Human Resources Administration
Department of Social Services
Office of Contracts

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180 Water Street
New York, NY 10038

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W-2-196
Rev. 10/10

November 9, 2010

Re: Addendum #1 to the RFP for Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE)
PIN: 06911H072100

Dear Prospective Proposer:

The Human Resources Administration ("HRA") appreciates your interest in the Request for Proposals ("RFP") for Wellness, Comprehensive Assessment, Rehabilitation and Employment ("WeCARE") issued on September 8, 2010.

Please note that we have a new Authorized Agency Contact Person for this RFP, Mr. Neil Ovadia. Mr. Ovadia's email address is ovadian@hra.nyc.gov. His telephone number is (212) 495-2620. The address and fax for the Authorized Agency Contact Person have not changed.

Addendum #1 includes the following attachments:

- Changes to the RFP
- Transcript of the Pre-proposal Conference held on September 29, 2010
- Corrections to the Transcript of the Pre-proposal Conference
- Pre-proposal Conference Attendees
- Answers to questions raised at and subsequent to the Pre-proposal conference
- WeCARE powerpoint

Please acknowledge your receipt of Addendum #1 by listing it on the Acknowledgment of Addenda (Attachment D of the RFP package) and include it in your proposal submission.

Proposers are reminded that they must deliver their proposals by **December 1, 2010 at 2:00 p.m.** to:

NYC Human Resources Administration
Office of the Agency Chief Contracting Officer-
180 Water Street, 14th Floor, Manhattan

Proposals received at this location after the proposal due date and time are late and shall not be accepted by the Agency, except as provided under the New York City Procurement Policy Board Rules.

Very truly yours,

Vincent Pullo

Addendum #1 to the
Request for Proposals for
Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) Program
PIN: 06911H072100

Corrections and Clarifications to the Pre-Proposal Conference Transcript

Page	Line	Corrections and Clarifications
2	21	Replace "Mayor" with "first addendum"
6	16	Replace "few" with "new"
7	2	Should read "In 1995 there were…."
7	9	Delete "I think"
7	10	Delete "1955 – no, it is actually"
8	2	Replace "PRY" with "PRIDE"
8	5	Delete "So"
8	6	Delete "So"
8	13	Delete "So"
8	17	Delete "So"
9	2	Delete "a"
9	3	Delete "a specialty"
9	4	Delete "for"
9	6	Delete "you"
9	22	Replace "it" with "the condition"
10	16	Delete "And"
11	5	Delete "So"
11	11	Delete "So"
11	14	Replace "so, for" with "slide"
11	15	Delete "basically"
12	14	Delete "case management"
12	17	Delete "and"
12	18	Delete "throughout WeCARE as well"
12	24	Delete "So"
13	7	Delete "And"
14	18	Replace "proportionate" with "proportion of"
15	5	Delete "So"
15	6	Replace "for" with "to work with"
15	9	Delete "They are required o work with"
15	10	Delete "the client to"
16	5	Replace "they're" with "their"
16	6	Delete "seek"
16	14	Should read "New York Times episodically"
17	8	Delete "also"

Page	Line	Corrections and Clarifications
17	20	Delete "And"
17	22	Delete "And"
17	23	Replace "PRY" with "PRIDE"
17	24	Replace "when" with "which"
28	21	Delete "the"
29	3	Should read "very detailed request for proposals"
29	4	Should read "which requests answers to specific questions."
29	17	Replace "actually" with "of effort"
30	6	Replace "fancy to" with "going to appreciate"
32	25	Replace "in" with "is not a direct"
35	7	Replace "unable" with "we designed the budget forms to enable proposers"
42	22	Replace "recruit" with "recoup'
44	24-25	Delete lines
51	7	This is a question
51	13	Add "Dr. Lipton" (Response to question)

Addendum #1 – Questions and Answers

REQUEST FOR PROPOSALS
For
Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) Program
PIN: 06911H072100

1. **Q: Is there a target range for the ratio for clients to case management staff?**

   A: The proposers should develop the case management model they deem most appropriate.

2. **Q: Do the WeCARE guidelines as set forth in the RFP preclude the creation of a neighborhood-based strategy that would involve using several community-based facilities in each borough for coordinated service delivery?**

   A: The section on service facilities (page 14) establishes a minimum number of facilities; it does not address a maximum number of facilities.

3. **Q: If a bidder's WeCARE strategy involves leveraging resources in addition to those provided under the RFP to enhance overall program goals, will this be considered as a positive by HRA in assessing the proposal's quality and lead to a higher evaluation score?**

   A: The rating will be based on the quality of the proposal which would include evaluation of the resources utilized to provide services.

4. **Q: Is it acceptable for a bidder to propose a higher ratio and additional payment points under a performance based strategy?**

   A: The RFP (page 26) encourages proposers to develop and HRA will consider innovative payment structures. For purposes of comparison, proposers must also submit a price proposal that conforms to Attachment B.

5. **Q: What happens to the performance payment plan if HRA cannot produce the projected number of participants?**

   A: If HRA cannot produce the projected number of participants it will consider adjustments to the milestone structure.

6. **Q: Please provide additional information about volumes relative to the different tracks; such as, vocational rehabilitation, wellness rehabilitation, applications for SSI filed, applications denied, number of appeals filed, and so forth. In the most recent year, how are clients broken out among five outcomes from biopsychosocial assessment?**

A: Currently about 4,100 BPS are completed each month. The RFP estimates that an average of 3,700 BPS will be completed each month. While the RFP indicates there will be five functional capacity outcomes in the contracts resulting from this procurement, there are four functional capacity outcomes in the current WeCARE contracts. In calendar year 2009, 7% of the functional capacity outcomes were "no limitations to employment," 38% of the functional capacity outcomes were "employable with minimal accommodations/ limitations, "31% of the functional capacity outcomes were "temporarily unemployable" (i.e. Wellness), and 24% of the functional capacity outcomes were "unable to work" (i.e. federal disability).

7. **Q: We understand that the newly referred client is scheduled for their biopsychosocial assessment by HRA. Would the department consider allowing the contractor to schedule the appointments for the assessment to ease potential bottlenecks and mitigate the possibility of "no shows?"**

A: No.

8. **Q: What is the current number of SSI referrals per month?**

A: The RFP estimates that there will be approximately 7,600 Federal Disability Functional Capacity outcomes annually.

9. **Q: How many SSI applications are completed and submitted to SSA per month?**

A: In calendar 2009, over 15,500 federal disability applications were filed.

10. **Q: What is the current percentage rate of successful SSI applications?**

A: Since the beginning of WeCARE federal disability benefits have been awarded on approximately 43% of initial decisions.

11. **Q: How many SSI applications are currently pending an SSA decision?**

A: The available data indicates that approximately 3,700 initial federal disability applications are pending.

12. **Q: How many SSI determinations are currently being appealed?**

A: There are approximately 4,000 WeCARE participants with SSI appeal decisions pending.

13. **Q: What is the definition of a "participant?"**

A: A participant is an individual who has completed the BPS process and been engaged in WeCARE services.

14. **Q: Please explain how out of the 90,000 annual referrals and re-referrals there are only 25,000 participants?**

A: Some individuals who are referred to WeCARE are found fully employable and referred to back to Job Centers for services. Others are denied cash assistance (CA). Some clients leave CA for a variety of reasons including employment, being awarded federal disability benefits, or being de-assigned from WeCARE for administrative reasons.

15. **Q: Please provide a breakdown of the status of these 25,000 participants, as presented on page 25 of the RFP.**

A: Approximately 8,000 have Federal Disability applications pending, about 6,600 are participating in vocational activities, around 5,000 are engaged in a Wellness Plan, and approximately 3,000 have assessments scheduled or outcomes pending. The remaining cases are in other phases of the engagement process or temporarily un-engageable.

16. **Q: What are the service requirements for the projected 30,000 annual re- referrals?**

A: Some will be referred to the Clinical Review Team and then assigned to the appropriate activity; others will receive a new BPS and be referred to the appropriate activity.

17. **Q: In the first year of the contract, please provide the total number of referrals? Will it be 90,000 total referrals, 60,000 initial and 30,000 re-referrals?**

A: HRA anticipates there will be 60,000 initial and 30,000 re-referrals in the first year of the contract. As noted in the RFP the Agency cannot offer assurances that activities will continue at these levels.

18. **Q: What time period is covered in the amounts provided as "Anticipated Available Funding?"**

A: Three years.

19. **Q: Please define the "outreach" that may be required of the Contractor in delivering services.**

A: The RFP defines outreach as the effort to establish contact with participants who are non-compliant with program requirements and to re-establish compliance with program requirements.

20. **Q: What are the specific requirements for interfacing with HRA systems?**

A: Citywide policies, standards, and best practices for information security, application and system network architecture, disaster recovery, the secure storage and transmission of data and data retention are available at
http://www.nyc.gov/html/doitt/html/business/business_it_security.shtml

21. **Q: HRA systems – Who will provide training on the use of related HRA systems?**

A: HRA will provide training on the use of related HRA systems.

22. **Q: HRA systems – How and when will training on HRA systems be provided?**

A: Training will be scheduled after contract award.

23. **Q: For each service listed, is a "workflow" chart required or not (i.e., desirable)?**

A: Section 3c of the RFP lists eight WeCARE services and states "For each service listed above, provide a detailed process (workflow) that reflects the operational expectations described in the "Program Components" section of Section III and the appendices of this RFP. (A chart illustrating the process (workflow) is desirable, but not required.)"

24. **Q: For purposes of this RFP, how are you defining "Engagement"? Does this refer to the initial meeting we have with each participant at CSP in each unit. Therefore, it would be a "unique" number. Or is "Engagement" to be understood as overall contact in all activities which would then be a duplicated number. This refers to the Contractor Qualifications/Experience on page 4 where it states that it is expected that we "engage" 1600 individuals.**

A: Engagement is defined as clients assigned to, participating in, and complying with appropriate WeCARE activities.

25. **Q: How is Case Management defined? This refers as well to the Contractor Qualifications/Experience on page 4 where it states that the expectation is that the vendor provides the "clinically appropriate level of case management services for approximately 10,000 individuals each month. If we are taking about "unique" unduplicated numbers there is no way that we would provide case management to an average of 10,000 per month since on average throughout this entire program 5,000 are serviced per month. However, if you are speaking about service points these many participants have been definitely serviced.**

A: The RFP defines case management as a face-to-face, individualized activity that ensures the coordination and provision of a range of services that address the individual needs of each participant. The goals of case management include linking clients to community based services, helping participants to comply with treatment, assisting eligible individuals to obtain federal benefits, facilitating client progress toward reaching the highest attainable level of functioning and self-sufficiency, and whenever possible, employment and job retention. Outreach is considered an important case management function. HRA expects that all participants, whether fully engaged, partially compliant, or unengaged will receive the clinically appropriate level of case management including, when necessary, outreach.

26. **Q: Pg. 24 --- 3rd bullet states that WeCARE non-medical services are provided at one location. If we read this correctly, services outside of our service site would not be viewed favorably in this proposal.**
We have engaged training providers outside of our service site to provide short term occupational training to our participants. These services are considered as ancillary support services to enhance our participant's skill level and employability. The core services which include the DVE, IPE, CSP, job readiness training and job search, retention and continuous intensive case management services are provided in one main service site location.
Please clarify as to whether these ancillary services would be acceptable in the new proposal.

A: The section on service facilities (page 14) establishes a minimum number of facilities; it does not address a maximum number of facilities. The rating will be based on the quality of the proposal which would include evaluation of the resources utilized to provide services.

27. **Q: We are required to provide 3 reference letters for each one of our subcontractors. In addition, we are also required to provide Leases and floor plans from our subcontractors. My question is as follows:**

If our subcontractor is a city owned or operated entity e.g., HHC are these references and additional documentation required or can they be waived being that they are city owned, etc.?

A: Proposers are asked to demonstrate (page 24) that "The proposer has site control of facilities in the proposed region (by lease or ownership, or letter of commitment)" and adds, "Floor-plans of the proposed medical and service delivery sites are desirable, but not required." In response to the specific question, the requirements are **not** waived if the proposed subcontractor is a city owned or operated entity.

28. **Q: We came across a question in the RFP that we're not too sure how to answer. On page 25 of the RFP under *Proposed Approach*, the question asks us to provide detail on how we will be providing "Travel Capacity Review Services" for an average of 25 cases each month. We are not exactly sure what is being asked here. Currently, if the BPS stipulates that the participant requires travel accommodations, we then go about the process of requesting that travel accommodations be approved in the NYCWAY system by scheduling a 16TT appointment or review. Is this what this question is referring to?**

A: The service description was mis-phrased. It should have read "Review of travel capacity for participants in all WeCARE services and providing necessary travel accommodations," and has been formally revised thorough this addendum

29. **Q: RFP p.27, item 4: Can the outer envelope be a box?**

A: Yes

30. **Q: Attachment A (Proposal Cover Letter): Does "Program Name" refer to the name of the Proposer's organization?**

A: Yes

31. **Q: Is it permissible to include additional attachments to the proposal (other than those listed in the checklist on page 27 of the RFP)?**

A: Yes.

