



Human Resources
Administration

Department of
Homeless Services

Office of Contracts

June 2, 2020

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Commissioner

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Dear Prospective Vendor:

The Department of Homeless Services (DHS) is seeking appropriately qualified vendors to provide medical and behavioral health services at DHS COVID-19 isolation sites pursuant to a declared emergency. This emergency procurement has been approved by the Department of Social Services (DSS) / Department of Homeless Services (DHS) pursuant to Mayor's Emergency Executive Order 101.

This solicitation seeks vendor(s) to provide medical and behavioral health services at DHS isolation sites as described herein in response to the ongoing Novel Coronavirus pandemic. DHS established isolation sites to facilitate isolating clients, otherwise sheltered in congregate settings, who have tested positive for COVID-19 ("COVID"), are pending COVID test results, or are exhibiting COVID-Like Illness (CLI). Shelters, Safe Havens, Drop-in Centers, and outreach providers and hospitals are collaborating with DHS' Serious Incident Unit (SIU) and Office of the Medical Director (OMD) to identify clients who are appropriate for isolation site placement. Isolation sites offer clients, whose COVID-related health issues do not warrant hospitalization, appropriate space and time to rest and recover. Isolation sites, through the services rendered by shelter provider staff: (1) ensure a healthy and safe environment for clients, (2) support clients in isolation for their current medical needs and avoiding deterioration and crisis, (3) monitor their COVID illness to detect deterioration and transfer to a hospital as needed, and (4) simultaneously slow the spread of the virus in the larger community by adhering to the following:

- Existing DHS facility operation procedures and best practices,
- Physical distancing and isolation practices,
- Thorough housekeeping,

Extended use of personal protective equipment (PPE),

- Infection control and Handwashing,
- Transfer entry and exit criteria.

In addition, all sites are expected to provide the following medical services:

- Targeted COVID-related medical intake
- Focused medical and behavioral health history
- Regular wellness check monitoring with vitals and symptoms checks
- Mental health assessment and check-ins
- Medical emergency management
- Medication management
- Monitoring of medication self-administration
- Daily reporting

Sites are not expected to keep and care for clients beyond the isolation time or manage their existing chronic illness beyond the isolation period. These sites are not intended to be medical respite facilities for non-COVID medical or behavioral health issues.

At this time, DHS is seeking vendor(s) to provide medical and behavioral health coverage at four isolation sites in Brooklyn, Queens, Midtown Manhattan, and Downtown Manhattan (61, 80, 89, and 289 beds respectively); however, DHS anticipates opening additional isolation sites in the near future (100 to 150 beds at each site). On-site services would include, but are not limited to, the following:

- Structured medical intake to verify:
 - Prior completion of hospital referral form, when applicable,
 - Medical appropriateness according to the level of care at isolation sites and established criteria,
 - Current medication list and that all medications are present,
 - Presence or absence of symptoms,
 - Vital signs,
 - Medical and behavioral health history,
 - Suicide history, and
 - Strengths, goals, concerns, triggers, and coping techniques;
- Emergency prescriptions, as necessary, through on-site Nurse Practitioner (NP), including MAT initiation;
- Facilitating pharmacy delivery, including receiving and storing of methadone;

- Medication record keeping, reminders, and monitoring of self-administration;
- Established criteria for determining cadence of wellness checks based on presenting condition;
- In-person wellness checks (at least four times per day), including vital sign monitoring, temperature checks, and pulse oximetry reading;
- Behavioral health checks and crisis prevention and intervention;
- Connection to community medical and behavioral health providers, as needed;
- Medical emergency management;
- Naloxone administration when necessary;
- Staffing that includes 24-hour nurses and community health workers, day and evening licensed social worker coverage, daytime nurse practitioner or physician on-site, medical provider on-site during the day, and medical director supervision 24/7 by phone and/or telehealth; and
- Other core services, including:
 - COVID testing upon entry, if not previously done, when widely available,
 - Education and reinforcement on the importance of COVID isolation, precautionary measures, and the exit transfer process,
 - Staff education on infection control and proper use of PPE, including following DOHMH infection control guidance,
 - Electronic medical record storage with remote access,
 - Limited paper records stored in a HIPAA-compliant manner (e.g., logs for physical wellness checks, check-in / check-out logs, etc.),
 - Video conferencing equipment with secure connection,
 - Inventory management for PPE and other supplies,
 - SMS-based symptom monitoring program, and
 - Daily interdisciplinary case conferences.

