NEW YORK STATE | Office for People With Developmental Disabilities

TECHNICAL APPLICATION
ATTACHMENTS 11 & 12

RFA OPD-2025-49

Regional Disability Health Clinics Program

Complete each form in this package as your Technical Application submission and upload to SFS. Please upload this package of attachments as 1 PDF attachment for your Technical Application.

Please provide your detailed response in the white blank box under each criterion. Boxes will expand in Word to allow necessary space for responses.

This Word document MUST be converted to non-fillable PDF prior to submitting/uploading to SFS.

PLEASE NOTE: ***This requirement is due to SFS capabilities. If documents are submitted in file types other than PDF, those files cannot be retrieved, and the application will be considered incomplete. The PDF document cannot exceed 20MB.***

ATTACHMENT 11

ORGANIZATIONAL EXPERIENCE AND STATEMENT OF NEED

APPLICANT: _____

PROJECT TITLE: _____

FORM INSTRUCTIONS

Please complete and submit this form as your Technical Application Response. While additional data may be presented, each section below should be completed. The response should present a level of detail sufficient to assure OPWDD of the information's accuracy.

Per Section 5 of the RFA, the purpose of the Technical Application is to establish the qualifications, competence, and capacity of the Applicant to perform the services contained in the RFA. The Technical Application must demonstrate that the Applicant and their staff will be able to provide the services described in this RFA.

Per Section 5.1 of the RFA, Organizational Experience and Statement of Need, the Applicant should demonstrate capacity to fulfill the needs in this RFA. The Technical Application Response should describe what needs will be met by the proposed service/support and how.

Applicants are required to submit their Technical Application on Attachment 11: Organizational Experience and Statement of Need.

The Applicant's response must effectively address Sections 5.1.1. through 5.1.2.4. of this RFA.

5.1.1. ORGANIZATIONAL EXPERIENCE AND CAPACITY

5.1.1.1. Provide the Applicant's exact corporate name, board composition, ownership and affiliations, and number of employees.

5.1.1.2. Describe the Applicant's mission and how it is consistent with the goals of this RFA.

5.1.1.3. Describe the size and scope of the Applicant's relevant Article 16 and/or Article 28 clinic, including:

5.1.1.3.1. The total number of people who received assessment and/or treatment services during the most recent 12-month cost reporting year.

5.1.1.3.2. The geographic region served, where geographic region is defined as the service area from which the Applicant's clinic draws at least 75 percent of its patients during the most recent 12-month cost reporting period.

5.1.1.3.3. The types of services currently being delivered (must match authorized services on the relevant Operating Certificate).

5.1.1.4. Describe the Applicant's experience providing services to people with developmental disabilities including:

5.1.1.4.1. The number of people with developmental disabilities, as identified by the Restrictive Exemption (R/E) 95 code, who received assessment and/or treatment services during the most recent 12-month cost reporting year. Include the percent of people served who have a developmental disability out of the total population served.

5.1.1.4.2. The types of services currently provided to people with developmental disabilities. For each service, include:

5.1.1.4.2.1. The total number of people with developmental disabilities receiving the service and the percentage of people receiving the service who have a developmental disability out of the total population receiving the service, as identified by the Restrictive Exemption (R/E) 95 code, in the most recent 12-month cost reporting year.

5.1.1.4.2.2. The length of time the service has been provided.

5.1.1.4.3. Language access services that meet the cultural and linguistic needs of people with developmental disabilities, including but not limited to people who have difficulty speaking, reading or writing in English and/or their native language, people who are hard or hearing or deaf, and people who have low vision or are blind. Include experience producing information in plain language, translating vital information into Top 12 languages spoken in New York State including American Sign Language (ASL), and responding to the communication and cultural needs of people with developmental disabilities.

5.1.1.5. Describe the Applicant's experience working collaboratively with other organizations in the area to provide services to people with developmental disabilities.

5.1.1.6. Describe the Applicant's prior experience completing capital projects to improve health care services (if the Applicant has previously received a DOH Statewide Health Care Facility Transformation Program grant (either as the Contractor or subcontractor) for projects for an Article 16 clinic(s) and/or Article 28 clinic(s), please use that as an example). Where possible, include:

5.1.1.6.1. The Applicant's role (e.g., Contractor, sub-contractor).

5.1.1.6.2. The cost of the project.

5.1.1.6.3. The direct impact to people with developmental disabilities on improving access to health care services and/or improving the quality of health care services.

5.1.1.6.4. Whether the project was completed on time and met contract deliverables.

5.1.1.6.4.1. If timelines and/or deliverables were not met:

5.1.1.6.4.1.1. Describe barriers and/or reasons.

5.1.1.6.4.1.2. Describe how those barriers were mitigated and/or addressed, and if the same barriers could have an impact on this grant if awarded.