32. **Q: Regarding the following from page 23 of the RFP:**
"Attach at least three (3) relevant letters of reference, including the name of the reference entity, a brief statement describing the relationship between the proposer or proposed sub-contractor, as applicable, and the reference entity, and the name, title and telephone number of a contact person at the reference entity, for the proposer and each proposed sub-contractor if any."

Does HRA require that the proposer attach actual letters from the reference entities on the reference entities' letterhead, or may proposers supply the following information in chart form: name of the reference entity, a brief statement describing the relationship between the proposer and the reference entity, and the name, title and telephone number of a contact person at the reference entity?

A: Proposers must provide letters from the reference entities on the reference entities' letterhead.

33. **Q: Solicitation Reference: §IV.1.b and §III.7 Question: Can an Article 28 certified provider do the assessments in non-Article 28 certified spaces?**

A: No.

34. **Q: What was the RFP number of the Previous RFP for these services?**

A: The Procurement Identification Number (PIN) of the original RFP was 069-03-H037800. The title was Personal Roads for Individual Development and Employment (PRIDE II).

35. **Q: Is the $84,417,701 allocated to Region II is the yearly amount available for services or the total amount available over the contract's duration?**

A: $84,417,701 is the total amount available over the contract's duration.

36. **Q: What is the expected ramp up time for referrals?**

A: The RFP states that all facilities must be fully operational within 120 days of the contract start date.

37. **Q: Is there data available on drop-offs?**

A: Since the beginning of WeCARE, 81% of the BPS I and 93% of the BPS II assessments have been completed. The RFP estimates that:

- **68% of the individuals whose functional capacity outcome is** *Temporarily unemployable requiring treatment of an untreated or unstable medical and/or mental health condition that is a barrier that significantly interferes with employability and participation in HRA work activities* **will complete a Wellness Plan,**

- **66% of the individuals whose functional capacity outcome is** *Employable with limitations requiring accommodation and/or vocational rehabilitation* **will complete the DVE/IPE process, and**
- **67% of the individuals whose functional capacity outcomes are** *Unemployable for at least twelve (12) months (presumed or potentially eligible for federal disability benefits)* **will be awarded federal benefits.**

The RFP estimates that:

- **80% of the individuals who placed will be retained in employment for 30 days,**
- **83% of the individuals who are employed for 30 days will retain employment at 90 days, and**
- **67% of the individuals who are employed for 90 days will retain employment at 180 days.**

38.**Q: Can money be advanced?**

A: Agency policy is to consider requests for advances after contract award. However, please don't assume in your proposal that money will be advanced.

39.**Q: I think there was some reference to materials in addition to the bulletins being available at this office location for vendors, and I just didn't know if there were sort of monthly or quarterly status report materials included in that.**

A: The only reference material that is available are the WeCARE Policies and Procedures and WeCARE Bulletins cited on page 3 of the RFP.

40. **Q: If the primary proposer is a for profit but they are utilizing a non-profit for the VRS portion of the grant, for example, can there be an advance for the portion of the contract that will be run by the non profit?**

A. HRA's relationship in the described instance is with the for-profit contractor. That does not preclude the not-for-profit from working out an agreement for an advance with the for profit vendor.

41. **Q.: Can we get a copy of the questions that have been asked with answers, subsequent to the Bidder Conference? If so, how do we obtain that?**

A. The Addendum will be sent to everyone who downloaded a copy of the RFP. It will also be available on HRA's website.

42. Q: Can we reflect payroll increases (COLA) for each of the three years?

A: Yes. There are separate personnel services budget forms for each year of the contract.

43. Q: The WeCARE Process—The last sentence in RFP paragraph III.B.3.a.ii.b states that "the first federal disability application assistance appointment would take place and the Wellness Plan would be initiated within twelve (12) calendar days of the FCO determination (unless outreach is necessary)."

Section III.D.a, Wellness Plan, states that the contractor would initiate a Wellness Plan within seven (7) days of the FCO.

Please clarify the correct requirement—12 days or 7 days? Or, does the federal disability application assistance appointment occur within 7 days of the FCO and the Wellness Plan is initiated within 12 days of the FCO?

A: The *Unemployable for at least twelve months (potentially eligible for federal disability benefits) requiring treatment of an untreated or unstable medical and/or mental health condition that significantly interferes with employability* FCO [Section III.B.3.a.ii.b] is a joint track that provides 12 days for initiation because both the federal disability and Wellness processes must be completed.

If only a Wellness Plan is required the period for initiation is 7 days.

45.Q: What is the volume of SSI cases that will be transferred to the new contractor?

A: Available data indicates that approximately 3,700 federal disability cases in both regions for which a federal disability application has been filed by the existing vendor will be transferred to the new contractor for case management and other needed services. However, the organization that initiated the federal disability application will receive the milestone payment for award on these cases.

46.Q: Appeals—Can you please inform us on where we can obtain information on the HRA Disability Services Program that is to assist a participant with a denial of benefits by SSA?

A: Information on the HRA Disability Services Program is available in the *Assisting WeCARE Participants in Obtaining Federal Disability Benefits* WeCARE Procedure.

47.Q: Case Management Services—What volumes and types of calls are typically received by both the case managers (i) and the 24/7 "crisis intervention" (j) line?

A: Section III.5.F(i) addresses outreach. Outreach calls are made by contractor case management staff to re-engage participants who fail to comply with WeCARE program or HRA requirements. To date, there have been very few requests from WeCARE participants for assistance in obtaining emergency services.

48.Q: Clinical Review Team—Appendix D required the CRT reviews to be completed by clinical staff. What are the specific credentials for the clinical staff? Clinical staff appears to be different from medical staff. Can a CRT be conducted by any board-certified physician, nurse, physical therapist, occupational therapist, other licensed allied clinical practitioner or licensed social worker?

A: The *Clinical Review Team* WeCARE Procedure includes a list of specific credentials for clinical staff.

49.Q: Travel Capacity—Could the Department provide relevant information on the process and rules for determining travel capacity?

A: The *Travel Related Accommodations* WeCARE Procedure describes the process and rules for determining travel capacity.

50.Q: Proposed Approach—Are the volumes cited reflective of the average for each region? Or both regions combined. If combined, please provide the anticipated volumes by region.

A: The volumes cited on page 25 of the RFP are reflective of the average for each region.

51.Q: Consumer Satisfaction – Can HRA share any consumer satisfaction data related to the current system and process?

A: Overall consumer satisfaction data related to the current system and process is not available.

52.Q: 10. Facilities/Space — If the bidder anticipates acquiring new/additional space to accommodate the WeCARE program, is it permissible to include, in the proposal, multiple potential locations as indicative of the type of space, e.g., quality, location, capacity (square footage) where the program will be domiciled?

A: Yes, but proposers should provide the information requested in Section IV b (Organizational Capability) for each proposed location.

53.Q: We have a building in Brooklyn that was damaged by fire. If we identified the site as a WeCARE service location and received the award would HRA be willing to fund construction costs?

A: No, HRA will not fund capital improvement costs.

REQUEST FOR PROPOSALS

For

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

PIN: 06911H072100

ADDENDUM #1

RFP Revisions

Page 25, Proposed Approach, WeCARE Services Include, last bullet should read: **"Review of travel capacity for participants in all WeCARE services and providing necessary travel accommodations."**

c. Proposed Approach

Describe in detail how the proposer and any subcontractors will provide the work described in Section III – Scope of Services and appendices of this RFP and demonstrate that the proposed approach will fulfill the Agency's goals and objectives. Specifically address the following:

WeCARE services include:

- Conducting an average of 1,800 assessments that include standard and specialty medical examinations and psychosocial evaluations (the Biopsychosocial Assessment [BPS]) each month.
- Assessing an average of 1,800 individuals level of disability and/or functioning each month.
- Engaging an average of 1,600individuals with medical or mental health conditions in necessary treatment each month.
- Providing the clinically appropriate level of case management services for approximately 10,000 individuals each month.
- Providing assistance in obtaining federal disability benefits to an average of 500 individuals each month.
- Providing vocational services including assessment, reasonable accommodations, vocational rehabilitation, training, job placement, and retention to an average of 1,500 individuals each moth.
- Providing a Clinical Review Team (CRT) that serves an average of 1,700 individuals each month.
- ~~Providing Travel Capacity Review Services for an average of 25 cases each month~~Review of travel capacity for participants in all WeCARE services and providing necessary travel accommodations."

REVISED **ATTACHMENT B – 1**

PRICE PROPOSAL FORM - Year 1 Performance Milestones
Wellness, Comprehensive Assessment, Rehabilitation and Employment Program

PIN: 06911H072100

Proposer's Name: _____

A. Total Personnel Budget Request Year 1:	
B. Total Other than Personnel Budget Request Year 1:	
C. Total Budget Request Year 1 (A + B) *(includes line item and milestone payments)*	

Milestones – (55% of total budget)

	D # of Participants Expected to Achieve Milestone Annually	E Proposed Fee Per Participant Achieving the Milestone	F[1] Total (D*E)
Completion of a Phase I Medical Examination	**R I: 24,400** **R II: 19,900**		
Completion of a Phase II Medical Examination	**R I: 9,900** **R II: 8,000**		
Completion of DVE and IPE	**R I: 6,600** **R II: 5,400**		
Completion of the Wellness Plan.	**R I: 5,700** **R II: 4,700**		
Retention in unsubsidized employment for 30 days	**R I: 1,200** **R II: 1,000**		
Retention in unsubsidized employment for 90 days	**R I: 1,000** **R II: 850**		
Retention in unsubsidized employment for 180 days	**R I: 750** **R II: 600**		
Retention in subsidized employment for 30 days	**R I: 130** **R II: 100**		
Retention in subsidized employment for 90 days	**R I: 90** **R II: 75**		
Retention in unsubsidized employment 180 days after initial placement in subsidized employment.	**R I: 50** **R II: 40**		
SSI/SSDI Award (without Wellness	**R I: 1,230** **R II: 1,000**		
SSI/SSDI Award (parallel Wellness)	**R I: 300** **R II: 360240**		
SSI/SSDI Award (post Wellness)	**RI: 240360** **R II: 300**		
SSI/SSDI Award (supplemented application)	**RI: 880** **R II: 720**		
SSI/SSDI Award on appeal	**RI: 530** **R II: 440**		
Annual Milestone Total			

[1] Annual Milestone Total must equal 55% of the total budget, as indicated above.

REVISED ATTACHMENT B - 4
PRICE PROPOSAL FORM - Year 2 Performance Milestones

Wellness, Comprehensive Assessment, Rehabilitation and Employment Program

PIN: 0691IH072100

Proposer's Name: _____

A. Total Personnel Budget Request Year 2:	
B. Total Other than Personnel Budget Request Year 2:	
C. Total Budget Request Year 2 (A + B) *(Includes line item and milestone payments)*	

Milestones – (55% of total budget)

	D # of Participants Expected to Achieve Milestone Annually	E Proposed Fee Per Participant Achieving the Milestone	F[1] Total (D*E)
Completion of a Phase I Medical Examination	**R I: 24,400** **R II: 19,900**		
Completion of a Phase II Medical Examination	**R I: 9,900** **R II: 8,000**		
Completion of DVE and IPE	**R I: 6,600** **R II: 5,400**		
Completion of the Wellness Plan.	**R I: 5,700** **R II: 4,700**		
Retention in unsubsidized employment for 30 days	**R I: 1,200** **R II: 1,000**		
Retention in unsubsidized employment for 90 days	**R I: 1,000** **R II: 850**		
Retention in unsubsidized employment for 180 days	**R I: 750** **R II: 600**		
Retention in subsidized employment for 30 days	**R I: 130** **R II: 100**		
Retention in subsidized employment for 90 days	**R I: 90** **R II: 75**		
Retention in unsubsidized employment 180 days after initial placement in subsidized employment.	**R I: 50** **R II: 40**		
SSI/SSDI Award (without Wellness	**R I: 1,230** **R II: 1,000**		
SSI/SSDI Award (parallel Wellness)	**R I: 300** **R II: 360~~240~~**		
SSI/SSDI Award (post Wellness)	**RI: 360~~240~~** **R II: 300**		
SSI/SSDI Award (supplemented application)	**RI: 880** **R II: 720**		
SSI/SSDI Award on appeal	**RI: 530** **R II: 440**		
Annual Milestone Total			

[1] Annual Milestone Total must equal 55% of the total budget, as indicated above.