Isolation sites are staffed and operated by shelter service providers with experience in sheltering operations and the associated required services, including transportation, census tracking, meal delivery, security, and

housekeeping. Medical providers must work in tandem with shelter providers to ensure fluid operations, seamless communication, and exceptional service delivery. Regular points of contact must be established between shelter and medical providers, with regular check-ins scheduled during each shift. Continuity of care is dependent upon effective integration of shelter and medical staff, which, accordingly, is a critical function of all isolation sites. Medical staff must ask clients pertinent medical information and record and submit electronically. It is critical that medical staff review any available discharge paperwork and required hospital referral form, when applicable; inquire if the client was tested for COVID and the status of the results; observe and ask about the presence of COVID symptoms and any underlying conditions; ensure clients have all necessary medications on hand and work with social service staff to troubleshoot if medication is missing; ask specifically if the client is on methadone maintenance or buprenorphine and, if so, follow appropriate steps for methadone delivery; educate the client on COVID, social distancing, isolation, precautions, extended use of PPE, and the transfer process; and determine and advise clients of the appropriate wellness check schedule based on clinical presentation and vulnerability factors. Clients with significant presenting factors, including but not limited to the following, require more frequent wellness checks:

- 65 years old or older
- Chronic lung disease
- Moderate to severe asthma
- Heart disease with complications
- Immunocompromised (including cancer treatment)
- Severe obesity
- Diabetes
- Renal failure
- Liver disease
- Current or history of suicide attempt or suicidal ideation
- Serious mental illness
- Drug overdose in the past 30 days

Clients who are at very high risk for complication and death from COVID-19 may not be discharged from the hospital to DHS. Medical staff must remind clients, staff, and vendors to wear facial covering before entering the facility and at any time that they are in the presence of others and remind everyone about extended use of PPE and social distancing, limiting contact with

surfaces and objects in the facility, and frequent hand washing with soap and water for at least 20 seconds. Medical staff must inform newly arriving clients of the infection control precautions staff are taking at the facility, including thoughtful timing and spacing of movement through the building, and the necessity of these steps to guard against further spread of the virus. Medical staff will use DOHMH guidance for outpatient medical facilities that is applicable to isolation hotels, found here: <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-infection-control-outpatient.pdf>.

Medical Appropriateness

Isolation sites are intended for DHS clients with mild COVID illness and no complicating factors, who do not require medical or supportive home care. DHS Isolation sites are not medical facilities and do not provide medical services. Medical staff are onsite to monitor low-level health needs of clients, coordinate additional care or services whenever needed, and coordinate transfer to original shelter once criteria are met to exit the isolation site. DHS isolation sites are only appropriate for people who are stable enough to isolate alone in a hotel room, similar to having a patient isolate alone at home.

Hospitals discharging patients with no known residence who tested positive for COVID, are pending COVID test results, or have CLI must submit a hospital referral form to DHS' medical director's office for review and approval to ensure medical appropriateness for isolation sites.

Medical staff on-site must familiarize themselves with the criteria for determining medical appropriateness for isolation sites to properly identify clients inappropriately referred and those who might decompensate while residing at the isolation site.

Wellness Checks

Medical staff must determine the appropriate cadence of wellness checks based on a client's clinical presentation and vulnerability factors, including mental and behavioral health, and guidance provided. Medical staff and social work staff must conduct wellness checks according to the established cadence. At each wellness check, medical staff must ask if symptoms are worsening or improving or if there are any new symptoms, including the presence of fever, cough, sore throat, or shortness of breath, and must check and record temperature and blood oxygen level daily. Medical staff must record regular wellness checks throughout the day (at least two per shift for

each client) on the DHS COVID-19 Isolation Site Wellness Check form or a similar form. By 5:00 am every day, medical staff must submit an electronic version of the Wellness Check form for each client, indicating the status of each client's symptoms over the past 24 hours.

In the event a client does not respond during a wellness check, the medical staff must immediately inform social service staff, who must follow existing shelter protocol for keying into the unit immediately to verify and ensure the health and safety of the client. Staff must enter the unit and continue to try to arouse the client if necessary. If the client remains unresponsive, staff must call 911, administer naloxone according to DHS' Overdose Prevention Procedure, and follow standard operating procedures for serious incidents.

