-cost Medicaid recipients. (OMH) This funding continues the 2013-14 commitment to ensure that individuals do not lose rental subsidies and service supports. | 350 |
| OMH Rental Subsidies - Statewide | Funding is used to develop up to 350 units of supported housing statewide for single individuals with a mental illness and single adults with mental illness and substance abuse. (OMH) This funding continues the 2013-14 commitment to ensure that individuals do not lose rental subsidies and service supports. | 350 |
| NYC OTDA Disability Housing Subsidy Program | Funding is used to pay for ongoing rent subsidies for formerly homeless persons with disabilities who were facing imminent eviction in New York City. This funding continues the 2013-14 commitment to ensure that individuals do not lose rental subsidies and service supports. (OTDA) | 300 |
| Nursing Home Transition and Diversion Funding | Funding will support individuals currently accessing rental subsidies through the State's Nursing Home Transition and Diversion (NHTD) Program. | 488 |
| New Supportive Housing Pilot Projects | | |
| Health Homes Supportive Housing Pilot (Started late 2014) | Funding will support rent and service subsidies to supportive housing providers to house and serve unstably housed high cost Medicaid recipients. Funding would serve persons referred from Health Homes.(DOH) | 350-500 possible participants |
| Step-Down/Crisis Residence Capital Conversion (Started late 2014) | Funding will support capital and operating funding to allow for a specified number of existing community residential service providers to convert a certain number of beds into crisis or step-down service units. (OMH) | TBD |
| Nursing Home to Independent Living (Started late 2014) | Funding will support rent and service subsidies to offer individuals with mobility impairments or other severe physical disabilities an alternative pathway to community living. (DOH) | 400 |
| OMH Supported Housing Services Supplement (Started late 2014) | Funding will support rent and service subsidies to supplement OMH Supported Housing in order to provide necessary day-to-day continuity of place-based, wraparound support services through a flexible critical time intervention approach. (OMH) | 162 |
| Homeless Senior and Disabled Placement Pilot Project (Started late 2014) | Funding will support rent and service subsidies to seniors, the disabled, and/or any other high-cost Medicaid user currently residing within the shelter system and/or another setting. Funding will transition this population into the community. (OTDA) | 500 |
| Health Home HIV + Rental Assistance Pilot Project (Started late 2014) | Funding will support rental assistance for homeless and unstably housed health home participants diagnosed with HIV infection but medically ineligible for the existing HIV-specific enhanced rental assistance program for New Yorkers with AIDS or advanced HIV-illness. (DOH AIDS Institute) | 17 housed of the possible 50 |
| Senior Supportive Housing Pilot Project (Started late 2014) | Funding will support capital and supportive services to enable low-income seniors to remain in the community. (DOH) | 1000 |
| Special- Needs Assisted Living Program (SN-ALPS) Pilot Project- In internal approval process | The proposal will create a pilot project seeking proposals to develop a new Special Needs-Assisted Living program for special populations that are high-cost Medicaid members who currently lack congregate care settings tailored to their needs (DOH). | TBD |
| Housing Subsidy Program (Olmstead)- In internal approval process | This program will provide rental subsidies to eligible participants enrolled in MLTC or FIDA, or individuals transitioning out of nursing homes or could be diverted from nursing homes. (DOH) | TBD |
| Moving On Pilot Program - In Development | Funding will support a transition program from MRT programs to either, other state programs, or affordable housing for eligible MRT participants. | TBD |
| Social Impact Bonds/Pay for Success - In Development | Funding will provide technical assistance to create a MRT SIB pilot project. Payment made to successful investors after year 5. (DOH) | TBD |
| DSRIP Subsidy Program- In Development | Funding will support DSRIP housing projects. (DOH) | TBD |