Revised ATTACHMENT B - 7
PRICE PROPOSAL FORM - Year 3 Performance Milestones
Wellness, Comprehensive Assessment, Rehabilitation and Employment Program
PIN: **06911H072100**

Proposer's Name: _____

A. Total Personnel Budget Request Year 3:	
B. Total Other than Personnel Budget Request Year 3:	
C. Total Budget Request Year 3 (A + B) *(includes line item and milestone payments)*	

Milestones – (55% of total budget)

	D # of Participants Expected to Achieve Milestone Annually	E Proposed Fee Per Participant Achieving the Milestone	F[1] Total (D*E)
Completion of a Phase I Medical Examination	**R I: 24,400** **R II: 19,900**		
Completion of a Phase II Medical Examination	**R I: 9,900** **R II: 8,000**		
Completion of DVE and IPE	**R I: 6,600** **R II: 5,400**		
Completion of the Wellness Plan.	**R I: 5,700** **R II: 4,700**		
Retention in unsubsidized employment for 30 days	**R I: 1,200** **R II: 1,000**		
Retention in unsubsidized employment for 90 days	**R I: 1,000** **R II: 850**		
Retention in unsubsidized employment for 180 days	**R I: 750** **R II: 600**		
Retention in subsidized employment for 30 days	**R I: 130** **R II: 100**		
Retention in subsidized employment for 90 days	**R I: 90** **R II: 75**		
Retention in unsubsidized employment 180 days after initial placement in subsidized employment.	**R I: 50** **R II: 40**		
SSI/SSDI Award (without Wellness	**R I: 1,230** **R II: 1,000**		
SSI/SSDI Award (parallel Wellness)	**R I: 300** **R II: 360240**		
SSI/SSDI Award (post Wellness)	**RI: 340360** **R II: 300**		
SSI/SSDI Award (supplemented application)	**RI: 880** **R II: 720**		
SSI/SSDI Award on appeal	**RI: 530** **R II: 440**		
Annual Milestone Total			

[1] Annual Milestone Total must equal 55% of the total budget, as indicated above

Human Resources Administration
Department of Social Services

WeCARE

Wellness

Comprehensive Assessment

Rehabilitation

Employment

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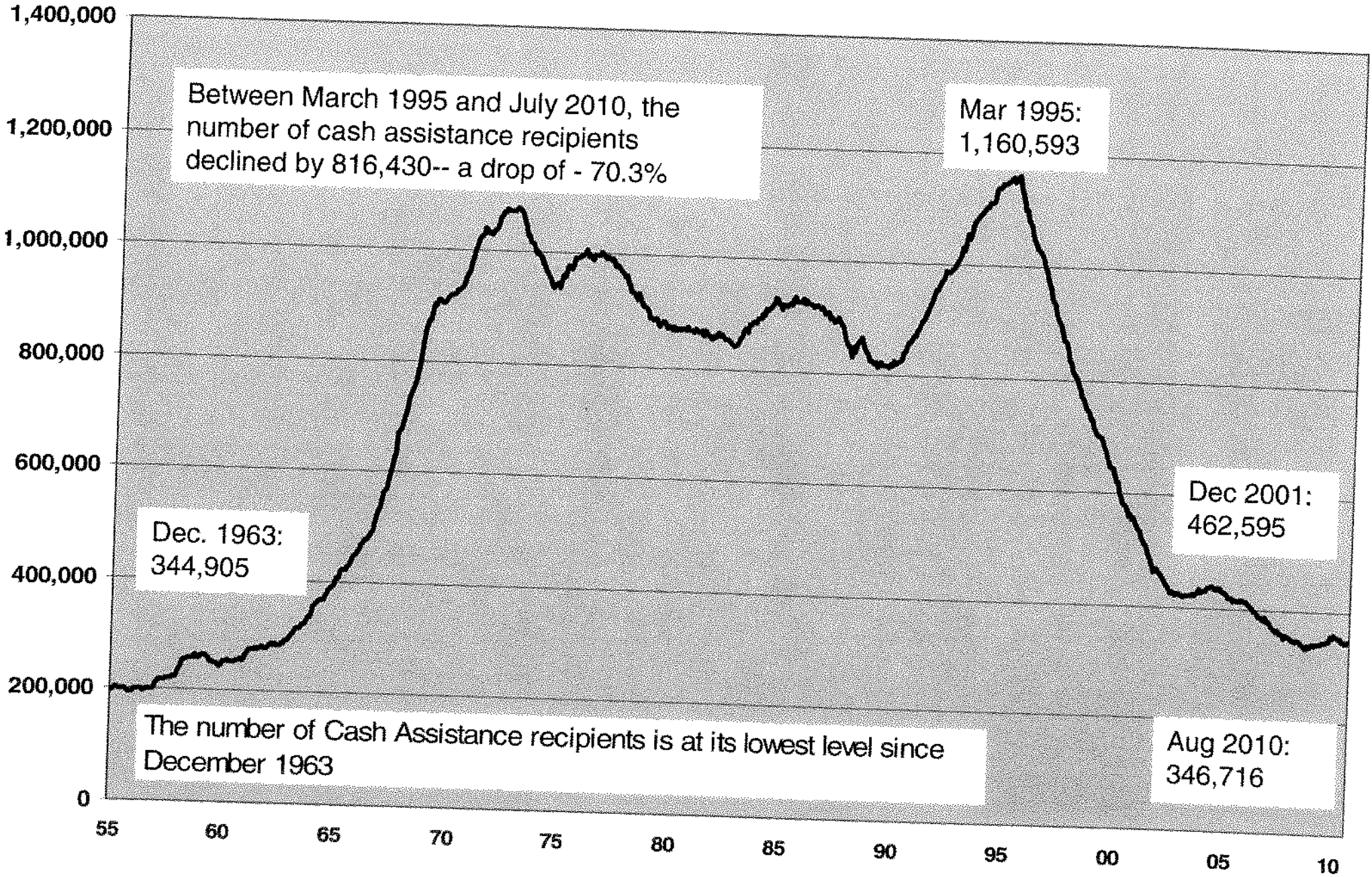
Cash Assistance Recipients

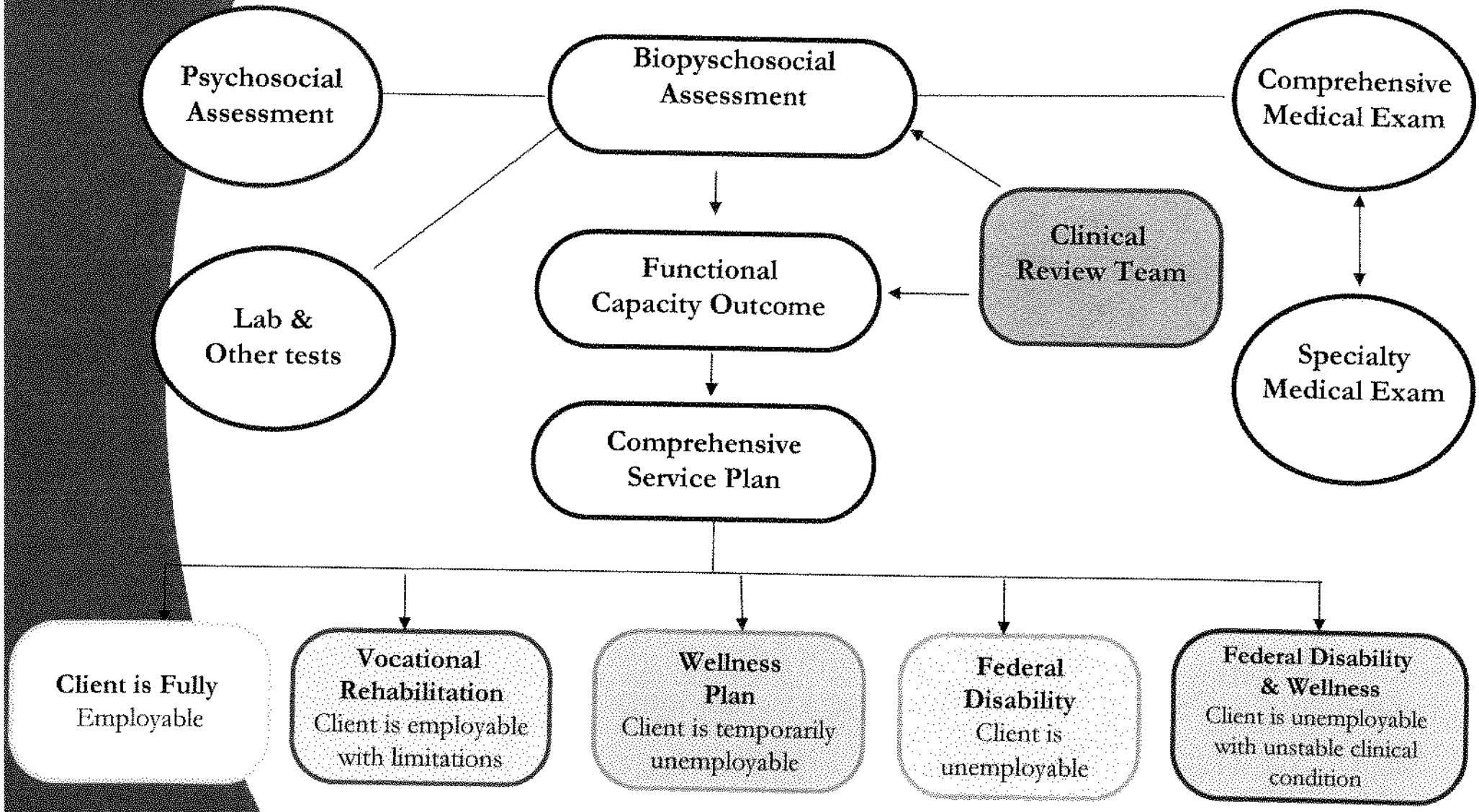


WeCARE
Individuals with Clinical Barriers to Employment

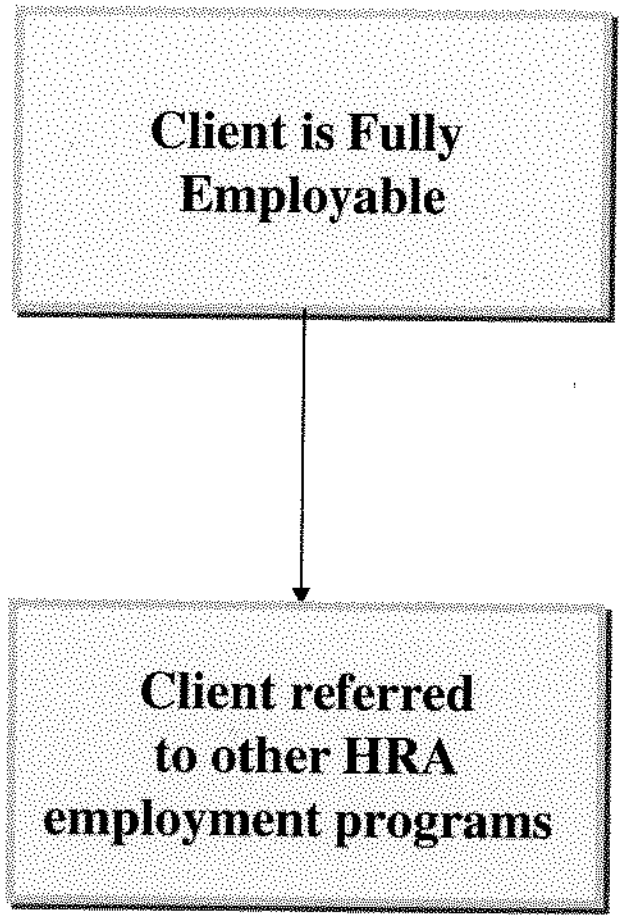
- A significant number of people remaining on public assistance in New York City have complicated clinical barriers to employability including medical, mental health, and substance abuse conditions.

- To address their needs while building on lessons learned from past experience, almost six years ago HRA developed a new program model called WeCARE.