If clients report or exhibit any COVID emergency warning signs, medical staff must call 911 and inform provider staff who must follow standard operating procedures for serious incidents. Emergency warning signs include, but are not limited to, the following:

- trouble breathing
- persistent pain or pressure in the chest
- new confusion or inability to arouse
- severe constant dizziness or lightheadedness
- new seizures
- slurred speech
- bluish lips or face

Additionally, psychiatric distress requiring immediate attention, such as intent or plan to harm self or others or responding to internal stimuli and not able to redirect, requires calling 911.

In the event EMS refuses to transport the client to the hospital, medical staff must record the names and badge numbers of those responding and, while they remain on-site, call the EMS telemetry supervisor at 718-899-5062. If EMS still refuses to transport the client to the hospital, provider staff must immediately contact their medical supervision and assigned DHS Program Administrator. Medical staff might find it helpful to use the [CDC Symptoms Self-checker](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) to evaluate clients or the CDC COVID app (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>).

Medical staff must provide mental health services for clients experiencing distress that does not rise to the level of an emergency need. Medical staff must communicate with their medical supervisor to discuss client deterioration or new symptoms that do not rise to the level of emergency need.

Daily Reporting

At the start of the 8am-4pm shift, the site supervisor must provide medical staff with an updated client roster. By 11:00 pm every day, medical staff must electronically submit a Medical Intake form for all clients newly arriving that day. By 5:00 am every day, medical staff must submit an electronic version of the Wellness Check form for each client, indicating the status of each client's symptoms over the past 24 hours or since the time of intake.

Transfer from Isolation

Tracking of symptoms over time through electronic submission of the Medical Intake form and the Wellness Check form will inform when isolation can be discontinued and return to original shelter is appropriate. Clients are not permitted to remain at the isolation site beyond their isolation period and for reasons other than COVID illness and will be transferred to another DHS facility once the isolation period ends.

In accordance with the NYS Department of Health (DOH) recommendations, clients remain in isolation sites until three criteria are met:

1. Fourteen (14) days have passed since the onset of COVID-related symptoms or testing positive for COVID,
AND
2. Three (3) days have passed without fever and without medication to reduce fever,
AND
3. Symptoms are resolving.

Sites are not expected to keep and care for clients beyond the isolation time or manage their existing chronic illness beyond the isolation period. These sites are not intended to be medical respite facilities for non-COVID medical or behavioral health issues.

Isolation site staff must communicate to clients that they will not be permitted entry into their prior official shelter or another DHS shelter until officially transferred from the isolation site once the three criteria above are met. Isolation site staff must communicate to clients the importance of this measure and provide further education on COVID-related precautions when necessary and should take steps to help facilitate isolation through building of rapport, attending to client needs, and troubleshooting obstacles. All clients must unequivocally voice understanding of the need to stay in their room.

OMD reviews daily a report of wellness check data indicating those in isolation who meet the criteria for transfer from isolation according to wellness check submissions. OMD confirms or rejects the transfer recommendation of those clients on the daily report. OMD sends a list of confirmed transfer recommendations to Vacancy Control (VC). VC uses the list of confirmed transfer recommendations to coordinate transfers with isolation site providers. Medical and provider staff at isolation sites use OMD's list of confirmed transfer recommendations to complete a final wellness check in person with those recommended for transfer. If the onsite medical provider disagrees with the isolation discharge recommendation, they will alter site oversight and/or the DHS medical office to discuss.

Following the final in-person wellness check, medical staff deem that return to original shelter is appropriate when the above criteria are met. For those appropriate for transfer from isolation, medical staff must complete the Transfer from Isolation Site and Referral to Original Shelter form and hand this form to provider staff. Provider staff must contact VC at HERO to communicate the recommendation. VC staff will coordinate transportation from the isolation site to the original shelter placement. VC staff must communicate the placement and transportation information to provider staff. Provider staff must give a copy of the Transfer from Isolation Site and Referral to Original Shelter form to the client.