5.1.2. STATEMENT OF NEED

5.1.2.1. Describe the availability of health care services in the community served by the Applicant and any disparities in health care services and/or outcomes for people with developmental disabilities in the community.

5.1.2.2. Identify if the Applicant currently provides health care services that otherwise would not be available to the population of the geographic region due to transportation infrastructure, distance and/or travel times from other like providers.

5.1.2.3. Describe the capability and capacity of the health care community to provide effective health care services to people with developmental disabilities, including identifying specific gaps in health care services for people with developmental disabilities that the Applicant intends to address through funding from this RFA. Health care refers broadly to dental, medical, nursing, physical therapy, occupational therapy, speech and language pathology provided in Article 16 clinics and medical, dental and other physical health services such as those provided at Article 28 Clinics.

5.1.2.4. Identify each gap in health care services that the Applicant will address through funding obtained from this RFA.

ATTACHMENT 12

SCOPE OF WORK AND WORK PLAN

Please complete and submit this form as your Technical Application Response. Per Section 5.2 of the RFA, Applicants must submit a detailed Work Plan that expands on the Eligible Project and details the activities and approach for producing the deliverables identified within the Scope of Work. See Section 2 of the RFA for additional information. The Work Plan will be used to guide both project execution and project control.

Applicants are required to submit their Work Plan on Attachment 12: Scope of Work and Work Plan.

5.2.1. THE PROJECT

5.2.1.1. Describe how people with developmental disabilities (as identified by Restrictive Exemption (R/E) 95 code), including people from minoritized communities, including but not limited to rural, low-income, LGBTQIA+, indigenous nations, new Americans and/or Black Indigenous People of Color (BIPOC), will benefit from the Eligible Project. Provide information on how the Eligible Project will enhance access to specific health care services, quality of care, and/or patient outcomes. Include metrics. **5.2.1.1.1. If the Eligible Project will enable provision of services not currently offered, indicate whether the service is currently authorized (listed on the Operating Certificate) or if the Applicant will need to apply for a revision to the Operating Certificate and/or Certificate of Need.**

5.2.1.2. Estimate the anticipated change in number of people with developmental disabilities served and/or the number of assessment and/or treatment services delivered (e.g., paid claims with a Restrictive Exemption (R/E) 95 code) by the Applicant, because of implementing the Eligible Project. Include a description of how the estimated changes were calculated. If awarded, the Applicant may be asked to provide follow-up data related to this question.

5.2.1.3. Describe how the Eligible Project will address any regional gaps in health care for people with developmental disabilities. If relevant, indicate if the Eligible Project will provide services to people with developmental disabilities who would not otherwise have access to those services, including people from minoritized communities, including but not limited to rural, low-income, LGBTQIA+, indigenous nations, new Americans and/or Black Indigenous People of Color (BIPOC).

5.2.1.4. Describe how the Eligible Project would affect the current system or health care provision in the area and any expected changes in relationships between the Applicant, and other providers of services for people with developmental disabilities.

5.2.1.5. Discuss how the Eligible Project will affect the demographics of the population served by the Applicant, including race, age, ethnicity, geographic spread, language preference, and socioeconomic status, with a focus on minoritized communities. If awarded, the Applicant may be asked to provide follow-up data related to this question, such as comparisons between demographics of the population served before completion of the project and demographics of the population served after completion of the project.

5.2.1.6. Describe community engagement activities that contributed to development of the Eligible Project. **5.2.1.6.1 Identify specific community members or interest holders (e.g., people with developmental disabilities, families, caregivers, advocacy organizations, and/or community groups) that were contacted and how they were engaged (e.g., meetings, town halls, forums, etc.). Include each group engaged, the dates of all engagement activities completed specifically for this Application, and whether community members were compensated for their participation.** **5.2.1.6.2. Describe how community feedback – as identified above – was incorporated into the Eligible Project.**

5.2.1.7. Describe how the community, especially people with developmental disabilities, will be kept informed of progress on the Eligible Project. Include plans for producing information in plain language, translating vital information into the Top 12 languages spoken in New York State including American Sign Language, and responding to the communication and cultural needs of people with developmental disabilities

5.2.2. PROJECT TIMELINE

5.2.2.1. Describe the timeline anticipated to achieve implementation of the Eligible Project. This timeline must identify specific milestones and approximate dates of completion for each milestone. The application must also provide: **5.2.2.1.1. Timeframes for any architectural and engineering design and construction necessary to accomplish each phase of the Eligible Project, if applicable.** **5.2.1.6.2. Scheduled milestones for the preparation and processing of any application (e.g., Certificate of Need and/or Operating Certificate) necessary to secure OPWDD and/or DOH approval for service revisions, changes in governance, re-locations, or capital construction, if applicable. This**

information must be included if the Applicant plans to provide services not currently authorized on the Applicant's Operating Certificate.