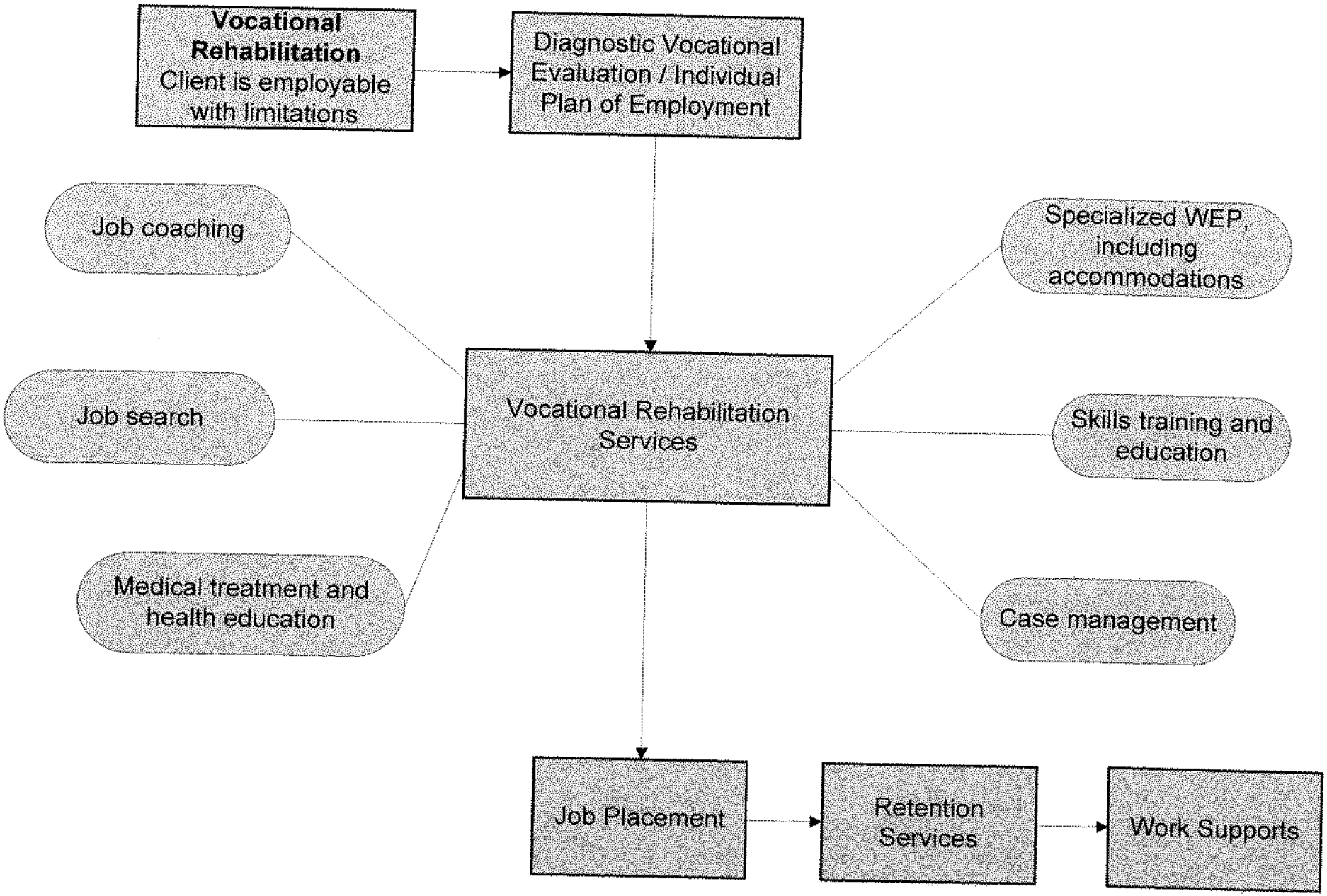
The WeCARE Assessment Model



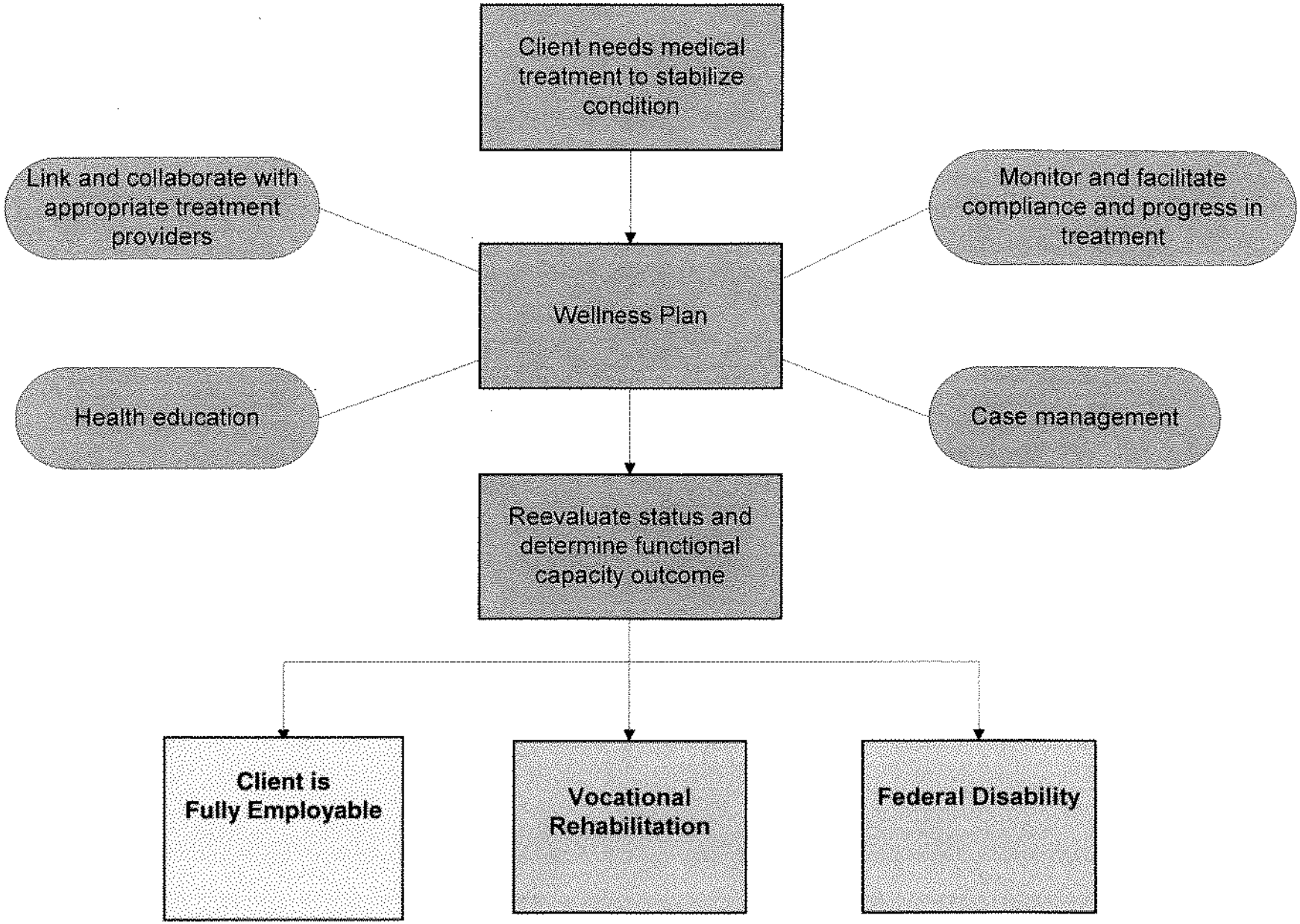
WeCARE Fully Employable



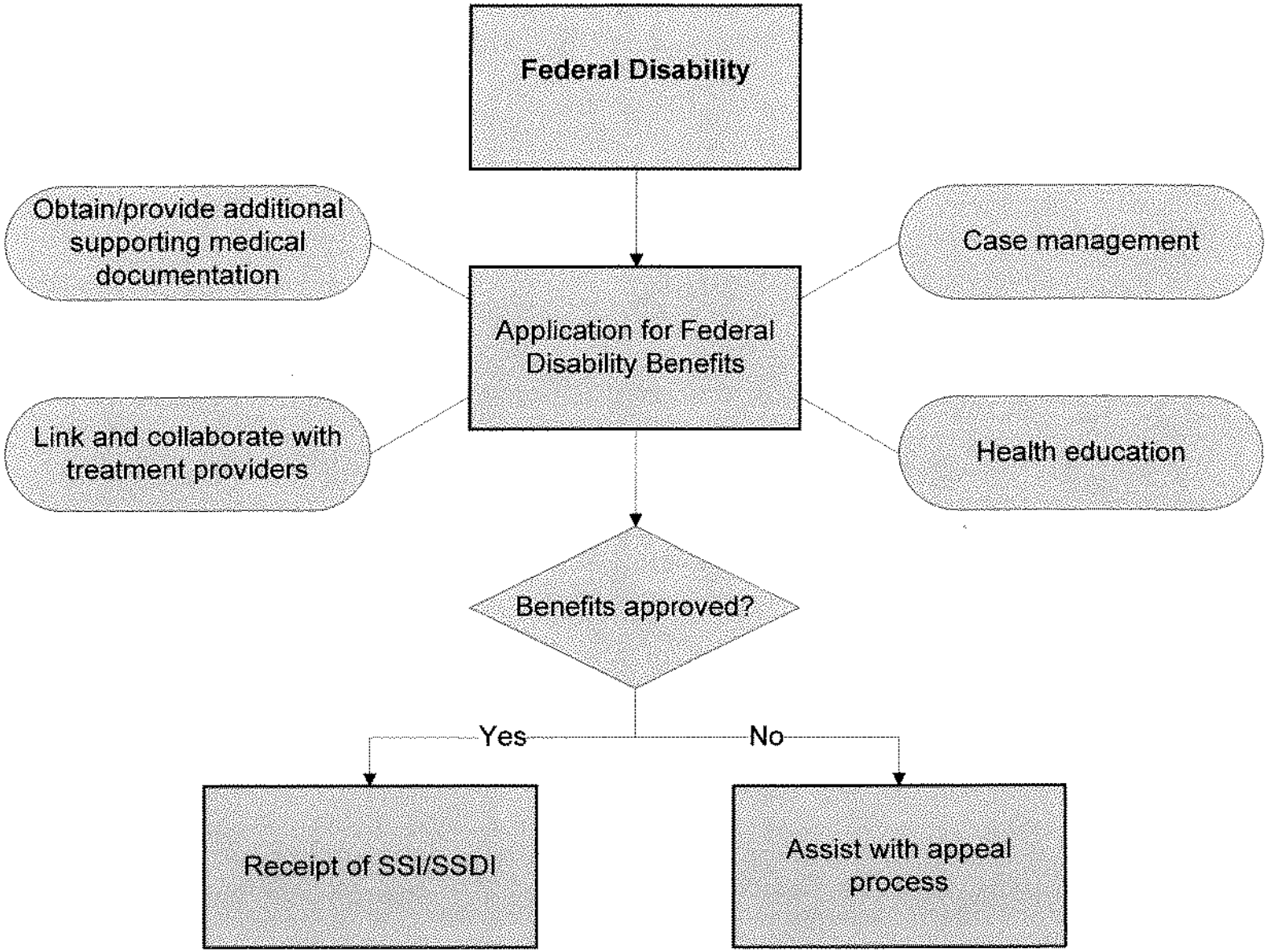
WeCARE Vocational Rehabilitation



WeCARE Wellness Plan



WeCARE Federal Disability



WeCARE

WeCARE incorporates the following important program elements:

- Comprehensive assessments
- Continuum of integrated services from assessment to rehabilitation to self-sufficiency under one umbrella contract
- Clinical focus and support
- Proactive Wellness Plans to facilitate compliance with treatment
- Vocational rehabilitation starts with a comprehensive evaluation
- Case management services including outreach

DATE 09/29/10

WELLNESS, COMPREHENSIVE ASSESSMENT REHABILITATION AND EMPLOYMENT PROGRAM (WECARE)

PIN # 06911H072100

	PRINT COMPANY NAME	PRINT ADDRESS	TELEPHONE & FAX	PRINT CONTACT PERSON & E-MAIL ADDRESS	DOWNLOADED RFP ON-LINE YES/NO
1.	General Worldwide	261 W 35 NYNY	(212) 255-8400 F-(212) 255-8405	Bill Whalen wwhalen@ generalworldwide.com	yes
2.	CHINY GRAD CENTER	GRAD CENTER	212 9950254	DICK LAM 209 1ST AVE NYNY MARTYPROP@AOL	yes
3.					
4.					

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PIN # 06911H072100

	PRINT COMPANY NAME	PRINT ADDRESS	TELEPHONE & FAX	PRINT CONTACT PERSON & E-MAIL ADDRESS	DOWNLOADED RFP ON-LINE YES/NO
1.	Geneva Worldwide	261 West 35th St	212 944 2700	Agnes Maldonado amaldonado@genevaworldwide.com	yes
2.	LCG	5614 16th Ave	718 436 2200	Mark Lazar MLazar@LazarCG.com	yes
3.	VOA	1 Schwartz Rainbow Warren Island NY	646 772-4633	djardme@voa-gny.org	yes.
4.	AD Vantage	2 Haven Plaza	203 213 0598	Marty Steinmetz carpediembrill@yahoo.com	NO

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WELLNESS, COMPREHENSIVE ASSESSMENT REHABILITATION AND EMPLOYMENT PROGRAM (WECARE)

PIN # 06911H072100

	PRINT COMPANY NAME	PRINT ADDRESS	TELEPHONE & FAX	PRINT CONTACT PERSON & E-MAIL ADDRESS	DOWNLOADED RFP ON-LINE YES/NO
1.	Community Voices Heard	115 E 106th St	(212) 926-6187	Cleo Mullings c.mullings@nyc.com	Yes
2.	Metis Associates	120 Wall St.	(212) 425-8833 480-2176	Marilyn Zlotnik mzlotnik@metisassoc.com	yes
3.	NADAP	355 Lexington Ave NY 10017	(212) 986-1170	ELIZABETH MADISON emadison@NADAP.org	yes
4.	Communlife, INC	214 N 29 st	(212) 219-1618	R Cyle @ Communlife-org	Yes

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PIN # 06911H072100

	PRINT COMPANY NAME	PRINT ADDRESS	TELEPHONE & FAX	PRINT CONTACT PERSON & E-MAIL ADDRESS	DOWNLOADED RFP ON-LINE YES/NO
1.	Brooklyn Community Services	285 Schermerhorn St. Brooklyn, NY	718-310-5600	Robert Reiter reiter@bbcs.org	Yes
2.	Community Voices Heard	115 W. 104th St NY	(212) 860-6021	Jessica Garcia	Yes
3.	Goodwill [illegible]	4-21 27th Ave 11102 Astoria, NY	718-777-6334 718.777.4125	LTurner@goodwillny.org	Da
4.	Korean Community Services of Metropolitan NY	35-56 159th Street Flushing, NY 11358	718) 939-6137	Linda Lee ~~[illegible]~~ LEE@kcsny.org	no

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WELLNESS, COMPREHENSIVE ASSESSMENT REHABILITATION AND EMPLOYMENT PROGRAM (WECARE)