Provider and medical staff must ensure that all client medications, medical supplies and equipment, and copies of pertinent medical documentation travel with the client upon transfer to original shelter. If medications or medical supplies or equipment are known to be missing, the medical provider must record these on the Medication Self-administration Record, which must travel with the client from the isolation site to the original shelter.

At this time, proposers who are ready, willing, and able to supply the services above on or about June 15, 2020 and are able to mobilize and provide medical and behavioral health services at DHS COVID-19 isolation shelters on short notice should apply with a proposal delineating how it can do so. DHS will engage only with vendors who can be ready to provide services on an emergency basis.

DHS anticipates that each proposed isolation site will be staffed to provide care to clients who are being isolated due to the inability to isolate in shelter/congregate settings. Each vendor will provide staff in accordance with the requirements herein.

All staff assigned to these facilities must utilize appropriate personal protective equipment (PPE) to protect against contracting COVID-19. Please be advised, proposed medical and behavioral health staff must provide their own PPE. All necessary equipment and supplies should be included with the submitted line-item budget, including for specimen collection and diagnostic laboratory testing for COVID-19 as needed. The selected vendor(s) will be needed for the period of the next six (6) months from site opening; however, DHS reserves the right to extend the engagement if the need arises.

Please note that the selected applicant(s) must have thorough knowledge of all medical and behavioral health resources available to individuals who have tested positive for or are suspected to be positive for COVID-19. Proposers must show this experience in their response.

As part of this solicitation, proposers submitting responses should address the following:

A. Experience

Proposers should discuss in detail their past experience in providing medical and behavioral health services in situations where vulnerable clients are in severe distress following a serious medical event. In addition, proposers should describe their ability to interface with shelter and community-based healthcare providers and hospitals. Moreover, proposers should discuss their past experience providing medical and behavioral health services to sheltered, medically frail, and/or vulnerable populations in a residential setting and would also demonstrate an understanding of the NYC shelter system.

B. Staffing

The applicant should propose a staffing model that meets the medical staffing needs delineated in the chart below. The applicant should also identify and submit resumes and certifications for all key staff members.

Role	Staff to Client Ratio	Duties	Coverage
Medical and/or Behavioral Health Assistants or LPNs	1:25	<ul style="list-style-type: none">• Temperature and pulse oximetry checks• Conduct door knock checks• Available 24 hours to provide interpersonal support• Design and implement “community programming” in line with social distancing• Orient and re-orient residents to community norms	24 hours
Registered Nurses	1:50	<ul style="list-style-type: none">• Monitoring of medication self-administration• Perform routine clinical monitoring• Perform as-needed resident triage with clinical escalation to a provider• Refer to dedicated social worker services for care transitions	24 hours

Role	Staff to Client Ratio	Duties	Coverage
		<ul style="list-style-type: none"> • Provide documentation of need for nursing home or home care and indication of inappropriateness and need for transfer to higher level of care 	
Licensed Clinical Social Workers	1:50	<ul style="list-style-type: none"> • Brief targeted behavioral health intake • Provide brief supportive interventions to clients • Support departure planning process • Address time-sensitive social service needs • Lead departure planning process and coordinate with home care social worker as needed 	16 hours day and evening
Physician or Nurse Practitioner (Medical and Behavioral)	1:100	<ul style="list-style-type: none"> • Address and manage COVID and non-COVID symptoms • Review and adjust plans of care • Coordinate with outside medical providers, including transfers to higher levels of care • Prescribe medications 	12 hours on-site daytime and 12 hours remote nighttime

Role	Staff to Client Ratio	Duties	Coverage
Medical Director	1:300	<ul style="list-style-type: none"> Address needs as they arise and provide senior level oversight 	Off-site, on-call, video-enabled coverage and supervision, weekly on-site
Behavioral Health Director	1:300	<ul style="list-style-type: none"> Address needs as they arise and provide senior level oversight to LCSWs 	Off-site, on-call, video-enabled coverage and supervision, weekly on-site

The above staffing model is based on 100 clients. All staff must be oriented to basic de-escalation techniques, use of intranasal naloxone, and range of life experiences of DHS clients, including incarceration, shelter, street homelessness, drug use, and trauma.

C. Proposed Approach

Proposers should describe in detail how they will effectively carry out the scope of services described herein, including a description of how they will coordinate care and liaise on the behalf of clients with hospital emergency departments, pharmacies and treating clinicians, shelter providers, the DHS Vacancy Control Unit, DHS Program Administrators, and the DHS Office of the Medical Director.

