



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg
Mayor

Thomas R. Frieden, M.D., M.P.H.
Commissioner

nyc.gov/health

January 29, 2007

Early Intervention Services

A. Purpose of the RFP

The New York City Department of Health and Mental Hygiene intends to seek qualified vendors to provide Early Intervention services effective January 1, 2008, when the current contracts for the program expire. Presently, DOHMH contracts with approximately 150 vendors for these services. Current EIP services contracts with DOHMH will not be renewed when the contracts end.

The Early Intervention Program (EIP) is a comprehensive entitlement program, authorized by Article 25 of the Public Health Law which provides services to developmentally delayed infants and toddler's ages birth to three. In New York City, the Department of Health and Mental Hygiene is responsible for administering the program with oversight by the NY State Department of Health (SDOH). EIP services consist of initial service coordination, evaluations, ongoing service coordination, and actual clinical and developmental services, including the provision of service using Applied Behavioral Analysis (ABA). Proposers will submit one proposal which will include all service options for which they are applying (initial and/or ongoing). Service options include service coordination, evaluation services, provision of services and the provision of service using the Applied Behavioral Analysis (ABA) approach. Proposers will be rated separately for each service they wish to provide. In order to allow the City to project program capacity and need, proposers will be asked to indicate the number of children to be served for each service category by borough. Contracts will be awarded to the highest rated proposers, according to service rated, and borough need. Once borough capacity is met, no further contracts will be awarded.

All current vendors, as well as prospective new vendors, will be required to respond to DOHMH's Request for Proposals if they wish to continue to provide services through the program. DOHMH will only accept proposals from entities that have received the approval of SDOH to provide EIP services. DOHMH may not contract with individual therapists.

B. Planned Method of Evaluating Proposals

All proposals will be reviewed to determine whether or not they are responsive to the requisites of the RFP. Proposals that are determined by the Department to be non-responsive will be disqualified. The Department's Evaluation Committee will evaluate and rate all remaining proposals based on the Evaluation Criteria prescribed. Contracts will be awarded to the responsible proposers whose proposals are determined to be the most advantageous to the City, taking into consideration factors or criteria which are set forth in the RFP. Contract awards shall be subject to the timely completion of contract negotiations between DOHMH and the selected proposers. Proposals will be evaluated based on demonstrated quality of successful relevant experience, demonstrated level of organizational capability and the quality of the proposed program approach. Contracts will be awarded to the highest rated proposers, according to service rated, and borough need. Once borough capacity is met, no further contracts will be awarded.

DOHMH is seeking a portfolio of providers to cover all five boroughs in the City. In particular, the

Bronx has been historically underserved and DOHMH will endeavor to award sufficient contracts for coverage in that borough.

Consideration will be given to those proposers who can show a successful track record of serving families and children who are hardest to reach and to retain, such as children in foster care and low income families. EIP is a comprehensive entitlement program, and virtually all of the developmental services in New York City to seriously developmentally delayed infants and toddlers are provided through EIP contracts with DOHMH. Because new proposers are thus unable to show a track record of serving this population, new proposers will be rated separately and the experience of the entity, or its principals, in serving similar populations in similar ways will be rated. When rating current and previous EIP service providers, DOHMH will use the results of its experience with these vendors, including programmatic and financial audits and State audits.

C. Proposed Term of the Contracts

It is anticipated that contracts will be for three years with two three-year options to renew. The Department reserves the right, prior to contract award, to determine the length of the initial contract term and the option to renew.

D. Anticipated Procurement timeline

It is anticipated that the RFP will be released by April 2, 2007 and that the deadline for receipt of proposals will be April 30, 2007. Pre-proposal conferences will be held approximately two weeks after the RFP is released. It is anticipated that the contractors will be selected by August 1, 2007. The anticipated contract start date for the contracts is January 1, 2008.

E. Funding information

EIP services are paid according to rates set by SDOH. These rates are fee-for-service, except in the case of service coordination, where vendors are paid according to the amount of time they spend on eligible activities. Successful proposers will be paid according to the SDOH rate methodology as required by the enabling State law cited above as well as the SDOH regulations at 10 NYCRR Part 69-4. The law also requires that DOHMH pay vendors the full amount of the rates for qualifying services. DOHMH is responsible for claiming to third parties for reimbursement. Third-party funding sources include Medicaid, private insurance, and SDOH aid, which pay for 50 percent of the costs not covered by the other two funding sources.

F. Program Information

Program services will be provided in accordance with the State enabling legislation and regulations cited above, the contract, the DOHMH Forms and Procedures Manual and any subsequent transmittals from DOHMH concerning service delivery, and any requirements of the fiscal agent relative to invoicing and payment. Additional information regarding the New York State legislation and the resulting regulations can be found at www.health.state.ny.us/nysdoh/eip/index.htm. Services to be provided include service coordination, evaluation services, provision of services and the provision of service using the Applied Behavioral Analysis (ABA) approach. In particular, successful proposers will provide services through DOHMH's Family as

Partners service model. This model requires therapists to engage the family, the babysitter, or whoever spends significant time with the child in the child's treatment so that therapy can take place when the therapist is not there. Applicants must demonstrate commitment to engaging family members and caregivers in the child's services.

G. Proposed Vendor Performance Reporting Requirements

Most payments under the EIP are fee-for-service, therefore, vendors will be required to invoice for each service provided. Service providers will only be paid in accordance with the terms of each eligible infant and toddler's individualized family service plan (IFSP).

Because of the volume of services, DOHMH is not planning to have successful proposers report separately on each child. Rather, they will be expected to maintain a case file for each eligible child, and to have sufficient notes in the file to document their compliance with the terms of the various source documents cited above. These case files will be subject to audit. Successful proposers will be required to submit certain documents to the Department in a timely fashion, including third-party revenue source information, evaluations, and documentation where it is being proposed that a child should receive more or less services. Data regarding number of children served, services provided and payments paid is collected by the DOHMH Early Intervention Program Fiscal Agent as part of the billing process.

H Comments

Written comments on this concept report will be accepted until February 19, 2007, and must be directed to the following contact person:

Contact Person: Nancy Hulbrock, Contracting Officer
Office of the Agency Chief Contracting Officer
New York City Department of Health and Mental Hygiene
93 Worth Street, Room 812
New York, NY 10013
Telephone #: (212) 219-5889
E-Mail: nhulbroc@health.nyc.gov