PIN # 06911H072100

	PRINT COMPANY NAME	PRINT ADDRESS	TELEPHONE & FAX	PRINT CONTACT PERSON & E-MAIL ADDRESS	DOWNLOADED RFP ON-LINE YES/NO
1.	CUNY / Grads	411 5th Ave	212 379 4140		No
2.	Rescare	25 Elm St Brooklyn NY	718 614-8122	Adam Darshak adarshak@abiborwecare.com	Yes
3.	Betsy Laguer				
4.	Leslie Klein	285 Schermerhorn St Brooklyn NY 11217	718 310-5630	LKlein@bbcs.org	Yes

DATE 09/29/10

WELLNESS, COMPREHENSIVE ASSESSMENT REHABILITATION AND EMPLOYMENT PROGRAM (WECARE)

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	PRINT COMPANY NAME	PRINT ADDRESS	TELEPHONE & FAX	PRINT CONTACT PERSON & E-MAIL ADDRESS	DOWNLOADED RFP ON-LINE YES/NO
1.	NCLES	275 7th Ave New York, NY	212-633-6967		NO
2.	PSI	637 N. Mariposa St. Burbank CA 91506	(714) 273-4423	Anita Yang ayang@policy-studies.com	
3.	NY CMNY	34th & 5th Ave	917/439-5744	Heather Morris	NO
4.	PSCH	30-50 Whitestone Pl.	718 7390535	Robert. Hettenbach@PSCH.org	NO

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WELLNESS, COMPREHENSIVE ASSESSMENT REHABILITATION AND EMPLOYMENT PROGRAM (WECARE)

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	PRINT COMPANY NAME	PRINT ADDRESS	TELEPHONE & FAX	PRINT CONTACT PERSON & E-MAIL ADDRESS	DOWNLOADED RFP ON-LINE YES/NO
1.	CVH	115 E 106 St	917-281-4351	Lorrismcintosh@att.net	Yes
2.	McGladrey	1155 Avenue of Americas	212-372-1607	Brian.Sackstein@mcgladrey	yes
3.	[illegible]	40 Rector	212.385.3030	Elizabeth.Check@icdinc.org	[illegible]
4.	Jamie Lahey				

DATE 09/29/10

WELLNESS, COMPREHENSIVE ASSESSMENT REHABILITATION AND EMPLOYMENT PROGRAM (WECARE)

PIN # 06911H072100

	PRINT COMPANY NAME	PRINT ADDRESS	TELEPHONE & FAX	PRINT CONTACT PERSON & E-MAIL ADDRESS	DOWNLOADED RFP ON-LINE YES/NO
1.	FEDCAP	211 W 14th St NYC 10011	212 727 4287	Rita Pettiford rpettiford@fedcap.org	Yes
2.	University Behavioral Associates	111 E. 210th St Bronx, NY 10467	718-920-4920	[illegible]@montefiore.org	Yes
3.	NCLEJ	275 Seventh Ave #1506 NYNY	212-633-6967	lacheen@nclej.org	yes
4.	GRANT ASSOCIATES	60 MADISON AVE NYC 10010	646-358-4351	dcadson@grantassociates inc.com	YES

DATE 09/29/10

WELLNESS, COMPREHENSIVE ASSESSMENT REHABILITATION AND EMPLOYMENT PROGRAM (WECARE)

PIN # 06911H072100

	PRINT COMPANY NAME	PRINT ADDRESS	TELEPHONE & FAX	PRINT CONTACT PERSON & E-MAIL ADDRESS	DOWNLOADED RFP ON-LINE YES/NO
1.	FEGS	315 Hudson St. NY, NY 10013	(212) 366 8176 FAX 366-8300	jbaron@fegs.org	NO
2.	ICL	40 Rector St 8 Fl NY NY 10006	917-554 5599	C.Fredmotter@gmail.com	yes
3.	Tomas Cruz Lutheran Medical Center	~~150 55 St~~ 514-44 St. Bklyn NY 11220	718-431 2636	tcruz@lmc.com	yes.
4.	UCP	80 Maiden Lane	347 3516857	mquigley@ucpnyc.org	yes

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PIN # 06911H072100

	PRINT COMPANY NAME	PRINT ADDRESS	TELEPHONE & FAX	PRINT CONTACT PERSON & E-MAIL ADDRESS	DOWNLOADED RFP ON-LINE YES/NO
1.	Brian O'Neill	71 Jackson St. Garden City NY 11530	516-488-1197	Brian O'Neill bmmoneill@gmail.com	No
2.	Casey Martin Five Star Rep.	40 Mem Hwy New Rochelle 10801			NO
3.	Julia Page Seedco	915 Broadway NY, NY 10010		JPage@seedco.org	Yes
4.	Barbara Kang UBA	334 East 148th St, NYC 10451	718 401-5055	bkang@montefiore.org	Yes

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	PRINT COMPANY NAME	PRINT ADDRESS	TELEPHONE & FAX	PRINT CONTACT PERSON & E-MAIL ADDRESS	DOWNLOADED RFP ON-LINE YES/NO
1.	CVH	115 E. 106th	(212) 860-6001	Melissa McClure	
2.	Enchanted Solutions LLC	224 Sullivan St NY NY 10012	(212) 473-7225	Carol Hirdeay Carolandelvis@aol.com	no
3.	Harvey Lieberman PhD, PC	31 Oxford Pl. Rockville Centre NY, 11570	516.967.9241 516.678.2550 FAX	hlieberman@hotmail.com Harvey Lieberman	yes
4.	Judith Pincus FEGS	315 Hudson St NY NY 10013	(212)366-0036 jpincus@fegs.org		Yes

DATE 09/29/10

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	PRINT COMPANY NAME	PRINT ADDRESS	TELEPHONE & FAX	PRINT CONTACT PERSON & E-MAIL ADDRESS	DOWNLOADED RFP ON-LINE YES/NO
1.	[redacted] PGS	315 Hudson St 10013	212-524-1102	[redacted]	YES
2.	Easter Seals NY	12 Broadway Suite 1801	212 943 4364	Rita J. Stella rstella@easterseals-ny.org	No
3.	Jason Turner	Turner Grant Operations	414-839-6671	JURNER rusticator@gmail.com	YES
4.	Katie Schwab	Law Offices of Claudia Wagner	212 619 2052	katieschwab@cawagner.com	Yes

DATE 09/29/10

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	PRINT COMPANY NAME	PRINT ADDRESS	TELEPHONE & FAX	PRINT CONTACT PERSON & E-MAIL ADDRESS	DOWNLOADED RFP ON-LINE YES/NO
1.	FEGS	315 Hudson St. 6th Fr NY, NY 10013	212.366.9184	Vikas Meron vikasmeron@hotmail.com	Yes
2.	FEDCAP	W 14th 211 NY NY 10011			Yes
3.	Seedco NPA	915 Broadway 17th floor	212 2041370	Sfriedman@seedco.org	Yes
4.	Community Voices Heard	3178 Bayview Ave Bklyn, N.Y. 11224	(347)301-7987		NO

DATE 09/29/10

WELLNESS, COMPREHENSIVE ASSESSMENT REHABILITATION AND EMPLOYMENT PROGRAM (WECARE)

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	PRINT COMPANY NAME	PRINT ADDRESS	TELEPHONE & FAX	PRINT CONTACT PERSON & E-MAIL ADDRESS	DOWNLOADED RFP ON-LINE YES/NO
1.	MAXIMUS	11419 Sunset Hills Road Reston, VA 20190	M: 703-251-8500 F: 703-251-8234	Al Wong alwong@maximus.com	Yes
2.	Goodwill Industries	Astoria New York			
3.	PSCH, INC	30-50 Whitestone Expy Flushing NY	718 559-0522	Michael Mittelman michael.mittelman@psch.org	No
4.	Turning Point	5220 4th Ave. Bklyn NY 11220	718-360-8167	Lee Hildebrand lhildebr@tpcomi.org	No

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	PRINT COMPANY NAME	PRINT ADDRESS	TELEPHONE & FAX	PRINT CONTACT PERSON & E-MAIL ADDRESS	DOWNLOADED RFP ON-LINE YES/NO
1.	Public Consulting Group	148 State St Boston MA 02109	617 426 2026 x1229	pbuckley@pcgus.com	Y
2.	Public Consulting Group	"	617 426 2026 x1232	lcampriello@pcgus.com	Y
3.	MAXIMUS	11419 Sunset Hills Rd Reston, VA 20190	512 423 8166	KathyKerr@maximus.com	Y
4.	[illegible]	[illegible]	[illegible]		

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	PRINT COMPANY NAME	PRINT ADDRESS	TELEPHONE & FAX	PRINT CONTACT PERSON & E-MAIL ADDRESS	DOWNLOADED RFP ON-LINE YES/NO
1.	Goodwill	4-21 27th Ave Astoria NY 11101	718 777 6336	Linda Turner LTurner@ goodwillny.org	YES
2.	Arbor E&T	25 Elm St. Bklyn NY 11201	718 606 3041	Wanda Moguel WMoguel@ arborWECARE.com	Yes.
3.	AmericaWorks	228 E 45th St 6th Fl NY NY 10017	212-599-5627 212-599-5040 (F)	dmckay@ americaworks.com	Yes
4.	GET	6838 Melrose Dr McLean VA 22101	202-683-0100	Vince Doran vdoran@ aol.com	Yes

COPY

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THE CITY OF NEW YORK

HUMAN RESOURCES ADMINISTRATION

Pre-proposal Conference

PIN: 06911H072100

Wellness, Comprehensive, Assessment Rehabilitation

and Employment Program (WeCARE)

----------X

September 29, 2010
10:00 a.m.

180 Water Street
New York, New York

B E F O R E:

REGINA GUNN
First Deputy Agency Chief Contracting Officer
Office of Contracts

DR. FRANK LIPTON
Executive Deputy Commissioner
Customized Assistance Services

NEIL OVADIA
Director Office of Contract Services
Customized Assistance Services

****

FIVE STAR REPORTING INC.,
90 JOHN STREET, SUITE 411
NEW YORK, NEW YORK 10038
631.224.5054

1 PRE-PROPOSAL CONFERENCE 9-29-10

2 MS. GUNN: I would like to welcome each
3 of you to our pre-proposal conference for our
4 WeCARE Program. WeCARE stands for the
5 Wellness, Comprehensive, Assessment
6 Rehabilitation and Employment Services
7 Program.

8 HRA is seeking two qualified vendors to
9 provide a continuum of integrated services
10 directly, or through subcontract, to
11 applicants of Cash Assistance programs or
12 other HRA services who have or may have
13 medical and/or mental health conditions that
14 significantly reduce their functional
15 capacity.

16 Today's pre-proposal conference is
17 designed to acquaint you more with the
18 program and to give you an opportunity to
19 write down your questions that we will be
20 responding to, some today, and some after the
21 conference through the Mayor.

22 This particular RFP was released on
23 September 8, 2010. Today's pre-proposal
24 conference is designed, again, to acquaint
25 you with the services. We want to be clear

with you about proposal due date, time and location. Proposals, if you decide to submit a proposal, you should know and bear in mind that the proposal due date is Wednesday December 1, 2010, the time is two o'clock p.m. And we have to emphasize to you that proposals must be submitted to this same location, HRA, 180 Water Street. Proposals are submitted to the RFP Unit on the 14th Floor. And this is written inside your RFP. Everyone probably has picked up an RFP by now.

And Page 1, called "Section 1, Timetable." Section E tells you that the due date is Wednesday, December 1st, and it clearly indicates the time for submission, the deadline is two o'clock p.m. It also indicates that the place for returning the proposals is 180 Water Street, 14th Floor.

I just call to your attention Ronni Moore, who is located at 2 Washington Street, Room 1704, and that's indicated on the cover. However, I don't want you to confuse the contact person for questions with the

place your proposals should be returned to. Proposals must be returned to 180 Water Street, 14th Floor, RFP Unit.

We also ask that you take personal responsibility for making sure that your proposals are delivered to the 14th Floor, that you personally deliver them or someone that you entrust with that responsibility. We don't want you to leave them in the lobby with those persons that are there, because it could be problematic. So, we ask that you remind them that it is your responsibility to bring the proposals up to the 14th Floor and they will allow you to do that, and we speak to them as well.

I want to also call your attention to Section E, which says that the anticipated contract start date is December 22, 2011. Contracts are anticipated to be for three years with a three-year option to renew. These are just anticipated dates right now.

I also just want to bring to your attention that there are two service regions for this program. Region 1 is the Bronx,

Manhattan and Staten Island; Region 2 is Brooklyn and Queens. You will hear much more about this, but because there are two regions, you have the opportunity to apply for Region 1 or Region 2, or both if you desire, however, you must submit separate proposals for the regions that you are applying for.

We also indicate that the anticipated funding through this RFP will be $183,000,516. And we also indicate the amount that is allocated for an award in Region 1, and we also indicate the amount of funding that will be available for an award in Region 2.

Q. The funding that you referenced, is that just for the three-year base term?

MS. GUNN: Yes, the initial term of three years.

At this time, Dr. Lipton is going to come forward, and he is going to get to the heart of the matter, which is the scope of services that are necessary through this program.

Attached to the agenda, the second page is actually the page where you should begin to write your questions. We ask that all questions be in writing. We are going to look at the questions, and some questions we will be able to answer today, and some questions we will be responding to through the mail. So, we do ask that all questions, however, be in writing. So, if you look at your agenda, the second page is where you start writing the questions. Thank you.