D. Organizational Capability

Proposers should indicate how they will effectively manage staff at the isolation sites and manage budgets without timely City reimbursement. In addition, proposers should indicate how they can fully staff facilities by or about June 15, 2020 and can provide medical and behavioral health services at a new isolation site immediately upon DHS notice.

E. Payment Structure

The anticipated amount for the entire procurement is \$10,153,253.00 for a period of six (6) months. Proposers should provide a full-time and materials budget to operate the sites they are proposing. Any services to be subcontracted should be clearly indicated. The City reserves the right to change such amount. It is anticipated that the payment structure for contracts awarded under this Emergency Declaration will be a line-item budget reimbursement. Price Proposals should include services only.

F. Subcontracting

Any services that the proposer elects to subcontract should be indicated in their proposals. Please provide the subcontractor information as well as the description of subcontracted services. Any subcontracted work can commence only with prior approval of DHS in accordance with the City's formal subcontracting process.

If any subcontracted services necessitate obtaining services from a single source due to exigent circumstances, proposers should identify such sources, the reason the single source has to be utilized, and discuss how the subcontracted price is consistent with past subcontracted costs and/or costs for such services as otherwise available in the market.

G. Proposed Number of Rooms

Proposers are requested to provide medical and behavioral health services for four isolation sites currently in operation (61, 80, 89, and 289 beds respectively), and anticipated future sites (100 to 150 beds per site). Proposers must indicate the number of site(s) and clients for which they can provide services.

H. Proposal Instructions and Basis of Award

Interested entities should complete the attached application form and indicate the number of site(s) and clients for which they are proposing. This award will be made to responsive and responsible applicant(s) offering the most advantageous offer to the City. DHS will consider the following criteria when evaluating submissions:

Experience	40%
Proposed Approach	30%
Organizational Capability / Ability to Mobilize Immediately	30%

It is the intent to award contracts to the highest ranked submissions for the current sites and then rank the proposals submitted for later consideration for anticipated new sites. However, DHS reserves the right to skip proposals and limit selections based on criteria such as vendor capacity and the ability to provide appropriate medical and behavioral health services to individuals who have tested positive for or are suspected to be positive for COVID-19. The City also reserves the right to award contracts to more than one proposer. The City reserves the right to assign proposers to sites different from the site the vendor has proposed in the best interests of the City. In addition, the City reserves the right to change sites. The City also reserves the right to limit the services ultimately awarded based on vendor capacity and in the best interests of the City and to award a contract to more than one proposer based on capacity needs.

If you are interested in applying to provide the above services, please submit your proposal to accoprocurements@dss.nyc.gov by **June 11, 2020 at 2:00 PM**.

An information session will be held via WebEx on June 4, 2020 at 11:00am. The link for the meeting can be found below:

<https://meetingsamer3.webex.com/meetingsamer3/j.php?MTID=m33decd00b3849d1e5dc2721994b1417e>

Meeting Number (access code): 126 578 8368

Meeting Password: acco (2226 from phones and video systems)

To join by phone:

Please call :1-408-418-9388 and use access code: 126 578 8368

To join from a video system:

Dial [1265788368](tel:1265788368)@meetingsamer3.webex.com

You can also dial 173.243.2.68 and enter your meeting number

Note that the City reserves the right to open proposals and score proposals and commence services at an earlier time if (1) proposals have been submitted; (2) the emergency requires immediately staffing at sites; and (3) if the proposal, if scored at that time, has been determined to be technically viable. Please note that proposers who have submitted to the earlier solicitation must submit a proposal to this solicitation to be considered.

Please note, your organization's email system may have a maximum size limitation for sending out emails. Please be advised that DSS cannot accept any email in a size greater than 20 MB.

Once you submit your proposal electronically, it is strongly recommended that you send such email with enough time to determine whether the transmission has failed. Also, DSS strongly recommends that you follow up with an email to **accoprocurements@dss.nyc.gov** to confirm that the email was transmitted successfully.

Sincerely,

A handwritten signature in black ink, appearing to read 'V. Pullo', with a stylized flourish at the end.

Vincent Pullo
Agency Chief Contracting Officer