DR. LIPTON: Thanks. Good morning, everybody. It is nice to see such a substantial turnout, and to see some faces from the past and some few faces.

I want to just recognize former Commissioner of HRA Jason Turner who is with us. Welcome Jason, good to see you.

So, WeCARE, as Regina said, is an acronym for Wellness, Comprehensive, Assessment Rehabilitation and Employment. If we move to the next slide, I just want to give you some background as to how we got to WeCARE.

So, in 1995, there are approximately 1.2 million people on New York City on Cash Assistance. In 1996, Federal Welfare Reform legislation was passed, and in 1997, New York State's Welfare Reform legislation was passed. Since that time, the New York City caseload has come down to, as of August 2010, 346,716, which I think it hasn't been since 1955 -- no, it is actually '63. So, we have made great strides in terms of bringing the Cash Assistance caseload down through a work-first approach.

The next slide please. So, as the caseload has come down, a significant number of the people remaining on the Cash Assistance caseload are individuals with medical and/or mental health problems, as well as substance abuse disorders. And in order to begin to address their needs, while building on lessons we learned from previous programs that HRA had contracted for, including a contract we've had with a for-profit provider called HS Systems and several vocational rehabilitation programs we

had with VESID called the PRY Program, we developed a WeCARE model almost six years ago.

So, the next slide will give you an overview of the WeCARE assessment model. So, when a Cash Assistance applicant or recipient reports to their job opportunity specialist in one of HRA's job centers that they're unable to participate in work activities due to an underlying medical and/or mental health condition, they are referred to one of two WeCARE vendors. So, as Regina said, there are two regions: There is Region 1, which covers the Bronx, Manhattan and Staten Island; and there's Region 2, which covers Brooklyn and Queens. So, depending on where you live, you go to one of those two vendors. You go to an Article 28 medical facility where you get what's called biopsychosocial assessment. And the biopsychosocial assessment consists of four basic components: A comprehensive medical exam conducted by a board certified physician; a psychosocial assessment conducted by a

qualified health professional; a laboratory and other necessary tests; and a specialty, for those clients who have more complex clinical conditions who need to see a specialist, you are referred to a board certified specialist. The most common specialty examinations that WeCARE generally refers for are, psychiatry tops the list, and followed by orthopedics, and I think third is cardiology.

At the end of the biopsychosocial assessment, the physician is required to determine what an individual's functional capacity outcome is, and based on that determination, the vendor is required to develop a comprehensive service plan. So, in this new RFP, there are five possible functional capacity outcomes. On one end of the spectrum is people who may have underlying medical and/or mental health conditions but it in no way affects their employability, so, they are determined to be fully employable.

On the other end of the spectrum are

1 people who are determined to be unable to
2 work for 12 or more months as a result of an
3 underlying clinical condition. As some of
4 you may know, the Social Security
5 Administration's criteria for an individual
6 being eligible for either SSDI or SSI is that
7 they're unable to work for 12 or more months.
8 In the middle, a person may be found to
9 have an unstable or untreated medical and/or
10 mental health condition that temporarily
11 makes them unable to work. Those clients are
12 placed in Wellness Plan, and, as the
13 condition of their continuing eligibility for
14 Cash Assistance, are required to go for
15 treatment and comply with treatment. And
16 I'll get into each of these functional
17 capacity outcomes shortly.
18 Then, there's the people who are found
19 to have underlying clinical conditions that
20 limit their ability to work. And those
21 individuals are referred for vocational
22 rehabilitation services, which I'll describe
23 shortly.
24 In this new RFP, we created a fifth
25

pathway, which is based on our experience from six years we have been operating WeCARE. It is a combination of the Wellness Plan and the Federal Disability path. So, this is for clients who are unable to work for 12 or more months -- and the vendor should apply for Federal Disability -- but they also have an unstable clinical condition or an untreated clinical condition, and they need a Wellness Plan. So, this is a simultaneous Wellness Federal Disability path.

Next, so, for people who are fully employable, they basically are referred back to the job center and their job opportunity specialist gets them engaged in HRA's traditional menu of employment programs such as Back to Work or BEGIN.

Next slide. People who are referred for vocational rehabilitation services receive what's called a diagnostic vocational evaluation, which is a comprehensive vocational assessment to determine what an individual work history is, what their

strengths are, and what their weaknesses are. Based on that diagnostic vocational evaluation, an individual plan of employment is developed, and that individualized plan of employment may include such activities as skills, training and education, specialized work experience programs where clients can receive whatever form of reasonable accommodations they may need as a result of their underlying clinical conditions. They will participate in job search activities, may receive job coaching if needed, and throughout WeCARE, case management through any component of WeCARE; Wellness, Federal Disability, voc rehab; there's always ongoing case management services provided, and throughout WeCARE as well. Because these clients do have underlying medical and mental health conditions, the vendors are required to work with the client to make sure they're getting medical treatment and receiving health education.

In the next slide, we'll show you what happens in the Wellness Plan. So, clients as

I indicated earlier who are determined to have unstable or untreated clinical conditions that temporarily prevent them from being able to work are generally given anywhere from a 30-to-90 day work exemption. And during that period of time, they are required to go for treatment, comply with treatment, and at the end of the work exemption, the treating physician or physicians -- because sometimes there are multiple conditions and an individual is seeing more than one physician -- is required to send to the WeCARE vendor a treatment progress report.

During the Wellness Plan, the WeCARE vendor is required to monitor and facilitate compliance and progress and treatment, that is particularly important because, as I previously indicated, if a client doesn't comply with the Wellness Plan, they risk losing their Cash Assistance benefits.

The vendors are also required, if a client doesn't have a treating physician, to link the client with community-based

providers. I want to make it clear that WeCARE vendors themselves do not do treatment. They refer clients to community-based physicians or clinics to get the treatment, and then they monitor the treatment, case management, again, as I said earlier, in the voc rehab and health education.

At the end of the Wellness Plan, the physician is required to reevaluate the client's status based on the information received from the treating physician and determine what the individuals new functional capacity outcome is, and that could be any one of these three: Client could be determined to be fully employable -- we do have some proportionate clients who after they have treatment they are fully employable, they go back to the job center and they go to HRA's traditional work programs.

A larger percentage of people after their Wellness Plan go for voc rehab services.

1 And a large percentage also go down the
2 Federal Disability path.
3 The next slide will show you Federal
4 Disability. So, the WeCARE vendor is
5 required for individuals who are determined
6 to be unable to work for 12 or more months as
7 a result of a medical and/or mental health
8 condition. They are required to work with
9 the client to file an application for Federal
10 Disability. If a client has already filed an
11 application for Federal Disability, the
12 WeCARE vendor is required to work with a
13 client to supplement and augment the clinical
14 information that's available and submit that
15 to the Social Security Administration.
16 They're also required to try and obtain
17 additional medical documentation from
18 treating physicians in the community -- once
19 again, case management, health education --
20 and link the client and collaborate with
21 treatment providers in the community.
22 As some of you may know, the Social
23 Security Administration can be a bit slow in
24 making Federal Disability award decisions,
25

usually takes anywhere from four to six months to make the initial decision. If the individual is awarded Federal Disability, they're Cash Assistance case closes and they continue to seek benefits from the Federal Government. If the application is denied by the Social Security Administration, the vendor is required to work with HRA's Disability Services program to appeal the case. Some of you may know that the appeal process with the Social Security Administration -- it's actually been in the Times episodically over the past couple of years -- can go on for as long as two years, and sometimes even more.

The next slide. Then there is the fifth path that I had mentioned which is the new path which is Federal Disability and Wellness, and that would just be a combination of the Wellness slide plus the Federal Disability slide.

So, in conclusion, WeCARE incorporates the following important program elements: It is based on a comprehensive up-front

assessment in which the vendor tries to identify all psychosocial issues, medical issues, all mental health issues, as well as substance abuse issues that may impact an individual's ability to work and to become self-sufficient.

WeCARE also incorporates under one umbrella contract the continuum of integrated services from assessment to rehabilitation to self-sufficiency. WeCARE emphasizes clinical focus and providing clients with clinical support. Unlike the way we used to do business seven, eight years ago, where we used to put clients in Wellness Plans and leave them on their own, WeCARE vendors are required to be very proactive and work with clients to make sure they are linked to treatment, going to treatment, and complying with treatment. And WeCARE also includes in its vocational rehabilitation component a comprehensive evaluation. And this is very, very different from what happened in the PRY programs when we used to have them over seven years ago.

Once again, as I indicated earlier, an integral component of WeCARE is case management services, and included in that case management service is outreach. So, if a client fails to report to an appointment or fails to comply with an activity that they are supposed to be engaged in, the vendors are required to do outreach before the client potentially gets sanctioned.

On that note, I'm going to close. And Regina, should I take questions?

MS. GUNN: We're going to take them at the end.

DR. LIPTON: Thank you.

MS. GUNN: I would like to now direct your attention to Section 4 of the RFP, it is entitled "Format and Content of the Proposal." Because you are here today, you are clearly interested in the program that has already been outlined and you have an interest in submitting a proposal. And I would like to let you know that Section 4, which begins on Page 22 and goes to Page 27, gives you a very clear indication of what we

need to see in order to evaluate your proposal in the most favorable manner.

We want you to know that we're going to be looking at your experience as an organization, your approach to providing the services that Dr. Lipton has already outlined, as well as your organizational capability.

I need to emphasize that it's very important that you follow all of the instructions that are given in this section. Remember that your goal is to submit a winning proposal. If you look around the room, there are quite a few individuals and organizations here, and they are also interested in receiving an award. And I have already indicated, Dr. Lipton has indicated, that there are two regions, and we're looking for a vendor for Region 1 and a vendor for Region 2. So, we are looking for the best possible proposal that will become the sponsor of Region 1 services, and then one to sponsor Region 2 services.

Remember that your proposals are going

to be evaluated on the basis of content, not length. Your proposals will be evaluated by an evaluation committee. Remember that this evaluation committee is going to be looking at what you put in your proposal, they are not going to be looking at what they know about your organization from past experiences. They are instructed to review the proposal, and they have evaluation criteria, and they're going to evaluate your proposal based on the evaluation criteria. So, you need to put everything down in your proposal, pretend that no one knows your organization, no one knows your track history, write it down so that under experience they can clearly see what experience you have. And under organizational capability, you are going to explain why your organization is capable, and therefore, the committee can give you the best possible score. Therefore, the biggest mistake that you can make in submitting this proposal and preparing this proposal is to just assume, "Well, they know me," we do, but

you really need to put it in your proposal.

Throughout Section 4, you are going to be directed to describe, demonstrate, or even describe in detail, or attach. These are very important indicators and you should pay close attention to that. If you look at Page 22 and 23, even under experience, it says, "Describe the successful relevant experience of the proposer, each proposed subcontractor if any, and the proposed key staff in providing the work."

If you turn the page, we are going to see under organizational capability, "Demonstrate the proposer's organizational," and it says in parentheses, "(i.e. programmatic, managerial and financial capability."

Under that, you see "Describe the strengths and resources."

You see, "Describe the proposed locations."

You see, "Describe the proposed management information system."

"Describe in detail the process." So,

1 these are key words that you should pay close
2 attention to as you are developing your
3 proposal.
4 I would recommend that you start as
5 early as possible in developing your
6 proposal, because, you know, it takes a lot
7 of time, and the deadline is very fixed. So,
8 if you start early, you have a better chance
9 of completing your proposal, having time to
10 look it over, review it, have someone else
11 review it, so that you can, again, submit the
12 best possible proposal.
13 Proposal submission consists of three
14 major components: There is a cover letter,
15 which comes from the organization, it is on
16 the organization's letterhead, it is signed
17 by the person that is responsible for the
18 organization; there is the technical
19 proposal, also known as the program
20 narrative; and then there is the price
21 proposal.
22 When you are finished with each of these
23 three pieces, you want to put each one of
24 them, the technical proposal in an envelope;
25

you put the price proposal in an envelope; and you'll combine them in one envelope.

The contents of the technical proposal fall under three areas: Again, it's the experience, the organizational capability, and the proposed approach. The specific areas that we need to know about for each of these areas has been very clearly laid out in the RFP on Pages 22 to 27.

The technical proposal requires the submission of a number of other documents, they are attachments, in addition to the narrative, that are also very clearly laid out and specified.

I ask you now to look on Page 27, we have a proposal package content checklist, which is a helpful guide also in preparing: Section B, "Proposal Package Contents Checklist." The proposal package must include the following materials. And just remember, to omit documents -- just like not being fully responsive to a section -- is not a good thing in terms of receiving the best possible score. So, you want to be careful

not to omit anything. You want to check it once or twice, the program proposal is listed and it lists a number of items, the narrative of costs. It lists that you also want to include references, and these are all described more fully; resumes, lease, rental agreements, organizational charts, or audit report, etcetera.

The second item is the price proposal. The price proposal form actually goes from B-1 through B-10. There are actually 10 different forms that you will be completing, if you take a look at price proposal, comes after the Appendix 6 and it's Attachment B, all in the very back, it is B-1, B-2, straight through to B-10. It is very important that you spend quality time preparing your price proposals, going over the numbers that you use and making sure that they are correct and they add up properly, because when they are evaluated, these kinds of things can pose problems. So, I just remind you that is it important that you are very careful about the prices that you are

writing on each of these forms.

For evaluation purposes, you are asked to submit one original -- that means it has an original signature -- and five duplicate sets of the program proposal. In addition, same thing for the price proposal package, you will have one original set, five duplicates. And the same is true for the Doing Business form, the Doing Business form is something that New York City requires that any vendor that is considering doing business with the City of New York completes it. So, that application is actually attached as Attachment D, Doing Business form. It is related to Local Law 34 which is the Campaign Finance Reform law. The actual form is included for your completion, it should be included with your proposal submission.

You also have Attachment C, which is the acknowledgment of addenda. At the conclusion of this session, all questions that are responded to are submitted, as well as an overview of the -- or a recording actually of this session will be a part of an addenda.

And any other questions that come up between now and before it closes, which is in November I think, for questions, you may receive another addenda.

Any information that the office receives that is necessary to share with each of you, it is important that we have a level playing field, so, any questions that are brought up by one vendor, it is our intent to share with all vendors that have expressed an interest this process. So, they come in a form of addenda. And if you receive two addenda, you indicate that you received Addenda 1 and the date, and if you receive a second addenda, there is also a date affiliated with that and you indicate that.

Again, I just want to remind you, as I started, I indicated that you must assume personal responsibility for seeing to it that the work that you devoted to creating your proposal is not lost. You must make sure that the proposal arrives to the correct place and at the correct time and by the deadline. Remember that the due date at this

time is indicated, and it is December 1, 2010, it's a Wednesday, and the time is two o'clock p.m. Remember again that you are returning the proposal to this building.

If you have questions, the contact person is Ronni Moore, and she is located at 2 Washington Street. You reach her by phone, and her phone number has been given.

And at the end we'll take questions. At this time, Neil Ovadia is coming up, and he's going to talk about the evaluation process.

MR. OVADIA: Good morning. My name is Neil Ovadia. I'm the Director of Contract Services and Customized Assistance Services.

Before I begin speaking about the evaluation process, I would like to alert you to a typographical error in the RFP document on the Budget Attachments B-1, B-4 and B-7 -- and all of this will be in the material received in writing. There are errors in the number of anticipated milestones in two categories: An SSI awards for Parallel Wellness for Region 2 should indicate an anticipated 240 achievements, not 360

achievements. And SSDI award post-Wellness for Region 1 should indicate 360 achievements, not 240. As I'm sure some of you have realized, the numbers got inverted and then copied.

As Regina said, the proposals will be evaluated by a committee using an evaluation instrument. 30 percent of the points will be for the quality of experience; 25 percent of the evaluation be will be based on organizational capability; and 45 percent will be devoted to the quality of the proposed approach. Obviously we think the quality of the proposed approach is the most important single element.

Regina had spoken at some length about the importance of responding to all of the questions in Section 4. I would like to just offer you some advice based on my recent experience on the evaluation committees. It is very important to read the questions carefully. They were put together with a great deal of thought, they are intended to be very precise. Try to answer them as

precisely as you can, that is very helpful.

Secondly, it is a very detailed proposal request for answers. It is very helpful to the evaluation committee if you follow the format of the questions closely. If you choose not to, that is your right, but it is much easier for evaluators if they don't have to go fishing through the document to find the answers to the questions.

It is important, as Regina said, to understand not only the questions, but the material in Section 3 that describes the services we are inspecting to deliver.

Finally, it is important to write as clearly as possible. I would also suggest that the considerable amount actually be devoted to making certain that you don't include a lot of extraneous material in the answers. Knowing that your organization won a great prize in 1956 may be important to the organization, indeed it is a good thing, but unless you can demonstrate how it links to the questions we ask in the proposal, it is not helpful to you.

1 With that, as you have been told, we are
2 available to respond to questions both today
3 and in the future. And, although my
4 colleagues who serve on the evaluation
5 committee are probably not fancy to this, I
6 really hope we get as many proposals as
7 possible.
8 (Laughter)
9 MR. OVADIA: Thank you.
10 MS. GUNN: At this time, we would like
11 to start to collect the questions that you
12 have, the questions you need to write down.
13 (Whereupon, there was a pause in the
14 proceeding where the questionnaires were
15 collected.)
16 DR. LIPTON: Okay, the first question I
17 looked at -- it's not necessarily the first
18 question but the first question I looked at:
19 Q. Will a proposer need to provide services
20 to non-English speaking and deaf persons?
21 DR. LIPTON: Absolutely. In fact, there
22 is an executive order that requires that --
23 how many languages is it -- seven languages,
24 that the City will provide services in seven
25

languages. And I think the RFP indicates that you need to have the capacity to provide language services. So, yes, the answer to that question is yes.

Am I supposed to say who the question is coming from?

(No response)

DR. LIPTON: Okay, that question was from Bill Whalen of Geneva Worldwide.

Next series of questions, it is six, is from Harvey Lieberman who is a consultant:

Q. Are partnerships allowed for this application, or must it come from one agency?

DR. LIPTON: Well, the proposal has to come from a lead agency, but the RFP indicates that subcontractors and collaborations are certainly allowed.

Q. What is the expected ramp-up time for referrals?

DR. LIPTON: That is an excellent question. I will openly acknowledge that when we first contracted for WeCARE services, the ramp-up time was three months. That probably was overly optimistic. At this

1 point, I don't have a specific ramp-up time,
2 but I think it is something we need to talk
3 about and get back to you on.
4 Q. Is there an expected drop-off from
5 referral to WeCARE to first service appointment and
6 completion of process?
7 DR. LIPTON: Yes. This isn't unique to
8 WeCARE, this is probably for all of our
9 programs. There is definitely a drop-off
10 from a time a person gets referred to when
11 they show up to their first appointment and
12 when they show up to subsequent
13 appointments. So, yes, there is drop-off
14 throughout the process.
15 Q. Excuse me, is there any data available to
16 applicants on that?
17 DR. LIPTON: Is there data available on
18 drop-offs? We'll get back to you in the
19 addenda on that.
20 Q. When will awards be announced?
21 DR. LIPTON: That is not one I can
22 answer.
23 MR. OVADIA: Awards are announced after
24 the evaluation process is complete, that in
25

answer, I know, but we don't control all the elements of that.

MS. GUNN: That will be announced at a public hearing to hear testimony and that they are presented at that time. So, depending on how the process wraps up, a hearing could be scheduled through the Mayor's Office of Contracts, and that is definitely when the awards are publicly announced.

Q. What is the working definitions of subsidized employment?

DR. LIPTON: I'm going to ask Mike Bosket to answer this question. Mike is the Assistant Deputy Commissioner in charge of HRA's Customized Assistance Services Office of Rehabilitative Services.

MS. BOSKET: Subsidized employment in its current form, we have a subsidized employment program, that our vendors, their clients are eligible to participate in, where the City actually subsidizes up to a certain amount of the wages for the employer for that particular individual, and those periods go

1 up to sixth months. That is our current
2 subsidized employment initiative.
3 Q. Is money advanced, since some of the
4 deliverables are beyond the contractor's control?
5 DR. LIPTON: I'm not sure I quite
6 understand the question.
7 Q. Startup fund, since milestones wouldn't be
8 attainable.
9 DR. LIPTON: Right. In some situations,
10 money can be advanced, but I think we need to
11 respond to that more specifically in the
12 addenda.
13 Q. Because the timing of when you award these
14 contracts, it's going to be crucial, because if you
15 want us fully operational by December of next year,
16 we are going to need enough time to get the
17 infrastructure just for the IT in place
18 beforehand.
19 DR. LIPTON: Understood. I don't think
20 that we anticipate that whichever vendors
21 obtain the awards will be fully operational
22 on December 22nd. In fact, I think that
23 relates to the ramp-up question that came
24 earlier.
25

MR. OVADIA: In addition, there are separate budget forms for personal services and milestones for Years 1, 2 and 3. Part of the reason for doing that is our recognition that some vendors might have startup costs and are unable to present a budget that reflects that.

DR. LIPTON: Wow, this is a blast from the past, this name, Cindy Freidmutter. Cindy, I know you from your days at the State Office of Mental Health, and Bob Hettinbach (ph,) you and Bob Hettinbach worked together at the New York Regional Office. It is good to see you, and you are with the Institute for Community Living:

Q. Part one, what is the percent of the referred clients with Medicaid?

DR. LIPTON: So, anybody who gets approved for Cash Assistance gets approved for Medicaid. So, 100 percent of the recipients of Cash Assistance will have Medicaid. You may see applicants who their Cash Assistance application gets denied and they will not have Medicaid.

Q. Can the needed health services be reimbursed through Medicaid?

DR. LIPTON: Are we talking about the biopsychosocial piece?

Q. Yes.

DR. LIPTON: No. The vendors cannot claim Medicaid dollars for any component of the biopsychosocial assessment including the specialty examinations.

Q. Part Three, if Medicaid can reimburse any issues collecting from Medicaid Managed Care --

DR. LIPTON: Well, since you can't claim Medicaid, I think that's a moot question.

Q. In the most recent year, how are clients broken out among five outcomes from biopsychosocial assessment?

DR. LIPTON: I don't have that here. We have to discuss whether this is something we can provide in the addenda. It is really only updated on the four outcomes, because the fifth outcome, as I indicated, is a new outcome.

Q. Is it referred for the specialty selection if the client determines -- let's say, there is an

orthopedic issue and an MRI is required?

DR. LIPTON: So, for tests that are not included -- so, there are certain core tests that are part of the biopsychosocial assessment. For other needed tests, like for an MRI or something like that, that actually could potentially be billed to Medicaid.

I think that's all your questions.

Lucia Campriello, and you are from Public Consulting Group:

Q. Caseload numbers clarification, is the 30,000 re-referred number part of the 60,000 total caseload, or is the total reference caseload 90,000?

DR. LIPTON: So, it is separate. So, the 60,000, the projection -- these are projections. There is 60,000 new referrals a year. There is 30,000 clients who are being re-referred, and the client may be re-referred because their Cash Assistance case closed and they came back on Cash Assistance and they are continuing to report that they can't work due to underlying medical conditions. So, they will be

re-referred to the vendor.

And there was one thing on one of the slides that I actually failed to report. So, clients who are re-referred within a year don't go through the front door of WeCARE. They go through something called the clinical review team, which is a fast way to get the person plugged into whatever activities they need to be engaged in, because we don't want the 30,000 getting repeat biopsychosocial assessments.

Q. Documentation, are various agencies able to receive current vendors status report materials; who would we request materials from?

DR. LIPTON: I don't know the answer to that. I think we'll have to get back to you on that. And when you say status report materials, what do you mean by that?

Q. I think there was some reference to materials in addition to the bulletins being available at this office location for vendors, and I just didn't know if there were sort of monthly or quarterly status report materials included in that.

DR. LIPTON: We'll get back to you on that.

Q. Population. Has the welfare population grown despite the Cash Assistance population that's decreased since 2005?

DR. LIPTON: Population grown?

Q. I'm sorry, the WeCARE population.

DR. LIPTON: No, actually it hasn't. If anything, I think it has come down since we started the program. The number of referrals in the first year of WeCARE, the first two years I think, were higher than they are and have been in the past couple of years.

Q. HRA screening, how are Cash Assistance cases screened by HRA and directed to WeCARE vendors; what screening materials are directed to WeCARE from HRA?

DR. LIPTON: So, as I think I indicated in the presentation, when a client goes to a job center to apply for Cash Assistance, they work with a job opportunity specialist who goes through what's called an employment plan. And part of the employment plan, one of the questions -- and this isn't exactly a

precise question, but one of the questions gets to the issue of, "Do you have any medical and/or mental health conditions that may affect your ability to work?"

And if a client is says, yes, they do, that may be probed a little bit or it may not be, they are referred to WeCARE.

Elizabeth Cleek, ICL:

Q. The RFP notes that a person may be employable with accommodation; please define reasonable accommodation.

DR. LIPTON: It's sort of if you look at Americans with Disability Act, that is the definition of reasonable accommodation, within reason.

Q. Do physicians need to conduct all evaluations, or can physician extenders, nurse practitioners, physicians assistants utilize?

DR. LIPTON: Yeah, it's a good question, and it's something that we have struggled with. The answer is, it is only board certified physicians. And I have to emphasize, they have to be board certified.

Q. The RFP states that there needs to be

flexibility of expanding and contracting services; please clarify the flow pattern to expand further on what is meant by this statement.

DR. LIPTON: Neil?

MR. OVADIA: WeCARE is a demand-driven program. Therefore, we cannot say that in any given week, you will see -- to pick a number -- 2,537 referrals. You know, the variations have so far not been extreme. But it is our expectation and our requirement that any successful proposer be able to meet the workload as it comes though the door.

DR. LIPTON: You know, and just accordingly, if it's an increased volume, you have to staff up for increased volume. If there is sustained contraction, you have to contract accordingly.

Are there other questions? I see you are all eagerly looking at questions.

Actually, here is another question, I'm sorry. Diane Edelson from Grant Associates:

Q. What is the amount of the advances?

DR. LIPTON: So, as indicated earlier --

Q. Right, it was mentioned in the RFP that

there will be an advance, but it wasn't mentioned how much, when it will be paid, and how it needs to be paid back.

DR. LIPTON: Right. I think there was that question before, and I said we will get back to you in writing on that.

Q. Can the advance be paid to for-profit companies?

DR. LIPTON: I have to double-check, but I'm pretty sure the answer to that is no. I think the advances can only be made to not-for-profits. But we'll double-check on that.

Q. How was it paid?

DR. LIPTON: Again, we'll answer all those questions.

Q. What is the repayment process?

DR. LIPTON: You mean for the advance?

Q. Right.

DR. LIPTON: Yeah, at some point in time, we will begin to recruit from your milestone achievements, you know, on a mutually agreed upon schedule, the advance. At some agreed upon point in time and agreed

upon schedule, we will begin to recruit from what you are earning, the advance.

Q. How much profit is allowed; is there a maximum?

DR. LIPTON: I think the maximum is 10 percent. If you earn more than the 10 percent, I think -- and we'll get back to you on this in writing -- there is an opportunity to use the excess of the 10 percent to reinvestment in the HRA-approved programs or activities.

Q. What is included in indirect costs?

DR. LIPTON: Neil, this is your area.

MR. OVADIA: Indirect costs or any costs that are not specified in the line items -- every agency has a different accounting structure, and once we receive the proposals, we'll evaluate and discuss what the components and the indirect costs are, and what is acceptable and not acceptable.

DR. LIPTON: Maybe we need to be a little more specific on that, so, we'll put something in writing for that as well.

And Neil, I think you know the

1 answer to the next question:

2 Q. How much of the contract can you

3 subcontract; what percent?

4 MR. OVADIA: No more than 49 percent can

5 be subcontracted.

6 DR. LIPTON: Thank you, sir.

7 Paul Buckley, so, Paul who are you?

8 MR. BUCKLEY: (Raising hand.)

9 DR. LIPTON: Paul? Even though the

10 Yankees -- he has in parentheses that he's a

11 Yankee hater.

12 (Laughter)

13 DR. LIPTON: With a smile afterwards.

14 Actually Commissioner Seth Diamond from

15 the Department of Homeless Services is a Met

16 fan, so.

17 Q. Will the attendee list with contact info

18 be posted in order to promote partnerships and

19 competition?

20 DR. LIPTON: I actually asked that

21 question myself, and I was told the answer is

22 no -- yes. The answer is yes. Oh, great.

23 Somebody had asked me that and I think I said

24 -- didn't we first get a "no" answer? So,

25

the answer is yes.

I got four questions that came in even prior to this meeting, they were sent to Ronni Moore. Ronni, can you stand up, because your name has been mentioned so many times.

MS. MOOR: (Standing.)

DR. LIPTON: This is the infamous Ronni Moore. Ronni does great work, and just call her if you've got questions.

This was an email Jan Hanks at Policystudies.com. Is Jan here?

(No response)

Q. Please provide historical information, past fiscal year at minimum, no longer available for the current contractor's performance on unit-payment components listed in Section C. Please provide achieved volumes for each unit in both regions.

DR. LIPTON: I think I sort of alluded to that answer just a little bit. We'll look into what we can provide and include that in the addenda.

But I will note that the number of

milestones successful proposers are expected to achieve are based on an average of milestones achievements for programs Years 3, 4, and 5. So, if you look at what you are expected to achieve in the RFP, that's based on an average, what was achieved in the past three years.

Q. Training, Section 6, Page 14, second bullet: What training will the agency provide or recommend for contracted WeCARE staff?

DR. LIPTON: So, the agency anticipates providing training on HRA policies, procedures, and systems, the selected WeCARE contracted staff at initiation of the contracts and at the introduction of new policies, procedures and systems.

So, in addition to having your own systems, you are going to have to use HRA systems. And we will provide you with training on whatever HRA systems you need to use.

The agency also recommends training -- we are not going to provide it -- but we recommend that whoever the winning proposers

are, that they provide training on the WeCARE model, Federal Disability application process, Wellness Planning, vocational services, job placement and retention, and case management and work support.

Q. Facilities, how many HRA staff will be out-stationed at contractor facilities; and do vendors need to provide computer equipment, hardware and software for HRA staff similar to what would be provided to contracted staff?

DR. LIPTON: We anticipate there will be one out-stationed worker at each contractor site. And vendors are indeed expected to provide HRA out-stationed staff with the same computer equipment provided to your own staff.

And the last question from Jan is, I think this one came up before:

Q. Please confirm that the cost for Phase 1 and 2 medical examinations will be paid by Medicaid and not the contractor.

DR. LIPTON: So, as I indicated, the milestones for Phase 1 and 2 medical examinations will be paid by the agency

through the contract. The contractor cannot bill Medicaid for these services.

Lee from Turning Point, you have four questions:

Q. Must the organization receiving the award be in Article 28; if not, do we need to show a linkage agreement with an Article 28?

DR. LIPTON: No. So, the proposer does not have to be an Article 28, but there needs to be a commitment in writing from an Article 28 that they are going to subcontract with -- if you are not an Article 28 -- that they are going to subcontract with you. That's crucial if you are not an Article 28.

Q. Are the attachments available as Word or Excel documents?

DR. LIPTON: Which attachments?

Q. (Inaudible.)

DR. LIPTON: No, I don't think so. They are not.

Q. Can we submit questions up to the date of the RFP?

DR. LIPTON: You can submit questions until November 15th. Is that accurate?

MS. GUNN: That's accurate.

Q. Is the proposal to be single-spaced double-spaced, font size preferred?

DR. LIPTON: Well, you know, don't make it microscopic.

(Laughter)

DR. LIPTON: No, there is no requirement. Probably make it, you know, reader friendly, so that the reviewers don't have to struggle.

Okay, I'm told that the next two questions are very similar, so, I'm going to do them together. So, this is from Laurie Macintosh from Community Voices Heard. How are you doing? Welcome.

Q. What do you think about including in your proposal an additional milestone payment for placing participants in a qualified training and education program that will eventually lead to a job?

DR. LIPTON: I know this question came up at a Community Voices Heard meeting where Commissioner Diamond attended. And the answer is, HRA doesn't make milestone

payments for placing participants in qualified training and education. We do refer people for training and education, but there is no payment for it. If it ultimately leads to a job and job retention, then there is a payment for that.

Q. We brought this up again because of the percentage of people that are coming into WeCARE Program who had jobs before and probably need re-training. So, in order for the staff of these programs to push these people to get re-training, maybe they should be paid for its efforts?

DR. LIPTON: Yeah, again, it is HRA's policy to not make milestone payments for placing people in training and education. If the diagnostic location of evaluation that I talked about and the individualized plan of employment indicates that a person needs training and education or re-training, that can be provided, but there is no milestone payment for it.

Q. Do you pay out of the contract for that training, or is that just referred to for training education?

DR. LIPTON: We do have something called ITA vouchers for certain types of training that are more available to our vendors. Other types of education and training, some of it is at no cost.

The RFP already lists -- I think I already answered this. The RFP already lists, "Define milestone payments."

"However, vendors will be paid upon retention and job placement that are the result of a qualified --"

I think I answered that. If the training and education results in a job placement and retention, then you get the 30, 90, 180 retention milestone, if you can verify that the person kept the job for those periods of time.

And this is a similar question from Jessica Garcia, also from Community Voices Heard:

Q. What do you think about including in your proposals an additional milestone payment for placing participants in a successful --

MS. GARCIA: I was actually curious to see

if vendors (inaudible.)

DR. LIPTON: I'm not sure I could actually answer that.

Melissa, where are you? Melissa is also from Community Voices Heard:

Q. Would you consider implementing a set number of undocumented sick and/or personal days for participants for unforeseen circumstances to reduce sanctioning workload?

DR. LIPTON: WeCARE allows multiple efforts. As I mentioned, in part of the presentation towards the end, was that part of the case management effort is to do outreach to clients who fail to report or fail to comply. So, the vendors, through outreach to clients -- the clients don't want to be sanctioned. The outreach is initiated through phone and mail, sometimes even, if monies are available, through home visits, to re-engage the client, to avoid having to sanction the client. So, I think WeCARE in terms of HRA's employment programs is somewhat unique in that regard, that we have that outreach component built into the

program model.

Wow, there are a lot of you here from Community Voices Heard.

(Laughter)

DR. LIPTON: Cleopatra Mullings, good to see you again. Have I seen you or just seen emails from you?

MS. MULLINGS: The first time maybe.

DR. LIPTON: Okay, I think I've seen emails.

Q. What do you think about including in your proposal higher milestone payments for placement in living-wage jobs?

DR. LIPTON: So, the way that the paradigm works is that you don't get paid for the job placements. You get paid, the vendor gets paid for documented job retention at 30 days, 90 days and 180 days. So, the notion of a higher placement payment wouldn't really apply.

One more from Community Voices Heard. Thank you for showing up in such large numbers, I appreciate that. Ann Valdez from Community Voices Heard:

Q. What types of skills, training and education programs are offered; job readiness as it is appropriate based on the DVE IPE?

DR. LIPTON: So, it depends once again. What you get when you are in the voc rehab track depends on the what the vocational evaluation and the individualized plan of employment indicates you need. So, depending on what that DVE indicated, that would determine what type of skills, training and education would be offered.

You then go into some personal information -- which I'm not going to read aloud. If you want to talk about that on the side, I'll be glad to do that, but I don't think its proper to talk about what is going on with you personally in this forum.

Q. Does anyone monitor and account how many people are offered transitional jobs; and who and how many of such received transitional jobs, how many lead to permanent employment?

DR. LIPTON: So, by transitional jobs, do you mean subsidized employment?

Q. Yes.

DR. LIPTON: Yes, we do keep track of that. We keep track of all of that.

Q. (Inaudible.)

DR. LIPTON: Okay, that wasn't the question. The question was, do we keep track of the number of people who we place in subsidized employment and the number of people who end up rolling over and getting an unsubsidized job after that.

Q. I haven't been offered a job yet.

DR. LIPTON: Well, that's something that we'll be glad to talk to you about.

Q. Oh, I would love to speak (inaudible.)

DR. LIPTON: Okay. There was question about startup, and Mr. Ovadia was just pointing out to me on Page 15 of the RFP under 5-C, it says, "Each service facility would be fully operational within 120 days of the contract start date," so, that's four months.

Any other questions?

Q. Yes. I was a little confused by the estimated referral versus the estimated number of bio -- social --

DR. LIPTON: Just call it the BPS.

Q. Then you took 45 percent of the new referrals, you would end up with more like 27,000 biopsychosocial assessments.

DR. LIPTON: Just say BPS.

Q. So, is that the fall-off from --

DR. LIPTON: So, in all HRA programs, whenever we refer Cash Assistance clients to some sort of activity or service, there is something that we call the failure to report rate. So, I think maybe that's what you are getting at, that there is a failure to report rate on people.

And that was also something that somebody had asked about: Is there like attrition throughout the process? Yes. So, that is probably what that's due to.

Q. (Inaudible.)

DR. LIPTON: They are based on the experience of the last three years, I think, as well as earlier experience. But the numbers are based on the last three years -- actually, I shouldn't say that. Years 3, 4 and 5. They are not based on what's

currently going on in Year 6.

Q. I actually submitted a written, but it must have gotten misplaced. But the question has to do with the liquidated damages for late reporting.

DR. LIPTON: Here it is:

Q. Have liquidated damages due to late reporting been assessed to current contractors?

DR. LIPTON: You write like a physician, even though I thought you were a psychologist.

(Laughter)

Q. How often, what triggers the penalty?

DR. LIPTON: So, liquidated damages have not been applied due to late reporting with the current vendors with the current vendors -- I'm not precluding that in the future. I think the reason is there hasn't been late reporting.

But the contract does give HRA the option to impose liquidated damages, not only for late reporting, but for other noncompliance reasons.

Q. What is the average length of time that

clients remain in Wellness?

DR. LIPTON: I don't have an average. So, when we started WeCARE, everybody got a 90-day work exemption. And over time, we have encouraged the vendors, and we have successfully encouraged the vendors, to make the temporary exemption as short as possible for the client to be able to stabilize whatever the underlying clinical condition is. So, there are 30-day Wellness Plans, 60-day Wellness Plans, 90-day Wellness Plans. There is an ability, even when necessary from a clinical point of view, to extend the Wellness Plan for some additional period of time, up to 180 days.

Any other questions, comments?

(No response)

DR. LIPTON: Okay. Thank you, all.

MS. GUNN: Thank you.

(Whereupon, the conference was concluded at 11:23 a.m.)

1 C E R T I F I C A T I O N

2

3 STATE OF NEW YORK)

: SS.:

4 COUNTY OF NEW YORK)

5

6

7 I, CASEY MARTIN, a Stenotype Reporter and
8 Notary Public for the State of New York, do hereby
9 certify:
10 THAT this is a true and accurate
11 transcription of the Human Resources Administration
12 Pre-proposal Conference held on September 29, 2010.
13 I further certify that I am not related
14 either by blood or marriage to any of the parties
15 in this matter; and
16 I am not in any way interested in the
17 outcome of this matter.
18 IN WITNESS WHEREOF, I have hereunto set my
19 hand this 29th day of September 2010.
20
21 Casey Martin

CASEY MARTIN

22
23
24
25

ERRATA SHEET

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